

PA LIFESHARING COALITION

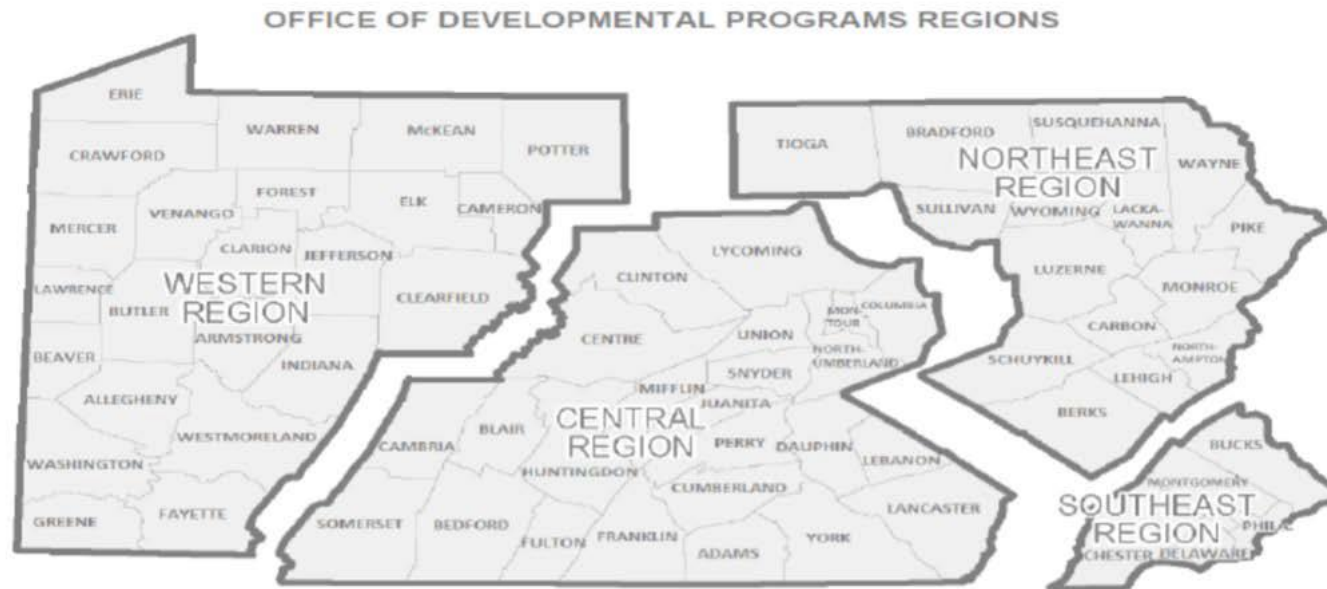


Lifesharing 101

presented by the
Lifesharing Coalition Leadership Team+

A presentation of best practices in your Lifesharing Program

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Agenda



New Families

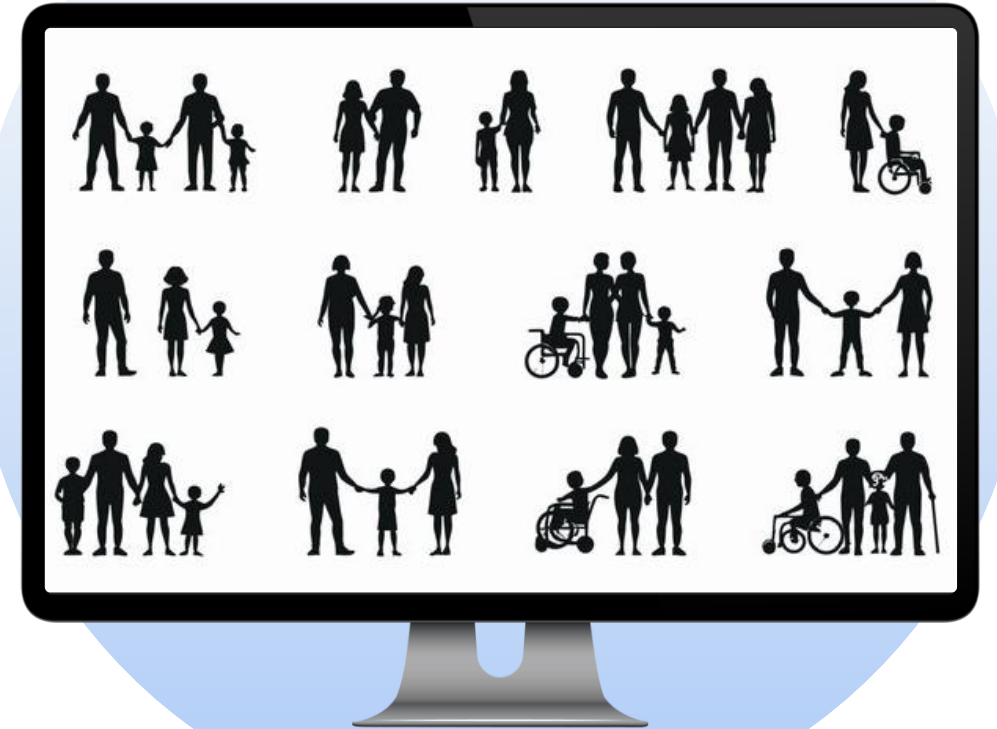
Matching Process

Agency Oversight

Substitute Care/Respite

Best Practices

New Families



New Families

How do you recruit new Lifesharing Providers?

What have you found works best when recruiting families?

What should the application process involve?

- screening process
- background checks
- required physicals

Employment and personal reference checks?

Who pays for physical site modifications/adaptations or repairs to the home?



New Families Things to Consider

Who pays for physicals, smoke detectors and fire extinguishers?

Who pays for furnace cleanings?

How does the family receive required training?

What criteria is used to determine the Lifesharing provider's stipend?



Matching Process



8 Matching Process

- Have a process to receive referrals and to effectively “match” an individual and provider together
- Look into having a Home Study for the individual and the provider to gather information from both to start the matching process
- Look at any openings you might have to determine the best match
- Providing information to the individual and family prior to a meeting
- Review expectations and philosophy of Lifesharing with the individual and provider
- Meetings with the individual and the provider/family members

Matching Process cont.

- Consider how you want that initial meeting to go – what kind of information do you want to touch on that both the individual and provider should be aware of
- Additional meetings – have additional meetings after that initial meeting to make sure that this is a good fit for everyone involved
- Overnight visits/Weekday visits – be mindful that it's a lot different just meeting someone for a couple hours vs. having someone stay in the provider's home (consider if your agency will provide a stipend for overnight visits)
- How long does this process typically take for agencies?
- What does your agency do if it isn't a good match?



Agency Oversight +

+

We're here
TO SUPPORT
YOU

Agency Oversight

- What should the program staffing structure look like?
 - Regs Require
 - CEO
 - A LS Specialist assigned to each individual, Specialist can only carry 8 homes no more than 16 people
 - Good rule of thumb is to not oversee both residential and LS
- What assistance is given to the families with regards to staffing?
 - There is no staffing in LS
- How many individuals or homes should be on a caseload?
 - Best practice is no more than 8 individuals
- Do you have multiple staff work with families or do you have a staff person dedicated to each family?
 - One Specialist

Agency Oversight Cont

- How often should visit the home? How often should you call the family?
 - At a minimum once month, initially may be more
 - Communication should be open and as needed
- Do you have unannounced visits?
 - When warranted
- What are you looking for when visiting the home?
 - Cleanliness, safe environment, things are in good repair.
- Are you checking the home environment and individual's bedroom?
 - Yes
- How do you ensure that the individual is satisfied and safe?
 - Have a conversation with the person when you have an opportunity away from the LSP.

Agency Oversight cont.

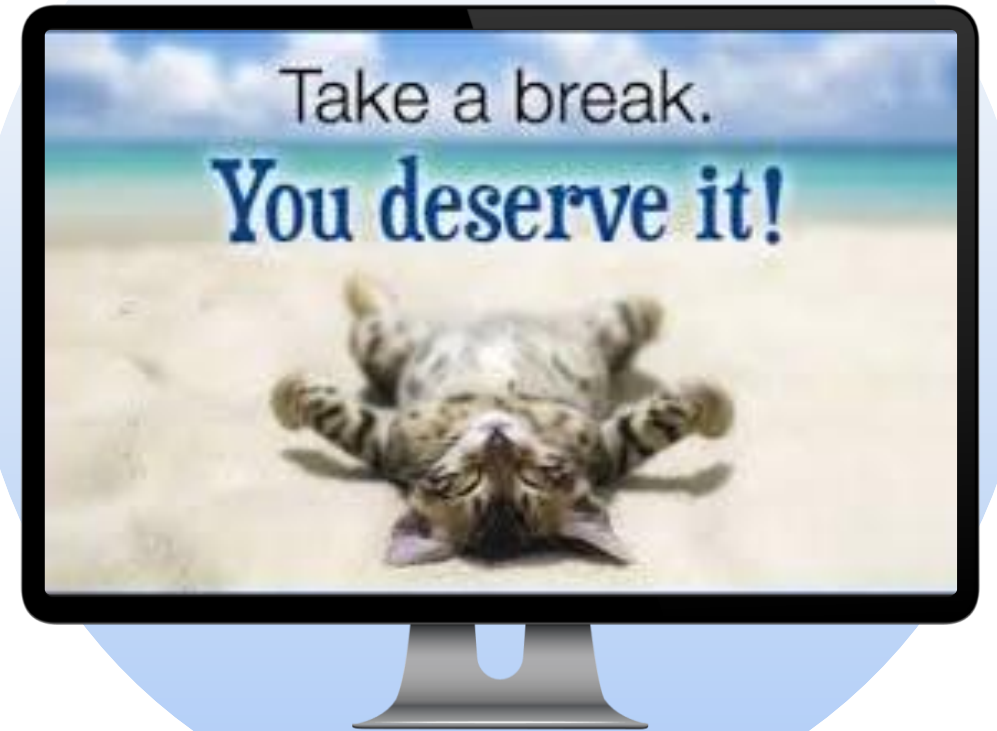
- How do you ensure that the family is following through with documentation, training and medication administration as per regulations?
 - Reviewing paperwork including MAR at least every month and addressing concerns immediately, tailor your support to the families needs
 - Document concerns either via email or monitoring forms
 - Offer reminders and support for trainings
- Do you recognize families?
 - This is not a regulatory item, but it is important to do. Newsletters, Social media, shout-outs, Lifesharing coalition awards
- How do you and families deal with emergencies?
 - Best practice is to have a 24/7 on-call number for all providers. Train providers on expectations



Agency Oversight cont.

- How do you address problems? How should you communicate with families?
 - Open and honest discussions...having grace and understanding, document conversations using the families preferred communication (text, email ect)
- What do you do if an individual's needs change?
 - Work with the family, support the family to do whatever you can to ensure the individual can stay in the home. If unable to communicate.
- How do you ensure medical needs are met?
 - Review medical paperwork regularly, document appointments, and share a checklist and tracking sheet, give reminders for providers. This may look different for each provider
- How do you handle an incident which require an investigation?
 - First, ensure the health and safety of the individual. Work with team to see if respite is needed, place individual somewhere else if needed. Follow incident management procedures and protocols. Work cloesly with AE if the individual refuses to leave home.

Respite/ Substitute Care



What is Substitute Care?

- Part of **Lifesharing service** (not a separate waiver service)
- Arranged **informally** by the host family
- Substitute caregivers are someone the host and individual **know and trust**
- Family member, neighbors, friends are all options for approved substitutes
- Substitute care arrangements are billed under the Lifesharing daily rate, not as Respite

Substitute Care vs. Respite

Substitute Care

- Built into Lifesharing
- Informal, relationship-based arrangements
- Caregiver is someone the host and individual know and trust
- No cap on use (ODP Communication 028-18)
- Billing = Lifesharing daily rate

Respite

- Separate waiver service
- Provided by qualified provider agencies in licensed or unlicensed homes
- Caregiver is outside the individual and host's known circle
- Must be authorized in ISP
- Limit 30 day units per fiscal year
- Cannot bill same day as Lifesharing

Key Considerations for Provider Agencies

What should your agency require for substitute care(items to consider)

- Background Checks – criminal, child abuse, FBI
- Medical – Physical/TB
- Training – core & person-specific
- Incident Management – do they know what to report and who to report to?
- Documentation – Service notes, MARs, agency approval process/tracking

How will payment be made to substitute care?

- Agency or host-family arranged?

Does agency have limit on usage – how/where is that outlined to host family?



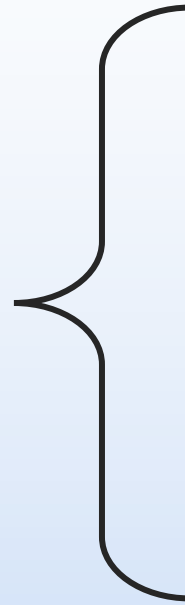
Best Practices



Best Practices

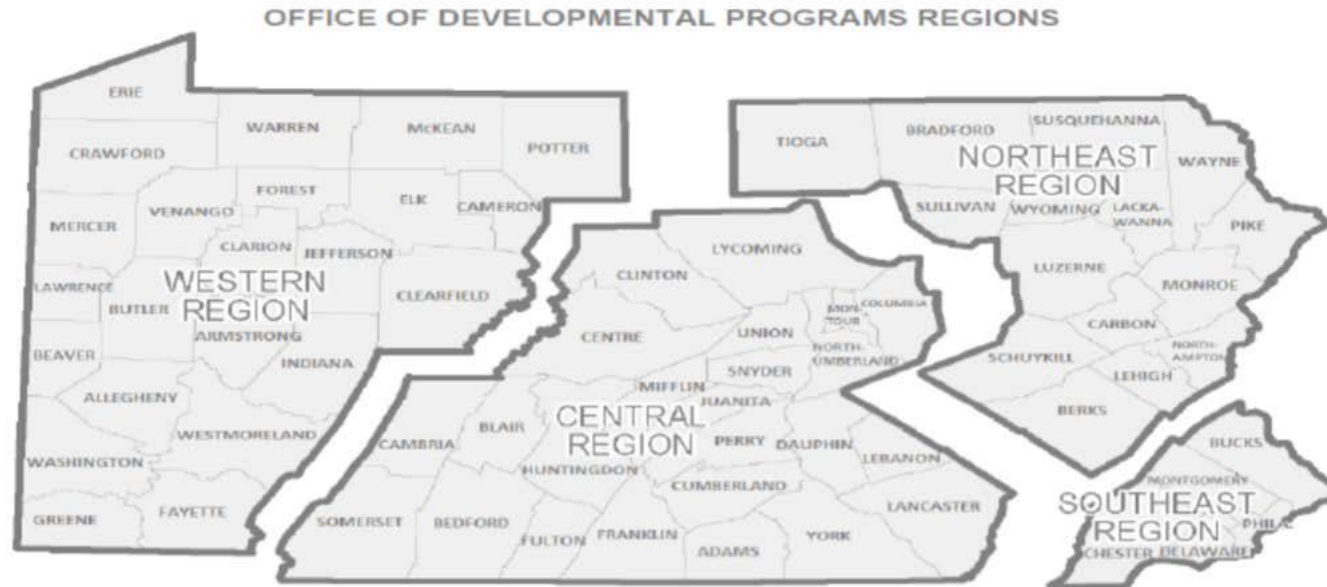
- Respect cultural differences, house rules, and preferences when entering a family's home
- Recognize birthdays and other special events in the lives of families
- Be present on move in day.... Ensure required paperwork is completed ie. rights, evacuation plan and fire drill.
- Set high expectations to start.... It's much harder to incorporate change later
- Be actively involved in Pennsylvania's Lifesharing Coalition.
- Be willing help with paperwork and anything else that needs to be done, be a support not a drill sergeant
- Let families know they are supported during crisis situations. Be there, physical presence is a must, respond to emergencies immediately
- Be responsive to family problems/ crisis be prepared to step in more often when necessary.
- Communicate frequently with team members
- Attend Support Coordinator service monitoring's
- Be direct and clean in your communication with families
- Be proactive, Call families weekly to check in and ask how they are doing.
- Notify families when you will be out of office for an extended period of time and let them know who to contact in your absence.
- Keep paperwork to minimum
- Stay solution focus when problem-solving and put yourself their place
- Share the why when you are changing policies or procedures

Thank you



Your Lifesharing
Coalition
Leadership

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