



SHARED LIVING HANDBOOK



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Dr. Michelle Powers, CEO
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Our Mission: We support people to have meaningful lives

Dear Shared Living Provider,

On behalf of everyone at Northern Hills Training Center (NHTC), we extend a warm welcome to you as a valued Shared Living provider!

At NHTC, we believe in fostering a life for the people we support that is indistinguishable from the lives of others. Our mission is to support individuals with developmental disabilities to live meaningful lives filled with purpose, joy, and connection.

As a Shared Living provider, you play a vital role in making this vision a reality. Your commitment to providing high-quality care and support to individuals in your home is deeply appreciated.

This Shared Living handbook is designed to be a helpful resource for you. However, please don't hesitate to reach out to your supervisor or any member of the NHTC team if you have any questions or need assistance. We are here to support you!

Sincerely,

A handwritten signature in blue ink that reads 'Michelle Powers'. The signature is fluid and cursive, written over a light gray rectangular background.

Dr. Michelle Powers
Chief Executive Officer
Northern Hills Training Center

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NOTICE

As an independent contractor hired by NHTC, you exercise the control in how you complete the requirements of a Shared Living Provider, and you are responsible for obtaining and using your own tools and equipment for the completion of those tasks.

IMPORTANT INFORMATION

The Administrative Rules of South Dakota (ARSD) and the policies/procedures in this Shared Living Provider Handbook are to be considered as guidelines.

- NHTC, at its discretion, may change, delete, suspend or discontinue any part or parts of the policies in this handbook at any time without prior notice as business, employment, legislation, and economic conditions dictate.
- Any such action shall apply to existing, as well as future Shared Living Providers.
- Any alteration or modification of the policies in this handbook must be in writing. No statement or promise by a supervisor, manager, or administrator, past or present, may be interpreted as a change in policy nor will it constitute an agreement with a Shared Living Provider.

SHARED LIVING EXPECTATIONS

When recruiting providers, NHTC looks for providers who are able to provide a positive environment and have the skills required to support an individual with an intellectual and/or developmental disability. It is vital you have good coping skills and the ability to effectively address issues that may arise.

While sharing your home with an individual with Intellectual and Developmental Disabilities (I/DD) can be an extremely rewarding experience, it is important to be aware it does not go without some challenges. You may not always see eye-to-eye and may even frustrate one another from time to time; however, there are things you can do to make the relationship last and to ensure the Shared Living home is a happy one for everyone.

The strategies presented in this section are intended to help guide you to create a shared living home that will last.

EXPECTATIONS

Providers are expected to:

- Focus on an individual's ability and maximize their independence
- Provide effective supports—do things with the person and not just for the person
- Promote the dignity of choice, while recognizing the individual's right to take risks, providing information relating to the risk, and developing strategies to minimize the risk.

STARTING OFF RIGHT

To ensure everyone gets off to a good start, it is important you know a little bit about each other. As a provider, you are entitled to all relevant background information about the individual with whom you will be potentially sharing your home. The Shared Living Specialist who facilitates the orientation will provide information to enable the best possible success for the individual you would be supporting.

Below are some questions you could ask, if you require further information:

- Why has the individual chosen to live in a shared living setting?
- What is the individual's family situation?
- Does the individual sleep through the night?
- Are there religious, cultural, or ethnic considerations?
- Does the individual have a job or have regular daytime activities away from the home?
- What will help the individual feel most at home?

While you will undoubtedly uncover new pieces of information and have even more questions as you get to know one another, this information should help prepare you to support the individual during the transition time into your home.

INCLUSIVE AND WELCOMING HOME

Your home should be welcoming and must provide the individual with the opportunity for inclusion. It is important the individual experiences the home as their own. As a provider, it is up to you to create a comfortable environment and to support the individual to feel at ease. Little things, such as encouraging the individual to answer the phone or make contributions to the home's decor can go a long way to ensure the individual will experience a sense of belonging.

When sharing your home with another person, it is important to be aware of your own boundaries and to be prepared to discuss these with the individual. There may be certain areas of the home you reserve for private use while other areas are designated as shared. As much as possible, these wishes should be respected. As outlined in your Shared Living Contract, each individual must have a private bedroom. Beyond this, it is a process of finding what works best for the individual and those who live in the home.

The individual should have the choice to participate in activities of the home. Some individuals like to be very involved and interact regularly with those in the home while others prefer their independence and interact only at specific times or for specific purposes. As a provider, you must always be sensitive to, and be supportive of the individual's ongoing need for inclusion.

RELATIONSHIPS

NHTC recognizes the importance of relationships with friends and family. As a provider, you are expected to support the individual to maintain existing relationships and to establish new connections which promote the individual's wellbeing. The individual with whom you share a home may have numerous friends, family members, acquaintances, and advocates or may be quite isolated. Either scenario presents unique challenges.

SUPPORT THE INVOLVEMENT OF FAMILY

NHTC fosters family relationships of individuals who receive our services and supports. It is our expectation every shared living home reflects this principle in the supports they offer.

Families are recognized as the most valuable member of the individual's support team because they provide the individual with the love and devotion that cannot be found anywhere else.

Family involvement can enhance the individual's:

- Wellbeing and happiness
- Quality of life
- Safety and security
- Inclusion within the community

Families are also an extremely important resource for providers. The wealth of information they provide about their family member allows you to plan and meet the needs of the individual you support.

Whenever possible, include the family in social events and other important occasions in the individual's life. Part of your responsibility as a provider is to nurture the relationship between the individual you support and the person's family and friends.

INCLUSIVE AND WELCOMING HOME CONTINUED

BUILDING POSITIVE CONNECTIONS

As a provider, it is important for you to facilitate and encourage opportunities for community involvement—this includes opportunity for helping others in the community and supporting individuals to share their gifts, talents, and abilities. Part of your role is to ensure those you support have people in their lives who care for them and who enrich their lives. Relationships add meaning, richness, and depth to the individual's life.

In addition to enriching lives, relationships help to keep the individual safe. One of the ways we can decrease the vulnerability of the individual is to foster community relationships. Through strong community connections, the true potential for inclusion becomes apparent.

For more information about connecting people with disabilities and community members visit:

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

OTHER IMPORTANT RESOURCES

<https://www.lifecoursetools.com/>

<http://supportstofamilies.org/>

CREATING A BALANCE

The role of a provider can be a demanding one. It brings many joys and rewards, but it also can bring additional stresses to your household. It will undoubtedly change your everyday routines and experiences. We expect you will create an environment which allows the individual to have a healthy, balanced life. To achieve their goals, you must take care of yourself and your family's needs, as well as the needs of the individual you support.

TAKING CARE OF YOURSELF

When you are sharing your home with a person with an intellectual and/or developmental disability, taking care of yourself is not a luxury, but is an absolute necessity. You have a responsibility to the person you support to make sure you are always at your best.

Some of the ways in which you can do this include:

- Knowing your limits and those of your family
- Utilizing the supports that are offered to you
- Making use of informal support networks (i.e. family and friends)
- Connecting with other Providers to share information and support each other
- Knowing what you and your family need to minimize stress
- Sharing achievements, successes, and responsibilities with the other members of your family
- Working collaboratively with the other members of the individual's team including the case manager, shared living specialist, the individual receiving services, and their family; as well as other professionals.

TAKING A BREAK

Even if things are going well, it is important for you to take regular breaks. This will ensure that you are getting your own needs met and that you have the energy and desire to provide supports to the individual in your care.

Informal supports can be very helpful. Your own friends, neighbors, and family members can be called upon to share some of the responsibilities that you carry. They can often take on little tasks that allow you to feel just a little bit less overwhelmed. In many cases, you can also look to the individual's network for support. Maintaining open relationships with the individual's friends, family, and staff can make a real difference.

Typically, individuals receive day services outside of the home in either a day service setting or through employment to allow for a natural break for the provider. In some cases, it may be determined that the individual should receive day services within the home if outlined in the individual's ISP or documentation from a physician stating it is medically necessary. In those cases, the provider may receive additional compensation.

Your shared living contract includes funds to purchase supports for respite so you are able to take breaks throughout the year. You can use the funding in the manner that best suits your unique circumstances. Some people reserve a couple of hours every week so they can take a break, while others save it up so they can take an extended break. Many reserve funds to handle unexpected emergencies, illnesses, or family crises.

RESPITE— See page 25 for respite provider requirements

UNDERSTANDING YOUR CONTRACT

Although Shared Living often time feels more like a way of life than an occupation, it is important to remember it is a business arrangement. As an independent contractor, you are under contract to provide a specific service and are expected to conduct yourself professionally. This means understanding your contract and keeping certain records.

It is important you read through the contract and work requirements thoroughly to fully understand all aspects of the contract. It is recommended to visit with a lawyer, insurance company, and a tax expert prior to signing your contract.

Contract periods typically last a minimum of one (1) year with renewals occurring in June. During the renewal period, the provider will be required to update information, contracts, and inspections as required by Northern Hills Training Center (NHTC), Department of Developmental Disabilities (DDD), and/or the Administrative Rules of South Dakota (ARSD).

PROVIDER REQUIREMENTS

Below is a list of requirements per the Administrative Rules of South Dakota (ARSD) that each provider must follow:

LETTER OF COMPLIANCE REQUIRED (ARSD 46:04:01:02)

Prior to providing shared living or relief care to a participant, a shared living provider shall meet the requirements of this chapter for issuance of a letter of compliance. A letter of compliance, issued to a shared living provider by the provider, must specify the location, maximum capacity of the shared living home, and that the home is not owned or leased by the provider. Any letter issued must denote the name and address of the shared living provider on the face of the letter. Each provider administering one or more shared living homes shall have a sample of the homes inspected by the division as part of the biennial certification. Each provider issuing a letter of compliance must be certified under article 46:11. Each provider must annually report to the division the number and names of people in the home, including shared living participants

SHARED LIVING HOME CAPACITY (ARSD 46:04:01:03)

A shared living home may not serve more than two participants. The shared living home capacity shall be established at the time of issuance of the letter of compliance. The division shall be notified of any capacity adjustments.

AGE OF SHARED LIVING PARTICIPANTS (ARSD 46:04:01:03:01)

Participants in a shared living home shall be over the age of 21.

EXCEPTIONS (ARSD 46:04:01:04)

A provider may request an exception for a specific section, subsection, or paragraph of this chapter by writing to the division at least 30 days before the implementation of the exception. The division will grant an exception if the following criteria are met:

- The exception does not jeopardize the health, safety, or well-being of any participants in the home.
- The exception is based on the best interests and needs of the participant.
- Noncompliance with the rule is of greater benefit to the participant than the compliance with the rule.
- There is an alternative method of meeting the intent of the rule.
- There are special circumstances that make the home different from other homes complying with the rule.
- The exception does not violate any other state rule or statute.

The division will not grant an exception for any requirements in 46:04:01:02 and 46:04:01:03.

If a participant requires relief care or emergency placement, the shared living provider may implement an exception immediately. The shared living provider shall notify the provider in writing of the exception within 24 hours of implementing the exception. The provider must provide written notice of the exception to the division within one business day.

RESPONSIBILITY FOR COMPLIANCE (ARSD 46:04:01:05)

The provider certifying the shared living home is responsible for meeting the requirements within this chapter.

ARSD PROVIDER REQUIREMENTS CONTINUED

SCREENING (ARSD 46:04:01:07)

Each provider must have a policy that addresses criminal background checks, felony convictions, sex offender registry check, and drug screenings for any independent contractors that provide share living to participants. The policy must include the following:

- A description of the system used for background checks, and sex offender registry checks.
- A description of felony conviction checks for independent contractors utilizing the Office of Inspector General.
- A description of any drug screening utilized.

Before a participant is living or receiving respite care in the home, a criminal history background check and sex offender registry check shall be completed for individuals 14 years of age or older who reside in the home. All screening results shall be maintained by the provider.

PROVIDER RESPONSIBILITIES (ARSD 46:04:01:08)

Each provider shall:

- *Ensure that each shared living provider has appropriate training relevant to each participant.*
- *Provide oversight of the shared living home and ensure that health and safety requirements are being met.*

SHARED LIVING PROVIDER SERVICES (ARSD 46:04:01:09)

The shared living provider shall provide services, including assistance, support, and guidance, in life domain areas including daily living, safety and security, community living, healthy lifestyle, social and spirituality, and citizenship and advocacy. The shared living provider shall provide age appropriate services to each participant as specified in the participant's ISP.

RECREATIONAL AND SOCIAL ACTIVITIES (ARSD 46:04:01:11)

The shared living provider shall provide recreational and social activities outside of the home.

USE OF PERSONAL FUNDS AND PROPERTY (ARSD 46:04:01:12)

A participant's personal funds or property may not be used as a reward or punishment. A participant's personal funds or property may not be used as a payment for damages unless the participant consents to make restitution for the damages. Any payment for fixtures added to the shared living provider's share living home, by the participant, must be agreed upon and approved in writing by the provider, case manager, and the participant or the participant's guardian, if any.

ARSD PROVIDER REQUIREMENTS CONTINUED

EMERGENCY INFORMATION (ARSD 46:04:01:13)

Emergency information for a participant shall be easily accessible at the home. Emergency information shall include the following:

- The name, address, telephone number, and relationship of a designated person to be contacted in case of emergency
- The name, address, telephone number of the participant's physician, or source of health care
- The name, address, telephone number and the person able to give consent for emergency medical treatment, if applicable.
- A copy of the participant's most recent annual physical examination and list of most current medications
- A copy of the most current insurance information.

SUPERVISION (ARSD 46:04:01:14)

A participant may be left unsupervised for specified periods of time if the absence of direct supervision is consistent with the participant's assessment, is part of the participant's ISP, and as an outcome which requires the achievement of a higher level of independence. A participant requiring direct supervision may not be left under the supervision of a person under the age of 18. A participant may not be left unsupervised solely for the convenience of the provider. A participant shall receive an assessment and training in accessing the shared living provider, provider, or emergency services as determined by the participant's team and shall be documented.

TRAINING REQUIRED FOR SHARED LIVING PROVIDERS (ARSD 46:04:01:15)

Before a participant resides in a shared living home, the shared living provider is required to complete an initial orientation that includes the following:

- Emergency procedures concerning fire prevention, accident prevention and response to emergencies,
- and techniques for identifying abuse, neglect, and exploitation.

Within 30 days of a participant's residence in a shared living home, the shared living provider shall be trained in the following:

- The shared living provider's role in promoting positive outcomes for participants
- Participant's rights in accordance with chapter 46:11:03

Within 6 months of the participant's residence in a shared living home, the shared living provider shall be trained in the following:

- Implementation of a positive behavior support plan specified in the individualized service plan.
- First Aid
- Cardiopulmonary resuscitation
- Disability awareness
- Use of adaptive and augmentative devices used to support participants, as necessary.

PROVIDER REQUIREMENTS

TRAINING REQUIRED FOR RELIEF CARE PROVIDERS AND ANYONE OVER THE AGE OF 18 LIVING IN THE HOME (ARSD 46:04:01:16)

Prior to delivering shared living services, a relief care provider shall receive training in disability awareness, the participant's ISP, and identifying and reporting abuse, neglect, and exploitation. Anyone over the age of 18 living in the home shall receive training in disability awareness, the participant's ISP, and identifying and reporting abuse, neglect, and exploitation, within 30 days of the participant moving into the home. Anyone living the home who turns 18 and anyone over the age of 18 who moves into the home after the participant moves into the home shall receive the same training within 30 days.

RECORD OF TRAINING (ARSD 46:04:01:17)

Records of training, including the training source, content, dates, length of training, copies of certificates received, if applicable, and persons attending, shall be kept by the provider.

SAFETY AND SANITATION (ARSD 46:04:01:18)

The shared living home must meet the following requirements:

- The shared living home and premises must be free of rodents and insects.
- Bedrooms located in the basement must have at least one egress window, which meets the requirements of NFPA—101 Life Safety Code, 2012 Edition.
- Floors, walls, ceilings, and other surfaces must be free of hazards.
- A telephone must be present in the home for participants to access emergency services.
- Participants bed linens, towels, washcloths, and clothing must be kept clean.
- Stairways, halls, doorways, and exits from rooms and from the home must be unobstructed.
- Food must be protected from contamination while being stored and prepared.
- Hazardous cleaning solutions, chemicals, and poisons must be labeled and secured in an enclosed cabinet.
- Any condition that may have the potential to cause injury or illness must be remedied or removed.

HEAT SOURCES (ARSD 46:04:01:19)

If there are heat sources, such as hot water pipes, fixed space heaters, hot water heaters, radiators, or wood and coal burning stoves and fireplaces, exceeding 120 degrees F, that are accessible to participants, the provider and contractor shall have documentation of the participant's understanding of the hazard.

SMOKE AND CARBON MONOXIDE DETECTORS (ARSD 46:04:01:20)

A home shall have a minimum of one operable automatic smoke detector and carbon monoxide detector provide on each floor, including the basement and attic. Smoke detectors and carbon monoxide detectors shall be located in common areas or hallways.

PARTICIPANT TRAINING FOR EMERGENCIES (ARSD 46:04:01:21)

A shared living provider shall have a written fire and safety plan and shall inform participants of the plan. Fire, tornado, and severe weather drills must be conducted on an annual basis. The shared living provider must keep documentation of each drill completed.

PROVIDER REQUIREMENTS

FIREARMS (ARSD 46:04:01:22)

Firearms shall be kept unloaded in a locked cabinet. Ammunition shall be kept in a locked cabinet that is separate from firearms.

MEDICATION, LABELING, STORAGE, AND DISPOSAL (ARSD 46:04:01:23)

The requirements for medications in shared living homes include the following:

- Medications and biologicals, kept on the premises, shall be labeled with the drug name, strength, and expiration date.
- Medications shall be kept in a secure location, or in the participant's room, to prevent unauthorized access.
- Medications requiring refrigeration may be stored in a refrigerator used for food storage if the drugs are stored in a sealed container and placed on the top rack or tray.
- Outdated or discontinued medication shall be properly destroyed or disposed.

MEDICATION TRAINING (ARSD 46:04:01:24)

A shared living provider, and anyone over the age of 18 living in the shared living home, who administers medications to a participant, or who assists a participant in the self-administration of medications, must meet the same requirements as employees of providers who perform similar tasks as provided in chapter 46:11:07. The provider shall keep documentation of the training.

REFUSAL OF TREATMENT (ARSD 46:04:01:25)

If a participant refuses routine medical or dental examination or treatment, the refusal and continued attempts to train the participant about the need for health care, shall be documented in the participant's record. If a participant has a serious medical or dental condition which requires immediate treatment, reasonable efforts shall be made to obtain consent from the participant or substitute consent in accordance with applicable law.

EMERGENCY PLACEMENT (ARSD 46:04:01:26)

The case manager shall coordinate a team meeting before the end of the first 30 day period of the participant residing at the emergency placement home. The minutes of the team meeting shall document that a review of the ISP and medication requirements of the participant were discussed.

REPRESENTATIVE PAYEE (ARSD 46:04:01:27)

A shared living provider may not be the representative payee for the participant.

Shared Living Providers are subject to following all administrative rules under ARSD 46:11:07 which can be found at: <https://sdlegislature.gov/Rules/Administrative/46:11:07>

ACHIEVING COMPLIANCE

NHTC expects the provider to provide a setting where the individual will thrive, learn new skills and participate in community life to the greatest extent possible. To assure an appropriate placement, NHTC has a thorough screening and matching process for all potential providers.

At any time during the process of becoming a provider or during the placement process, the individual, NHTC, or the potential provider can stop the process if there is a concern the provider is not a good match. The decision and the reason for stopping the process of certification must be documented and placed in the file associated with the provider's application.

Upon conducting a final review of the home, training records, and background checks, NHTC will issue a letter of compliance to the provider.

No individual may move into a Shared Living home until a certificate of compliance is issued.

Providers will be provided NHTC's Screening and Qualification policy.

SHARED LIVING STANDARDS

The information below outlines the 13 standards that have been identified as critical to the Shared Living Program. The standards cover the following four domains:

- Planning
- Health, Safety and Advocacy
- Service Delivery
- Resources

Each standard includes a rationale, specific indicators, and various services outcome expectations.

1) PLANNING

PERSON-CENTERED PLANNING:

Each individual is supported to develop and accomplish long and short-term goals through an individualized planning process. Providers implement the individual's ISP plan, identify progress, and make adjustments when changes are needed, as identified by the ISP Team.

TRANSITION PLANNING:

When an individual moves into his/her new home, there is careful preparation to provide continuity for the individual and to ensure the Provider is fully aware of each individual's need.

2) HEALTH, SAFETY, AND ADVOCACY

INDIVIDUAL CARE AND SUPPORT:

The home provides an environment that encourages physical and emotional health and well-being of each individual. Medical and dental needs are met for each individual and special-care needs are met for the individual.

SAFETY AND SECURITY:

The home guidelines and procedures are designed for the safety and security of all individuals with particular attention to the special needs of the individual.

RIGHTS:

The Provider must respect the rights of the individual and act as an advocate for these rights.

HOME ATMOSPHERE:

Providers provide a home-like environment that allows the individual to live a rewarding life.

SHARED LIVING STANDARDS CONTINUED

3) SERVICE DELIVERY

ACTIVITIES:

Each individual has the opportunity to take part in daily activities and participate with as few restrictions as possible within home. The individual will have the opportunity and means to communicate their wishes and feelings, to develop satisfying social relationships, and develop skills that promote maximum independence.

FAMILY AND FRIENDS:

Providers welcome the involvement of family and friends in the lives of each individual.

COMMUNITY INVOLVEMENT:

Providers make full and effective use of community resources. Providers initiate community contact that promote inclusion for all individuals.

4) RESOURCES

LEADERSHIP AND COORDINATION OF SUPPORT:

The Provider is qualified and experienced and has regular, direct contact with each individual receiving service and others involved in the individual's life.

SUPERVISION:

Support and supervision occurs to meet the needs of each individual with an attitude of respect for each individual and an underlying commitment to providing a quality of life.

GUIDELINES AND PROCEDURES:

The home has guidelines and procedures that meet all requirements for health and safety, fiscal responsibility, individual documentation, and record-keeping.

COMMUNICATION AND CONFLICT-RESOLUTION:

The individual experiences meaningful relationships that promote mutual respect, independence, and quality of life. Communication channels are clear effective ways of preventing problems and resolving individual differences are used and encouraged.

ROLES AND RESPONSIBILITIES

As a Shared Living Provider, you will:

- Provide care on a 24-hour-a-day basis.
- Maintain a clean, healthy living environment, in accordance with the Administrative Rules of South Dakota (ARSD) and NHTC's standards.
- Assist in transition planning and meetings.
- Attend to the individual's physical and emotional well-being.
- Include the individual in family and community life, assisting the person to develop healthy friendships and foster a community connection.
- Encourage and support the individual to grow, develop, and reach their goals.
- Provide community access to services and activities desired by the individual, including religious affiliations, as desired, physical activities, shopping, volunteering, etc.
- Attend and stay current on all trainings, as required by the DDD, ARSD, and NHTC.
- Maintain professional and detailed documentation of services provided.
- Follow NHTC's Management of Medication policy.
- Provide three (3) nutritious meals and snacks per day.
- Provide all transportation for the individual; such as transportation to and from appointments, events, employment, volunteering, etc.
- Document and communicate any reportable events as outlined by the DDD, ARSD, and NHTC.
- Maintain appropriate homeowner or renter's insurance at all times.
- Maintain an insured vehicle
- Protect the confidentiality of all individual-related to documentation and information.
- Maintain open and professional communication with NHTC's employees, case manager, family and guardians.
- Immediately report any changes to the household, such as changes to members, legal status, etc.
- Participate and successfully complete home visits monthly and rectify issues or concerns within the allotted timeframe.

Please Note: This is not an all inclusive list; the role of a provider is ever changing and must meet the needs of the individual in your care.

HOME INSPECTION

Prior to the issuance of a letter of compliance, the provider must successfully pass an inspection. NHTC will conduct home inspections quarterly, at a minimum, and prior to contract renewal.

The Shared Living Specialist will notify the provider in writing, within 24 hours of the visit, of items that need addressed, along with a time frame for when corrections need to be made.

CONFIDENTIALITY

Confidentiality is controlling how private information is used and to whom it is released. Part of your job as a provider is to ensure confidentiality of private information to ensure the individual's information is not used for unauthorized purposes. The individual or their guardian, if they have one, must provide written permission for any confidential information to be used or shared.

As a provider, you must ensure confidential information is not discussed outside of the individual's team. You are also responsible for avoiding unnecessary disclosure of non-confidential information about NHTC and the individuals receiving services. These guidelines are intended to alert you to your obligation to use discretion in safeguarding the internal affairs of NHTC and the individual you are supporting.

NHTC maintains documentation for each individual and utilizes an online database managed by the Department of Developmental Disabilities. The information located there is personal information and not for public viewing. Similarly, your home files and information on the individual should never be shared with unauthorized individuals. Violation of confidentiality can hurt others, cause information to be misinterpreted or misunderstood, create a stigma, or could be used for unlawful purposes.

Your obligation is to maintain the confidentiality of NHTC and the individual's information even after you are no longer a provider.

What is considered confidential information?

- All information related to the Individual supported
- Employee data, including phone and address lists
- Records, contracts, and files related to Shared Living and NHTC
- Financial Information

Confidential information also includes all identifying information contained in any record pertaining to the individual receiving services and supports from NHTC. Proper authorization for release of information is necessary. All records are the property of NHTC which is responsible for maintaining and safeguarding its contents. This includes all types of identifying information including, but not limited to name, Social Security number, Medicaid/Medicare number, household number, or any other identifying number or codes, street address, telephone number, photograph or any distinguishing marks.

SAFEGUARDING RECORDS

Records on the individual receiving services are the property of NHTC. NHTC is responsible for safeguarding and maintaining them in accordance with HIPPA and ARSD standards.

Providers shall not discuss a person receiving services with identifying information in public or with persons who are not entitled to the record. Identifying information shall not be posted in areas accessible to the general public or left unsecured or unsupervised for extended periods of time.

Records are to be maintained and locked in files or in a locked room and shall not be accessible to the public.

GRIEVANCES

NHTC recognizes that all individuals receiving services, their families and guardians or advocates, if any, need to be able to submit and discuss grievances and resolve conflict. Any individual receiving services, their family and/or guardian, or advocate, if any, wishing to express grievance can do so by following NHTC's procedure regarding grievances.

The individual and/or the individual's family, guardian, or advocate, if any, can appeal to NHTC any decision or action by NHTC that affects the individual. Individuals, guardians, or advocates will be informed in writing or in an accessible format of NHTC's grievance policy upon admission and annually thereafter.

A grievance can be made in writing or via a telephone call to the chief executive office (CEO). If the individual, guardian, or advocate makes a grievance in any form to a provider, the provider is required to relay that information to the Shared Living Specialist immediately. The Shared Living Specialist will relay that information to the CEO immediately.

The CEO will meet with the individual submitting a grievance at an agreed upon time and place of convenience for both parties. Prior to the meeting, the CEO may visit with any employees or provider that may have information or gather any relevant documentation to the grievance to learn more about the situation.

The CEO is responsible for making a decision regarding the matter within 10 business days of receiving the grievance. The CEO will document the meeting information, any resolution or agreements, and will contact the appropriate personnel or providers regarding any change that result from the meeting or resolution.

If resolution of the grievance is not satisfactory to the individual, guardian or advocate, if any, the CEO is responsible to inform them they have the option of addressing the grievance with the Board of Directors. All information will then be provided to the Board of Directors by the CEO. The Board of Directors has 30 days to make a final decision regarding the grievance and inform the CEO of the decision.

If the individual, guardian, or advocate, if any are still unsatisfied with the resolution of the grievance, the CEO will inform them they can refer their grievance to the Division of Developmental Disabilities and will provide them with the contact information.

Retaliation is forbidden by NHTC.

TRANSPORTATION

Providers are responsible for transporting individuals to appointments, activities and services in the community. NHTC has policies and procedures in place to help ensure the safety of individuals. No one under the age of 18 or individuals whom only hold a learner's permit may transport an individual at any time.

Providers are required to hold a valid driver's license in order to transport the individual. All providers will need to supply a copy of their current license, and car insurance annually. At that time, a state database review will be completed on the license. Random reviews of the provider's driver license may occur.

Providers must inform the Shared Living Specialist if their driver's license is suspended for any reason. If the provider's license is suspended for DUI incidents or multiple moving violations, the individual's ISP team will meet to decide if this home continues to be an appropriate placement for the individual. If the team decides to move the individual, the contract with the licensed home will be discontinued.

If there is a vehicle accident and the individual is in the vehicle, the provider must seek immediate medical attention for the individual immediately. The only exception to this would be if the individual refuses (assuming individual can consent to treatment) medical attention. The provider must report the accident to the Shared Living Specialist and complete a GER via Therap Services.

NHTC is not responsible for any cost incurred by the provider for the use of their vehicle.

If a provider desires the individual to use the public transportation system independently and without supervision, approval from the individual's ISP team and documentation in the ISP must occur. The provider is responsible for all costs associated with use of the public transportation system.

EMERGENCY PROCEDURES

MISSING PERSON OR ELOPMENT

If the elopement occurs and the provider is unable to visibly observe the individual, the following protocol will be followed:

- Complete a perimeter check to verify that the individual has left the premise. Check known places the individual likes to frequent and surrounding properties.
- Contact local law enforcement to assist in the search.
- Continue to search for the individual and follow the instructions of law enforcement.
- Contact the Shared Living Specialist or on-call if after business hours.
- When the individual has returned to the site, check the individual for any signs of injury or distress.
- Complete a GER in Therap to report the AWOL/Missing person.

If the individual has a Behavior Support Plans (BSP) addressing elopement, follow the procedures outlined in the plan.

Providers should be prepared to give a detailed description of the individual including, but not limited to what the individual was last seen wearing and where the individual was last seen.

Providers must also inform law enforcement officials that the individual has a disability and provide information specific to the situation that would assist law enforcement in locating and approaching the individual.

If the individual is found after the police are called, but before they arrive on the scene, notify them immediately and cancel the request for assistance.

TEMPORARY RELOCATION IN SHARED LIVING PROGRAM

If an individual needs to relocate because of fire, lack of heat, loss of plumbing, etc., the Shared Living Specialist will assist in making arrangements for temporary lodging, including lodging at a hotel, or in another NHTC home. In some instances, the individual may stay with biological family members or another shared living home, if this is a suitable arrangement. Safety and consideration for the needs of the individual are first priority.

In all instances of emergency removal and/or temporary relocation of an individual, the family will notify the Shared Living Specialist immediately. Contacting the Shared Living Specialist is essential and attempts should continue until contact is made.

A team meeting will occur prior to the end of the first 30 day period for an individual residing at the emergency placement home.

RESPITE/SUBSTITUTE CARE

At times, the provider will need relief from providing care to the individual, due to family/personal emergencies or just for a physical and/or emotional reprieve from providing cares. Taking personal time away helps to ensure the Shared Living relationship will remain healthy, productive and stable. Respite/Substitute care will also be sought in the event there is an investigation into the home involving abuse, neglect, or exploitation, or any other situation that may threaten the health, safety, and wellbeing of the individual.

All providers are eligible for 14 days off from care annually if they choose to use it. The time does not accrue into the subsequent year, if unused. Any time over the 14 days will need to be reviewed with the ISP team to determine if it is in the individual's best interest to be separate from the provider.

The provider's respite stipend is dispersed throughout the year and is paid bi-weekly. The provider is responsible to work out payment arrangements with their respite/substitute provider.

Respite/substitute providers must meet the following minimum requirements:

- Substitute care must happen in a licensed site which can be the current providers home or in another licensed home.
- The substitute provider must have an acceptable background check including, but not limited to state and/or national background checks, sex offender registry, and the Office of Inspector General for the substitute provider and anyone over the age of 14 who resides in the home.
- If the respite/substitute provider will be transporting the individual, NHTC will need a copy of their driver's license, registration, and proof of car insurance on file.
- Respite/substitute provider and anyone over the age of 18 living in the home is required to have training regarding Abuse, Neglect, and Exploitation, Disability Awareness and the Individual's ISP.
- If the respite/substitute provider will be administering medications, they must be certified to do so.

If the provider will be utilizing substitute/respice care, he or she needs to notify the Shared Living Specialist of the need and submit a Respite Request Form. The provider should partner with the Shared Living Specialist to assist in choosing a qualified respite provider.

NHTC reserves the right to deny substitute care if a suitable and qualified provider cannot be secured.

Anytime substitute care is being provided, the respite provider will ensure the Shared Living Specialist is informed and has contact information for the sub respite provider. The Shared Living Specialist will make contact with the individual and the respite provider to ensure that the individual's needs are being met.

PROVIDING RESPITE

Providers may not arrange to take an individual for respite care from outside of NHTC. All respite care arrangements must go through NHTC's Shared Living Program. Providers may not exceed their program capacity limits if they provide respite to other individuals. No individual may stay overnight to receive respite care in a Shared Living providers home.

PROPERTY OVERSIGHT

PERSONAL PROPERTY

Providers are responsible for keeping a written inventory of all personal property that belongs to the individual on a inventory form provided by NHTC. An inventory must be completed upon an individual moving into a shared living home.

Inventories should be recorded and updated regularly, at minimum of every six months. If an item needs to be discarded for any reason, it needs to be removed from the inventory along with the reason of why it was discarded.

Inventories will be turned into the Shared Living Specialist upon completion.

PERSONAL MAIL/BILLS

The individual has a right to review their personal mail on the day it is received at the provider's house. If an individual is unable to open or read the mail, the provider should assist with this task.

If the individual receives a bill for services they received, such as medical bills, the provider will ensure the bill is sent to the Shared Living Specialist so that it can be communicated to the individual's representative payee within three (3) days.

Providers who do not ensure the individual receives their mail in a timely manner can be violating the individual's rights.

If the individual's financial representative payee does not receive the individual's bills in a timely manner and the bill is subjected to late fees, the provider may be responsible for late fees.

DOCUMENTATION/PROOF OF SERVICE

Providers have a responsibility to document and communicate information about the status and outcome for each individual receiving services and supports.

Providers are required to document all information requested by the individual's ISP team, as well as daily service notes, ISP supports, medical appointments and incident reports, as required.

Shared Living Specialist will review the daily documentation from each provider that describes the progress the individual has made on medical appointments, ISP outcomes and the level of community involvement.

The Shared Living Specialist will review all documentation for accuracy and completion, as well as to identify any budding issues.

The Shared Living Specialist will sign off that they have reviewed the documentation and that it was adequate to prove proof of service.

If documentation is not completed, payment to the provider may be withheld until the required documentation has been submitted. If there is continual difficulty getting documentation completed, the ISP team will meet to decide if the shared living home is an appropriate placement for the individual.

The Shared Living Specialist will make monthly visits to the provider's home to ensure the required standards are being met. If there should be an issue of concern, the Shared Living Specialist will notify the provider in writing, within 24 hours of the visit, of items that need addressed, along with a time frame for when corrections need to be made.

ROOM AND BOARD

RATE SETTING

Providers room and board rates will be based on current room and board rates paid by individuals receiving services who live in NHTC's group home settings. These rates are looked at annually based on local rent rates and utility increases. Providers are not permitted to collect room and board payments directly from the individual receiving services and supports. Room and board amounts are established within the contract made between NHTC and the provider.

PAYMENT GUIDELINES

Cash cannot be issued as a form of rent payment. The accepted methods of payment are: money order, cashier's check or personal check. Check privileges may be revoked upon receipt of two (2) consecutive insufficient funds.

No check or money order will be accepted if it is not completed. A check or money order must contain the following:

- ⇒ *Name of payee;*
- ⇒ *Date the check was written on;*
- ⇒ *Name of the Payee (either the individual him/herself or their Representative Payee); and*
- ⇒ *Signature of the Payee*

Received payments must be reviewed by the Shared Living Specialist and documented in the Shared Living File.

Upon receipt of room and board payment from an individual or Representative Payee, it will be sent to the NHTC financial office and a receipt of payment will be given to the individual making the payment. The receipt should contain the following information:

- ⇒ *Name of the person making the payment;*
- ⇒ *Amount of payment;*
- ⇒ *Date of payment;*
- ⇒ *Month payment is for;*
- ⇒ *Check or money order description; and*
- ⇒ *Signature of NHTC representative collecting the payment.*

The financial office will pay the provider room and board expenditures as per the stipulated agreement on a monthly basis.

Individuals will not be required to pay for an item or service that is covered as part of the room and board charges including: utility costs, basic linens, lawn and housekeeping services, household supplies, basic telephone service, groceries, basic toiletries and personal hygiene products, or special dietary needs.

Providers are responsible for providing three meals per day either in or out of home as well as snacks. If the individual chooses to have a meal outside of the home apart of what the provider is serving, then the individual may pay for the meal. If the provider and their family chooses to have a meal outside of the home, they still need to provide a meal for the individual either in or outside of the home.

INVOICING

NHTC will make payment to the provider on a bi-monthly basis within 14 days of an invoice supported by adequate documentation from the Provider.

Providers are required to submit their billing and invoice on a bi-monthly basis, to the Shared Living Specialist (or their designee). All required documentation must be completed for the previous two week period.

Stipends for services provided will be automatically deposited into provider's account.

Automatic deposit dates are tentative and are dependent upon the required paperwork being submitted on time. Payment may be held if the provider has not submitted billing or other required paperwork by the due dates listed.

The automatic deposit date is an indicator of the time frame a check request would be done pending the status and completion of all necessary communication, paperwork, and guidelines met by the independent contractor in the time frames provided.

If an individual receiving services is hospitalized for more than five (5) consecutive days, the stipend will be stopped after the 5th day. If an individual is out of the care of the provider for 29 consecutive days or more due to travel or a family visit, stipend will be stopped on the 30th day. In the event an alternative provider needs to be utilized to provide support to an individual in place for the original provider, the stipend will be paid to the alternative provider.



SHARED LIVING PROVIDER ACKNOWLEDGEMENT FORM

I have received a copy of NHTC's Shared Living Provider handbook. I understand that I am to become familiar with its contents as it outlines my responsibilities and provides guidelines for the care of the people in NHTC's services.

I also understand this handbook represents brief summaries of the organization guidelines which are subject to change without prior notice, so this handbook may not be all inclusive. I have had the opportunity to ask questions and clarify information in this handbook.

Finally, I understand nothing in this handbook creates an expressed or implied contract of employment between NHTC and me.

Independent Contracts Signature

Date

Independent Contract Name (printed)

Unit Number

NHTC Witness Signature

Date