

### **Living Supports**

- All of the models of service in Living Supports must be available 24 hours per day, 365 days a year. The time when a person is employed, at school, visiting family, utilizing other natural supports as identified in the ISP or participating in Customized Community Supports (CCS) or Community Integrated Employment (CIE) is excluded.
- Funding for nursing services is already bundled into the Supported Living and IMLS reimbursement rates.
- In Family Living, nursing supports must be accessed separately by requesting units for Adult Nursing Services (ANS) on the budget.

### **Supported Living**

- Supported Living is intended to increase and promote independence, and to teach the skills necessary to prepare people to live on their own in a non-residential setting.
- Supported Living is designed to address assessed needs and individually identified outcomes.
- Within the Supported Living model, there are four categories of service: Basic, Moderate, Extensive, and Extraordinary Medical/Behavioral. The four categories are based on the intensity and nature of individual support needs.
- In addition, the Non-Ambulatory Stipend is available when a person is non-ambulatory. The Non-Ambulatory Stipend assists with funding for added staffing through the night in case an emergency evacuation is needed.
- Supported Living is provided to two to four people in a home that is leased or owned by the person.
- Prior authorization is required from the respective DDS Regional Office for a person to receive this service when living alone. All requests must be made to the local DDS Regional Office via the CM. Supporting documentation must include IDT meeting minutes including an explanation as to why the person cannot safely live alone utilizing CIHS or intermittent DSP support. The ISP must reflect this exceptional living situation.
- The nurse must attend, in person or by phone, the annual IDT meeting and any other IDT meeting where health issues are on the agenda for anyone with high e-CHAT acuity

### **Family Living (FL)**

- Family Living is intended for people who are assessed to need residential habilitation to ensure health and safety while providing the opportunity to live in a typical family setting.
- It is intended to increase and promote independence and to provide the skills necessary to prepare people to live on their own in a non-residential setting.
- Family Living is designed to address assessed needs and individually identified outcomes.
- Services and supports are provided by a natural or host family member, or companion, who meets requirements and is approved to provide Family Living.

- Family Living is provided in the person's home or the home of the Family Living provider.
- The Provider Agency is responsible for substitute care coverage for the primary caregiver when he/she is sick or taking time off as needed.
- People receiving Family Living are required to live in the same residence as the paid DSP.
- All Family Living Provider Agencies are required to also be an approved ANS Provider Agency in order to support nursing requirements for people who receive Family Living from their agency.

### **Intensive Medical Living Services (IMLS)**

- IMLS is a Living Supports option for persons with complex medical needs who require intensive, DSP supports as well as nursing care and oversight.
- This service promotes health and supports each person to acquire, retain, or improve skills necessary to live in the community and prevent institutionalization.
- IMLS may be provided on a long term or short-term basis.
- People receiving IMLS must have medical needs assessed at a high acuity level.
- They require intensive clinical nursing oversight and health management that are provided directly by a RN or LPN and are consistent with the eligibility parameters for IMLS which are issued by DDSD and posted on the DOH website, CSB page.
- This service does not exclude access to CCS and includes any intermittent nursing or nursing consultation needed by the person to participate in those services. IMLS ensures provision of transportation for all medical appointments, household functions and activities, to and from day services, leisure/recreational activities, and other meaningful community options.
- IMLS also provides for assistance with social relationships and the provider must assist people to develop and maintain social, cultural, and spiritual relationships of their choosing.
- Agency nurses and DSP provide individualized support based upon assessed need. Assessment shall include use of required health-related assessments, eligibility parameters defined by the DDSD, other pertinent assessments completed by the nurse, and the nurse's professional judgment.
- Daily nursing visits are required according to the following:
  - A daily, face to face nursing visit must be made by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) to deliver the required direct nursing care, monitor each person's status, and oversee DSP delivery of health-related care and interventions. The face to face nursing visits may not be delegated to DSP or non-licensed staff.
  - c. Although a nurse may be present in the home for extended periods of time based on individual(s) needs, a nurse is not required to be present in the home during periods of time when direct nursing services are not needed.

