

# Shared Living Toolkit:

A resource for the Shared Living Service under  
the DD Waivers



# Shared Living

This service was first introduced in Virginia as part of the My Life My Community DD Waivers Redesign and offers the opportunity for an individual with a disability to live a more independent, integrated life in the community. Shared living allows two people with common interests to develop a close personal relationship, experience life together, and share a place to live.

This toolkit provides the information, forms, and tools to assist individuals, families, and providers in understanding and accessing this new service option in Virginia.

We hope this information is helpful to you. If you are interested in the Shared Living service, your Support Coordinator/Case Manager and Shared Living provider of choice can assist you in getting started.

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## The Shared Living Service

The Shared Living service is a unique arrangement in which a person with a disability lives with and shares life experiences with a roommate of his or her choosing, in exchange for the roommate providing companionship, fellowship and limited ADL/IADL supports. A roommate may not be a parent (by kinship or legal relationship), grandparent, spouse, or guardian, but could be a friend, brother, sister, or cousin, for example.

With this service, the roommate is not paid for providing supports to the individual. Instead, Medicaid reimburses the individual for the roommate's half of the room and board in exchange for the supports being provided. The time that the individual and his or her roommate spend together and what they do is described in a written supports agreement that is developed with the input of both the individual and the roommate. Provision of the agreed upon supports is a condition for receipt of the roommate's portion of the room and board.

The Shared Living service is available to adult individuals ages 18 or older enrolled in the Community Living (CL), Family and Individual Supports (FIS) or Building Independence (BI) Waivers. Shared Living is not a standalone waiver service. In order to be eligible for Shared Living an individual would be required to have another compatible waiver service in addition to Shared Living. To maintain eligibility for the Shared Living service, service interruptions may not exceed 60 days. The following services are considered compatible waiver services:

<b>Shared Living Compatible Waiver Services</b>
<ul style="list-style-type: none"><li>• Companion Services – Agency-Directed and Consumer-Directed*</li><li>• Community Coaching</li><li>• Community Engagement</li><li>• Group Day Support Services</li><li>• In-Home Support Services*</li><li>• Personal Assistance Services – Agency-Directed and Consumer-Directed*</li><li>• Group and Individual Supported Employment</li><li>• Workplace Assistance Services</li><li>• Independent Living*</li><li>• Skilled Nursing*</li><li>• Private Duty Nursing*</li></ul> <p>*Service compatibility will depend on which waiver the individual is enrolled.</p>

Shared Living is a one to one arrangement with one roommate providing supports to one individual receiving waiver services.

- The individual shall reside in his or her own home or in a residence leased by the individual. The individual must be listed on the lease as primary leaseholder.
- The Shared Living roommate is not responsible for providing habilitative services or medical services to the individual.

- The roommate shall not be the spouse, parent (biological, adoptive, foster, or stepparent), grandparent, or legal guardian of the individual. A sibling, cousin, etc. may be considered.
- The roommate must complete and pass background checks, including criminal registry checks and not have been found guilty of having committed any barrier crimes as identified in § 19.2-392.02 of the Code of Virginia.
- The roommate must successfully meet the training requirements according to regulation including CPR training, safety awareness, fire safety and disaster planning, and conflict management and resolution as well as any additional training set out in the written supports agreement.
- The roommate may not be an employee of the individual or be compensated in any way.
- The roommate may be employed outside of the Shared Living arrangement and may provide services to another individual.

## *Reimbursement Allowances*

### *Shared Living Reimbursement for Allowable Expenses*

Shared Living provides a Medicaid payment to the individual enrolled in the waiver for a portion of the total cost of rent, utilities, internet service and food that can be reasonably attributed to the Shared Living roommate. These expenses may be covered when the roommate provides agreed upon companionship, fellowship and limited supports with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). The roommate does not receive compensation for providing supports to the individual.

The reimbursement for up to 50% of the cost of rent and utilities incurred by the individual for the roommate's portion **cannot exceed** the amounts shown in the table below:

<b>Rent/utilities Reimbursement</b>	<b>Rest of State</b>	<b>N. Virginia</b>
<p><b>*Reimbursement for up to 50% of <u>rent &amp; utilities</u> up to the maximum FMR allowance for the ROS and Northern Virginia.</b></p> <p><b>*Utilities are reimbursed at a flat rate up to \$100 per unit per month. <u>The \$100 utility allowance is applicable under the following conditions:</u></b></p> <ul style="list-style-type: none"> <li>• <b><u>The individual does not receive rental assistance*</u></b></li> <li>• <b><u>The individual's rent is below market for their geographic area and is added to the rent to achieve the FMR.**</u></b></li> <li>• <b><u>Utilities are not included in the rent.</u></b></li> </ul>	<p><b>\$553.50</b> <b>(maximum reimbursement for 50% of rent)</b></p>	<p><b>\$729.00</b> <b>(maximum reimbursement for 50% of rent)</b></p>

\*Individuals receiving rental assistance are not eligible for reimbursement of rent or utilities since these costs are factored into the subsidy received by the individual. Individuals receiving rental assistance may only receive reimbursement for food and internet (see chart on the following page).

\*\*The FMR referenced includes the 2015 rate in accordance with the last waiver rate change. FMR will increase with the next waiver rate rebase.

Reimbursement for food and internet services is a flat rate reimbursement determined through a CMS approved rate methodology equal to the following amounts:

<b>Expense</b>	<b>Monthly Reimbursement Amount</b>
Internet Service	<b>\$25.00 monthly reimbursement</b>
Food	<b>\$240.90 monthly reimbursement</b> Based on USDA Low-Cost Plan for a 19-50 year old male, June 2015. If the live-in roommate receives monthly SNAP benefits, the benefit amount is deducted from the monthly reimbursement amount.

The localities listed below are considered "Northern Virginia" (NOVA) according to the FMR areas included in the rate methodology. Any city/county not included in the chart below is "Rest of State" (ROS).

<b>Northern Virginia Differential Effective July 1, 2015</b>	
<b>Locality</b>	<b>FIPS</b>
Alexandria City	510
Arlington County	013
Clarke County	043
Fairfax City	600
Fairfax County	059
Falls Church City	610
Fauquier County	061
Fredericksburg City	630
Loudoun County	107
Manassas City	683
Manassas Park City	685
Prince William	153
Spotsylvania County	177
Stafford County	179

## *Rental Assistance*

Often, in order to afford to live independently in one's own house or apartment, individuals receiving waiver services require rental assistance. Rental assistance may include a [Housing Choice Voucher](#), or a state rental subsidy from the Department of Behavioral Health and Developmental Services (DBHDS) [State Rental Assistance Program \(SRAP\)](#), [project based rental assistance](#), or the rent may be subsidized with funds from an individual's special needs trust or [ABLE account](#). If rental assistance is needed, the individual's support coordinator, in collaboration with a DBHDS housing specialist, will assist the individual with identifying and contacting rental assistance resources.

Rental assistance is a public resource. When an individual receives rental assistance, he or she is receiving a public subsidy that offsets the cost of housing by reducing the amount of rent the individual would have to pay to a percentage of his or her adjusted gross income. The individual's rental assistance subsidy considers the cost of the rent for the unit and utilities; therefore, individuals who receive rental assistance and participate in Shared Living will have a reduced reimbursement for the service. This is because Medicaid programs may not duplicate funding received by individuals through another public funding source.

There are other resources available to individuals, including both personal and public resources. Personal and public resources received by the individual may factor into his or her ability to qualify for the rental unit. Additionally, public resources received by the roommate will be deducted from the allowances in the Shared Living service to avoid non-duplication of federal funding.

The chart below illustrates how different resources can impact the Medicaid payment amount to the individual for costs incurred for the roommate's room and board.

If....	And...	Then...
An individual chooses to participate in the Shared Living program...	*The individual has rental assistance that subsidizes the rent and utilities of the unit. <b>(No rent or utility allowance for these situations)</b>	<p>The Shared Living Medicaid payment to the individual <b><u>will only cover internet and food reimbursement per the flat rate.</u></b></p> <p><u>Reimbursement:</u>            \$240.90(food)            + \$25.00 (internet) = <b>\$265.90 total reimbursement attributed to the roommate for their portion of expenses.</b>            +Administrative fee to provider (NOVA)=\$122.97            • <b>Total billed by provider=\$388.87</b>            +Administrative fee to provider (ROS)=\$101.27            • <b>Total billed by provider=\$367.17</b></p>
An individual chooses to participate in the Shared Living program...	The individual is living in a private home or apartment with no personal or public resources above the individual's SSI, SSDI or earned income.	<p>The individual will be reimbursed up to 50% of the actual monthly rental payment (not to exceed the allowable maximum rental reimbursement for NOVA or ROS as per the waiver rate methodology) for the roommate's portion, to include utility allowance, internet and food per the flat rate.</p> <ul style="list-style-type: none"> <li>• Individual's SSI=\$737.00</li> <li>• Individual has earned income of \$1,200 monthly.</li> </ul>



If.....	And...	Then...
		<ul style="list-style-type: none"> <li>• Individual receives SNAP benefits (does not impact Shared Living calculation)</li> <li>• Sibling roommate has earned income to supplement rent</li> <li>• Individual lives in NOVA</li> <li>• Roommate has no other public benefits</li> <li>• Rent is \$1,200.00 per month <u>plus utilities</u></li> </ul> <p><u>Reimbursement:</u></p> <ul style="list-style-type: none"> <li>• Roommate's ½ of the rent =\$600.00</li> <li>• Flat rate allowance for utilities +\$100.00</li> <li>• <b>Total for rent and utilities=\$700.00</b></li> <li>• + \$240.90 (food)</li> <li>• + \$25.00 (internet)</li> <li>• <b>Total reimbursement for roommate's portion of room and board = \$965.90</b></li> <li>• +Administrative fee to provider=\$122.97</li> <li>• <b>Total billed by provider=\$1088.87</b></li> </ul> <p><b>*Maximum reimbursement for rent and utilities for NOVA = \$729.00</b></p>
<p>An individual chooses to participate in the Shared Living program...</p>	<p>The individual is living in a private home with no personal or public resources above the individual's SSI, SSDI or earned income.</p>	<p>The individual will be reimbursed up to 50% of the actual monthly rental payment (not to exceed the allowable maximum rental reimbursement for NOVA or ROS as per the waiver rate methodology), to include utility allowance, internet and food per the flat rate.</p> <ul style="list-style-type: none"> <li>• Individual's SSI=\$750.00</li> <li>• Individual has SNAP benefits</li> <li>• Individual lives in NOVA</li> <li>• Roommate has earned income but no other public benefits</li> <li>• Rent is \$1400.00 per month <u>plus utilities</u></li> </ul> <p><u>Reimbursement:</u></p> <ul style="list-style-type: none"> <li>• Roommate's ½ of the rent =\$700.00</li> </ul>



If.....	And...	Then...
		<ul style="list-style-type: none"> <li>• Flat rate allowance for utilities +\$100.00</li> <li>• <b>*Total allowance for rent and utilities=\$729.00 (therefore, only \$29.00 of the utility allowance attributable to the roommate would be reimbursed)</b></li> <li>• + \$240.90(food)</li> <li>• + \$25.00(internet)</li> <li>• <b>Total reimbursement for roommate's portion of room and board = \$994.90.</b></li> <li>• Administrative fee to provider=+122.97</li> <li>• <b>Total billed by provider=\$1117.87</b></li> <li><b>*Maximum reimbursement for rent and utilities for NOVA = \$729.00</b></li> </ul>
<p>An individual chooses to participate in the Shared Living program...</p>	<p>The individual rents an apartment with no personal or public resources above the individual's SSI, SSDI or earned income.</p>	<p>The individual will be reimbursed up to 50% of the actual monthly rental payment (not to exceed the allowable maximum rental reimbursement for NOVA or ROS as per the waiver rate methodology), to include utility allowance, internet and food per the flat rate.</p> <ul style="list-style-type: none"> <li>• Individual's SSI=\$650.00</li> <li>• Individual has earned income of \$600.00 monthly</li> <li>• Individual lives in ROS</li> <li>• Roommate receives SNAP benefits = 119.20</li> <li>• Rent is \$1000.00 per month (all utilities are included in the monthly rent)</li> </ul> <p><u>Reimbursement:</u></p> <ul style="list-style-type: none"> <li>• *Roommate's ½ of the rent =\$500.00</li> <li>• <b>No allowance for utilities</b></li> <li>• <b>*Total reimbursement for rent and utilities=\$500.00</b></li> <li>• + \$121.70 (food minus SNAP benefits)</li> <li>• + \$25.00 (internet)</li> </ul>

If.....	And...	Then...
		<ul style="list-style-type: none"> <li>• <b>Total reimbursement for roommate's portion of room and board = \$646.70.</b></li> <li>• Administrative fee to provider=+101.27</li> <li>• <b>Total billed by provider=\$747.97</b></li> <li><b>*Maximum reimbursement for rent and utilities for ROS = \$553.50</b></li> </ul>
<p>An individual chooses to participate in the Shared Living program...</p>	<p>The individual is living in a private home mortgaged in his name, with no personal or public resources above the individual's SSI, SSDI or earned income.</p>	<p>The individual will be reimbursed up to 50% of the actual monthly rental payment (not to exceed the allowable maximum rental reimbursement for NOVA or ROS as per the waiver rate methodology), to include utility allowance, internet and food per the flat rate.</p> <ul style="list-style-type: none"> <li>• Individual's SSI=\$450.00</li> <li>• Individual has earned income =\$300.00</li> <li>• Individual receives SNAP benefits</li> <li>• Individual lives in ROS</li> <li>• Roommate has earned income</li> <li>• Roommate receives SNAP benefits = \$100.20</li> <li>• Mortgage is \$1200.00 per month, including utilities</li> </ul> <p><u>Reimbursement:</u></p> <ul style="list-style-type: none"> <li>• *Roommate's ½ of the rent able to be reimbursed =\$553.50 (roommate/individual would need to pay the \$47.00 difference in rent.)</li> <li>• Flat rate allowance for utilities =\$0.00 (maximum amount for rent and utilities for ROS has been reached.)</li> <li>• <b>*Total reimbursement for rent and utilities=\$553.50</b></li> <li>• + \$140.70 (food minus SNAP benefits)</li> <li>• + \$25.00 (internet)</li> <li>• <b>Total reimbursement for roommate's portion of room and board = \$719.20</b></li> <li>• Administrative fee to provider=+101.27</li> </ul> <p><b>Total billed by provider=\$820.47</b></p>

If.....	And...	Then...
		<p><b>*Maximum reimbursement for rent and utilities for ROS = \$553.50</b></p>

*\*Individualized roommate support options are available through the rental assistance program. Please contact your Support Coordinator or the local PHA for more information.*

***Accessing Shared Living***

Shared Living is a unique service option requiring individualized planning and preparation. Participating in Shared Living may be a goal in an individual’s Plan of Care. The goals set forth in the Plan of Care may include aspects of Shared Living readiness. Readiness for Shared Living may include developing independent living skills, determining interests and qualities preferred in a roommate, identification of location preference and features, and financial considerations. Once an individual has selected Shared Living as a waiver service and established readiness to move forward, the individual should work with their support coordinator for service authorization and identifying and selecting a Shared Living provider.

The Shared Living provider will assist the individual in accessing the Shared Living service by helping him or her to secure a roommate, if necessary, by arranging for any required training of the roommate, and by serving as the pass through agency that routes the reimbursement payment to the individual for the roommate’s portion of the room and board. The Shared Living provider receives a flat fee reimbursement for performing these activities. The Shared Living provider reimbursement is \$101.27 for ROS and \$122.97 for NOVA.

*Preparing for Shared Living*

The goal of the Shared Living service is to facilitate an integrated, independent living situation by providing an incentive for people with and without disabilities to live together. This means that both the individual and the roommate are subject to the same requirements and conditions as any other person leasing a residence in the community. As such, both the individual and the roommate should have full knowledge and understanding of the terms outlined in the lease agreement, particularly those that govern what they can do and are able to access in the unit. The support coordinator, Shared Living provider and DBHDS housing specialist will work together to ensure that matched individuals understand both the allowances and limitations of the lease so that the service arrangement meets the expectations of both individuals.

*Initiating Shared Living*

To initiate the Shared Living service, the following will generally occur:

1. The support coordinator, in advance of formal service authorization, will help the individual locate a Shared Living provider. The provider will support the individual through the process of locating and selecting a qualified roommate, if one has not been identified. The provider should follow the process outlined in Appendix B of this document, for reimbursement of Shared Living start up activities using flexible funds.

2. Based on the preferences of the individual, the Shared Living provider may use a profile or matching tool to consider like backgrounds or shared interests. If necessary, waiver services may be authorized on a temporary basis until the individual has a roommate identified and screened.

If the individual does not already have housing, the support coordinator will work with the individual to complete a housing referral form indicating interest in a Shared Living arrangement and documenting any supports the individual will need to have in place to be successful (such as waiver services and supports, including Shared Living supports and natural supports). The following activities will also generally occur:

- The DBHDS housing specialist will review the referral and any other information submitted to demonstrate readiness to access independent housing (i.e., completion of the DBHDS Housing Assessment Form) and documentation of waiver and natural supports available to the individual.
  - The DBHDS housing specialist will investigate all options for rental assistance and facilitate Public Housing Authority (PHA) involvement to determine the individual's eligibility for rental assistance.
  - If eligible for rental assistance, the individual and the roommate will agree on the status of the roommate in accordance with PHA guidance. This is a separate process managed by the PHA which will determine whether or not the roommate will be classified as a live-in aide and whether or not the roommate has tenancy rights under the arrangement. If the roommate is classified as a live-in aide, he or she may NOT receive compensation under the Shared Living service and the reimbursement received as part of the service is reduced.
3. If the individual has already secured housing, the Shared Living provider will assist the roommate with completion of all background checks, interviews & educational sessions with the individual and visual inspections of the unit. The provider will also ensure the completion and documentation of required training, including CPR, Emergency Preparedness (safety awareness, fire safety and disaster planning), Conflict Management/Resolution, and other necessary training depending on the needs of the individual).
  4. The individual and the roommate will discuss their expectations of each other within the Supports Agreement Form. The Shared Living provider will facilitate discussions as needed.
  5. The Shared Living provider will assist the individual and the roommate with completing the Supports Agreement Form. The supports agreement will highlight the time that the individual and roommate spend together and the support activities that will be provided during that time. The supports agreement may also include things of importance to the individual and the roommate including personal preferences, division of household duties, and the terms upon which each may exit the arrangement. Provision of the agreed upon supports are a condition for receipt of the roommate's portion of the room and board. If supports are not provided, funding for the Shared Living service funding may be forfeited.
  6. Once an apartment/unit is located, the roommate match has been made, and the lease has been signed, the support coordinator will submit a service authorization request for Shared Living.

7. The service authorization request must include the completed Shared Living Attestation Form signed by the support coordinator and a copy of the signed supports agreement. The signed lease and rental assistance documentation should be referenced to complete the attestation form. The attestation form must accurately document the following:
  - Amount of monthly rent specified in the lease
  - Amount of rent the individual pays to the landlord
  - Relevant terms included in the lease (effective date, responsibility for utilities, prorated rent, etc.)
  - Whether the individual is receiving rental assistance
  - Public assistance received by the roommate
  - Signed attestation by the support coordinator acknowledging that the relationship between the individual and the roommate is within regulatory requirements.
8. The completed, signed attestation form and the supports agreement should be uploaded to WaMS with copies retained by the support coordinator and made available to the Shared Living provider. The supports agreement will replace Part V of the ISP submitted by the provider.
9. If there is a discrepancy in the information submitted on the attestation form, the signed lease or other documentation may be requested by the service authorization consultant for clarification.
10. The service authorization consultant will use the information from the attestation form to complete the Shared Living Calculator. The Shared Living Calculator populates the reimbursement amount received by the individual on behalf of the roommate and the amount retained by the provider on the Shared Living Determination Form. The support coordinator will upload this form to WaMs as the final step in the service authorization approval process.
11. The Shared Living Determination Form generated by the Shared Living Calculator, should be retained by both the support coordinator and the provider as documentation of the reimbursed amounts.
12. If necessary, the support coordinator will assist the individual with submitting relevant documentation to administrative agencies (Social Security Administration, Social Services, etc.) to avoid impacting the individual's benefits.

### *Transitioning to the Shared Living service*

Funding for items the individual may need to set up a household may be covered by the Transition waiver service. Flexible housing funds may also be accessed by the individual for start-up housing costs to include deposits for rent and utilities, etc.

Flexible housing funds, as available, may also be requested through the designated support coordinator to reimburse the Shared Living provider for activities conducted on behalf of the individual to initiate the service prior to formal service authorization. To access these funds, the Shared Living provider and the individual must develop a written agreement sent to the designated support coordinator, documenting work done in preparation for the service. Reimbursement for these activities may not exceed the allowable amount, which is

equal to 60 days reimbursement at the case management rate. Appendix B in this document contains a detailed description of this process.

## *Service Monitoring*

The Shared Living provider is responsible for face to face monitoring of the service with monthly collateral contacts every 90 days. It is the responsibility of both the provider and the Support Coordinator to communicate any problems or issues which may arise for appropriate resolution.

Service monitoring also includes an expectation that the support coordinator and Shared Living provider work together to monitor the arrangement to ensure that supports are provided as agreed, and if conflict arises, to help mediate and mitigate the conflict. Service monitoring does not include an expectation that the Shared Living provider and the support coordinator are responsible for removal of the roommate from the residence. This will depend on the tenancy status of the roommate, as dictated by the lease. In the event of criminal or other prohibited activity, the landlord or law enforcement would intervene, as necessary. In the event that the roommate exits the arrangement prior to the end of the lease or as outlined in the *Supports Agreement*, the individual will receive up to 60 days reimbursement for the roommate's portion of the rent to be used for the purpose of locating a new roommate.

The provider of Shared Living shall submit monthly claims for reimbursement based upon the amount determined through the service authorization process. Payments will not be made directly to the individual, but routed to the individual through the Shared Living provider. The provider must reimburse the individual the funds to cover the roommate's approved reimbursement amount, no later than the first day of each month.

## *Required Documentation*

The individual and the roommate will complete a weekly support checklist documenting supports provided. No more than 20% of the roommate's total weekly time supporting the individual may be spent providing assistance with IADLs/ADLs. This should be reflected in the Supports Agreement. If the need for ADL/IADL supports exceeds the 20% threshold, then the individual may need to consider adding a waiver service to support his ADL and IADL support needs.

The Shared Living provider will obtain and review the weekly support checklist during quarterly visits. In addition to the supports checklist, proof of roommate training (as needed), the signed lease, attestation form, Shared Living Determination Form, *Supports Agreement*, and documentation of payments made to the individual will be retained by the provider as documentation of the service.

## *Backup Supports Plan*

The individual and family members are expected to provide a back-up plan for the individual for times when the roommate is unavailable to provide the agreed upon supports. In the event that scheduled back-up supports are unavailable, paid supports may be authorized as a back-up or

temporarily increased. This decision will be made on an individual basis. The person providing back-up supports is not responsible for daily completion of the supports checklist.



*Appendix A: Required Forms and Templates*

## Sample Shared Living Supports Agreement

This Supports Agreement is between \_\_\_\_\_ (individual) and \_\_\_\_\_

(roommate). The terms of this agreement constitute a voluntary arrangement between the above parties wherein the roommate agrees to deliver minimal supports to the individual in exchange for his or her portion of the room and board being covered under the individual's Medicaid payment. This agreement outlines the specific supports to be provided to the individual, as well as the living arrangement and preferences of each under the Shared Living service. This agreement is intended to be specific to the individuals residing together under Shared Living; therefore sections below may or may not apply to the arrangement.

### Supports Arrangement

*This section will generally describe the time that the individual and the roommate agree to spend together.*

#### Example:

Karen has autism and is a diabetic who uses insulin and several other medications to control her blood sugar. Karen is fairly independent with both functional and self-help skills but needs some assistance with managing certain aspects of her life. Both Karen and Naomi work. Naomi is a part-time college student, who also works part-time during the week (M-F). Karen works part-time M-Th.

- Karen needs some support daily to help prepare her for her work day. Naomi will assist Karen with picking out her clothes each evening before bed (M-Th). Naomi will wake up Karen in the morning and provide reminders if Karen forgets to set her alarm at night.
- Naomi will also help Karen in the morning with verbal reminders about time to keep her on track.
- Each weekday morning (M-Th) Naomi and Karen will cook breakfast and eat together. Naomi will provide verbal reminders about medication, food choices and portion control, in conjunction with her dietary regiment.
- Most evenings Karen and Naomi will eat dinner together and go for a walk after dinner. If Naomi and Karen do not eat dinner together, Naomi will provide written reminders to Karen about food available for her to eat for dinner.
- Two days each weekday and sometimes on the weekend Karen and Naomi agree to watch their favorite television shows together before bedtime; this is typically between 7-10 pm.
- On Fridays, Karen has the day off so most of her day will be spent with paid supports.
- Karen and Naomi each share with paying the household bills, grocery shopping and general upkeep of the apartment. They keep a binder with a schedule. Under the Independent Living Supports service, Karen's paid staff supports Karen with these tasks.
- On the weekends, Karen and Naomi spend time together shopping and running errands as needed and occasionally go to the movies or out to eat as funds allow. Karen also spends time on the weekend with her natural family.
- Because Karen is sometime fearful of being alone at night, Naomi agrees to sleep in the apartment each night. If Karen will be away, Karen's family will arrange for back-up supports to be provided by Karen's mother.

ADL/IADL Supports Type:

*This section will describe the type and frequency of the agreed upon activities of daily living or instrumental activities of daily living supports the roommate will provide to the individual. (No more than 20% of the total time that both agree to spend together may be spent with the roommate delivering ADL or IADS supports)*

Supports	Description
<b>ADLs</b>	
Dressing	<u>4x weekly in the am</u>
Grooming	<u>As needed</u>
Eating/Feeding	<u>N/A</u>
Bathing	<u>N/A</u>
Using Bathroom	<u>N/A</u>
Transferring	<u>N/A</u>
Walking	<u>N/A</u>
<b>IADLs</b>	
Meal Preparation	<u>Together; 4x weekly in the am and pm</u>
Driving	<u>N/A</u>
Light Housework	<u>Reminders to perform agreed upon chores as needed</u>
Laundry	<u>Reminders to perform agreed upon chores as needed</u>
Shopping	<u>1x on the weekend</u>
Budgeting	<u>N/A</u>
Bill Paying	<u>N/A</u>
Reading Mail	<u>N/A</u>
Assistance with Self Administration of Medications	<u>Reminders as needed</u>
Arranging Medical Care	<u>As needed</u>
Transportation	<u>As needed</u>
Using Phone	<u>As needed</u>
Home Maintenance	<u>Reminders to perform agreed upon chores as needed</u>

Companionship and Fellowship Supports

*This section will describe the type and frequency of the companionship and fellowship supports provided.*

Companionship and Fellowship Supports	Description
Conversation	
Reading	
Games	
Crafts	
Walks	<u>4-5x daily</u>
Errands	<u>At least one weekly and as needed</u>
Appointments	<u>As needed</u>
Attending Social events	<u>As needed</u>
Going out to eat	<u>2x a month on average</u>

Going to the movies	<u>2x a month on average</u>
Watching television	<u>2-3x weekly 3 hours on average</u>

### Household

*This section will describe the specific agreed upon household duties each will perform.*

Karen and Naomi each share in all household chores and duties (weekly and monthly) as outlined in their chore log. Karen receives waiver services (Independent Living Supports) to assist her in performing and becoming more independent in these activities.

### Special Considerations

*This section will describe any considerations that are important to the individual and the roommate which are agreed to by both with signature of this document.*

Karen does not like cigarette smoke so there can be absolutely no smoking in the unit. She is also sensitive to noise so this should be a consideration with regard to television volume, music in the apartment, etc. Naomi's mother lives nearby and some evenings after work Naomi will check on her mother and spend time with her. Both Naomi and Karen agree that Naomi's mom and Karen's mom are able to occasionally visit in the apartment. Naomi also requests some quiet time during the week for studying (generally after Karen goes to bed).

### Back Up Supports

*This section will generally describe days/times when the roommate will be unable to provide agreed upon supports as well as who will provide the back-up supports and how they will be provided. (The roommate should provide notice to the Shared Living provider when back up supports need to be scheduled).*

Naomi will have one week of vacation in the summer with occasional overnights with her mother. This time will be coordinated with the Shared Living provider and with Karen's mother.

### Termination of Agreement

*Both the individual and roommate may terminate or amend this agreement at any time. Amendment or termination of the agreement requires notice to the support coordinator and Shared Living provider.*

Karen and Naomi agree to the Shared Living arrangement for the duration of the time she is in school. They have both signed a year's lease.

\_\_\_\_\_  
Signature of Individual                      Date

\_\_\_\_\_  
Signature of Roommate                      Date

\_\_\_\_\_  
Agreement Effective Date



Supports	Monday				Tuesday				Wednesday				Thursday				Friday				Saturday				Sunday			
	6a 12 p	12 p- 5p	5p- 11p	11p -6a	6a 12p	12p -5p	5p- 11p	11p -6a	6a 12p	12p -5p	5p- 11p	11p- 6a	6a 12p	12p -5p	5p- 11p	11p -6a	6a 12 p	12p -5p	5p- 11p	11p -6a	6a 12p	12p -5p	5p- 11p	11p -6a	6a 12p	12p -5p	5p- 11p	11p -6a
Prepare meals together																												
Create housework schedule together																												
Ride to store together																												
Make grocery shopping list together																												
Rides to town, stores, appts. together																												
Create schedule for washing bed sheets together																												
Discuss budget before spending support to make choices																												
Engaging in preferred activities together (puzzles, sharing conversation, spending time with the cat)																												
<b>ADL/IADL's</b>																												
Medication reminders																												
Reminders to shower																												
Reminders to set alarm																												
Reminders to conduct home maintenance																												
Reminder to eat and drink Ensure, Options for protein																												
Reminders to Increase food options																												
Reminders for light housework																												
Reminder to brush teeth																												
Laundry – reminders																												
<b>Time spent providing ADL/IADL supports</b>																												
<i>Individual's Initials</i>																												
<b>Week From/to</b>																												
	<b>to</b>												<b>Roommate Signature:</b>															

**Instructions:** *The Support Coordinator must review the individual’s signed lease agreement as reference for completion of this document. This form must be uploaded to WaMS to support the Service Authorization request for Shared Living. A copy of this form and the lease must be retained by the administrative provider.*

Name of the Individual: \_\_\_\_\_

Address of leased unit: \_\_\_\_\_  
*(Street, unit ID, city, state, zip)*

SSN: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Provider Name \_\_\_\_\_

Provider # \_\_\_\_\_

	Yes	No
Does the relationship between the roommate and the individual fall within regulatory requirements?		
Does the individual receive or is he/she seeking rental assistance? <i>(If yes, the individual cannot be reimbursed for rent and utilities under the Shared Living service.)</i>		
Are <u>all utilities</u> covered in the rent? <i>(If utilities are not covered in the rent, \$100.00 may be included in the Shared Living calculation up to the maximum Fair Market Rent rate for ROS or NOVA for the roommate’s portion.)</i>		
Is the lease signed by the individual?		
Is the lease month to month?		
Is the rent prorated (i.e., for a partial month due to a mid-month move-in date)?		
If yes, what is the prorated rent amount?		
Lease start and end dates: <i>(Record Month, Day, Year.)</i>	Start	End
What is the monthly rent? <i>(Record amount from lease agreement.)</i>		
What is the amount of roommate’s public benefits <i>(i.e., SNAP, etc. Enter exact dollar amount; if zero leave blank)</i>		
What is the amount of rent the individual pays the landlord?		

I hereby certify that all information provided on this form is true and accurate to the best of my knowledge. I understand that this request will not be processed unless all information on this form is provided.

Reviewed by Support Coordinator: \_\_\_\_\_

Date submitted: \_\_\_\_\_



## Shared Living Calculator

1	Geographic location (Northern Virginia or Rest of State) where the individual lives	NOVA	<i>SA: Record location as NOVA or ROS</i>
1A	If NoVA above, record the political subdivision in which the eligible individual lives		<i>SA: Record the subdivision from the drop down menu. Note: If the locality is not listed in the drop-down, ROS should be selected above and this field should be reported as 'Not applicable'.</i>
2	Does the eligible individual or the roommate have rental assistance?	Yes	<i>SA: Record Yes or No. Note: If yes, rental costs will not be part of the rate and the individual will be reimbursed only for the roommate's food and internet</i>
<i>If yes to Question 2, skip to Question 5</i>			
3	Is the rent prorated for the first month?	No	<i>SA: Record Yes or No.</i>
3A	If yes above, record the prorated rent amount for the first month's rent	\$0.00	<i>SA: Record prorated rent amount from lease agreement. Note: This should not include a security deposit.</i>
4	Record the total monthly rent amount		<i>SA: Record the amount of rent shown on the lease agreement</i>
5	Does the rental cost include <i>all</i> utility costs?	Yes	<i>SA: Record Yes only if the individual does NOT have rental assistance and rent does not include <u>all utilities</u>. Note: Includes electric, natural gas, propane, water, sewer, trash, etc., excluding internet utilized in the unit and included in the lease agreement. If there is not rental assistance utilities will cover up to \$200 per month (\$100 for roommate)</i>
6	Does the roommate receive SNAP?	No	<i>SA: Record Yes or No if known.</i>
6A	If yes above, record the monthly SNAP benefit amount		<i>SA: Record SNAP benefits received by the roommate, if known.</i>

**Do NOT type below this line**

### Shared Living Determination

<b>Rental/ Utility Component of the Rate (First Month)</b>	\$0.00	<i>SA: This section only displays if the individual does NOT receive rental assistance. Note: Rental/ utility cost is limited to HUD's FY2015 Fair Market Rent for a 2-bedroom unit (DC/Arlington/Alexandria for NOVA and Charlottesville for ROS)</i>
<b>Rental/ Utility Component of the Rate</b>	\$0.00	
<b>Food Component of the Rate</b>	\$240.90	

**Based on USDA Low-Cost Plan for a 19-50 year-old male as of June 2015**

<b>Internet Component of the Rate</b>	<b>\$25.00</b>	<b>Fixed at \$25 (half of estimated \$50 monthly cost)</b>
<b>Agency Administrative Component of the Rate</b>	<b>\$122.97</b>	<b>Fixed at 11% based on rate model assumptions without offsets</b>
<b>Total Rate (First Month)</b>	<b>\$388.87</b>	
<b>Total Rate</b>	<b>\$388.87</b>	

**Name of Individual:** \_\_\_\_\_

*This review is to be conducted with the individual receiving Shared Living in his or her home.*

1. Are you satisfied with the Shared Living arrangement? Y or N (If No, then why not?)

2. Are supports being provided as agreed? Y or N (If No, then why not?)

3. Is there anything that you would like to change in the supports agreement? Y or N. If yes, please explain (*i.e., increase or decrease in the supports but must not exceed the 20% threshold, type of supports, duration or frequency of supports provided, etc.*)

4. As a result of this review, the following action/changes are recommended.

**Provider Evaluation/Input:**

Observations of appearance/condition of individual, the roommate and the home. Was the roommate present? If so, record any additional input provided by the roommate.

## *Appendix B: Helpful Tools*

If desired, complete this worksheet to assist with finding a roommate.

<b>Supports Needed</b>	<b>Skills Required</b>

<b>PERSONALITY CHARACTERISTICS</b>

<b>NICE TO HAVE (SHARED INTERESTS)</b>



# Important Contacts

**Substitute Decision-Maker:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

**Support Coordinator/Case Manager:**

\_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

**Primary Care Physician:**

\_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
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Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_



## Flexible Funds to Support Shared Living

Flexible Funding helps individuals in the Settlement Agreement population cover costs that can create barriers to transitioning to independent housing and maintaining stability in housing. Flexible Funding is administered regionally by designated Community Services Boards across the state (see list below). Support Coordinators should contact the designated CSB that serves the individual's region to obtain an application. Support Coordinators can submit Flexible Funding applications **on behalf of the Shared Living Provider to cover the cost of initiating the Shared Living service for individuals**. Flexible Funding will **cover up to two months of set-up activities at \$326.50 per month per individual**. Set-up tasks/activities for shared living services may include:

- Identifying an individual's roommate preferences
- Advertising for a roommate
- Assisting an individual with interviewing roommates
- Performing background checks on potential roommates
- Arranging for required trainings of the roommate (CPR, safety awareness, fire safety and disaster planning, conflict management and resolution)
- Conducting a visual inspection of the housing unit
- Facilitating discussions of expectations for supports between the individual and roommate
- Assisting the individual and roommate with completion of the Supports Agreement form

In order for the Shared Living provider to access the funds, the individual and the Shared Living Provider must develop a signed written service agreement that specifies:

- The set-up tasks/activities the provider will perform for the individual
- The rate the provider will charge for these activities (e.g., \$X per hour, day, etc.)
- The "Not to Exceed" cost of \$326.50/month
- The start and end date of the service agreement, which cannot exceed two months

The Support Coordinator should attach the service agreement to the Flexible Funding application and submit the package to the appropriate CSB for approval. Once approved, there are two options for receipts of funds:

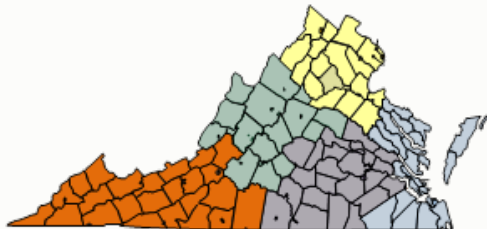
1. The provider can invoice the individual and the individual can pay the provider directly and submit the invoices to Flexible Funding for reimbursement, OR
2. The provider can invoice the individual and complete a W-9 form for the CSB. The individual can then submit the invoices to the Flexible Funding program for payment.

DS Region	Flexible Funds Fiscal Agent	Contact	DS Region	Flexible Funds Fiscal Agent	Contact
1	Region 10 CSB	Leela Lipscomb (434) 970-2148	3	New River Valley CSB	Lucy McCandlish (540) 961-8300
2	Alexandria	Martha Boyer (703) 746-3380	4	Henrico CSB	Michelle Johnson (804) 727-8500
	Arlington	La Voyce Reid (703) 228-1731	5	Hampton Newport-News CSB	Joy Cipriano (757) 788-0066
	Fairfax	Connie Price (703) 559-3000	5	Norfolk CSB	Steve Stewart (757) 823-1683
	Loudoun	Max Harrison (703-777-0377)	3	New River Valley CSB	Lucy McCandlish (540) 961-8300
	Northwestern	Donna Higgs (540) 636-4520 ext. 2221	4	Henrico CSB	Michelle Johnson (804) 727-8500
	Prince William	Jackie Jackson Turner (703) 792-7769			
	Rappahannock Area	Joseph Wickens (540) 899-4401			
	Rappahannock-Rapidan	Paula Stone (540) 825-3100 ext. 3437			

For more information, please contact Jeanne Cummins-Eisenhour [j.cummins@dbhds.virginia.gov](mailto:j.cummins@dbhds.virginia.gov) at (804) 836-4308



**Regional Housing Specialists  
For Help with Housing Resources**



**Region 1 WESTERN**  
Marie Fraticelli (434) 953-7146  
marie.fraticelli@dbhds.virginia.gov

**Region 2 NORTHERN**  
Jeannie Cummins Eisenhour  
(804) 836-4308  
j.cummins@dbhds.virginia.gov

**Region 3 SOUTHWESTERN**  
Anna Bowman (804) 839-0476  
anna.bowman@dbhds.virginia.gov

**Region 4 CENTRAL**  
Sheree Hilliard (804) 371-2154  
sheree.hilliard@dbhds.virginia.gov

**Region 5 EASTERN**  
Kimberly Rodgers (804) 629-1674  
kimberly.rodgers@dbhds.virginia.gov

**Commonwealth of Virginia  
Department of Behavioral  
Health and Developmental  
Services**

1220 Bank Street  
P.O. Box 1797  
Richmond, VA 23218-1797  
Fax: 804-692-0077

*“A life of possibilities for  
all Virginians”*



# Flexible Funds

**Independent Living  
Resources for People  
with Developmental  
Disabilities**



## Flexible Funds offer Flexible Solutions

Flexible Funds were made available by the Department of Behavioral Health and Developmental Services to address housing barriers that impact individuals with a developmental disability included in the Settlement Agreement\* population. Flexible Funds provide assistance with securing housing for the first time or maintaining tenancy that could be in jeopardy.



\* The Settlement Agreement target population for housing includes Virginians with developmental disabilities at least 18 years of age or older who are in one of the following categories: 1) Living in a training center, intermediate care facility, skilled nursing facility and eligible for Medicaid DD Waivers; OR 2) Receiving Medicaid DD Waiver services; OR 3) On a waitlist for Medicaid DD Waiver services.

## Expenses Covered by Flexible Funds

### Assistance to Obtain Housing:

Up to \$5,000 per individual

- Security Deposits
- Household Furnishings
- Moving Expenses
- Housing Transition Services & Support
- Assistive Technology Improvements (Non-Medicaid Reimbursable)
- Environmental Modifications (Non-Medicaid Reimbursable)
- Temporary Support Staffing (Non-habilitative service)
- Fees for obtaining legal documents

### Assistance to Remain in Housing:

Up to \$5,000 per individual

- Emergency Rent & Late Fees (Limited to 3 months/lease year)
- Last Resort Utility Assistance (Limited to \$500.00/lease year)
- Household Management Activities (Limited to \$500.00/lease year)
- Unit Repairs (One request per year, not to exceed \$500.00)
- Temporary Relocation (One request per year, not to exceed \$2500.00)

## Ready to Access Flexible Funds?

There are housing specialists and fiscal agents in each Developmental Services region of Virginia to help you and your support coordinator access Flexible Funds.

DS Region	Flexible Funds Fiscal Agent	Contact
1	Region 10 CSB	Leela Lipscomb (434) 972-1800
2	Alexandria	Martha Boyer (703) 746-3380
	Arlington	La Voyce Reid (703) 228-1731
	Fairfax	Sierra Simmons (703) 449-6302
	Loudoun	Lisa Snider (571) 258-3246
	Northwestern	Donna Higgs (540) 636-4520 ext. 2221
	Prince William	Jackie Jackson Turner (703) 792-7769
	Rappahannock Area	Joseph Wickens (540) 899-4401
	Rappahannock-Rapidan	Paula Stone (540) 825-3100 ext. 3437
3	New River Valley CSB	Lucy McCandlish (540) 961-8300
4	Henrico CSB	Michelle Johnson (804) 727-8500
5	Hampton Newport-News CSB	Joy Cipriano (757) 788-0066
5	Norfolk CSB	Steve Stewart (757) 823-1683