

Ohio Shared Living

OAC 5123-9-33
Effective January 1, 2024

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Date: November 13, 2023

Purpose

Provide County Board Service and Support Administrators an overview and updates to the Shared Living service.

Agenda

1. Definition of Ohio Shared Living
2. Changes and Updates to Definitions
3. Shared Living Overview
 - a) Provider Qualifications
 - b) Requirements for Service Delivery
 - c) Documentation of Services
 - d) Medication Administration
4. Shared Living and Residential Respite
5. Acute Hospitalizations
6. Monitoring
7. Exemptions to Shared Living
8. Resources

Definition of Ohio Shared Living

Effective January 1, 2024

"Shared living" means individual-specific personal care and support necessary to meet the day-to-day needs of an adult enrolled in the individual options waiver, when 20 percent or more of the personal care and support is provided by one or more adult caregivers who reside in the same home as the person receiving the services. Shared Living is provided in conjunction with residing in the home and is part of the rhythm of life that naturally occurs when people live together in the same home. Due to the environment provided by living together in the same home, segregating these activities into discrete services is impractical.



Changes/Additions to Definitions: OAC 5123-9-33 (B)

Effective January 1, 2024

(1)"Acute care hospital" means a hospital that provides inpatient medical care and other related services for surgery, acute medical conditions, or injuries (usually for a short-term illness or condition).

(3)"Agency provider" means an entity that directly employs at least one person in addition to a director of operations for the purpose of providing services for which the entity is certified in accordance with rule 5123-2-08 of the Administrative Code.

(9)"Independent provider" means a self-employed person who provides services for which the person is certified in accordance with rule 5123-2-09 of the Administrative Code and does not employ, either directly or through contract, anyone else to provide the services.

(12)"Ohio developmental disabilities profile" means the standardized instrument used by the department to assess the relative needs and circumstances of a person compared to others. The person's responses are scored, and the person is linked to a funding range, which enables similarly situated person to access comparable waiver services paid in accordance with rules adopted by the department.

(13)"Primary legal residence" means the residence where a shared living caregiver has a permanent and principal establishment, where that person has a right to reside, and to where, whenever that person is absent, that person intends to return. A person has one, and only one, primary legal residence at a time.

Shared Living helps people to experience:

- Genuine community life
- Nurtures stability of long-term relationships
- Contributes to development of life routines
- Assists to routinely participate and contribute in their community
- Supports shared decision-making
- Enhances existing family relationships



Provider Qualifications

- Shared Living will be provided by an agency provider or an independent provider that meets the requirements of this rule and that has a Medicaid Provider Agreement with the Ohio Department of Medicaid.
- A person's legal guardian may provide Shared Living to that person only when the legal guardian is related to the person and has been approved by the probate court to provide the services.

Examples of supports in Shared Living:



- Basic personal care and grooming
- Assistance with medication
- Performing household duties essential to health (laundry, cleaning, shopping)
- Overseeing safety, health, and welfare
- Exploring and accessing community
- Developing skills to enhance independence

Requirements for service delivery

- Residential supports will be authorized as Shared Living for a person enrolled in the individual options waiver who receives services meeting the definition of shared living.
- Shared living will be provided as outlined and authorized in an individual service plan (ISP).
- The total number of persons with developmental disabilities living in a home in which a person receives Shared Living will not exceed four.
- A caregiver will reside in the home where Shared Living is provided, and that home must be the person's primary, legal residence. This applies to agency and independent providers.

Requirements for service delivery

Effective January 1, 2024

A person who resides in a Shared Living setting may:

- Receive Community or Residential Respite at the daily billing unit during a short-term absence or need for relief of the Shared Living caregiver on a day the Shared Living caregiver does not bill for Shared Living.
- Receive Homemaker/Personal Care on a day the Shared Living caregiver does not bill for Shared Living.
- Receive Residential Respite at the 15-minute billing unit for the temporary relief of the Shared Living caregiver on a day the Shared Living caregiver bills for Shared Living.
- Receive Shared Living in an acute care hospital to support intensive personal care, behavioral, or communication needs beyond the care a hospital is obligated to provide.

Requirements for service delivery

- A provider of Shared Living will have detailed written protocol to be followed when substitute coverage is necessary for each person they serve. The protocol will include contact information for legally responsible persons. The provider is required to notify them when substitute coverage is necessary and when substitute coverage is not available to make other arrangements.
- Shared Living will not be provided to a person who is receiving foster care services funded through Title IV-E of the Social Security Act.
- An independent provider of Shared Living will not bill Homemaker/Personal Care or deliver state plan home health aide services as an employee of an agency to a person for whom they provide Shared Living to.

Documentation of Services

Requirements to validate payment for Medicaid Services:

- (1) Type of service.
- (2) Date of service.
- (3) Place of service.
- (4) Name of person receiving service.
- (5) Medicaid identification number of person receiving service.
- (6) Name of provider.
- (7) Provider identifier/contract number.
- (8) Written or electronic signature of the person delivering the service.
- (9) Group size in which the service was provided.
- (10) Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided.

Medication Administration and Shared Living

Ohio Shared Living with Family members:

- Whenever a person **resides with** a family member(s), **the family member is authorized to administer medications without having to have Medication Administration Certification.**
- Family members who live with a person and are providing Ohio Shared Living (as an independent provider or through an agency) are authorized to administer medication as a family member and do not need to have Medication Administration Certification or nurse delegation.
- **As a Shared Living Provider delivering a paid service, the provider does need to document the medications administered each day. This can be done on a MAR, printout from the pharmacy, or by any other suitable method.**

Ohio Shared Living with Non-Family members:

- Persons who are not “related to” a person {as defined in OAC 5123-9-33 (B) (12)} and are providing shared living under the individual options waiver must have Medication Administration Certification and nurse delegation as applicable to provide medications and treatments.

Shared Living and Residential Respite:

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A person who resides in a Shared Living setting may receive Residential Respite at the 15-minute billing unit for the temporary relief of the Shared Living caregiver on a day the Shared Living caregiver bills for provision of Shared Living as long as:

- (a) Residential Respite and Shared Living services are not delivered at the same time
- (b) Residential Respite is not provided by the Shared Living caregiver or any other person who resides in the Shared Living setting
- (c) No more than 12 hours of Residential Respite are provided to the person on that day; and
- (d) No more than two hundred eight 15-minute billing units of Residential Respite are provided per calendar month.

Shared Living and Residential Respite: OAC 5123-9-34

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Residential respite at the 15-minute billing unit:

- (i) Residential respite at the 15-minute billing unit is available only to a person who resides in a shared living setting and will be used when residential respite is provided to the person on the same day the shared living caregiver bills for provision of shared living.
- (i) Residential respite at the 15-minute billing unit may be provided by:
 - (a) A residential facility other than an intermediate care facility for people with intellectual disabilities;
 - (b) An agency provider; or
 - (c) An independent provider.
- (iii) Residential respite at the 15-minute billing unit will be provided at:
 - (a) A residential facility other than an intermediate care facility for people with intellectual disabilities;
 - (b) The person's home;
 - (c) The home of the employee of an agency provider who is providing the service;
 - (d) The home of the independent provider who is providing the service; or
 - (e) Another location chosen by the individual.

Acute Hospitalizations

Effective January 1, 2024

Shared Living may be provided to a person in an acute care hospital to address the person's intensive personal care, behavioral support/ stabilization, or communication needs when the following conditions are met:

- Shared Living is necessary to ensure smooth transition between the acute care hospital and the person's home and to preserve the person's functional abilities;
- Shared Living is not a substitute for services the acute care hospital provides or is obligated to provide (e.g., attendant care) through its conditions of participation, federal law, state law, or other applicable requirement; and
- A person may receive Shared Living in an acute care hospital on no more than 30 calendar days per waiver eligibility span.

Monitoring (OAC 5123-4-02)

Monitoring should take place in the setting where the service occurs.

Implement a continuous review process to ensure that individual service plans are developed and implemented in accordance with this rule.

- (i) The continuous review process will be tailored to the person and based on information provided by the person and the team.
- (ii) The scope, type, and frequency of reviews will be specified in the individual service plan and include, but are not limited to:
 - a) Face-to-face visits, occurring at a time and place convenient for the person, at least annually or more frequently as needed by the person; and
 - b) Contact via phone, email, or other appropriate means as needed.
- (iii) The frequency of reviews may be increased when:
 - a) The person has intensive behavioral support or medical needs;
 - b) The person has an interruption of services of more than 30 calendar days;
 - c) The person encounters a crisis or multiple less serious but destabilizing events within a three-month period;
 - d) The person has transitioned from an intermediate care facility for persons with intellectual disabilities to a community setting within the past twelve months;
 - e) The person has transitioned to a new provider of homemaker/ personal care or participant-directed homemaker/personal care within the past twelve months;
 - f) The person receives services from a provider that has been notified of the department's intent to suspend or revoke the provider's certification or license; or
 - g) Requested by the person, the person's guardian, or the adult whom the person has identified, as applicable.

Monitoring (OAC 5123-4-02)

(iv) The service and support administrator shall share results of reviews in a timely manner with the person, the person's guardian, and/or the adult whom the person has identified, as applicable, and the person's providers, as appropriate.

v) If the continuous review process indicates areas of non-compliance with standards for providers of services funded by a home and community-based services waiver, the county board shall conduct a provider compliance review in accordance with rule 5123-2-04 of the Administrative Code.

Exemptions to Shared Living

Effective January 1, 2024

A person enrolled in the Individual Options Waiver who receives services meeting the definition of Shared Living as set forth in this rule may choose to receive Homemaker/Personal Care from that caregiver as an alternative to Shared Living when the person:

- (a) Has been assessed to need two-to-one staffing; or
- (b) Has been assessed to need awake staff present around the clock; or
- (c) Meets the criteria for the behavioral support rate modification described in paragraph (F)(4) of rule 5123-9-30 of the Administrative Code; or
- (d) Meets the criteria for the complex care rate modification described in paragraph (F)(5) of rule 5123-9-30 of the Administrative Code.

Resources:

[OAC 5123-9-33](#) Ohio Shared Living Rule (under development)

[OAC 5123-9-34](#) Residential Respite Rule (under development)

Contact Information:

Waiver Policy Technical Assistance

waiverpolicyta@dodd.ohio.gov

Provider Certification

1-800-617-6733

Thank you!



**Department of
Developmental
Disabilities**

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