

Supported Living Guidebook

Level 2 & 3

There is no place like home.

Welcome!

This guidebook is intended to provide individuals with intellectual/developmental disabilities, natural supports, service providers, and other interested stakeholders the practical information about Supported Living service models useful to begin and sustain services in a person's OWN home. This Guidebook is intended to be updated frequently and provide current information to its readers.

How To Use This Guidebook

This guidebook is a companion to and may be used along with the Supported Living Levels 2-3 website. The website can be found at <https://www.SLNC4.me>

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CHAPTER 1 : What Is Supported Living?

Supported Living is an NC Medicaid Innovations Waiver service available to Innovations Waiver recipients. Supported Living services, by definition, are intended to provide people with any level of disabilities, the opportunity to live in their own home while receiving the services and support they need to live their lives. Supported Living and NC Medicaid Waiver services are administered by the NC Department of Health and Human Services (NCDHHS) and implemented by the regional Managed Care Organizations (MCO's). The current and complete array of NC Innovations Medicaid Waiver services is identified in NC Medicaid Clinical Coverage Policies 8P. The policies include service descriptions, requirements, and qualifications for all Medicaid Waiver services, including Supported Living Levels 2 and 3.

Per Clinical Coverage Policy 8P Supported Living services are defined as:

A flexible partnership that enables a NC Innovations beneficiary to live in their own home with support from an agency that provides individualized assistance in a home that is under the control and responsibility of the beneficiary. The service includes direct assistance as needed with activities of daily living, household chores essential to the health and safety of the beneficiary, budget management, attending appointments, and interpersonal and social skills building to enable the beneficiary to live in a home in the community. Training activities, supervision, and assistance may be provided to allow the beneficiary to participate in home life or community activities. Other activities include assistance with monitoring health status and physical condition, and assistance with transferring, ambulation and use of special mobility devices.

Copies of these specific service definitions can also be found here

<https://medicaid.ncdhhs.gov/8-p-north-carolina-innovations/download?attachment> and in the [Resource section](#) of this guide and on the www.slnc4.me website.

For those who do not receive NC Innovations services, contact the local LME/MCO to find out if the person may qualify. *Supported Living is not only a service, but also a concept, and for those who do not receive NC Innovations Waiver services, other services or supports may be used to assist people with living in their own homes.*

Supported Living Principles

The main principles of the Supported Living service model are summarized below:

- People with intellectual/developmental disabilities own or rent their home.
- People choose the type and frequency of support they receive, who they live with (if anyone) and how their days are structured.
- Supported living assumes **that all people with intellectual/developmental disabilities, regardless of the level or type of disability**, can make choices about how to live their lives even if the person needs support to make decisions or does not make choices in conventional ways.

Levels Of Support

Supported Living services are available in levels (1-3), and at some LME/MCOs, Support Living Periodic services are available. Supported Living levels are awarded based on individualized needs determination. Each person's level of need is evaluated and assigned by the LME/MCO's required assessments, care plan/person-centered planning, and approval requirements. *This guidebook focuses on Innovations Waiver Supported Living levels 2 and 3*, providing specific information and practical tips on how these levels of service have worked for many people and their provider teams across the state of North Carolina.

It is important to note: Supported Living Levels 2 and 3 include 24-hour support. This support can be delivered to the person face-to-face or with the use of appropriate technology. This guidebook includes information about how technology can be used in conjunction with face-to-face support to provide each person with the supervision and assistance they need to be successful in their living environment.

Important Facts About Supported Living

- ✓ **Supported Living works best with a Person-Centered approach.** Each support or service is tailored to the individual's unique preferences and needs. This individualization makes it possible for people to live in their own home in a completely integrated environment with the necessary support and skill training provided within the context of daily life.
- ✓ **Maximized Personal Choice and Control.** People are not required to live in groups. When people live in group settings, procedures and rules are established to operate the home considering the requirements of all household members. To accommodate everyone, some individuals may be subject to undesirable or unnecessary control over personal choices in their lives. Services are focused on one person at a time.
- ✓ **Supported living services are individually designed;** with flexible support based not only on strengths and needs, but also on personal preferences. Support is provided only where needed and can be arranged in ways that maximize the individual's abilities as well as fill in the gaps where support is necessary.
- ✓ **Services are not tied to a facility;** therefore, you can choose who provides your services. This could be a provider agency, self-directed, or Employer of Record (EOR). Support and services are adjusted in response to changes in life circumstances without requiring people to move to a new location or setting.

- ✓ **No “readiness” criteria** or need to move through a training continuum to receive Supported Living services. People are not expected to demonstrate independence to participate in supported living. Instead, it is acknowledged that all adults can live in their own homes in the community with the level of assistance they need to be successful.
- ✓ **Non-paid, natural, reciprocal relationships are encouraged.** Building and fostering community relationships based on what is meaningful to and for the person being supported.
- ✓ **The pursuit of personal dreams is recognized as an individual’s right** rather than a reward. Supports are provided in accordance with the life outcomes the individual wishes to achieve and may include the teaching of new skills, assistance with activities the individual is unable to perform without support and help in developing linkages with other people or resources in the community.

In Summary

Supported living is about individual choice, control of housing and assistance, respect, personalized care, and valued relationships. Operationally, the use of supported living funding, approaches to planning, and daily activities of staff differ from services provided in group homes or other residential settings.

Because Supported Living IS NOT a service that someone needs to be “ready for” or must achieve a level of skill to be eligible to receive, levels and types of support will vary and change per person and throughout life stages. Everyone’s needs change – each day, week, and month. And of course, support looks different across the life span. Planning for these changes is the key to success and supported living – when used to its true definition – provides the flexibility for people and their care teams to work together to achieve successful outcomes.

Supported living fosters the best practice of providing support *with* individuals to achieve the personal outcomes we all find meaningful. A helpful tool to use to guide this planning process is referenced from Personal Outcome Measures®, published by The Council on Quality and Leadership (CQL, 2023).

A modified version of the personal outcomes below is a helpful foundation when beginning to plan to use Supported Living services:

- I choose who I live with
- I choose where I live.
- I have my own home.
- I choose how I am supported.
- I choose who supports me.
- I receive good quality support.
- I choose my friends and relationships.
- I choose how to be healthy and safe.
- I choose how to take part in my community.
- I choose or am part of making changes in my life.
- I have the same rights and responsibilities as other citizens.

The complete list of Personal Outcome Measures® (CQL, 2023) can be found [here](#)

Supported living is not a prescriptive model of service and can look very different for different people.

Supported living service delivery is designed by the person's preferences regarding how and where the person chooses to live their life. When provided successfully, supported living

focuses on the exploration of the wide array of opportunities and resources available in local communities to create an ideal home life, and meaningful community involvement.

[Myths - What Supported Living Is Not!](#)

Supported living is not about being ready or earning privileges to live on one's own.

Supported living doesn't require making people ready by "training" people how to live in a home, rather, it begins to immediately support people to live in their homes. Supports are flexible and are adjusted based on the person's changing needs, preferences, and desires. All adults enjoy a degree of choice and control over their lives.

Individuals receiving supported living services enjoy a greater degree of control over their lives than do those living in group settings.

Supported living is not about a certain number of financial resources.

People don't need a set amount of money to live on their own. Rather, supported living assists an individual in finding a place they can afford, given a person's own financial situation. The provider agency may also assist in locating a roommate or offer suggestions to defray expenses.

Supported living is not about imposing limits.

Supported living is about clarifying expectations, so dreams may become reality. As an effective service, supported living is built upon the relationship that emerges between the individual receiving services and the person providing them. Getting to know the individual, how they learn best, and how they manage various situations will help staff in supporting a person to move beyond their own perceived limitations toward a desired life. Rhetoric like "you can't do this because..." is replaced with "let's see what it's going to take to support you in getting there."

Supported living is not a program or simply a service.

Supported Living is a process through which persons choose their living arrangements and learn to access their community and all it has to offer. The types and levels of support each person needs are developed, and may be provided by paid staff, friends, or others who wish to be involved in the person's life. These supports are not determined by criterion-referenced assessment. Places accessed, personal relationships, and the means for being successful at home and in the community are determined by the person's interests and wishes. There are no requirements or prerequisites for being able to live in the community.

Supported living is not about merely finding a home.

Supported Living is about creating a meaningful life within one's community. Although supported living usually takes place in and around the person's home, finding a home is not the only necessary component of supported living. Many people have a desire to be part of their community, experience life in their neighborhood, make friends, and contribute to their community in meaningful ways.

The supported living service promotes inclusion for people with developmental disabilities to live fully in their community with the same access, rights, and privileges as their neighbors. , developing relationships with people who do not have disabilities and are not paid staff, making daily decisions regarding how time will be spent, and having control over plans. Supported living services are carried out amid the rhythms and routines of daily life. Supported living providers assist individuals with developmental disabilities by providing support in practical and familiar routines such as shopping, cooking, personal care, housekeeping, banking, socializing, and recreation. These may seem simple tasks, but in achieving these mundane aspects of living, we enjoy the commonality that is adult freedom. With freedom comes unparalleled opportunity and promise... the gift of self-discovery, self-assurance, and infinite potential.

CHAPTER 2 : How to get started

How to Request Supported Living Services

Supported Living Level 2 and 3 services, like other NC Innovations Waiver services, must be authorized by the LME/MCO specific to the recipient's catchment area. Each LME/MCO is responsible for certain counties within the state; therefore, the county of residence, dictates which LME/MCO authorizes and monitors the services received by the person.

Below is the most common order of steps for setting up Supported Living services; however, steps can be done in a different order to meet the unique needs and circumstances of each person transitioning to the Supported Living setting and service.

Step 1 – Meet with the Care Manager at the LME/MCO to share the desire to use Supported Living services. Contact the LME/MCO directly if assistance is needed to identify the contact information for the Care Manager (See complete [LME/MCO list](#) in the Resource section located at the end of this guidebook). The Care Manager should be able to provide service definition information regarding the Supported Living services and providers in the LME/MCO's network who are contracted to provide Supported Living services. For more detailed information regarding particulars of service implementation and delivery, it may be helpful to reach out to providers providing the service.

Step 2 – Identifying a Provider

After ensuring that Supported Living services are available to the person and the Care Manager at the LME/MCO has provided a list of providers contracted for Supported Living services (A list of providers can also be found on the www.slnc4.me website), the next step is to reach out to talk with several provider agencies is helpful to decide which one is a good match to support the individual's wants and needs best.

Here are a few things to consider asking when reaching out to providers:

1. Are you currently accepting referrals for Supported Living services?
2. What levels of Supported Living do you provide?
3. What is your typical process for the development of Supported Living services? How involved is the individual member in designing their supports and services?
4. What are your typical staffing/emergency back up plans?

If a provider is contacted and they say they are not supporting individuals in levels 2 or 3, then ask the provider if they have a waiting list, contact other providers, and continue to reach out to the Care Manager for additional resources and options.

It's important to note: Because Supported Living is a very comprehensive service that supports adults in their own homes it takes time, planning, and effort to get this service going.

Supported Living is NOT an emergency or crisis service for people who “need placement.” It can take months, sometimes longer, to set up these supports. Services like Supported Living Transition can be utilized to assist with the planning and preparation for these supports (see [Chapter 4](#) for more information on transition planning and Supported Living transition service).

Because Supported Living is a newer innovations waiver service, some providers have more experience in providing the service than others. NC I/DD Provider Networks are encouraging contracted providers to reach out for assistance and partnership to expand the options for people wanting to use this service. *For provider agencies who are interested in learning more about how to begin providing Supported Living services, they may refer to the [Provider Resources pages](#) of this guidebook or at www.slnc4.me.*

STEP 3 – Team Meeting

Once a Supported Living provider has been selected, a team meeting should be held with the person desiring supported living services, any family or natural supports, the provider agency, and the Care Manager to determine a tentative timeframe for a transition to Supported Living.

(Please note there are many moving parts to involved with setting up and preparing for Supported Living services; therefore, timeframes may need to be fluid in order to account for the varying factors). If determined in the team meeting that the desired goal is to transition to Supported Living services within the next 6 months, then Supported Living Transition service can be requested to assist with the planning, set up, and development of the home and services.

Supported Living Transition service facilitates the transition to Supported Living. This service can be provided for the 6-month period prior to the move to a Supported Living setting. This service can be utilized so the provider can meet the person preparing to transition in an effort to get each other, meet with team members, and assess the support needs. This service can be utilized to provide assistance with finding housing, developing a budget, determining needed transportation services, gathering needed household items, aiding with setting up utilities, developing emergency plans, and more. Further details regarding Supported Living Transition can be found in Clinical Coverage Policy 8p under the Supported Living service definition. See [Chapter 4](#) for additional details on transition planning.

Step 4 – Finding a Home

Supported living services take place in the person's OWN home. This means the person or those legally responsible for the person will rent or own a home or apartment dwelling in their name.

IMPORTANT NOTE: The rental lease and or ownership of the dwelling cannot be held in the provider agency's name.

This can be one of the most exciting and challenging parts of the Supported Living process, therefore this guidebook has dedicated the entire [next chapter](#) to this topic.

STEP 5 – Set up of the home.

Once a home has been identified, there are many other details to consider. These include setting up utilities, making sure needed items have been purchased for the home, developing moving plans, determining locations of health and community resource such as doctors, banks, grocery stores, laundromats, etc.,

STEP 6 – Supports and staffing.

The level and amount of support can be designed to address what is both important to and important for the person receiving Supported Living services.

Important to Note: *Many successful supported living arrangements in North Carolina, and throughout the nation, have been developed for people who have severe physical disabilities. Sometimes, seemingly insurmountable behavioral challenges are reduced or disappear when the individual is in a supported living setting. Experience indicates that many individuals leave their histories of "behavior problems" behind when they move from congregate situations to supported living arrangements. Why? Because the person's support is tailored to them specifically, and they generally live in a smaller, quieter environment with a smaller staff to person supported ratio).*

CHAPTER 3 : Finding a Home

Over the last few years, supported living has provided more individualized living options for individuals with intellectual/developmental disabilities in North Carolina. Individuals receiving supported living services may reside in a home or apartment they own or rent. One of the barriers to supported living for many in this state is the lack of affordable housing. If a person is looking for an apartment to rent, there are some important things to know.

A household should spend no more than 30% of the total income on rent and utilities.

In North Carolina, the Fair Market Rent in 2023 for a two-bedroom apartment is \$1023.

Most individuals with intellectual/developmental disabilities earn below the poverty level, and often cannot afford market rents in many areas, leaving them with limited housing options. These include leasing homes or apartments in undesirable areas, sharing their home with others in similar circumstances, or moving into pre-existing facilities that congregate people based on their deficits or challenges.

Affordable Housing Options

Although locating affordable housing may be challenging, there are many resources available to assist individuals in stretching their budgets. Links and additional information can be found in the resource section of this guidebook or at www.slnc4.me

Housing Choice Voucher Program (Section 8) -The Housing Choice Voucher program is the federal government's major program for assisting low-income families, the elderly, and the disabled to afford decent and safe housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to locate their own housing, including single-family homes, townhouses, and apartments.

Most programs have a long waiting list, and the list is closed to new applicants. If the list is open, it may have a 1 to 5 year waiting list. Some Public Housing Authorities that maintain the

waiting lists may give priority to individuals with disabilities. Housing Choice Voucher Fact Sheets may be found in the Resource Section of this Manual.

Public Housing is funded by HUD which is the US Dept. of Housing and Urban Development.

Funding comes through local public housing authorities. Public Housing is limited to low-income families and individuals. Generally public housing assistance is associated with a specific rental unit.

Permanent Supportive Housing is permanent, affordable housing combined with a range of supportive services that help people with serious long-term disabilities including mental illness, developmental disabilities, physical disabilities, substance use disorders, and chronic health conditions live stable independent lives.

Targeting Program is a partnership between the NC Department of Health and Human Services, North Carolina Housing Finance Agency, Owners, and Property Managers, and local providers.

Annually, 10% of newly funded Low Income Tax Credit units are targeted or "set aside" for persons with disabilities. Individuals must be referred by a Service Provider who has made a commitment to participate. This is housing with access to supports and services.

USDA Rural Development Program offers affordable housing for very low- and low-income tenants in rural areas. The units are project based. Properties may have a waiting list. See USDA Rentals By County on the Resource Page.

Opportunities to Address Challenges

The FAIR Housing Act prohibits discrimination in the sale, rental, and financing of housing based on race, color, national origin, religion, sex, familial status, and disability. The Act and its amendments provide significant protection against discrimination for people with disabilities.

Fair Housing Act Federal Laws include:

Reasonable Accommodations are changes to rules, policies, practices, or services to allow persons with disabilities equal opportunity to use and enjoy a housing unit, including common areas. A tenant or prospective tenant can ask the property owner to make an exception to a rule, policy, practice, or service based on the needed related to their disability.

Reasonable Modifications are changes in the physical arrangement of the interior of a housing unit, common spaces, or parking areas to make tasks easier, reduce accidents, support independent living, and allow the person with a disability to have full enjoyment of the premises where they live.

CHAPTER 4 : Planning for the Essentials

Developing a Transition Plan and/or Implementation Plan

Successful transition into supported living requires that everyone involved in the persons team

or circle of support collaborate to make certain there is a shared vision and mutual

understanding of the supports desired and needed, and that all services are in place prior to the

move. The Team must be committed to focusing efforts on supporting the person not only in

their home, but also supporting and including the individual in the community. This

collaboration begins well in advance of the person's move into his own home or apartment.

Good planning is an essential part of supported living services. Transition planning before the

move helps ensure that needed supports and services are in place to promote the person's

desired outcomes, comfort, health, and safety.

Planning for during the move (e.g., assuring the individual is accompanied by someone with

whom she feels comfortable, her favorite personal items are packed in the car with her, etc.)

for persons who may need additional support on the actual day of the move, could make a big

difference in the person's comfort and satisfaction.

Planning for after the move lays the foundation for a successful transition to life in a different

place with new friends, neighbors, and community connections. Working closely with the team

and the individual's family will help assure that concerns are not overlooked and that small

issues do not have big consequences. Changing one's home can have as much impact on the

family as on the individual. Listening to everyone's fears until they are understood and resolved

is an important part of supporting people and their families. Most stated fears (e.g., "People

will be mean to him." "How do we teach him to address strangers coming to the door?" etc.)

are valid and should be addressed during transition planning. Team members are encouraged to listen to and address issues and concerns as part of the transition and implementation planning process. While every potential scenario cannot be predicted, most issues of health, safety, and overall well-being can be discussed, and **plans made to address unexpected occurrences.**

Topics to review and steps to take during transition planning:

- Discuss how natural and generic supports, available through family, friends, neighbors, and the community at-large, will be used.
- Discuss housing needs with consideration given to transportation needs, proximity to work, and person's preference, roommates, and community accessibility.
- Discuss budget for housing and potential need or desire for a roommate(s).
- Visit and compare an array of potential housing and surrounding neighborhoods.
- Get on as many waiting lists for affordable housing as possible. You can always turn down options.
- When housing is available, meet with the prospective property manager to complete any paperwork needed, which may include a rental application. and be prepared to pay deposit and first month's rent.
 - Identify any needed accommodations and ask about the process to request reasonable accommodations if needed.
 - Identify target move in date and confirm with the property manager.
- Transfer / open bank accounts that may be needed to ensure that rent is paid.
- Develop a list of needed households start up items (or share of total) with approximate cost and shop for these items.

- Prepare startup grocery list.
- Transfer prescriptions to a local pharmacy if needed.
- Discuss initial staffing and support plans.
- Discuss using technology/remote supports for safety and independence.
- Request any necessary assistive technology, adaptive devices, or special equipment.
- Plan for moving / contact local movers.
- Obtain boxes and begin packing.
- Make necessary transportation arrangements, learn new bus routes, etc.
- Finalize moving plans including schedule to sign lease/ pick up keys and inspect new home, electric hookup, telephone, cable and water if necessary.
- Change address on State ID and with other providers. Complete a change of address form with the Post Office.

Once move has occurred:

- Move and begin to unpack / get settled.
- Grocery shop for start up supplies.
- Review post-move support, learn emergency access numbers.
- Meet new neighbors, become familiar with new neighborhoods.
- Host a housewarming party!

Person Centered Planning and Documentation:

The Person-Centered Plan (PCP) is the umbrella under which all planning for Supported Living services and supports occurs. It focuses on the identification of the individual's/family's needs and desired life outcomes.

The Care Manager responsible for the development of the PCP must ensure that the plan captures all goals and objectives and outlines each team member's responsibilities within the plan. This plan is based on what is most important to and for the individual/family as identified by the person/family to whom the plan belongs and the people who know and care about the person. This planning approach therefore supports good action and crisis planning. The Qualified Professional at the Provider Agency develops the long term and short-term outcomes, goals and objectives, including detailed information regarding justification for continuation, modification or termination of a goal and it outlines each team members' responsibilities within the Person-Centered Plan. Natural and community supports should always be considered within all person-centered plans.

Documentation of Services:

Documentation methods, which demonstrate the individual is progressing toward her goals, may be as varied and unique as needed or desired. Information may be collected in any number of formats based upon the implementation plan. Typically, provider agencies have an electronic health record (EHR). The plan includes both the goals and strategies to reach each goal. Each plan should describe the approach or strategies needed to support the individual in achieving the supported living goal. The approaches and strategies identified on the plan should be completed in collaboration with and approved by the individual.

The methods of documentation should be consistent with both the personal goal and the actions. For example, if an individual's personal goal is to "get better at fixing meals" and the 'agreed upon' action plan describes approaches to preparing crockpot and microwave meals, documentation might include the person's progress toward the approaches listed, such as

menu planning (e.g., beef stew, chili, hamburgers, etc.) obtaining recipes, assembling the ingredients, correct use of the microwave and crockpot, etc.

Personal responsibility plays an important role in documentation. As much as possible, the Direct Support Professional should support the person in maintaining their own progress. Not only does personal reporting and tracking promote good habits, it supports the individual in maintaining everyday routines.

CHAPTER 5 : Working With a Provider Agency

Service providers who provide Supported Living redefine their role to one of supporting the personal preferences and desired lifestyles of persons with developmental disabilities, rather than trying to “fix” them. Service providers improve their ability and flexibility in delivering services rather than limiting personal choice or offering a "one-size- fits-all" approach.

Supported living is a way of looking at how and where commitment of resources and supports are provided, by considering people one at a time and figuring out creative and non-traditional ways to provide what each person wants or needs. Service providers learn how to be less intrusive in delivering services and support and are sensitive to and respectful of people's homes and the rights and courtesies associated with them.

The provider of Supported Living services cannot own the person's home or have any authority to require the person to move if the person changes service providers.

The Supported Living provider is responsible for providing an individualized level of supports determined during the assessment process, including risk assessment, and identified and approved in the Individual Support Plan (ISP). Supported Living providers have 24 hour per day availability, including back-up and relief staff and in the case of emergency or crisis. Some beneficiaries receiving Supported Living services may be able to have unsupervised periods of time based on the assessment process. In these situations, a specific plan for addressing health and safety needs must be included in the ISP and the Supported Living provider shall have staffing available in the case of emergency or crisis. Requirements for the beneficiary’s safety in the

absence of a staff person must be addressed and may include use of tele care options. When assessed to be appropriate Assistive Technology elements may be utilized in lieu of direct care staff.

Staffing Plan for Supported Living Services

The provider must develop an individualized staffing plan and schedule. The staffing plan is based on the persons preference, assessment of needs, and information gathered during the person-centered planning process. Consideration is given to information obtained by conducting a risk assessment. This assessment should identify and analyze the individuals' support needs.

The plan must ensure staffing is adequate to protect the health and safety of the person being supported as well as ensuring all activities to meet the outcomes and goals identified in the Person-Centered Plan. To be successful and avoid stress the staffing plan must address staff coverage for back-up and relief staff. Staffing schedules may vary from provider agency to provider agency to agency. Common staffing schedules include shift staffing, for example: 8am-8pm, 8pm-8am. Provider agencies use a lot of creativity in scheduling to ensure that the persons needs are met.

An on-call system that allows individuals access to services for emergency response 24 hours-per-day, 7 days a week, including having backup staffing to provide support in the event the person's regularly scheduled staff is unavailable.

Individuals do not fail in supported living arrangements sometimes fail to meet their personal needs and preferences. If one thing does not work, try another. There are unlimited ways to provide support. The person, their friends, and supports should be persistent and dedicated to finding alternative strategies for success, when faced with a strategy that has failed. Like new

strategies, sometimes a different person with a different perspective can find the way to success.

The Role of the Direct Support Professional

A Direct Support Professional (DSP) provides assistance as needed with activities of daily living (meal preparation, dressing, bathing, assistance with any needed medication, household chores essential to the health and safety of a person, budget management, attending appointments, and interpersonal and social skills building to enable the person to live comfortably in their home and enjoy time in their community. Training activities, supervision, and assistance may be provided to allow the person to participate in home life or community activities. Other activities include assistance with monitoring health status and physical condition, and assistance with transferring, ambulation and use of special mobility devices or other technology.

A Direct Support Professional (DSP) is a trained professional who provides assistance, training, and instruction in a variety of activities to support persons who live in their own homes.

Supporting persons in maintaining good health, accessing community health care services, and promoting personal safety are essential components of the relationship that exists between the staff and the person receiving supported living services. The Direct Support Professional assumes the main role in providing the ongoing life management support that an individual needs in order to live in and maintain his own household. This can include teaching new skills and/or providing assistance in the areas of support. In addition, the DSP plays a pivotal role in assisting an individual to develop interdependent relationships with others in the community. This may include assistance with paying bills and managing money. This also entails acquiring,

maintaining or improving personal hygiene and daily living skills, money management, housekeeping, shopping, community awareness, and other skills necessary to successfully maintain a home and community relationships.

DSP Overall Responsibilities:

Communication - The Support Professional builds trust and productive relationships with people he/she supports, co-workers and others through respectful and clear verbal and written communication.

Person-Centered Practices- The Support Professional uses person-centered practices, assisting individuals to make choices and plan goals, and provides services to help individuals achieve their goals.

Evaluation and Observation - The Support Professional closely monitors an individual's physical and emotional health, gathers information about the individual, and communicates observations to guide services.

Crisis Prevention and Intervention - The Support Professional identifies risk and behaviors that can lead to a crisis and uses effective strategies to prevent or intervene in the crisis in collaboration with others.

Professionalism and Ethics- The Support Professional works in a professional and ethical manner, maintaining confidentiality and respecting individual and family rights.

Health and Wellness - The Direct Support Professional plays a vital role in helping individuals to achieve and maintain good physical and emotional health essential to their well-being.

Community Inclusion and Networking - The Direct Support Professional helps individuals to be a part of the community through valued roles and relationships and assists individuals with major transitions that occur in community life.

Cultural Humility- The Direct Support Professional respects cultural differences and provides services and supports that fit with an individual's preferences.

Education, Training and Self-Development - The Direct Support Professional obtains and maintains necessary certifications and seeks opportunities to improve their skills and work practices through further education and training.

Direct Support Professionals must receive training and demonstrate competency in the following areas:

DSP Code of Ethics (National Alliance for Direct Support Professionals)

In order to be an effective Direct Support Professional, staff must have values consistent with best practices in the field of intellectual/developmental disabilities. Supported living is considered the foundation of a person's support. DSP's must value person centered supports, promote the physical and emotional well being of the person supported, support the person in a responsible manner with integrity, maintain confidentiality, promote justice, fairness, and equity, respect human dignity and uniqueness, support the person to develop and maintain relationships, assist the person to direct their own life, and advocate with the person for justice, inclusion, and full community participation.

See the references section of this guide for a link to the [DSP Code of Ethics](#) and a list of [DSP responsibilities](#).

Partnership

Be Partners. Work with the individual and each other to support their best life and achieving dreams. Remember this is what everyone wants even when things go wrong or obstacles or the unexpected arise.

Be Flexible and Creative: Preferences and needs will vary from person to person as will the roles of providers. Together, search for non-traditional resolutions to problems and creative ways to establish and maintain support arrangements.

Maintain as much flexibility as possible within the parameters of state and federal laws, rules, regulations, and guidelines.

Work it Out: Address and discuss any areas of uncertainty. Identify possible areas of duplication and how they will be handled. Example: The QP and the family/guardian work hand-in-hand to ensure people maintain eligibility for benefits (such as Social Security, Medicaid, etc.). There should be a clear understanding between all parties so that efforts are not duplicated, or necessary activities overlooked.

Write it Down: Develop written agreements and/or incorporate responsibilities in the Person-Centered Plan.

Define the expectations of the Provider Agency and Family/Guardian (as well as other support providers) and make sure they are clearly specified in the plan or written agreement.

The Agreement and or plan should change and be revised over the course of the year as the needs and desires of the individual change. It is a fluid document reflecting the person's desired outcomes, scope of service, and current situation.

Communicate: Be sure the individual, the provider and family knows who to contact for assistance in certain situations and with certain tasks (i.e. Medicaid problems, emergency assistance, etc.).

The Direct Support Professional assumes the main role in providing the ongoing life management support that an individual needs in order to live in and maintain his own household. This can include teaching new skills and/or providing assistance in the areas of

support. In addition, the DSP plays a pivotal role in assisting an individual to develop interdependent relationships with others in the community.

This may include assistance with paying bills and managing money. This also entails acquiring, maintaining or improving personal hygiene and daily living skills, money management, housekeeping, shopping, community awareness, and other skills necessary to successfully maintain a home and community relationships.

Working Together - Communication is Key

Considerations for DSP, Qualified Professionals, and families who are working together to support persons in their own homes:

CHAPTER 6 : Who Pays for What?

It is important to remember in a Supported Living setting, the person who is receiving the service is the one who rents or owns the home. The service provider cannot be on the lease, own the home, or have any authority over where the person lives if they decide to switch service providers. Therefore, the cost for rent/mortgage, utilities, groceries and household furnishing and supplies are the responsibility of the person(s) receiving the Supported Living service. Unless the person or their family member is Employer of Record (EOR), the service provider is responsible for staff pay, benefits, and other cost associated costs. There are some services through the Innovations Waiver that the person receiving Supported Living services may be eligible for, Community Transition Service can be used too cover some of the costs related to the setup of the home, and Assistive Technology Equipment and Supplies (ATES) may be utilized cover costs for assistive technology that may be used to promote safety or independence of the person. **ATES will be covered further in the Technology section of this guide.**

Community Transition service may be available to provide for the initial expenses of a person moving into their own home. The service is only available if the person is moving into a Supported Living setting from a higher level of care, such as a group home, ICF/IDD, institutional setting, an AFL, or from a family home. This service can cover up to \$5000.00 over the lifetime of the waiver and can be used for expenses such as security deposits, essential furnishings, set up fees for utilities, and things like one-time cleaning of the home. For more information on Community Transition please see Clinical Coverage policy 8P

<https://medicaid.ncdhhs.gov/8-p-north-carolina-innovations/download?attachment> or contact the Care Manager through the LME/MCO.

During the information gathering and planning process, the provider agency should work with the person, his/her family or guardian, as applicable, and determine how personal finances will be organized and monitored once the person moves into their own place. Having control over one's money is fundamental to self-determination. It is important to provide only the support needed to ensure that a person has their needs met. Learning to manage money and having opportunities to spend money on wants, as well as needs is a part of adulthood for everyone. Many individuals receiving service through the Medicaid Waiver receive the majority of their income through Supplemental Security Income (SSI) or SSDI. SSDI may be received when a person is eligible for social security benefits based on a retired or deceased parents work history. Many individuals have a Representative Payee for these benefits. A Representative Payee is often a parent, guardian, provider agency, law office serving as guardian, or another interested person who can assist the person with managing their funds. The Representative Payee must assure the individual maintains financial eligibility to continue receiving the benefits and account for how the funds are spent in an annual Payee Report that is sent out from the Social Security Administration to the Representative Payee. SSI amounts may vary if an individual works. All income earned from work must be reported to the Social Security Administration.

According to the current Financial Eligibility Standards for SSI-Related Programs, the individual can maintain no more than \$2000 in total assets including checking and savings accounts, etc.

Maintain the person's bank card or checkbook in a safe and secure place.

Assure the Direct Support Professional works closely with the individual during budget planning to ensure funds are available as needed.

Assure all transactions are made in the person's presence (including make purchases with a debit card, making out deposit slips, entering transactions in register, performing monthly bank reconciliation, etc.

Individual Budget Sample Items

Date

Name:

Address

Number of Roommates Sharing Expenses Yes No

Savings Account Balance as of

Checking Account Balance as of

I. Monthly Income Received

Income From Employment

SSA

SSI

Social Security Representative Payee

VA Benefits

SNAP EBT Benefits "Food Stamps"

Other (specify)

Total Monthly Income

II. Projected Monthly Expenses

A. HOUSING:

1. Rent/Room & Board

2. Utilities
3. Telephone
4. Cable TV /Steaming Services
5. Garbage
6. Lawn Service
7. Other (specify)

Housing Subtotal: _____

B. FOOD/HOUSEHOLD

C. TRANSPORTATION

D. PERSONAL

1. Entertainment
2. Clothing
3. Personal Items
4. Health Related
5. Insurance
6. Spending Money @ \$ /week:
7. .Laundry Money:
8. .Other (specify):

Personal Subtotal:

Total Monthly Expenses:

Supported Living Partnerships

CHAPTER 7: Building a Meaningful Life with Support Services

Through supported living, individuals with developmental disabilities are able to live fully in the community. This includes living where any citizen in the community may live, developing relationships with people who do not have disabilities and are not paid staff, making daily decisions regarding how time will be spent, and having control over future plans. Supported living services are carried out amid the rhythms and routines of daily life. Supported living providers assist individuals with developmental disabilities by providing support in practical and familiar routines such as shopping, cooking, personal care, housekeeping, banking, socializing, and recreation. These may seem like simple tasks, but in achieving these mundane aspects of living, we enjoy the commonality that is adult freedom. With freedom comes unparalleled opportunity and promise... the gift of self-discovery, self-assurance, and infinite potential.

Family, Friends and Community Supports

Connections to people, places, and activities create the most effective life for anyone who lives in a community. Friends and acquaintances often will notice problems and lend assistance before they intensify. Almost everyone depends on family and friends for support during

difficult times and in the course of everyday life. Yet, service systems often prevent these important connections by surrounding individuals with others who are paid to direct their activities in programs and places that are isolated from community life. In supported living, people are encouraged and assisted to form or renew connections with other citizens and family members.

Providers of supports and services play a vital role in helping the individual make connections to the community through thoughtful and sensitive actions. For example, taking an individual who has a developmental disability around to meet all the neighbors may actually focus on the disability and create an expectation of dependency. Neighbors who have nothing in common are unlikely to form the close relationships that evolve naturally through activities of mutual interest. Yet, supporting someone to meet nearby neighbors as part of the incidental activities of moving in or during regular daily routines opens the way to neighborly hellos and conversation. Connection to a community member, an organization, a church, a business, or a public place often leads to everyday contact with a range of other people so that the individual becomes part of something that is focused around common interests and capacities rather than disability.

While a primary role of the supported living staff is often helping a person move into her own home, an equally important focus must be on how to effectively support the person in becoming a part of the community once the move has occurred. This is usually a slow process that evolves over time. To help promote involvement, the staff may need to begin by simply orienting the person to the neighborhood and what it has to offer. Assisting a person in exploring new activities and interests in the community is not only exciting but can also serve as the cornerstone for the development of new and lasting relationships.

There are other Innovations Waiver services available to assist people to be successful in building the lives they choose to live. These services can be used in conjunction with Supported Living services. A person receiving Supported Living is eligible for up to 40 hours per week of other Innovations Waiver services that can be provided throughout their day/week to support them while participating in meaningful activities of their choosing. These services may be provided by the provider of Supported Living, or it may be another service provider. When there are multiple service providers, they must work cooperatively and collaboratively to ensure the person has a cohesive support system working to support the person to meet the outcomes they desire. The following are services often used in combination with Supported Living:

- Community Networking is used to assist the person with accessing and participating in integrated (not designed for people with disabilities) community-based activities such as volunteering, faith-based activities, adult education, learning to access public transportation, and other opportunities to make community-based connections.
- Supported Employment Services provide assistance to explore, seek, choose, acquire, prepare for, maintain and increase skills in/ advance in competitive employment in the general workforce.
- Day Supports is a service often provided in or through a licensed facility, often working with a person on gaining or improving skills in socialization and daily living. This service can be provided in a day program location or out in the community. This service can be received when the person is participating in activities with others who have disabilities, and also with people who do not have disabilities. This service can only be provided by service providers licensed for Day Supports.

Any or all these services can be utilized by the person receiving Supported Living services. These services cannot be provided at the same time of day as Supported Living; however, in many scenarios it is possible for a person to transition seamlessly through the services during their day. Here is an example scenario demonstrating how a combination of services can be used to support someone:

- ◆ Joe receives Supported Living services through Provider A. Provider A has support staff with Joe every morning to support him with getting up on time, taking his morning medications, completing morning hygiene tasks of brushing his teeth, shaving, brushing his hair and putting on deodorant. The staff then assist Joe with preparing his breakfast, packing up his lunch, and other needed items, and then remind Joe to review any checklists he has to help him remember everything he needs for the day. At 8 am, a staff person from Provider B, Joe's Day Supports provider, comes to pick Joe up for the day. Joe is then receiving Day Supports services. He and Provider B staff go walking in the park with some friends, go meet a group for a weekly coffee club, and then head to the day program to eat lunch and participate in some afternoon activities there. At 2pm, Provider B staff takes Joe home, where he is greeted by Provider A staff. At this time, Joe is receiving Supported Living services. He and staff work together to check Joe's bank account balance online and then pay some of his bills. Joe puts together a grocery list and his staff assists him with putting in his online grocery order. Provider A is authorized for Joe's Supported Living services and 10 hours per week of Community Networking. This evening Joe likes to participate in a weekly connections group at the church he attends. Staff from Provider A drives Joe to church, he is now receiving Community Networking services. His staff supports him while he participates in the

group's activities, including dinner, prayer and small group discussions. Afterwards the staff drives Joe home for the night, he is again receiving Supported Living services. His staff supports him through his nighttime routine and then straightens up his apartment as Joe heads to bed for the night.

- Joe's service schedule for the day looks like this:
 - Midnight-8am: Provider A – Supported Living
 - 8am-2pm: Provider B – Day Supports
 - 2pm-5pm: Provider A – Supported Living
 - 5pm-8pm: Provider A – Community Networking
 - 8pm-Midnight: Provider A – Supported Living

More detailed information on the Innovations Waiver service definitions and how each service can be used can be found here in Clinical Coverage policy 8P

<https://medicaid.ncdhhs.gov/8-p-north-carolina-innovations/download?attachment> and in the [Resource section](#) of this guide and on the www.slnc4.me website.

CHAPTER 8 : Provider Resources

A lot of information about the provider role, DSP expectations, and collaborating through the transitions process has been given in previous chapters of this guide. The focus of this chapter is on provider management and set up of Supported Living services. As was previously mentioned, Supported Living is a way of looking at how and where commitment of resources and supports are provided, by considering people one at a time and figuring out creative and non-traditional ways to provide what each person wants or needs. Unlike other services that are provided in a periodic (designated number of hours per week) manner or other residential supports based in a group service or out of a provider's home, Supported Living is unique in the way it is provided in a home or apartment belonging to the person with services that need to support them in all aspects of their daily life. As a result, service providers must have a different perspective and approach when working with a team and developing Supported Living services.

Supported Living is a service that takes time, planning, and effort to set up. This is the case for someone new to Supported Living and when a person chooses to switch their Supported Living services from one provider to another. Often families report contacting provider agencies and getting the response that they are not accepting referrals for Supported Living or, specifically, that they are not taking referrals for or providing supports to people requesting level 3. services. Here are some things to take into consideration rather than just saying "no." Supported Living is not an emergency service, providers can be firm in saying that because providers aren't owning, leasing, maintaining, or operating a home, there is no "placement." What providers can say is

“not right now” and inform Care Managers, individuals and families interested in Supported Living, and any others inquiring about the service, is that it takes time, learning, preparation, collaboration, assessments, meetings, meet-ups, training, finding a home, determining who is responsible for what and possibly more before starting actual Supported Living services.

Providers can utilize services such as Supported Living Transition to work with the person and their team to set up Supported Living services. The Supported Living provider can offer to provide some of the other services the person may be receiving such as Community Living and Supports or Community networking as a means to get to know each other before the provider may be supporting the person in all aspects of his or her life. Then a “no” becomes a “not right know” while everyone on the team works together to reach the desired goal of the person living in their own home or apartment and receiving Supported Living services.

Assessments:

An important aspect of setting up Supported Living services is assessments. This is a helpful step in gaining insight into what strengths the person has and what areas and types of support they will need on a daily, weekly, or monthly basis to successfully maintain their home and daily life. As a reminder, there is no minimum criteria that needs to be met for Supported Living; therefore, the assessment will not rule someone out of the services, rather the assessment will assist with determining the roles, responsibilities, trainings, and other aspects of the work needing to be done by the DSPs providing the services. The assessment helps to determine needs and skill building areas to work on. It can be used to help guide the process of developing goals and looking at supplemental assistive technology that can promote and enhance independence. Some example assessments have been included in the resource section

of this guide. Assessments can be completed and updated at any time. The person receiving Supported Living may have assessed areas of skill deficit when living with their parents, but once in their own place, he/she may demonstrate skills or progress more quickly with the autonomy and feeling of ownership they have in their own space. Additionally, people supported may decline in skill areas at times, possibly due to factors like aging or illness. It is important to complete frequent and ongoing assessments and be willing to make changes to the level of supports based on the person's changing needs.

Defining roles:

There are many facets of a person's daily life. When there is an active team, it is very important to clarify roles. Each person and their natural supports will have a different perspective and desire for level of participation in the supports provided. Those with family may have parents or other family members who may want to play an active role in the person's life. They may want to coordinate and attend doctor's appointments, they may be the representative payee and want close oversight and management of finances, they may have frequent visits and calls with the person. In other scenarios, family may want a less active role, they may want the provider to assist with the management of many or all aspects of the person's supports, they may only be updated with approval of the person, or they may only see them for occasional visits or phone calls. There are other people receiving Supported Living who may not have family or other natural supports. In all of these cases, it is important to use the assessments to clarify needs and then develop lists of roles and involvement. Some questions to consider:

- Who manages the finances? How are purchases/expenses tracked and reported?
- Who is the emergency contact? When do they need to be contacted?

- Who plans meals and grocery shops?
- Who coordinates household maintenance? This can include major repairs to regularly scheduled updates such as changing furnace filters and smoke alarm batteries.
- Who attends doctor's appointments? Who manages medications? Filling pill organizers?
Ordering medication refills?

These are just a few suggestions to get the discussion and planning started. If there is no family, no natural supports, or the family chooses not to be involved in this way, these are all aspects of Supported Living that can be supported and managed by the provider agency.

Staffing and supports:

It is important that the provider of Supported Living services work with the person and their team to develop a staffing plan, as well as back up plans to ensure serve goals are being met.

From Clinical Coverage Policy 8P

Level Two:

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

Level Three:

For Level three the beneficiary requires continuous supervision, including awake overnight staff in order to remain safe and healthy. Typically, a beneficiary receiving Level Three supports

include arrangements in which a person is living in his or her own home with overnight, awake staff or appropriate technology may be used to ensure supervision as identified in the ISP.

Many people may review these descriptions and from them take that the individual is required to have 24 hour onsite supports, whether asleep or awake overnight. This may be true for some people receiving these services. The person may have needs that are high, whether health related, physical, or behavioral and the team may feel the way to ensure these needs are met and risks are mitigated, is by providing this level of onsite support staffing. This next section does not intend to detract from or minimize the high level of supports some may need in order to be safe and successful, but rather to encourage providers and teams to consider alternative means of providing supports when there is planning and intentional organizational structures that can allow for people to be supported in different ways. People with I/DD are often categorized by their past choices, indiscretions, and other people assuming they cannot make adequate or appropriate decisions for themselves. Sometimes these individuals are judged or their services are created around a construct of what others feel is meaningful and safe for the person. It may be determined that the person requires 24 hour onsite supports because of incidents happening in the person's history, then when if asked for more details about these incidents, it can be determined the person eloped, hit someone, broke an object in anger, or cussed and made threats 6 months ago or even several years ago, these are not issues occurring on a daily basis. Their supports and services are determined based off the assumed risk these things may happen anytime and the person needs support staff there for the prevention of these issues. All people, including those with disabilities have the right to **dignity of risk.**

- “Dignity of risk means being able to make choices that could have negative consequences and getting to experience those consequences. These negative consequences include: getting physically injured, getting lost trying to navigate public transportation, getting your heart broken at the end of a romantic relationship, and so many other human experiences. It is natural to want to protect people we care about; however, taking away a person’s opportunity to experience and learn from their choices can limit their potential for independence. Therefore, it is important to respect an individual’s right to self-determination as well as their right to dignity of risk.”

<https://www.mhddcenter.org/wp-content/uploads/2020/07/Self-Determination-Dignity-of-Risk-Fact-Sheet.pdf>

People with disabilities have the right to have their supports and services based around the understanding of dignity of risk. This does not mean providers don’t have to provide supports, but rather that providers can be looking to develop staffing plans based off how the person chooses to live their life, what they want for their supports, and planning for tasks rather than time. The person may need onsite supports each day for meal preparation or to assist in the completion of hygiene tasks, but they may not need a support staff during times when they are sleeping or just hanging out and watching tv. The provider needs to ensure there is adequate supports, which can include onsite staff, remote support staff and management, on-call supports, emergency responders, and possible the use of supplemental assistive/enabling technology to support the person throughout the day and night to encourage health, safety, and self-determination goals are all met while remembering there are no absolutes, there is

risk, something may happen, but that is true for any person. **Technology and remote supports will be discussed in a later section**

Providers, families, individuals receiving services and other stakeholders are all aware of the national crisis in the DSP shortage. DSPs are the most precious resource, and it is getting more and more difficult to find them. While this is very challenging to deal with, this is also an opportunity to explore varying ways services can be provided, to change the ideas of what really is necessary for safety and success, to allow for dignity of risk, and change from what is often a fear-based service model to one that truly allows for autonomy and independence.

Technology

The use of technology has made a huge difference in assisting individuals with intellectual/developmental disabilities live in their own homes over the past decade.

Technology has enabled individuals to live a more self-determined lifestyle as well as providing reassurance to caregivers. The range of technology is expansive.

Many person-centered solutions can be developed. Enabling technology, such as smartphones, environmental controls, automated medication dispensers, and communication devices are available. Technology is most effective when it is designed around the person and connected to goals and outcomes. As with more traditional supports, technological supports ideally will be continuously evaluated and modified as Needed.

Through the Innovations Waiver service, Assistive Technology Equipment and Supplies, it possible to request and have covered the cost for assistive technology, internet access, and monthly fees associated with some technologies.

From Clinical Coverage Policy 8P

Assistive Technology and Supplies can be accessed when the item requested will belong to the individual. This service covers purchases, leasing, trial periods and shipping costs, and as necessary, repair/modification of equipment required to enable individuals to increase, maintain or improve their functional capacity to perform daily life tasks that would not be possible otherwise. Cost of Monthly monitoring, connectivity, and internet charges may be covered when it is required for the functioning of the item and system. Service contracts and extended warranties may be covered for a one-year time frame. All items must meet applicable standards of manufacture, design, and installation. The Individual Support Plan clearly indicates a plan for training the individual, the natural support system and paid caregivers on the use of the requested equipment and supplies.

A written recommendation by an appropriate professional is obtained to ensure that the equipment will meet the needs of the person. This service may cover an evaluation, when the Medicaid State Plan option has been exhausted.

Monitoring systems using video, web-cameras, or other technology are available on an individual basis, when the individual and the support team agrees it is appropriate and meets the health and safety needs of the individual. Remote support technology may only be used with full consent of the individual and his or her guardian and that consent is indicated in the individual's plan of care (including if the individual has a reference for the location of any monitoring equipment; such as where they are comfortable with a camera being located in their primary residence The individual and guardian can revoke consent if they are no longer interested in monitoring systems.

The assessment phase can be very helpful in determining potential areas where assistive technology can be helpful. For example, it is determined that the person can take medications but is currently unable to do so without reminders. There are automated medications dispenser available that keep medications organized by type and time. At a programmed time, the dispenser will provide an alert to the person, this may be an announcement, text message, or other to notify that is time for the person to take their medications. If the person does not take the medication at the correct time then the dispenser can send an alert to a support staff,

family member, or other care giver stating the medication wasn't taken. At this time supports can then respond by contacting the person or sending someone to their home to see why the medications weren't taken. Here is the link to one type of automatic medication dispenser.

<https://herohealth.com/> (this is also linked in the resource section of this guide). This medication dispenser conveniently has an app that can be used to view the types and number of medications in the dispenser, what time each dose was scheduled and then taken, and even if medications have been pre-dispensed.

Some people receiving Supported Living services may be living in their own homes for the first time. This can be nerve-racking for the person and/or their family. Many times, safety in their home is a concern. One type of technology that is very recognizable and utilized by many, are Ring video doorbells and exterior camera systems. Ring doorbells can be used by the person living in their own home to see who is at the door or other activities going on around the home. Access to the cameras can be shared with staff from the provider agency for monitoring or with other supports to be able to observe and help to ensure safety around the home. Ring also offers many other technologies such as door/window sensors, which can be used to provide notifications that interior/exterior windows are open; smoke alarm and CO listeners, which send notifications if the smoke alarm goes off; motion sensors, which can be used to monitor routines in the home such as trips to the bathroom at night or to notify of unusual motion in the home, as well as many other sensors and compatible devices for a variety of circumstances.

CHAPTER 9 : FREQUENTLY ASKED QUESTIONS

A list of FAQ's about Supported Living was published by the NC Department of Health and Human Services in October 2017. This FAQ is located here:

<https://medicaid.ncdhhs.gov/media/4838/open>

How do I learn more about Supported Living Levels 2 and 3?

1. You can reach out to a Provider Agency that provides Supported Living Levels 2-3 in North Carolina.
2. You may ask your local Managed Care Organization (MCO) for a list of those providers who serve your county. [See LME/MCO list](#)
3. You may contact agencies who provided input into this guidebook.
 - a. Charles Lea Center at (910) 769-3247 or www.charlesleanc.org
 - b. FIRST Resource Center at 828-277-1315 or www.firstwnc.org

c. Liberty Corner Enterprises, Inc. at 828 254-9917 or www.lcewnc.org

Where do I start if I decided that I would like to pursue this service for my loved one who has NC Innovations?

Reach out to your Care Manager at your local MCO. If the Care Manager does not have someone that they support who receives Supported Living Levels 2 or 3, ask them for a list of provider agencies who provide the service.

I've heard about the shortage of DSP staff. Are there enough staff to provide this service?

Provider agencies have an obligation to provide 24-hour support to Supported Living Level 2-3 recipients. Discuss with the provider agency how they plan to provide back up and emergency staffing.

CHAPTER 10 : Resources

[Supported Living Definitions](#)- These can be found in the NC Medicaid North Carolina Innovations Clinical Coverage Policies No: 8-P

<https://medicaid.ncdhhs.gov/8-p-north-carolina-innovations/download?attachment>

[Person Centered Planning](#)

Person Centered Planning Manual- This can be found on the NC DHHS Website.

<https://files.nc.gov/ncdhhs/documents/files/pcp-instructionmanual2-3-10.pdf>

The Learning Community for Person Centered Practices

<https://tlcpcp.com/>

Person Centered Thinking Practices and Tools can be found at:

<http://helensandersonassociates.co.uk/person-centred-practice/>

CQL Personal Outcome Measures

<https://www.c-q-l.org/wp-content/uploads/2020/03/CQL-Personal-Outcome-Measures-Factors-And-Indicators.pdf>

Community Connections

Friends - Connecting People with Disabilities and Community Members

https://rtc.umn.edu/docs/Friends_Connecting_people_with_disabilities_and_community_members.pdf

Trauma Informed Care

A Trauma Informed Toolkit for Providers in The Field of Intellectual and Developmental

Disabilities can be found at:

<https://www.pacesconnection.com/fileSendAction/fcType/0/fcOid/468137553002812476/filePointer/468137553002812517/fodoid/468137553002812512/IDD%20TOOLKIT%20%20CFDS%20HEARTS%20NETWORK%205-28%20FinalR2.pdf>

Guardianship

Guardianship Services Manual can be found at:

https://files.nc.gov/ncdhhs/documents/files/guardian_manual.pdf

Direct Support Professionals

National Alliance for Direct Support Professionals - Code of Ethics can be accessed at:

Examples of Support Provided by DSP's

Meal Planning/Preparation

Purchasing groceries	Meal planning
Menu planning	Food and utensil identification
Use and care of kitchen utensils and appliances (dishwasher, toaster, etc.)	Meal preparation
Following recipes	Setting the table
Serving meals	Storing leftovers, etc.
Preparing a grocery shopping list	Comparison shopping and understanding SNAP benefits sometimes called Electronic Benefit Transfer (EBT) or "food stamp"
Shopping frequency for needed items. Ex. weekly food items, monthly household items.	Storage of purchased items - what goes where - refrigerator, freezer, cabinets
Tips and techniques for buying groceries, personal hygiene items, clothing, and household items	Preparing a grocery shopping list
Comparison shopping for the best prices	

Shopping/Consumer Skills

Assistance in making and keeping appointments for services (haircuts, repairs, etc.) in person and by telephone	Shopping etiquette including waiting in line, use of self-checkout
Budgeting and Paying for services	Interacting with salespeople or service providers
Using the post office, banks, and online services	

Household Maintenance/Management

Cleaning and care of floors, carpeting, walls, windows, and bathrooms	Care and use of equipment and appliances
Arranging and caring for furniture	Dishwashing and clean-up after meals
Bed making	Making simple repairs or replacements
Lining shelves, etc.	Operating a television, assisting with Apps for Streaming, connecting the cable

Safety/Emergency Procedures

Locating, calling, and giving needed information over the phone in case of an emergency	Answering doors and telephone cautiously
Fire suppression/evacuation	Preparedness for hurricanes and other natural disasters
Basic first aid	Self-protection including use of Personal Protective Equipment (PPE)
Keeping track of on-call support personnel and back up staff	Assistance in dealing with law enforcement officers
Support in time of fire, bad weather, evacuation from home for pest control or other disasters	Hospital stays, illness at home, etc.
24-Hour Emergency Assistance:	Assistance in retaining attorney or advocacy services
Acting as an advocate	Assistance in self-advocacy
Accompaniment to court appearances	Accompaniment to hospital emergency room

Health and Wellness

Using pharmacy services	Taking over-the-counter medications
Self-administration of medication/treatments	Use of medication boxes and technology for reminders/tracking
Storage of medications	Learning contraindications for various medications, etc.
Assistance in making and keeping medical appointments	Conveying information to health care professionals
Assistances in actions promoting wellness (e.g. exercise, following diets, etc.)	Assistance in resolving health or interpersonal crises
Managing stress/communicating anger/needs	

Personal Grooming

Bathing	Showering
Washing hands and face	Hair care and appearance including haircuts
Brushing Teeth	Shaving

Feminine Hygiene	Using Deodorant
Nail Care	Selecting appropriate clothing for the weather, type of activity, and occasion
Insuring that clothing is worn and fits appropriately	Storage of clothing
Sorting, Washing, and drying clothing and linens	Operating washers and dryers (personal or coin operated machines)
Ironing	Assisting with the purchase of new clothing
Assistance in making and keeping appointments for services (haircuts, repairs, etc.) in person, by telephone, and online	

Money Management

Developing/updating the financial profile	Personal budgeting
Opening, maintaining, and closing checking/savings accounts	Using debit and gift cards
Using an Automatic Teller Machine (ATM)	Paying bills
Filing income tax returns	Assistance with SSI/SSA/VA benefits, food stamps, Medicare, etc. (including reporting changes in income)
Applying for rental assistance programs	Money Management/Banking:
Communicating with the bank	Third Party Benefits

Communication and Technology

Telling time and using face of digital clock/watch	Using alarm devices, technology
Use of Apps on Cell phone to assist with reminders	Reading and using a calendar
Developing and using a schedule to keep up with appointments	Operating cell phone and use of Apps
Use of social media such as Facebook, Instagram, Snap Chat, Tik Tok, Messenger safely	Making/using lists of telephone numbers and storage on cell phones
Telephone and text etiquette	Conversational skills and manners
Making needs known and conveying information	Telecommunication devices for the deaf (TDD)
Writing cards and letters	Reading functional words
Reading and using the newspaper	Recognizing appropriate times for telephone calls and visits

Understanding the difference between social calls and emergency calls, etc.	
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Supportive Counseling

Discussing disappointments	Discussing ways to cope with emotions
Modeling social conversation	Developing and maintaining friendships
Discussing intimate relationships	Addressing roommate conflicts
Addressing grief	Addressing stress management
Addressing anger	Time Management

Community engagement

Churches	Planning parties/social functions
Adult education classes	Swimming/Yoga/Marital Arts or other lessons
Joining civic organizations/social clubs	Bowling leagues
Planning trips and parties-vacations, getaways, visits to family, birthday parties	Being a good neighbor
Membership in neighborhood associations	Participating in community support meetings, such as Weight Watchers™, Alcoholics Anonymous™, etc.
Arts/crafts classes	Athletic/recreational leagues
Online dating	Bus training
Use of Uber, Lyft, taxi's and other transportation options	Pedestrian safety
Obtaining a driver's license	Bicycle safety
Moped and Scooter Safety	Transportation and Travel

Civic Engagement

Registering to vote	Voting
Volunteering	Obeying laws
Jury duty	Citizenship (helping others, not littering, etc.)
Community Connections	

Housing Resources

NC Housing Search is located on **www.nchousingsearch.org**

It is designed to help with all needs. Whether you are looking for housing with accessibility features, age-restricted housing, affordable or market-rate housing, NCHousingSearch.com helps people locate available apartments, rental homes, condos and other housing that fits individual and family needs. This service can be accessed online 24 hours a day and through a toll-free, bilingual call center, Monday - Friday, 9:00 am - 8:00 pm EDT at 1-877-428-8844.

NC Housing Search also connects people to other housing resources through website links and provides helpful tools for renters such as an affordability calculator, rental checklist, and information on renter rights and responsibilities.

The Targeting Program is a partnership between the NC Department of Health and Human Services and the NC Housing Finance Agency. It is a disability neutral housing program for low-income persons with disabilities who need supportive services to help them live independently in the community. information can be found at:

<https://www.ncdhhs.gov/divisions/aging-and-adult-services/permanent-supportive-housing>

HUD public housing and housing choice vouchers may be available at a local public housing authority. If you need public housing assistance or would like specific information about housing choice vouchers or other programs, contact a public housing agency in your area, or review:

<http://www.hud.gov/offices/pih/pha/contacts/states/nc.cfm>

or call the customer service center at 1-800-955-2232.

HUD subsidized privately owned housing can be located on www.hud.gov. For those eligible, renters pay 30% of

their household income for housing costs. Review the following:

http://portal.hud.gov/hudportal/HUD?src=/states/north_carolina/renting

United States Department of Agriculture (USDA) subsidizes elderly or family apartment complexes in many rural

communities. The properties are serviced by approved management agencies and eligible renters pay 30% of

household income. These multi-family rentals can be located on

http://rdmfhrentals.sc.egov.usda.gov/RDMFHRentals/select_state.jsp

The Division of Aging and Adult Services provides an Elder Housing Locator, a variety which may duplicate apartments in the listings above.

Review <http://www.ncdhhs.gov/aging/housing/housmain.htm>.

The Arc of North Carolina is a leader in the state in providing housing options to North Carolinians with disabilities, those with intellectual and developmental disabilities as well as mental illness. More information and housing locations including small apartment buildings, duplexes and condominiums can be found at

<http://www.arcnc.org/housing-resources>

Technology Resources

The Arc's Tech Toolbox™ is a place to find, share, rate and review technology for people with intellectual or

developmental disabilities (I/DD). It can be found at:

<https://toolbox.thearc.org/browse>

SimplyHome designs and installs innovative and affordable technology solutions that transform how we care for individuals with disabilities. Information can be found at:

www.simply-home.com

ATECH - Offers periodic seminars and training programs are held to educate and train staff in the application and use of the latest software programs and devices for overcoming barriers and increasing independence.

<https://www.assistivetechtraining.org/about-us/>

LME/MCO Information

	Counties Served
Alliance Health Office 5200 Paramount Parkway, Suite 200 Morrisville, NC 27560 Phone: 919-651-8401 Fax: 919-651-8672 Crisis Line: 800-510-9132	<i>Cumberland, Durham, Johnston, Mecklenburg, Orange, Wake</i>
Eastpointe Office 514 East Main Street Beulaville, NC 28518 Phone: 800-913-6109 Fax: 910-298-7180 Crisis Line: 800-913-6109	Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Warren, Wayne, Wilson
Partners Health Management Office 901 South New Hope Road Gastonia, NC 28054 Phone: 704-884-2501 Fax: 704-884-2713 Crisis Line: 888-235-4673	Burke, Cabarrus, Catawba, Cleveland, Davie, Forsyth, Gaston, Iredell, Lincoln, Rutherford, Stanly, Surry, Union, Yadkin
Sandhills Center Office 1120 Seven Lakes Drive West End, NC 27376 Phone: 910-673-9111 Fax: 910-673-6202 Crisis Line: 800-256-2452	Anson, Davidson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond, Rockingham

<p>Trillium Health Resources Office 201 W. First Street Greenville, NC 27858-1132 Phone: 866-998-2597 Crisis Line: 877-685-2415</p>	<p>Bladen, Brunswick, Carteret, Columbus, Halifax, Nash, New Hanover, Onslow, Pender, Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington</p>
<p>Vaya Health 200 Ridgefield Court, Suite 206 Asheville, NC 28801 Phone: 828-225-2785 Fax: 828-225-2796 Crisis Line: 800-849-6127</p>	<p>Alamance, Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Caswell, Chatham, Cherokee, Clay, Franklin, Graham, Granville, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Person, Polk, Rowan, Stokes, Swain, Transylvania, Vance, Watauga, Wilkes, Yancey</p>

Success Stories

Jennifer

Jennifer received "Supported Living" before there was a name for the service. Jennifer's family began planning for her when she was in her 30's as they knew they would eventually grow

older and be unable to care for her. Jennifer had been receiving Medicaid Waiver services at home for a number of years and attending a sheltered workshop. But what Jennifer really wanted was to work. She moved on from the sheltered workshop and got a job at a movie theater with the help of a job coach. Her parents needed help caring for Jennifer as she uses a wheelchair and needs assistance with bathing and all aspects of personal care. In 2006, Jennifer moved from her family home into a group home. She did not like living in the group home.

There

were others there that also needed a lot of care. Jennifer preferred individual attention. When an apartment became available through the NC Targeting Program in 2008, Jennifer wanted to move in but needed a roommate to share expenses. The family, along with the provider agency, worked together to identify a roommate for Jennifer as well as a way to provide the support she needed with the services available at the time. They also worked together to provide an accessible van to provide transportation for Jennifer. At that time, the family donated the van Jennifer had been using when she still lived at home. The provider agency maintained the van. Over the years, the van needed to be replaced and the family and the agency shared in the cost of the van. A variety of service hours were "patched" together to provide support for Jennifer and her roommate.

In 2016, Supported Living became an NC Innovations Waiver Definition. Jennifer receives Supported Living Level 3. Jennifer has had several roommates over the years. She still prefers individual attention from staff. Her mother passed away in 2022. Jennifer's mother was an advocate for Jennifer to receive services and supports in her own apartment. Jennifer's mom never hesitated to share her concerns if she felt things weren't up to the standards that she had for Jennifer's care. Her creativity and partnership with the

Provider agency and strong advocacy for Jennifer has resulted in Jennifer living in her own apartment for 15 years. As Jennifer's mother said, "This isn't about the name of the service, it's about how people are served."

Success Stories

Barbara

Barbara grew up in Cleveland County in the 1970's. She has experienced just about every "residential service" that came about in the service system over the past 40 years. She experienced a lot of trauma. She was at a state psychiatric facility when she became known to the service provider in the late 1990's. She moved into a house that was located next to a group home. She loved having her own home with support from staff during the day. When staff went home, Barbara would cook her own meals. She liked to make fried chicken and good southern comfort food every day. Sometimes Barbara experienced extreme fear and paranoia. Funding changed as time went by and Barbara didn't have enough funding for staff to provide the hours of support she needed. Without support, Barbara became more fearful. She would go to the neighbor's house at night when she didn't have staff. So, Barbara moved into an Alternative Family Living (AFL) home. Barbara was an independent woman. She didn't like living with a family. Barbara also came from a different culture than the family. Barbara wanted to live on her own again.

The Provider agency assisted Barbara with getting an apartment through the Targeting Program. This took longer than Barbara and the provider would have liked. But Barbara was determined. She even moved in with a roommate until she got her own apartment.

Barbara eventually was able to move into her own apartment using Supported Living. Barbara likes to work, pay her own bills and save money for an annual vacation. Her staff, Karen, is a

great example of the importance of good staff matches. Karen is Barbara's "person". Karen helped Barbara with her diet and Barbara lost over 100 lbs. She helps her at her job.

Barbara has gotten older and has developed some health problems that required knee surgery and several hospital stays. Karen has been by her side through "thick and thin".

Despite all that she has been through in her life, Barbara is warm and kind. She has "never met a stranger". She will invite you to her next Birthday party and remind you to bring fried chicken.

Barbara is a survivor. She's seen many changes over the years in the services and support available to her. But Barbara has always known what she wants and what works best for her!

Terms/ Abbreviations

LME/MCO- Local Management Entities/Managed Care Organizations manage the care of NC Medicaid beneficiaries who receive services for mental health, developmental disabilities or substance use disorders.

Care Management: team-based, person-centered approach where all Medicaid enrollees will have access to appropriate care management and coordination support across multiple settings of care, including a strong basis in primary care and connections to specialty care and community-based resources.

- Enrollees with high medical, behavioral or social needs should have access to a program of care management that includes the involvement of a multidisciplinary care team and the development of a written care plan.

- Local care management (care management performed at the site of care, in the home, or in the community where face-to-face interaction is possible) is the preferred approach, building on the strengths of the current care management structure.
- enrollees will have access to direct linkages to programs and services that address unmet health-related resource needs affecting social determinants of health, along with follow-up and ongoing planning.
- Care management activities will align with overall statewide priorities for achieving quality outcomes and value.

Need More Insight and Support?

WWW.SLNC4.ME