**Department of Mental Health**

**Division of Developmental Disabilities**

**Shared Living Rate Determination Form**

**Consumer Name:**           **Date:**

**Please check those areas that apply in each category.**

**Each item identified and checked must be supported in the Individual Support Plan (ISP) and the Rate Allocation Score (RAS) derived from Missouri Adaptive Abilities Scale (MAAS).**

**Level I:** (less than 24 hour supervision – assist and instruct individuals who require support to maintain a living arrangement) *Basic RAS supplement includes provider responsibility for supports as reflected in the person’s ISP.*

[ ]  Can self evacuate in an emergency.

[ ]  Requires minimal support in daily living skills.

[ ]  May have unsupervised time in the home and/or community as indicated by their ISP

**Level II:** (24 hour supervision – assist, instruct, and supervise individuals who require support in learning a variety of daily living skills and require 24 hour supervision to ensure their safety) *Basic RAS supplement includes provider* responsibility for supports as reflected in the person’s ISP.

[ ]  Needs assistance and instruction in daily living skills.

[ ]  Requires 24 hour supervision to ensure safety.

**Level III:** (Assist, instruct, and supervise individuals who, because of severe, multiple and chronic disabilities, require intensive supervision and/or a specially adapted environment and a combination of professional support services for the foreseeable future as indicated in the person’s ISP. Individuals who require on-going comprehensive support have significant needs and a combination of needs in the following areas). *Basic RAS supplement includes provider responsibility for supports as reflected in the person’s ISP.*

Self-Care:

Needs full assistance in **all** the following areas: [ ]  toileting [ ]  eating [ ]  dressing [ ]  hygiene/grooming [ ]  bathing

Medical:

[ ]  Has uncontrolled frequent seizures.

[ ]  Special medical and feeding methods (G-tube, trachs, choking precautions)

[ ]  Requires long-term physician prescribed interventions (MD visits, psychiatric visits, etc.)

Behavioral:

[ ]  Has chronic mental health issues. [ ]  Destructive and/or self-injurious behaviors.

[ ]  Physical aggression [ ]  Elopement

|  |  |  |  |
| --- | --- | --- | --- |
| **Rate Allocation Score Table**The Rate Allocation Score is used to determine the amount of supplement that individualizes the level of support needed. Please check the RAS assigned to the individual: | **Select One** | **Rate Allocation Score**  |  **Supplement/Day** |
|  |  1 | $0 |
|  |  2 | $5 |
|  |  3 | $10 |
|  |  4 | $15 |
|  |  5 | $20 |

**Signatures**

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Provider / Date Case Manager / Date

**Justification for Relief Hours, Community Specialist, and Professional Assessment and Monitoring services**

**\*\*\*Attach Justification sheet to Shared Living budget using guidelines below.**

**Relief hours**: Enter the number of hours the team agrees is needed for relief. Keep in mind that it is expected that at least 1 weekend a month of relief is budgeted. When calculating relief calculate at a maximum daily rate of $220.80 per day for 16 hours or more. If less than 16 hours calculate using an hourly rate of $13.80.

**Community Specialist**: Enter the number of hours the team agrees is needed for Community Specialist. Keep in mind you must meet the Definition set forth in the Waiver Manual and Service Definitions for Community Specialist. The justification should included the functions the Community Specialist will complete to support the individual and Shared Living provider on a monthly basis. These hours do not have to be the same amount each month. (Example: An increase in CS hours could occur the month of the Service Plan.)

**Professional Assessment and Monitoring:** Enter the number of hours the team agrees is needed for nursing. It is expected that 1.25 hours of nursing will be the minimum. Please list any additional functions of the nurse if additional hours are agreed upon by the planning team.