

Shared Living in Vermont: Individualized Home Supports for People with Developmental Disabilities

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This document provides general information about what shared living for people with developmental disabilities looks like in Vermont. It is meant to give families, providers, advocates and policy makers a broad-brush description of this model of support. It is not intended to be an all-inclusive how-to guide on providing shared living supports.



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Table of Contents

Shared Living Defined.....	1
Terms Clarified.....	2
How Shared Living is Funded.....	2
What Shared Living Looks Like.....	3
Complementary Supports.....	4
Advantages and Disadvantages to Shared Living.....	5
Advantages.....	5
Disadvantages.....	6
Considerations when Developing a Shared Living Option.....	7
Laws, Policies, Guidelines and Practices.....	9
Vermont State Laws.....	9
Vermont State Policies and Guidelines.....	12
Tax, Legal and Financial Issues.....	15
Agency Practice.....	16



Shared Living in Vermont: Individualized Home Supports for People with Developmental Disabilities

Shared Living is a type of individualized home support available to people with developmental disabilities in Vermont. It is a flexible and cost efficient model of support that can meet a variety of people's needs while honoring individual choice, relationships and community.

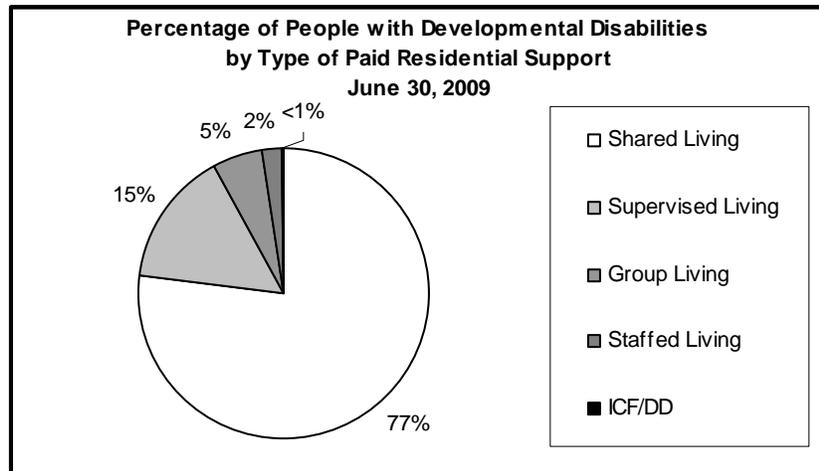
This document provides information about shared living, how it works, benefits of this model of support, and considerations when using shared living. Included is an annotated summary of the laws, policies, guidelines, rules and practices that affect shared living arrangements funded through developmental disability home and community based services managed by the Vermont Division of Disability and Aging Services (DDAS). This document is based on the experience of shared living in Vermont and, because of different policies and practices around the country, does not necessarily reflect the experience of individuals in other states.



Shared Living Defined

Shared living is a method of providing individualized home support for one or two adults and/or children in the home of a contracted home provider. Home providers typically have twenty-four hour a day/seven day a week responsibility for the individuals who live with them, though individuals may receive other supports during the course of a day (e.g., community supports, employment supports, respite, schooling). Home providers operate under contract with local developmental disabilities services agencies and are not considered agency staff or employees. As independent contractors, they are not subject to wage and hour laws, workers compensation or unemployment insurance.

No more than two unrelated individuals who receive paid residential support, or receive respite, may live in the same home unless the home is licensed as a Residential Care Home by the Vermont Division of Licensing and Protection. Some agencies contract with home providers to provide support to children who are in the custody of the Vermont Department for Children and Families (DCF). These homes must be licensed by DCF. Shared Living homes, also called "developmental homes", are the dominant paid residential support option in Vermont's developmental disabilities services system. In FY 2009, for example, 77% of individuals receiving home support funding through developmental disabilities services lived in a shared living arrangement (see graph on page 2).



Terms Clarified

In Vermont, the terms “Shared Living¹” and “Developmental Home” are used interchangeably, as are the terms “Shared Living Provider” and “Home Provider”. For the purpose of this document, the term “**shared living**” will be used to describe the type of home, and “**home provider**” will be used to describe the individual providing the home supports in a shared living arrangement.

The private, non-profit organizations that provide or arrange for developmental disability services in Vermont are called “Designated Agencies” or “Specialized Services Agencies”². For the purpose of this document, the term “**agencies**” will be used.



How Shared Living is Funded

Shared living is funded through Medicaid home and community-based services. The need for residential support is determined by the individual’s needs assessment and documented in the Individual Support Agreement (or support plan). Agencies contract directly with home providers. The home provider is paid a monthly stipend for providing supervision, training, social supports, transportation and community integration. The monthly stipend is called a “difficulty of care” payment. The amount paid to a home provider is based upon a

¹ These living arrangements are referred to as “Unlicensed Home Providers” in the Developmental Disability Service Definitions, Vermont State System of Care Plan for Developmental Disability Services. They are also sometimes referred to as “Adult Foster Care”. The Social Security Administration refers to these arrangements as “Custodial Care”.

² For more information, please refer to the [Administrative Rules on Agency Designation \(6/03\)](#).

number of factors; most prominently the needs of the individual and specialized skills and experience required of the home provider.

In addition to the “difficulty of care” payment, the home provider receives a monthly payment for the individual’s housing and food expenses. Room and board costs can not be funded by Medicaid. Room and board is paid from the individual’s Supplemental Security Income (SSI), other Social Security benefits, wages or other income. DCF pays room and board costs for children in custody who do not get SSI.



What Shared Living Looks Like

Shared living is not a single model of residential support, but instead can be configured to meet the specific needs of an individual. There are a number of variations to shared living where the individual with a developmental disability lives in the home of a home provider. An individual can live with a single adult home provider, with two adults (married or not, with or without children), or in a household that has more than two adults³. As mentioned earlier, a shared living home may not have more than two unrelated individuals who receive paid residential (or respite) support living there.

The key to shared living is the flexibility that accommodates a wide variety of living and support arrangements. Depending on the individuals and their circumstances, it may be advantageous to have two individuals getting support in one home, or it may be preferable for an individual to be the only person in the home who needs support. The shared living provider may be a similar-age peer who acts like a roommate, or an older person who acts like a parent or grandparent. Sometimes the home has been the home provider’s residence for a long time and sometimes a home provider has to move to a new location that he or she purchases or leases in order to be a home provider. Under DDAS guidelines for developmental disabilities services, home providers may not be the parent, step-parent, adoptive parent, domestic partner or legal guardian of the individual they are paid to support.

It is common for potential home providers to learn about this option through word of mouth from friends, family and neighbors. Recruitment for home providers can happen through advertisements, but often they are people who have worked in human services in some capacity. There are even times when children of home providers take over from their parents as the home provider for an individual who lived with them as they grew up.

³ Agencies contract with just one adult per home as the shared living provider.

Shared living is advantageous when working with an individual to become more self-sufficient as it still maintains twenty-four hour supports, or when there is a clinical benefit to the individual that comes from a personalized and flexible approach. The Individual Support Agreement will specify whether the individual may be left alone for a period of time, and if so, for how long and under what circumstances.

The home provider is ultimately responsible for assuring care and supervision of the individual twenty-four hours per day and that medical services are provided and documented as outlined in the Health and Wellness Guidelines for developmental disability services. Usually a home provider must provide or arrange for support if the individual needs to be home due to illness or in the absence of other supports. The home provider often accompanies the individual to medical appointments and maintains regular visits if the individual is hospitalized.



Complementary Supports

Most individuals living with home providers have a monthly respite allocation in their budget. Respite is used on a short-term basis because of the absence or need for relief of a home provider who normally provides care to an individual. Some agencies will help a home provider locate respite workers, but more frequently, home providers serve as the employer and are expected to recruit, hire and train respite workers.

The agency may provide community supports and/or employment supports to the individual through agency staff. Some individuals receive funding to attend programs, such as adult day programs for older Vermonters. Many home providers are responsible for providing or arranging for community supports and/or employment supports for the individual who lives with them. This means the home provider hires workers to provide these services (therefore becoming the employer⁴). Sometimes the home provider is the individual's community support worker and/or provides employment supports. This type of comprehensive support can be beneficial (e.g., provides consistency, lowers cost). It can also have less desirable consequences (e.g., increased burn-out, limited exposure to others).

The State of Vermont contracts with a Fiscal Intermediary Service Organization (Fiscal ISO) to be a fiscal agent for respite workers and other workers hired by home providers. This same fiscal agency also issues the pay checks for workers hired by individuals and families who self/family-manage their own services.



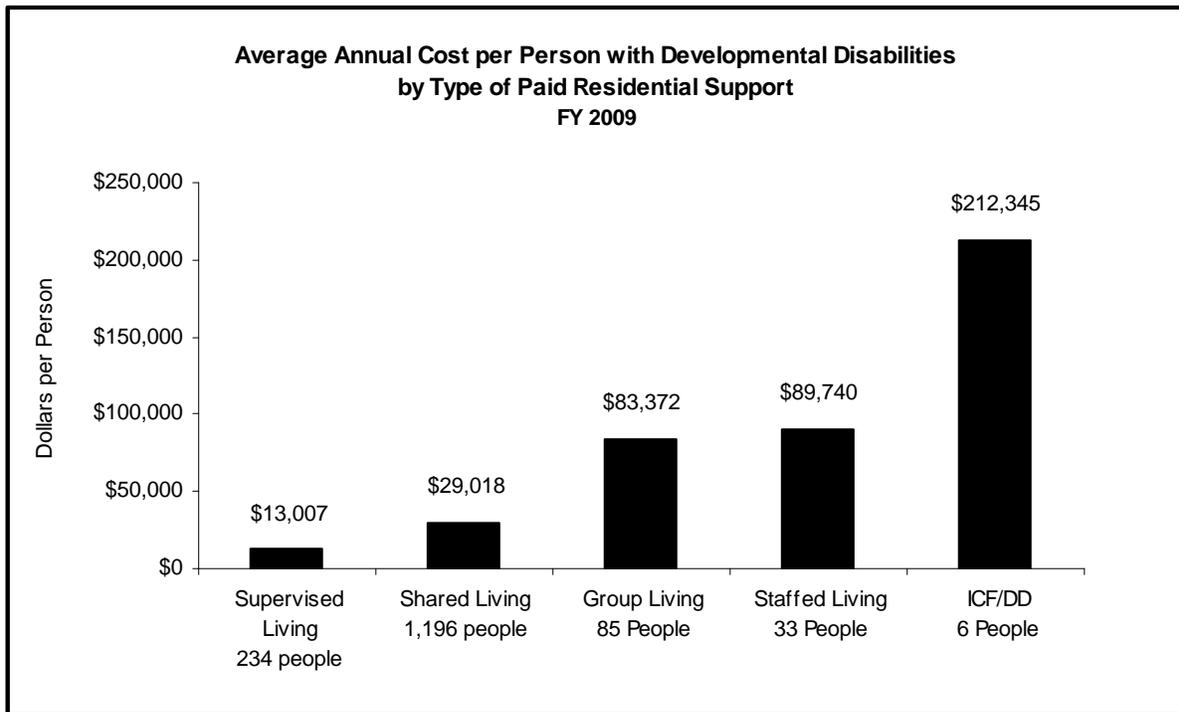
⁴ The employees and contracted workers of home providers are not considered to be employees or contractors of the agency.

Advantages and Disadvantages to Shared Living

Shared living arrangements provide a safe, affordable, flexible and generally stable home alternative for individuals who need residential supports. However, as with all types of service models, there are advantages and disadvantages. The important thing is to evaluate each option based on what is in the best interest of the individual with a developmental disability.

Advantages:

- Shared living offers a wide variety of flexible options to meet the specific needs of individuals.
- The “difficulty of care” payment to a home provider is exempt from federal and state income tax.
- Shared living, on average, has a lower per diem cost than other types of twenty-four hour a day home support, such as staffed living and group homes (see graph on page 6).
- Shared living offers an opportunity for support workers to earn income while working out of their home.
- Home providers may support and facilitate contact with the individual’s natural family.
- A home provider’s extended family and friends often become the “family” and friends of the individual who lives with them. The individual may have a chance to share holidays and go on vacations with the home provider.
- Consistency in supports offered in a home setting is good for individuals who are highly medically involved or have other complex support needs. There is a high probability that individuals in shared living who are terminally ill will receive end of life care at home.
- Shared living often leads to long-term stability and consistency in the individual’s life as many home providers become life-long companions to the individual who lives with them.
- Home providers often provide the necessary transportation that helps an individual get to places he or she needs or wants to go.
- Shared living offers targeted skill development that affords a safe and measured approach toward more independent living.



Disadvantages:

- Individuals receiving services and agencies may become comfortable with this option. It can therefore be programmatically, emotionally and fiscally challenging for individuals to “graduate” out of shared living to more independent supervised living.
- Shared living can limit an individual’s exposure to other people and places outside the home or to what the home provider experiences.
- There may be fewer independent or external eyes on the individual, thus reducing opportunities for oversight.
- Because the home must be the primary residence of the home provider, if the specific living arrangement does not work it is the individual that has to move out.
- Given limited public transportation and the rural location of many shared living homes, an individual’s access to alternative transportation options are often limited.
- Home providers may be challenged when, as an employer, they are required to hire, train and supervise workers to provide respite, community supports and/or employment supports to the individual living with them.



Considerations when Developing a Shared Living Option

The following is a list, in no particular order, of considerations when developing and choosing a shared living option.

1. Decisions on where an individual lives must be based on his or her needs, preferences and goals as identified in the needs assessment and Individual Support Agreement. The individual and his or her team must consider whether it is in the individual's best interest to live in the home of another person or family versus living in their own home (with part time supervision or full time staff). Not everyone wants to live with a family or roommate.
2. Involve the individual in choosing where he or she is going to live and with whom. The individual should meet the home provider and anyone else who is living in the home and, ideally, have the opportunity of one or more trial visits.
3. Be aware of expectations of longevity of the home. Consider whether you are looking for a short term arrangement or long term commitment. One cannot guarantee the success or longevity of a home, but what starts out as a short term commitment can turn into a life long home for the individual.
4. If an individual is already in shared living, consider how changes in the household composition may affect the individual. It is imperative to consider and involve the individual when deciding whether a second unrelated person will move into the same home. Similarly, it is important to consider the individual when there are changes to the family's circumstances (birth, death, divorce, relative moving in).
5. Ask the question, "Whose home is it?" Be aware of the many household decisions that are often made by the head of a household that can affect other people in the home (e.g., what to have for dinner, how to spend the weekend, when to go shopping, where to go on vacation). Privacy, time alone, and access to common areas, food and telephone can be complicated in shared living arrangements.
6. Although home providers are under contract with agencies and are not considered agency staff, the agency does have a responsibility for providing information, training, support and oversight to home providers and monitoring the well-being of the individual.
7. Be wary of overuse of this particular model of support as shared living is usually much less expensive than staffed residential supports.
8. It is important to consider the advantages and disadvantages for an individual living in either a rural or urban setting. Some individuals may benefit from living in an isolated home setting with distance from neighbors. On the other hand, there are individuals who would much rather live in a neighborhood within walking distance to town.

9. All shared living homes must pass a housing safety and accessibility inspection prior to a individual moving into a home. If the home does not have the necessary accessibility accommodations, loans or funding may be available. If the accommodations add to the value of the home, such as a new bathroom or bedroom, the home provider is expected to pay toward the accommodations. Physical safety issues also need to be addressed and are the responsibility of the home provider or landlord.
10. Relationships are arguably the most important aspect of a individual's life. Therefore, it is of fundamental importance that a home provider likes and respects the individual that lives with them and treats the individual as a valued member of the household and their community.
11. It can be difficult for individuals to develop their own personal relationships outside of the home providers' friends and family unless the home provider actively supports community activities and relationships.
12. Home providers are expected to maintain regular and effective communication with the service coordinator for the individual who lives with them, and work cooperatively and facilitate relationships with the individual's guardian and/or natural family, if any and as appropriate.
13. Home providers need to have good judgment and be comfortable working independently. However, it is also imperative that the home provider knows who to call for support or in the event of an emergency and is willing to work with and respect the individual's team.
14. Although individuals get a personal needs allowance from SSI or SSDI benefits and may have income from employment, it is expected that a home provider will assist the individual who lives with them financially if the individual has unmet personal needs (e.g., toiletries, clothing). This expectation and practice varies from agency to agency and person to person.



Laws, Policies, Guidelines and Practices

The following Vermont state laws, policies, guidelines, and agency practice may impact individuals in shared living, home providers and agencies. This annotated list describes the relevance of each document to shared living and provides links to the cited documents. Most of these documents may be found on the Department of Disabilities, Aging and Independent Living website (www.dail.vermont.gov).

Vermont State Laws

◆ **Adult Protective Services – Reports of Abuse, Neglect and Exploitation of Vulnerable Adults** – Adult Protective Services (APS) is a Vermont State agency mandated by Vermont law to investigate reports of abuse, neglect and exploitation of vulnerable adults (age 18 and over). This law requires some individuals to report if they suspect that abuse, neglect or exploitation of a vulnerable adult has occurred or is occurring. Home providers are mandated reporters.

[Raising Awareness: A Guide to Recognizing and Reporting Abuse, Neglect and Exploitation of Vulnerable Adults](#)

◆ **Child Protective Services** – The Family Services Division of the Department for Children and Families Services is mandated by Vermont law to investigate reports of suspected abuse and neglect of a child (under age 18). Home providers are mandated reporters.

[How to Report Suspected Child Abuse and Neglect](#)

◆ **Guardianship**

- **Public and Private Guardianship** – Many individuals who live with home providers have public or private guardians. Home providers are expected to work cooperatively and communicate effectively with an individual's guardian. This includes facilitating home visits and other contacts with the guardian. A guardian is not allowed, by Vermont policy, to be an individual's paid home provider. The following guardianship powers may be petitioned for an adult with developmental disabilities.

Note: Options for guardianship powers for public guardians of people with developmental disabilities through Family Court are slightly different from those options available for private guardians through Probate Court.

- General Supervision: This includes choosing or changing residence, care habilitation, education or employment, and approving sale or encumbering of real property. This may also include approval of change in composition of the home. If a guardian has been granted this power by the court and shared living is sought for the individual, the guardian must consent to a home placement and has the authority to remove an individual from the home.
- Contracts: To approve or withhold approval of contracts.

- Legal: To obtain legal advice and commence or defend against judicial actions.
- Medical and Dental: To seek, obtain and give consent to medical and dental treatment.
- Financial Supervision: Probate Court for private guardians only
[Guardianship Website](#)
- **Procedure for Review of Public Guardian's Decisions** – These procedures describe how people affected by a decision of a Public Guardian may obtain a review of the decision. These include guidelines about how a home provider may request review of a guardian's decision about where an individual will live and related decisions.
[Procedures for Review of Public Guardianship Decisions \(2005\)](#)
- **A Guide to the Responsibilities of Guardians of Adults with Mental Disabilities, Office of Public Guardianship** – This Guardian's Handbook has been prepared by the Office of Public Guardian to help private guardians and people considering becoming guardians to understand the role and responsibilities of guardianship. See pages 8 – 17 in the guide for details about the powers of a guardian.
[A Guide to the Responsibilities of Guardians of Adults with Mental Disabilities, Office of Public Guardianship](#)
- ◆ **Peggy's Law** – A Vermont law to assure that home providers and respite providers who provide care in their own home have relevant information so that they can make an informed decision about whether to agree to provide care for an individual.
 - [Peggy's Law - Guidelines for Completing the Mandatory Disclosure Form for Home Provider/Respite Worker](#)
 - [Peggy's Law - Disclosure to Home Provider/Respite Workers Form](#)
 - [Peggy's Law - Home Provider Mandatory Disclosure Law Implementation Questions and Answers](#)
- ◆ **Qualified Developmental Disabilities Professionals**
 - **Qualified Developmental Disabilities Professionals Definitions, Qualifications and Roles** – A Qualified Developmental Disabilities Professional (QDDP), as defined in federal rule and Vermont law, has specific roles in the provision of developmental disability home and community-based services (e.g., conducting eligibility assessments, approving and monitoring support plans, assuring services meet the individual's needs). A QDDP may work for an agency or act independently (either paid or unpaid). The QDDP may not be the individual's paid home provider.
[QDDP Definitions, Qualifications and Roles](#)

- **Endorsement of Individuals Acting Independently as Qualified Developmental Disabilities Professionals** – An endorsement from the Division of Disability and Aging Services is required for all QDDPs who are not employed by an agency. Through this endorsement, the State will insure that individuals acting as independent QDDPs and those working for agencies will have the qualifications required to be a QDDP; an understanding of the roles and responsibilities of a QDDP; a base of knowledge about the Vermont developmental disability services system; and an understanding of the state and federal rules and regulations governing services and supports to Vermonters with developmental disabilities.

[Endorsement of Individuals Acting Independently as QDDPs \(2004\)](#)

- ◆ **Vermont Developmental Disabilities Act of 1996** – The “DD Act” is the Vermont law about services for individuals with developmental disabilities. Of particular note, the law outlines the “Principles of Service” and the “Rights” of individuals receiving services and their families.

[Vermont Developmental Disabilities Act of 1996](#)

Regulations Implementing the Developmental Disabilities Act of 1996 – The following regulations highlight the sections of the document that pertain to shared living.

[Regulations Implementing the Developmental Disabilities Act of 1996](#)

- **Grievance and Appeals Procedures** – These procedures outline the complaint and appeal processes available to individuals receiving developmental disabilities services funding. An appeal is a request for an internal review of an action by the Division of Disability and Aging Services or an agency, such as denial or limitation of a service or eligibility; reduction, suspension or termination of a service; denial of payment for a service; failure to provide a service; failure to act in a timely manner; or denial of a request to obtain services elsewhere. A grievance is an expressed dissatisfaction of any matter other than an action, such as the quality of services provided or aspects of interpersonal relationships (e.g., lack of respect).
- **Special Care Procedures** – The purpose of these procedures is to assure individuals who have specialized health care needs will receive safe and competent care while living in a home and community-based setting. Nursing responsibilities can be delegated to home providers as long as there is appropriate nursing oversight in accordance with the Nurse Practice Act.
- **Training** – These procedures assure that all workers employed or contracted by the Division of Disability and Aging Services receive adequate training. All workers must receive pre-service training before working alone with an individual who receives services funded by the State. Workers must be trained in, or demonstrate, the knowledge and

skills necessary to support individuals. Assuring workers are trained or have the necessary skills is the responsibility of the employer, whether it be the agency, home provider or an individual self/family-managing services.

Vermont State Policies and Guidelines

- ◆ **Background Check Policy** – Background checks are required for all workers who are paid with funds administered by DAILE and who; 1) provide care to an individual who receives services, or 2) manage funds or services on behalf of an individual who receives services. Background checks are also required for any volunteers recruited and placed by an agency who will work alone with an individual who receives services. Agencies may have standards for background checks which exceed the DAILE standards. Workers hired by a home provider (e.g., respite, community support or employment support workers) must have background checks. The Fiscal Intermediary Service Organization conducts the background checks for workers hired by the home provider.

[DAILE Background Check Policy \(2009\)](#)

- ◆ **Behavior Support Guidelines for Support Workers Paid with Developmental Disability Services Funds** – These guidelines outline the types of interventions that support workers paid with developmental disability services funds, including home providers, may use to support behavior change and also the steps to follow when restriction of rights or restraints are required. They are based on positive support strategies and represent a commitment to work continuously to end coercion.

[Behavior Support Guidelines \(2004\)](#)

- ◆ **Community Safety Procedures for Sex Offenders with Developmental Disabilities** – Home providers who have high risk sex offenders live with them must follow the safety procedures outlined in this policy.

[Community Safety Procedures for Sex Offenders with Developmental Disabilities \(2009\)](#)

- ◆ **Critical Health Care Decisions** – The function of the Vermont Developmental Disabilities Services Ethics Committee is to review and give advice regarding critical health care decisions. Any decisions by a Public Guardian to withhold or abate life-sustaining treatment for an individual with a developmental disability must be reviewed by the Ethics Committee. The Committee is also available to assist any interested person who is concerned with the ethical aspects of a critical care decision for an individual who receives services through DDAS. Team members, including the home provider, may attend the meeting. Home providers, as well as other support workers, may be asked to follow end-of-life care as recommended by the Ethics Committee and authorized by the individual's guardian.

[Critical Health Care Decisions \(2007\)](#)

- ◆ **Critical Incident Reporting Requirements** – Critical incident reports are essential methods of documenting, evaluating and monitoring certain serious occurrences (e.g., death of an individual who receives developmental disability services funding; restraint; missing persons; suspected abuse, neglect or exploitation; criminal acts by a paid worker or individual receiving services) and assuring that the necessary people receive the information. Home providers are required to report critical incidents to the agency.

[Critical Incident Reporting Requirements \(2002\)](#)

- ◆ **Guidelines for the Quality Review Process of Developmental Disability Services** – The Quality Services Review is one component of a broader effort to maintain and improve the quality of services of developmental disability services. Each developmental disabilities services agency will participate in a DDAS quality review within a two year cycle. The review process reflects agreement by all stakeholders that face to face interviews with individuals receiving services (including visiting individuals in their homes), agency staff and home providers are key elements for an effective quality assurance process. Off-site reviews include follow-up on critical incident reports, housing safety and accessibility reviews, and monitoring information gathered through satisfaction surveys⁵ and grievance and appeals procedures. These quality reviews are intended to supplement the agency's own internal quality management processes.

[Guidelines for the Quality Review Process of Developmental Disability Services](#)

- ◆ **Health and Wellness Guidelines** – These guidelines were created because the Division of Disability and Aging Services is responsible for insuring the health and safety of individuals who receive Medicaid-funded developmental disability services. Residential supports (e.g., shared living) must meet these guidelines.

[Health and Wellness Guidelines \(2004\)](#)

- ◆ **Home Visit Requirements** – Service coordinators are required to assess homes regularly and adjust home visit schedules to meet the needs of the individual, home provider and agency staff. Service coordinators shall make a minimum once-a-month visit to shared living homes where there is a specific circumstance or concern (e.g., first time home provider, change of home placement, period of instability in the individual's life). Service coordinators shall make an every other month visit to all other shared living homes.

[Home Visit Requirements \(2010\)](#)

- ◆ **Housing Safety and Accessibility Review Process – Accessibility Review Procedures – Attachment A** – Housing safety and accessibility reviews are conducted by the Division of Disability and Aging Services to assess safety and accessibility of all relevant residential and agency

⁵ The Division of Disability and Aging Services conducts an independent consumer survey each year to measure consumers' opinion about life satisfaction. It is an expectation that adult receiving services participate in these surveys as part of the DDAS quality review process.

community support sites. Residential reviews for housing safety and accessibility should occur prior to the individual moving into the home.

[Housing Safety and Accessibility Review Process \(2006\)](#)

[Accessibility Review Procedures – Attachment A](#)

- ◆ **Human Rights Committee Guidelines** – The purpose of the Human Rights Committee is to safeguard the human rights of individuals receiving developmental disability services in Vermont. The Committee will provide an independent review of restraint procedures (proposed or occurring) within the supports provided by the developmental disability services system to ensure that they are appropriate and necessary. Proposed plans and the use of restraint must be in compliance with the Behavior Support Guidelines (see above). Team members, including the individual and/or the home provider, may attend the plan review.

[Human Rights Committee Guidelines \(2006\)](#)

- ◆ **Individual Support Agreement Guidelines** – An Individual Support Agreement (ISA) is an agreement between the individual getting services, the individual's guardian, if any, and the agency providing services. The agreement describes the Medicaid supports expected based on the needs that the individual and his or her team have prioritized, including home supports. Additional issues related to home supports are addressed in the ISA, such as health and safety and identifying the level of supervision needed. If the individual is in a shared living arrangement, the home provider will most likely be involved as a team member in the development of the ISA.

[Individual Support Agreement Guidelines \(2003\)](#)

- ◆ **Policy on Education and Support of Sexuality** – This policy provides a clear statement about the rights of individuals receiving developmental disability services to learn about the risks and responsibilities of expressing their sexuality. It provides information and the necessary language and support for education about sexuality and commitment to individuals' right to express their sexuality.

[Policy on Education and Support of Sexuality \(2004\)](#)

- ◆ **State System of Care Plan** – The Vermont State System of Care Plan for Developmental Services is developed every three years (and updated annually) by the Division of Disability and Aging Services. The plan provides guidance on the appropriate use of funding and prioritizes the use of resources to manage the system of supports for individuals with developmental disabilities within legislatively-appropriated funding. It determines criteria for individuals to obtain services and funding, including priorities to develop new, and continue current, services and programs. Guidance from the plan that pertains to shared living are as follows:

- Twenty-four hour home supports may not be self/family-managed (though Supervised/Assisted Living with up to eight hours per day of paid home support may be self/family-managed);

- Home and community-based services may pay for home accessibility modifications and reasonable transportation expenses, including a stipend to contribute toward the cost of an accessible vehicle used as the primary means of transportation for an individual.

[Vermont State System of Care Plan for Developmental Services - Three Year Plan FY 2008 – FY 2010 \(July 2007\)](#)

[Vermont State System of Care Plan for Developmental Services – FY 2010 Update](#)

Tax, Legal and Financial Issues

- ◆ **Difficulty of Care Payment** – Payment for home supports provided by home providers is considered a “difficulty-of-care” payment and is exempt from federal income tax. Vermont, therefore, also exempts the payment from state income tax.
[IRS Code – Section 131: Certain Foster Care Payments](#)
[IRS Publication 501 \(2009\): Exemptions, Standard Deductions and Filing Information](#)
- ◆ **Fiscal Intermediary Service Organization (Fiscal ISO)** – The Division of Disability and Aging Services contracts with ARIS Solutions, a Fiscal ISO, to help people who are hiring their own workers (respite, community supports, employment supports) to do many of the bookkeeping and reporting responsibilities of the employer including conducting background checks. This service must be used by home providers who employ workers with Medicaid funds.
[ARIS Solutions](#)
- ◆ **Homestead Exemption** – Vermont property taxes for a home are based upon the assessed value of the property but they are adjusted for each homeowner based upon household income. Household income includes room and board paid to the homeowner in his or her role as a home provider, but difficulty of care payments made to the homeowner as a home provider are excluded from the calculation of total household income.
- ◆ **Supplemental Security Income (SSI) and Social Security Disability (SSDI)** – Room and board costs may not be funded by Medicaid. Room and board costs are paid from the individual’s Supplemental Security Income (SSI), Social Security, earnings or other income. The Department of Disabilities, Aging and Independent Living establishes the amount of monthly room and board; this is the same amount for all individuals in shared living, regardless of the individual’s income. The Social Security Administration classifies shared living/developmental home as “Living Arrangement H: Custodial Care”.

Agency Practice

- ◆ **Agency Contract** – Agencies have a contract with home providers (the contract is with one adult household member even if there is more than one adult in the home). The contract describes in detail all terms and conditions, including the responsibilities of the agency and the home provider.

- ◆ **Remaining “Home Alone” Guidance** – Guidelines were developed for individuals living in licensed Residential Care Homes to promote safe independence and personal choice by having a process for honoring requests by or for an individual to be able to be home alone when receiving twenty-four hour residential supports. This same guidance may be used for individuals in shared living who wish to stay home alone. The process for considering when an individual may be home alone includes; 1) determining that the individual has no medical, emotional or behavioral issues that pose a significant health or safety hazard if the individual were to be at home alone; 2) use of an assessment which measures demonstrated skills for remaining home alone; and 3) not requiring that the individual remain in a home alone (it’s a choice).

- ◆ **Shared Living Program Manual** – All agencies have a manual that they give to home providers outlining the agency’s and State of Vermont’s rules, regulations, guidelines and other requirements and processes as well as the roles and responsibilities of home providers. It includes, among other things, confidentiality agreements and consumer rights; documentation and reporting requirements; and emergency protocols.



