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**Report on Shared Living Services**

December 2019

The Department of Developmental Services (DDS) is submitting this report pursuant to Line Item 5920-2000. This section requires DDS to report on the following information relative to shared living services:

**“provided further that the department shall report to the house and senate committees and ways and means not later than October 15, 2019 detailing the use of shared living services in the commonwealth, which shall include, but not be limited to the: (a) number of clients living in shared living placements, broken down by age and location; (b) average cost of shared living services; (c) number of clients living in a shared living placement with individuals they knew prior to the arrangement; (d) department's oversight of the application and placement process; (e) safeguards in place for clients receiving these services; and (f) potential for growth of the program”**

DDS continues to increase the use of shared living services to address the needs of individuals requiring residential services in settings outside of the traditional 24-hour community residence. Shared living services benefit individuals by creating a more balanced, person-centered residential placement that also has the benefit of being more cost-effective. Through this model, individuals supported by the department are matched with members of the community who provide care at home. The DDS provider agency is responsible for screening and training the caregiver while DDS continues to provide service coordination and ensure proper licensure and safety standards are met.

1. **– number of clients in shared living placements, broken down by age and location;**

The following table provides a breakdown of shared living placements across all 23 DDS area offices. Included below is a key for the area office site IDs.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Area** | **Under 22** | **Age 22-25** | **Age 26-30** | **Age 31-35** | **Age 36-40** | **Age 41-45** | **Age 46-50** | **Age 51-55** | **Age 56-60** | **Age 61-65** | **Age 66-70** | **Age 71-75** | **Age 76+** | **Total 11/19** |
| CWBK | 0 | 10 | 13 | 14 | 3 | 6 | 13 | 10 | 15 | 6 | 4 | 1 | 3 | **98** |
| CWFH | 1 | 12 | 5 | 12 | 5 | 4 | 2 | 5 | 7 | 5 | 5 | 1 | 3 | **67** |
| CWHC | 0 | 13 | 10 | 9 | 6 | 13 | 7 | 5 | 7 | 4 | 9 | 3 | 3 | **89** |
| CWNC | 0 | 8 | 15 | 16 | 12 | 10 | 12 | 18 | 14 | 17 | 7 | 3 | 2 | **134** |
| CWSV | 2 | 9 | 15 | 17 | 17 | 6 | 17 | 15 | 17 | 12 | 10 | 9 | 3 | **149** |
| CWSW | 1 | 14 | 14 | 7 | 8 | 11 | 12 | 8 | 9 | 9 | 5 | 2 | 0 | **100** |
| CWWO | 1 | 6 | 17 | 16 | 7 | 5 | 10 | 12 | 10 | 4 | 5 | 0 | 3 | **96** |
| MCRW | 0 | 0 | 1 | 2 | 1 | 2 | 3 | 1 | 2 | 1 | 0 | 1 | 0 | **14** |
| MGRB | 0 | 7 | 7 | 5 | 7 | 6 | 6 | 12 | 7 | 7 | 5 | 2 | 2 | **73** |
| MMXW | 0 | 5 | 5 | 1 | 1 | 3 | 4 | 4 | 4 | 3 | 5 | 2 | 3 | **40** |
| MNSN | 0 | 3 | 3 | 2 | 1 | 1 | 3 | 4 | 4 | 4 | 1 | 1 | 4 | **31** |
| NECM | 0 | 3 | 3 | 0 | 1 | 0 | 2 | 1 | 1 | 4 | 0 | 0 | 0 | **15** |
| NELO | 0 | 3 | 3 | 5 | 1 | 5 | 4 | 9 | 5 | 6 | 5 | 0 | 0 | **46** |
| NEMN | 1 | 1 | 4 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 0 | 1 | 1 | **12** |
| NEMV | 0 | 22 | 25 | 20 | 9 | 10 | 9 | 14 | 9 | 15 | 3 | 2 | 2 | **140** |
| NENS | 0 | 5 | 2 | 3 | 0 | 1 | 5 | 3 | 0 | 2 | 4 | 1 | 1 | **27** |
| SEBR | 1 | 8 | 10 | 8 | 3 | 4 | 5 | 4 | 3 | 4 | 2 | 4 | 0 | **56** |
| SECI | 0 | 4 | 3 | 5 | 5 | 9 | 7 | 8 | 6 | 10 | 6 | 1 | 2 | **66** |
| SEFR | 0 | 3 | 3 | 5 | 3 | 5 | 6 | 2 | 2 | 2 | 1 | 2 | 1 | **35** |
| SENB | 1 | 4 | 4 | 8 | 8 | 3 | 7 | 4 | 7 | 5 | 1 | 0 | 1 | **53** |
| SEPL | 0 | 5 | 2 | 5 | 4 | 3 | 3 | 3 | 2 | 1 | 2 | 0 | 0 | **30** |
| SESC | 0 | 5 | 1 | 2 | 2 | 1 | 3 | 1 | 2 | 4 | 3 | 2 | 1 | **27** |
| SETA | 0 | 3 | 6 | 3 | 5 | 4 | 4 | 1 | 6 | 2 | 0 | 1 | 0 | **35** |
| **Total** | **8** | **153** | **171** | **165** | **109** | **112** | **144** | **145** | **140** | **129** | **83** | **39** | **35** | **1,433** |
|  | 0.56% | 10.68% | 11.93% | 11.51% | 7.61% | 7.82% | 10.05% | 10.12% | 9.77% | 9.00% | 5.79% | 2.72% | 2.44% |  |

|  |  |
| --- | --- |
| **Site ID** | **Area Office Name** |
| CWBK | Central West Berkshires |
| CWFH | Central West Franklin/Hampshire |
| CWHC | Central West Holyoke/Chicopee |
| CWNC | Central West North Central |
| CWSV | Central West South Valley |
| CWSW | Central Springfield/Westfield |
| CWWO | Central West Worcester |
| MCRW | Metro Charles River West |
| MGRB | Metro Greater Boston |
| MMXW | Metro Middlesex West |
| MNSN | Metro Newton/South Norfolk |
| NECM | Northeast Central Middlesex |
| NELO | Northeast Lowell |
| NEMN | Northeast Metro North |
| NEMV | Northeast Merrimack Valley |
| NENS | Northeast North Shore |
| SEBR | Southeast Brockton |
| SECI | Southeast Cape Cod/Islands |
| SEFR | Southeast Fall River |
| SENB | Southeast New Bedford |
| SEPL | Southeast Plymouth |
| SESC | Southeast South Coastal |
| SETA | Southeast Taunton/Attleboro |

1. **– average cost of shared living services;**

The following table provides spending figures for FY19 based off of the total enrollment of 1,439 individuals. It should be noted that not all individuals were enrolled for the entire fiscal year.

|  |  |
| --- | --- |
| FY19 Total Spending on Shared Living | $80,143,207.00 |
| FY19 Average Cost Per Enrolled Individual | $55,926.87 |

1. **- number of clients living in a shared living placement with individuals they knew prior to the arrangement;**

The following table provides information regarding DDS individuals’ familiarity with shared living providers:

|  |  |
| --- | --- |
| Reported knowing host prior to placement | 446 |
| Reported not knowing host prior to placement | 865 |
| Unknown | 122 |

1. **– department’s oversight of the application placement process;**

An individual supported by DDS initiates the placement process by working with his or her Service Coordinator and other relevant representatives of the corresponding area office to determine if they meet the department’s priority threshold for 24-hour residential services and, if they are, whether shared living is a desired and appropriate residential model. Once this is determined, the area office works with the individual and his or her family or guardian to identify a shared living agency to develop a home for the individual. The department and the individual’s Individual Support Plan (ISP) team then oversee the placement process to ensure that all DDS regulations are followed and that the shared living home is appropriate to meet the needs of the individual.

1. **– safeguards in place for clients receiving services;**

The safety of the individuals DDS supports in residential placement is paramount, and the department has in place the following safeguards to ensure all shared living placements meet the applicable licensing and safety standards:

* DDS requires quarterly visits by the Service Coordinator to the shared living home to meet with the individual, view the home, and discuss the individual’s status with the shared living provider. These visits are documented on a standardized site visit form and shared with relevant staff within the area office for follow-up, as needed.
* Regular meetings are held by the area office Program Monitor or other relevant area office staff with representatives of the provider agency to discuss and review all shared living services provided by the agency within the area office’s catchment area.
* Although shared living supports are provided in a private home, DDS has a responsibility to ensure the health and safety of individuals served and that the environment meets certain thresholds of safety, repair, and sanitation. In addition, the level of support is considered 24-hour per day service and DDS has a responsibility to ensure the supports provided meet basic applicable licensure standards for residential supports. Therefore, shared living services are licensed through a direct review of a sample of shared living homes every two years. Certification is also conducted, unless the agency utilizes a separately approved process for certification. A certification review addresses such topics as access and community integration, human rights, and individual control.
* Routine agency-wide reviews of the agency providing shared living services are conducted by the local DDS Office of Quality Enhancement (QE) where licensing standards cover a variety of domains such as health care, environmental safety, personal safety, and others.
* Licensure and certification reviews involve documentation reviews (both at the agency and at the home level), interviews with staff, interviews with shared living home providers, interviews with individuals, and a brief environmental/home review and observation.
* Training requirements that are evaluated as part of licensing for Shared Living Providers include:
  + First Aid;
  + CPR;
  + Fire safety strategies;
  + Human Rights & DPPC Reporting;
  + Safety Plan;
  + Unique needs of individuals (e.g. diabetes; ASL);
  + Restrictive interventions;
  + Restraint authorizers/ implementers;
  + Signs and symptoms of illness;
  + Handling medical emergencies; and
  + Utilization of health related protections.
* For Licensure and Certification, there is also an Immediate Action process in the event that serious issues are revealed that require immediate attention. This process is implemented for shared living providers when issues are identified.
* When an agency is found to have not met required licensing standards, they are required to complete follow-up work to correct all deficiencies until they meet the licensing standards. This process can lead to the agency losing its licensure to provide shared living services.
* As Mandated Reporters, all DDS staff are required to report to the Disabled Persons Protection Commission (DPPC) any and all situations where abuse, neglect, or mistreatment of DDS individuals is suspected, including within shared living homes.

1. **– potential for growth of the program.**

As previously mentioned, DDS continues to see growth in the number of shared living placements, which are cost-effective, person-centered alternatives to traditional 24-hour residential settings. As more provider agencies become interested in and familiar with the development and utilization of this model, and as area offices become more experienced using this model to meet the needs of more complex individuals, growth can and should be expected. The following table provides statistics regarding increased placements since 2016. Given the Department’s continued emphasis on promoting this program, it can be expected that similar growth will occur next year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Calendar Year** | **2016** | **2017** | **2018** | **2019** |
| Total Utilization | 1,142 | 1,298 | 1,370 | 1,433 |
| Increase |  | 156 | 72 | 63 |
| % Change |  | +14% | +6% | +5% |