

# Chapter Four

## Getting Started

### What You Will Find:

Choosing Supported Living Services

Deciding on a Coach

Updating the Support and Cost Plans

Service Authorization

Building a Relationship

Identifying Representative Payee and  
Fiscal Agent Responsibilities

Transition Between Providers

Individual Financial Profile  
Functional Community Assessment



## Chapter Four: Getting Started

Before moving from a group living situation, a family home, or other living arrangement to supported living, there are a series of actions to be taken. This Chapter, *Getting Started*, addresses those actions and serves as a reference to assist in organizing this initial stage of the process.

### The Process for Getting Started:

#### The Person:

1. **Identifies** supported living coaching as **the service of choice**.
2. **Interviews potential** supported living **coaches**.
3. **Decides** on a coach.

#### The Support Coordinator (WSC):

4. **Updates the Support Plan (SP)** to include supported living coaching.
5. **Amends Cost Plan consistent with SP updates, and approved by** District/Region Developmental Disabilities Program.
6. **Develops service authorization (SA). The SA date becomes the effective date** of the service.

#### The Supported Living Coach:

7. **Begins initial information gathering to build relationship** (individual profile demographics, health and emergency profile, housing survey, etc.).
8. **Discusses handling of funds with individual and circle of support (i.e. representative payee, fiscal agent, etc.).**
9. **Implements policy for transitioning between providers, if applicable.**
10. **Reviews procedures with individual and family ( i.e., abuse, grievance, due process, rights, back-up staff, contact information, etc.)**
11. **Completes Individual Financial Profile (IFP) and Functional Community Assessment (FCA)** based on current information.

## Chapter Four: Getting Started

---

### Choosing Supported Living Services

For supported living to become a reality, the individual/guardian (a definition for guardian may be found in the Glossary) must decide that supported living is the preferred service option. Exploring supported living services, accessing the *Supported Living Liaison Network* to talk with people receiving supported living services, and understanding the coach's overall responsibilities, as previously discussed, support that decision making process.

Deciding to choose supported living involves the exchange of information that will allow people to make informed choices. Many individuals and families may believe people must be fairly independent in order to live in their own home. Some may reject the idea of a supported living arrangement, unless the waiver support coordinator (WSC) describes the long-term supports that could be made available. It is important for individuals to realize that supported living involves a unique network of support which varies for each person and may be needed on a short term or ongoing basis. Each supported living arrangement will be very different, as each is based on the person's unique needs and desires.

Support coordinators provide information to an individual who has expressed an interest in supported living. It is the support coordinator's responsibility to document a person's ability to give consent and make informed choices specific to individual circumstances, supports, and services. It is also important for the WSC to involve the guardian and family as needed and desired. All providers have a responsibility to provide information and counseling that is sufficient for the individual to understand the potential or probable results of decisions and choices.

### Deciding on a Supported Living Coach

During discussions with the support coordinator, an individual determines which combination of supported living services would work best for him. Once this is decided, the **next step is to find a coach**. Just as choosing a doctor or a support coordinator is an important decision, choosing a supported living coach who matches the needs and personality of the individual is critical. Each coach has his or her own style and own way of doing business. Some people work better with a casual style while others may want their coach's manner to be "strictly business."

To select the appropriate coach, the individual (and anyone she chooses) should conduct interviews with supported living coaching providers. For individuals who may not clearly express their choices, a close friend, guardian, or family member should be involved in the interview and selection process.

## A Guide to Supported Living in Florida

---

### Interview Process

- The support coordinator provides a list of local supported living coaches.
- The individual reviews the list with the support coordinator and determines how many coaches to interview.
- Coaches are contacted and interview appointments made. These interviews are arranged by the person and his family or representative, or by the support coordinator.
- Within reason, coaches should be willing to accommodate the individual's desired location and time of the interview.
- The individual and his family may choose to conduct the interviews without the support coordinator, or may ask the support coordinator to participate.

### Support Coordinator Assists with the Interview Process

Keeping an interview process consistent can support the individual in making an informed decision. Asking the same questions of each potential coach provides a framework from which to base decisions. For individuals who may have trouble remembering each coach, or for those who do not communicate using traditional methods, pictures of each coach may be taken with a Polaroid® camera and attached to the interview format. This can prove helpful when choosing among several coaches.

The support coordinator may assist the individual and family in developing an interview form to assist with the process. The interview format should be individualized. Questions that are important to one person may be completely irrelevant to someone else. Graphics or pictures may be helpful in guiding the interview process.

In addition to the interview forms, it is suggested the individual obtain a copy of the coach's resume and references to get a clear understanding of his background.

**The following is an example of an interview format, that includes a sampling of questions to consider:**

# Sample

## Supported Living Provider Interview Format

Agency: \_\_\_\_\_

Interviewee: \_\_\_\_\_

Date: \_\_\_\_\_

1. How much experience do you have working with people in supported living? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How many people do you currently work for? \_\_\_\_\_

3. What is your background/experience?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Where is your office located? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you provide the coaching service or do you have staff that work for you? Please check one: Provide Service  Staff provide service

6. How many people does each person support? \_\_\_\_\_

7. How do I get in touch with you if I need you?



Phone No.: \_\_\_\_\_



8. How can I reach you in an emergency?  
Emergency Phone No. \_\_\_\_\_

9. How long will it typically take you to respond?  
\_\_\_\_\_

10. What happens if you or the person working for you can't make it? What is your back up system? \_\_\_\_\_  
\_\_\_\_\_

## Chapter Four: Getting Started

11. How will you respect my choices?



\_\_\_\_\_

\_\_\_\_\_

12. How do you train your staff? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. If I am not happy with your services or the services of your staff, what do I do? ☹️

😊 \_\_\_\_\_

\_\_\_\_\_

14. How will you assist me in selecting my home? \_\_\_\_\_



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. What types of things will you help me with?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. What are your connections in this community? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. How will you help me to get to know my neighbors? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Can you provide at least 3 references of people you are currently serving who I may contact? Yes \_\_\_\_\_ No \_\_\_\_\_

### Updating the Support and Cost Plans

#### Updating the Plans:

- Before the coach is selected, the **support coordinator must:**
  - **update the support plan** to add supported living coaching as a service; and
  - submit a **request for funding through the cost planning process.**

The individual, the support coordinator, and the coach must meet to discuss the types of supports needed in the home and delineate the responsibilities of each provider.

**Supported living services, like other paid supports, must be authorized and provided according to the support and cost plans.** An individual's unique needs, requirements, capacities, preferences, and personal dreams direct planning for all services, especially supported living. Each adult who receives developmental disabilities services has a support plan (SP) which, along with the cost plan and resulting service authorization, directs service delivery toward the person's desired future. It also includes a description of his present situation by describing his preferences and needs, and currently authorized supports, resources, and services.

The support coordinator discusses with the individual the number of supported living hours she needs from the supported living coach and other service providers, and submits the cost plan and a justification for supported living services to the District/Region Developmental Disabilities Program for approval. Assuring quality services while maintaining costs is a valuable skill. A strong partnership between the support coordinator and the supported living coach in negotiating rates and determining the most beneficial service options is invaluable.

Before the individual selects a coach, it is necessary for the support coordinator to **update the existing support plan** to reflect his desire. The contents of the support plan update are directed by the individual and the coach, and identify specifically what the individual hopes to accomplish as a result of supported living coaching within the support plan year. These outcomes and actions also change the services on the cost plan. Therefore, an **update of the cost plan** also needs to be completed by the support

## Chapter Four: Getting Started

---

coordinator to reflect the need for supported living services. Updates to both plans are then submitted to the District/Region Developmental Disabilities Program for approval.

Although support plans direct services for a one-year period, support planning is a fluid, ongoing process directed by the individual, not an isolated, annual event. It involves the individual, the support coordinator, and others (friends, family, service providers) selected by the individual. This group of persons, both friends and providers who willingly support the individual, is often referred to as the "circle of support." When planning for supported living, it is particularly important to include the people who are directly involved in the individual's life and who are willing to provide support in the community.

In the months prior to the individual's **annual support plan meeting**, the support coordinator is responsible for gathering information. Information is collected to reflect the person's present situation, and the support plan is updated by the support coordinator. The process repeats itself annually or as frequently as needed, and information must be gathered by the coach and other providers, and given to the support coordinator prior to the annual support plan meeting.

The supported living coach, as well as others who work for the individual in her home, is an integral part of the information gathering process. The coach will draw information from the individual financial profile (IFP), the functional community assessment (FCA), housing survey once the home is selected, and other documentation. Once supported living is identified on the SP, and the person begins receiving supported living coaching services, an annual report will be written and submitted to the support coordinator 30 days prior to the end of the support plan year.

The support plan also includes the person's future view and the personal goals he desires to achieve toward that future during the coming year. Supports and services identified as needed and desired to achieve personal goals on the annual support plan must also be identified on the cost plan, and submitted to the District/Region Developmental Disabilities Program Office for approval. Any changes in supports or services throughout the year must be identified on both the support and cost plans and resubmitted for approval from the District/Region Developmental Disabilities Office.

### Service Authorization

When the support and cost plans are returned and approved, the supported living provider, along with other providers as needed, receive a service authorization form indicating the effective date of the service. Service authorization, as the name implies, indicates the date for initiating services as well as the date by which specific requirements are to be addressed. The



## **A Guide to Supported Living in Florida**

---

coach has 90 days from the effective date to assist the individual in locating a home.

### **Building A Relationship**

Once the coach receives service authorization, he begins the process of getting to know the person. This process occurs over time and includes gathering information to determine interests, needs, habits, routines, and desires.

In addition to getting to know the person, information gathering is an important tool for developing the individual's record and/or office files. According to the Core Assurances, the supported living coach must develop policies regarding the contents of records. The individual's record must include evidence the provider has reviewed the following with the individual:

**Important Points to Discuss:**

On-call system; back-up supports; rights and responsibilities of persons receiving services; reporting abuse and neglect or exploitation; and grievance procedures for conflict resolution including maintaining a log.

Gathering information means spending time with the person, his family, friends, and existing providers. Although discussions with the person are extremely valuable, time spent across a variety of settings also provides valuable insight into the person's interests and capacities.

Record reviews and discussions with those who know the individual best may also provide valuable information related to preferences, interests, routines, etc. It is important to obtain a signed consent from the individual prior to reviewing any records or other written information.

Validating information with the individual is an important part of the process. Validation supports accuracy and helps assure that prior history and interests do not continue to guide services, if unwarranted or undesired.

Information gathering is an ongoing process that will continue to occur throughout the year. Information can be accessed through ongoing notes, progress reports, interviews, reviews, etc. As the individual's situation and needs continue to change as part of the fluid process of daily life, the coach should rely on all available resources to assure services are current and responsive.

## **Chapter Four: Getting Started**

---

Most of the initial information collected about the individual should be recorded on an individual profile or basic demographic page or format. This information should be available in the front of the record for easy access, as it includes contact information, emergency instructions, directions to the person's home, etc. It's a good idea to review this basic information as needed, but at least annually. Most coaches find it helpful to incorporate this review as part of their preparation for the annual support plan meeting. This includes updating records to assure information is current and accurate. In addition, while respecting the person's confidentiality, the coach will want to assure there are current signed release of information forms prior to sharing information.

A sample profile, courtesy of Habilitative Services of North Florida, follows.

# PROFILE

## DEMOGRAPHICS

NAME \_\_\_\_\_ first \_\_\_\_\_ full middle \_\_\_\_\_ DOB \_\_\_\_\_ last \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
\_\_\_\_\_

DIRECTIONS TO HOME:

SOC.SEC.# \_\_\_\_\_ MEDICARE# \_\_\_\_\_ MEDICAID# \_\_\_\_\_

PARTICIPANT IN SUPPORTED LIVING SINCE \_\_\_\_\_

COMPETENCY STATUS \_\_\_\_\_

IF ADJUDICATED INCAPACITATED OR HAS A GUARDIAN ADVOCATE:

GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

OTHER FAMILY/FRIENDS/NEIGHBORS WHO HELP WITH PLANNING AND/OR PROVIDE SUPPORT:

_____ name / relationship _____	_____ name / relationship _____	_____ name / relationship _____
_____ address _____	_____ address _____	_____ address _____
_____ phone # _____	_____ phone # _____	_____ phone # _____




PREFERRED HOSPITAL \_\_\_\_\_ PHONE  
NUMBER \_\_\_\_\_

PHARMACY OF CHOICE \_\_\_\_\_ PHONE NUMBER


✓ ONE:

- \_\_\_\_\_ INDIVIDUAL TAKES AND MONITORS HIS OR HER MEDICINE INDEPENDENTLY
- \_\_\_\_\_ SUPPORTED LIVING SPECIALIST PROVIDES SUPERVISION FOR SELF-ADMINISTRATION OF MEDICATION
- \_\_\_\_\_ CARE STAFF PROVIDE ADMINISTRATION OF MEDICATION

WHO DOES THE PERSON WISH TO BE CONTACTED ABOUT ANY MEDICATION ISSUES OR QUESTIONS? \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ (PERSON SHOULD BE ENCOURAGED TO CONSIDER THEIR LEGAL GUARDIAN, PRIMARY CARE PHYSICIAN, PHARMACIST, OR THE DISTRICT'S CONSULTING R.N.)

MEDICATION ALLERGIES	OTHER ALLERGIES

INDIVIDUAL HEALTH AND MEDICAL CHARACTERISTICS (ALSO SEE SUPPORT PLAN)

PRIMARY DISABILITY

SECONDARY DISABILITY

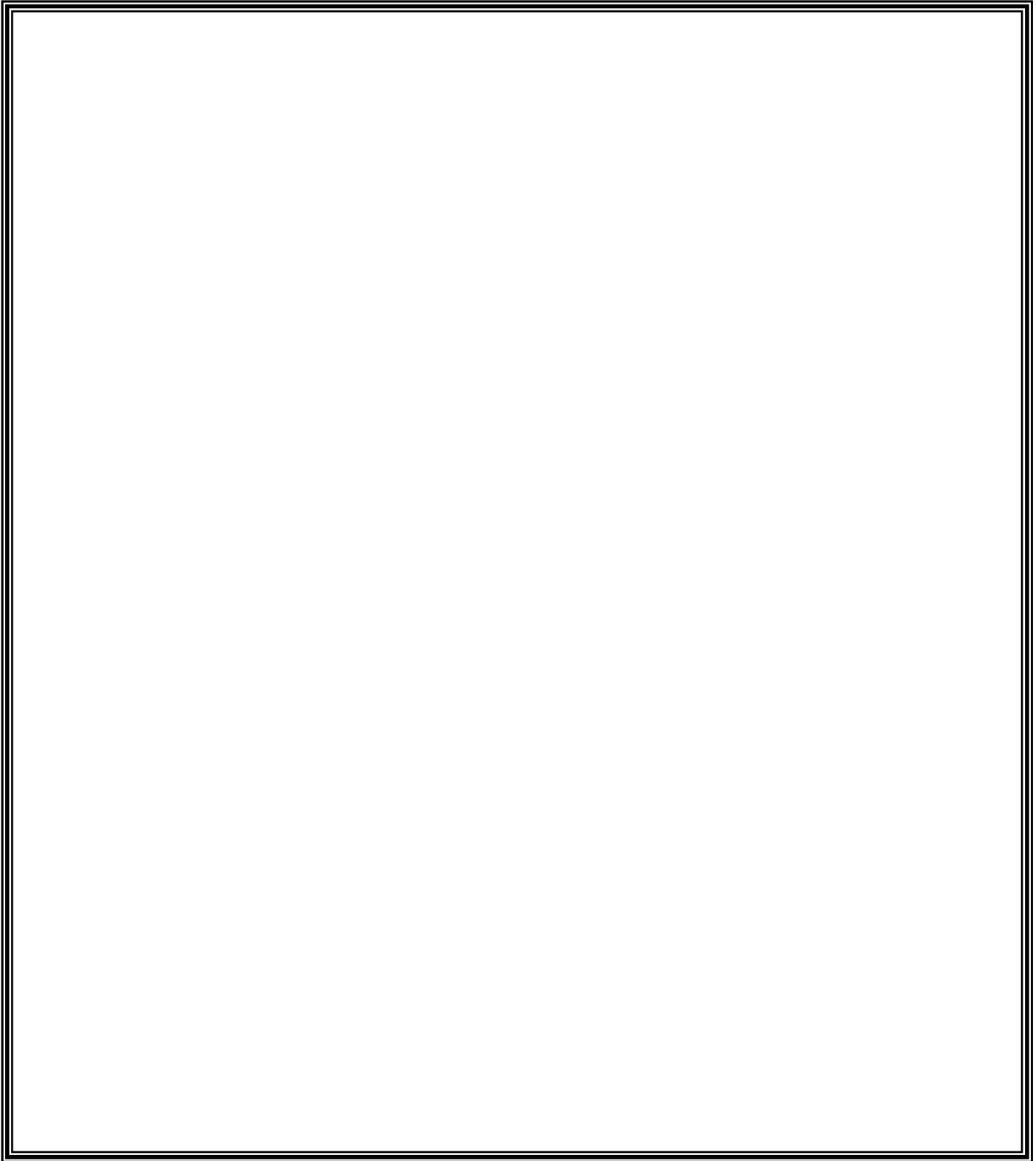
\_\_\_\_\_ HIGH BLOOD PRESSURE?

\_\_\_\_\_ DIABETES?

\_\_\_\_\_ SEIZURE DISORDER?

IF SO, TYPE

OTHER MEDICAL CONCERN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SERVICES DIRECTORY**

**SUPPORT COORDINATOR** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUPPORTED LIVING SPECIALIST** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER PAID SUPPORT PROVIDERS**

**NAME** \_\_\_\_\_

**SERVICE** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**NAME** \_\_\_\_\_

**SERVICE** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**NAME** \_\_\_\_\_

**SERVICE** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**NAME** \_\_\_\_\_

**SERVICE** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**LIVING ARRANGEMENT**

✓ ONE IN EACH CATEGORY:

\_\_\_\_\_ HOUSE      \_\_\_\_\_ APARTMENT      \_\_\_\_\_ MOBILE HOME      \_\_\_\_\_ CONDOMINIUM

\_\_\_\_\_ ALONE      \_\_\_\_\_ WITH SPOUSE      \_\_\_\_\_ WITH FRIEND (S)

\_\_\_\_\_ WITH FAMILY MEMBER      \_\_\_\_\_ OTHER      \_\_\_\_\_ OWN      \_\_\_\_\_ RENT/LEASE

IS PERSON'S NAME ON THE LEASE OR MORTGAGE? \_\_\_\_\_ (COPY MUST BE IN FILE)

SECURITY DEPOSIT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_ REFUNDABLE?

IF RENTING, MANAGER/OWNER'S NAME

PHONE \_\_\_\_\_

IF PURCHASING, MORTGAGE HOLDER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

**FINANCIAL INFORMATION**

(ALSO SEE FINANCIAL PROFILE)

IS SUPPORTED LIVING COACH THE FISCAL AGENT? \_\_\_\_\_ YES      \_\_\_\_\_ NO

CHECKING ACCOUNT:      BANK \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

SAVINGS ACCOUNT:      BANK \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

CREDITORS      NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYMENT \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYMENT \_\_\_\_\_



**INSURANCE**

TYPE \_\_\_\_\_

CARRIER \_\_\_\_\_

AGENT \_\_\_\_\_ PHONE \_\_\_\_\_

POLICY # \_\_\_\_\_

TYPE \_\_\_\_\_

CARRIER \_\_\_\_\_

AGENT \_\_\_\_\_ PHONE \_\_\_\_\_

POLICY # \_\_\_\_\_

TYPE \_\_\_\_\_

CARRIER \_\_\_\_\_

AGENT \_\_\_\_\_ PHONE \_\_\_\_\_

POLICY # \_\_\_\_\_

**VOCATIONAL INFORMATION**

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NATURE OF WORK \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

SCHEDULE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NATURE OF WORK \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

SCHEDULE \_\_\_\_\_

## Chapter Four: Getting Started

---

### Identifying Representative Payee and Fiscal Agent Responsibilities

During the information gathering process, the coach should work with the person, his family or guardian, as applicable, and his circle of support to determine how personal finances will be organized and monitored once he moves into his own place.

*Susan*

*Susan nearly lost all her financial benefits due to inadequate monitoring by the supported living coach. This could have jeopardized her independent living successes by bringing them to an abrupt halt.*

*Susan was employed and her work hours were carefully controlled each month to maintain SSDI eligibility. When she decided on supported living, staff from the previous provider transferred financial monitoring responsibilities to the new supported living coach. She had some money in her checking account at the time of transition. The supported living coaching provider agency obtained a start-up supplement for Susan to offset her moving expenses.*

*Susan began working a lot of hours, and the provider was holding her bills for payment. Staff from the prior agency had kept in touch with Susan, and grew concerned when hearing of her increased work hours. The support coordinator was contacted, and over \$2,000.00 was found in Susan's checking account, placing her services at risk.*

*Susan's supported living coach had no understanding of the financial implications and impacts regarding benefits. Nor was the coach adequately monitored by the supported living coaching provider agency.*

*Susan came very close to losing a host of benefits related to SSDI. She would have been left without the resources to stay in her home. A crisis was narrowly averted.*

*Author Unlisted to Maintain Privacy*

A representative payee is an individual who has been given authority by the Social Security Administration (SSA) to receive and manage federal benefits when the person is unable to manage his own money. The representative payee (aka: "rep payee") receives the benefit payment on the person's behalf and is required to account for expenditures on behalf of the person for whom it is intended.

If the person has not been adjudicated incapacitated or does not have a guardian advocate over finances, she may choose whomever she wants as

## Chapter Four: Getting Started

---

her rep payee: herself or a friend or relative. If the person has been adjudicated or has a financial guardian advocate, this is the only person who may select the rep payee. The rep payee has a huge responsibility, as he must assure the person's monthly obligations (e.g. rent, utilities, etc.) are met, and that she has access to her money on an ongoing basis for food and personal needs.

In some instances the supported living coach serves as the rep payee, as he is often the person who sees the individual most frequently. He can assure her finances are responsive to current need, and that adequate financial planning is in place to assure future plans are addressed. However, this should only occur when the person requires that level of intervention and there is no one else to assume the responsibility. This decision should be fully discussed with the person and the circle of support.

It is important to remember that most individuals receiving services (i.e. supported living coaching, etc.) through the Medicaid Waiver receive the majority of their income through Supplemental Security Income (SSI). The rep payee must assure the individual maintains financial eligibility for services and support to continue. According to the current Financial Eligibility Standards for SSI-Related Programs, the individual can maintain no more than \$2000 in total assets including checking and savings accounts, etc.

For additional information related to this topic, please refer to the Centers for Medicare and Medicaid Services' website at [www.cms.hhs.gov](http://www.cms.hhs.gov)

### **Serving as Fiscal Agent**

When no other options are available, the coach may serve as the fiscal agent for the person's finances. This includes situations where the provider serves as representative payee and/or cosigner on bank accounts, maintains physical possession of banking records, or otherwise controls the individual's finances.

The following are required when serving as fiscal agent:

## A Guide to Supported Living in Florida

---

### **Fiscal Agent Requirements:**

- The consent of the individual served, guardian, or guardian advocate (as applicable);
- Documenting the individual needs support to manage his money;
- Approval of the individual's circle of support as being necessary;
- Funds placed in an account in the name of the individual and not commingled with any other funds or agency accounts; and
- Accurate records, under the full control of the provider, documenting the disposition of all funds.

### **Procedures for Management of Individual's Funds**

All support in the areas of finance, budgeting, checkbooks, and related areas involving the use of money should be provided in the least restrictive and least intrusive means possible. Funds and records should be maintained in the individual's own home unless it is determined by the individual, her guardian, and the support coordinator that she is unable to manage her own funds to such an extent that it would endanger her well being.

It should be documented in progress notes from both the supported living coach and the support coordinator, that the individual has approved of funds and/or records being kept by the provider.

Assuming responsibility for an individual's finances is a major responsibility, which could place the coach in a liable situation. The following are prohibited actions for supported living coaches:

### **Supported Living Coaches May Not:**

- Be, or apply to become, legal guardian for an individual receiving supported living coaching services from that provider;
- Benefit financially by borrowing or otherwise using the personal funds of an individual in supported living; or
- Enter into the dual role of landlord and supported living provider to an individual.

## Chapter Four: Getting Started

---

The supported living coach must also follow specific procedures for financial management when acting as a fiscal agent.

### **Procedures and Practices for Financial Management by Fiscal Agents**

#### **Procedures:**

- Individual and support coordinator **determine the level of intervention** needed for handling financial records and checkbooks.
- Interventions are **consistent with documentation on the initial functional assessment** and/or in progress notes.
- **Informed consent** of the individual, guardian, or guardian advocate will be required. Develop a consent form and have copies available.
- Funds in **individual accounts and not co-mingled** with any other funds, or agency accounts.
- **Major discrepancies in financial records will be reported** as indicated by District policy to the support coordinator.
- Quarterly, the **support coordinator reviews bank records, bank statements and other financial records** maintained with support from the coach.
- The **need for ongoing fiscal agent services is reviewed** quarterly and documented in the coach's progress notes.

#### **Best Practices:**

- **Maintain the person's checkbook in a safe and secure place.**
- **Assure the coach works closely with the individual during budget planning to ensure funds are available as needed.**
- **Assure all transactions are made in the person's presence (including writing checks, making out deposit slips, entering transactions in register, performing monthly bank reconciliation, etc.**

## **A Guide to Supported Living in Florida**

---

### Transitioning Between Providers and Reviewing Procedures with the Individual and Family

For persons already receiving supported living coaching services, and desiring to change supported living providers, the coaches (both existing and newly selected) must initiate a transition planning process to assure the transfer of supported living services is successful. The waiver support coordinator is the facilitator of this process.

The newly selected coach must review her procedures regarding the transition process with the individual and his guardian or family. In addition, the coach is also required to discuss other policies and procedures (i.e. abuse, grievances, etc.) identified in the Core Assurances and Documentation Requirements for Supported Living Coaches discussed in Chapter Three. This review provides individuals with needed information in order to consider all options, and make fully informed decisions.

### Completing the Individual Financial Profile and Functional Community Assessment

Once supported living funding is approved, the supported living coach assists the individual in the formal completion of an Individual Financial Profile as part of required documentation, and begins assisting the individual in finding a home. Completion of an Individual Financial Profile (IFP) form is a requirement of the supported living coach prior to the initiation of approval for a monthly in-home subsidy or start-up funds.

The following description is found in the Developmental Services Waiver Services Florida Medicaid Coverage and Limitations handbook:

The Financial Profile is an analysis of the household costs and revenue sources associated with maintaining a balanced monthly budget. The analysis will substantiate the need for a monthly subsidy or initial startup costs, and should be a source of information for determining strategies for assisting the person in money management. The supported living provider is to assist the individual in completing the Individual Financial Profile (IFP) and submitting it **to the support coordinator no more than 10 days** following the selection of housing by the individual. This also applies **when the individual relocates to a new home or apartment.**

The IFP provides a framework from which to determine the person's financial needs. Gathering information to discuss one's financial



## Chapter Four: Getting Started

---

status will be beneficial in understanding the types of support decisions to be made. This will assist the individual in making informed decisions about her need for income, roommates, the types of living environments, location, etc.

In completing the financial profile, the person and her coach will be considering such items as:

- Current monthly income;
- Anticipated living expenses such as rent/mortgage, utilities, food, cable, transportation, etc.;
- Employment expenses such as uniforms, lunches, etc.; and
- Personal expenses such as costs associated with clothing, health supports, etc.

A sample Individual Financial Profile, courtesy of Pinellas Care Systems, Inc., of St. Petersburg, Florida, may be found on the following pages. This sample includes the required components. Providers may choose to use this format, adapt portions of it, or develop their own forms to meet the requirements.

# Individual Financial Profile

Date					
Name			SS# :		
Address					
Number of Roommates Sharing Expenses		IHSS?	Yes	No	
Savings Account Balance	as of				
Checking Account Balance	as of				

## I. Monthly Income Received

Staff Person Assisting in Profile Completion		
Employment		
SSA		
SSI		
Social Security Representative Payee		
VA Benefits		
Food Stamps		
Other (specify)		
<b>Total Monthly Income</b>		

## II. Projected Monthly Expenses

See Attachment "A" for In-Home Support Services/Roommates.

<b>A. HOUSING:</b>		
1. Rent/Room & Board		
2. Utilities		
3. Telephone		
4. Cable TV		
5. Garbage		
6. Lawn Service		
7. Other (specify)		
<b>Housing Subtotal:</b>		
<b>B. FOOD/HOUSEHOLD</b>		
<b>C. TRANSPORTATION</b>		
<b>D. PERSONAL</b>		
1. Entertainment		
2. Clothing		
3. Personal Items		
4. Health Related		
5. Insurance		
6. Paid Roommate		
7. Paid Neighbor		
8. Homemaker:		
9. Spending Money @ \$            /week:		
10. Laundry Money:		
11. Other (specify):		
<b>Personal Subtotal:</b>		
<b>Total Monthly Expenses:</b>		

<b>III. Comparison of Monthly Income with Projected Monthly Expenses</b>			
Total Monthly Income:			
Total Monthly Expenses:			
Monthly Income minus Monthly Expenses:			
To meet projected expenses, present monthly income will be:		Sufficient	
		Insufficient	

<b>IV. Start-up Expenses</b>					
<b>Comparison of Shared Start-up Expenses For In Home Support/Roommates</b>					
	In-Home Supports:	Individual:	Roommate 1:	Roommate 2:	Total Expenses:
A. First month rent:					
B. Last month rent:					
C. Security deposit:					
D. Electric deposit:					
E. Electric hook-up:					
F. Telephone deposit:					
G. Telephone hook-up:					
H. Cable installation:					
I. Furnishings:					
J. Household supplies:					
K. Pantry stocks:					
L. Moving costs:					
M. Other (specify):					
<b>Total Start-up Expenses:</b>					

<b>V. Comparison of Available Funds with Projected Start-up Expenses for Individual</b>			
Savings Account Balance:			
Checking Account Balance:			
<b>Subtotal – Savings and Checking</b>			
<b>Balance:</b>			
Amount needed to meet any financial obligations prior to move:			
Subtotal - Funds Available (Savings and Checking minus financial obligations):			
Amount to remain in savings account for emergencies, etc. (living expenses for 2 months is suggested):			
<b>Subtotal - Funds Available minus Emergency</b>			
<b>Funds:</b>			
<b>Total Start-up Expenses:</b>			
<b>TOTAL START-UP FUNDS REQUESTED:</b>			
A positive total represents surplus savings for the individual and no start-up grant should be needed. Negative total represents the maximum amount of start-up funds by the individual.			

## VI. Individual Start-up And Monthly Subsidy Recommendations

Based on the figures above, a **start-up grant** of \_\_\_\_\_ is recommended for \_\_\_\_\_ 200\_ (year).

Based on the figures above, a **monthly subsidy** of \_\_\_\_\_ to commence in \_\_\_\_\_ 200\_ (year) is recommended.

Based on the figures above, monthly income and other personal financial resources are sufficient to meet both start-up and monthly expenses. **No financial assistance is requested at this time.**

### Signatures:

Individual: \_\_\_\_\_ / Guardian: \_\_\_\_\_

Supported Living Provider: \_\_\_\_\_

Date Submitted to Support Coordinator: \_\_\_\_\_

Support Coordinator \_\_\_\_\_

Date returned to Supported Living Provider: \_\_\_\_\_

Guardian/ Advocate: \_\_\_\_\_

### District/Region Office:

Start-up Grant \_\_\_\_\_ Denied \_\_\_\_\_ Approved for \$ \_\_\_\_\_

Monthly Subsidy \_\_\_\_\_ Denied \_\_\_\_\_ Approved for \$ \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

## ATTACHMENT "A"

### Comparison of Shared Monthly Expenses For In Home Support/Roommates.

- \* *In Home Supports and Services, will pay \$ \_\_\_\_\_ toward rent (an equal proportion of rent and utilities).*
- \* *The individual/roommate(s) is/are responsible for the balance of the rent and all of the utilities.*
- \* *Receipts and expense forms will be maintained.*

	In-home Supports	Individual	Roommate 1	Roommate 2	Total Expenses
<b>HOUSING:</b>					
1. Rent/Room & Board					
2. Utilities					
3. Telephone					
4. Cable TV					
5. Garbage					
6. Lawn Service					
7. Other (specify)					
<b>HOUSING Subtotal:</b>					
<b>FOOD/HOUSEHOLD</b>					
<b>Total Monthly Shared Expenses:</b>					

**NOTE TO SUPPORT COORDINATOR:** Please return pages one and two (with your signature) to the Supported Living Provider as soon as possible. Pages one through three are submitted to the District Office. Return page three to the Supported Living Provider after the District Office has approved or denied start up/subsidy request.

## Chapter Four: Getting Started

---

## **A Guide to Supported Living in Florida**

---

### **Functional Community Assessment**

Once the Individual Financial Profile (IFP) has been completed, it is time to gain a detailed perspective of the person's strengths and abilities within a community setting. This is accomplished by completing a functional community assessment (FCA). Beyond the information attained via this assessment, often, the process of its completion results in the person and coach gaining insights about each other. The basis of a continued rapport and ongoing relationship is often formed. This strengthens the person's ability to develop a plan for living on his own, and the coach's ability to support him in the best ways possible.

The supported living coach is responsible for helping the individual complete a functional community assessment of his capacities within a community setting. This assessment provides the basis for identifying the types of training, assistance and intensity of support to be rendered by the provider. It is a tool designed to assist the provider in becoming familiar with the individual. It should encompass all areas of daily life including relationships, medical and health concerns, nutrition, sexuality, first aid, emergency situations and other safety considerations, personal care, household management, money management, community travel and mobility, community connections including leisure interests, and other life management skills.

Consideration should also be given to the individual's "non-negotiables"—things that he finds intolerable and that create negative emotions or behaviors and things, activities, settings, or situations that the person must have in order to be content. To get an accurate picture of the individual's passions, preferences and routines, a review of the assessment should include discussion with those who know the person best, and should be accomplished prior to the move, and annually thereafter.

The sample Functional Community Assessment (courtesy of Habilitative Services of North Florida Inc.) found on the pages that follow touches upon each of the aforementioned areas to be explored. The information gleaned offers a springboard for further inquiry or discussion; it also provides the framework for developing a specific plan that identifies needed supports, resources, modes of "delivery," specified responsibilities and timelines. This information is essential in assuring a smooth, safe, successful transition from the person's current living arrangement into his own home for the first time and should be updated annually.

## Chapter Four: Getting Started

---

## FUNCTIONAL COMMUNITY ASSESSMENT

INDIVIDUAL'S NAME \_\_\_\_\_

STAFF PERSON COMPLETING ASSESSMENT \_\_\_\_\_

MONTH/YEAR ORIGINAL ASSESSMENT COMPLETED \_\_\_\_\_

### A. MEDICATION \_\_\_\_\_

1. Does this person take prescribed medication? \_\_\_\_Yes \_\_\_\_No

(If YES, complete remaining questions in Section A. If NO, respond to question 2 only and proceed to Section B.)

2. How will the person obtain and self-administer over-the-counter medications not prescribed by a physician?

\_\_\_\_\_  
\_\_\_\_\_

3. Can the person independently place an order for and obtain a prescription from their physician?

\_\_\_\_Yes \_\_\_\_No

If NO, describe support or training needed:

4. Can the person independently notify their physician and/or pharmacist of all over-the-counter medications being used? \_\_\_\_Yes \_\_\_\_No

If NO, describe support or training needed:

\_\_\_\_\_  
\_\_\_\_\_



5. Check which one of the following apply:

Individual is capable of handling his/her own medications without supervision.

Individual will need supervision with the self-administration of medication according to Developmental Disabilities Program Policy Directive #01-01.

Explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Which staff will be providing supervision? \_\_\_\_\_

Individual will need staff to administer his/her medication according to Developmental Disabilities Program Policy Directive #01-01.

Explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Which staff will be administering medication? \_\_\_\_\_

6. Can the individual independently take proper medications to work, on vacation, or to activities away from home?  Yes  No

If NO, describe support or training needed:

\_\_\_\_\_  
\_\_\_\_\_

## B. NUTRITION

1. Can the person plan his/her own menus?  Yes  No

If NO, describe support or training needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Is the person on a special diet monitored by a physician?  Yes  No

If YES, describe the diet: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Explain medical condition that prompted the diet: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Can the person independently purchase his/her own groceries?  Yes  No

If NO, describe support or training needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Can the person independently prepare his/her own meals?  Yes  No

If NO, describe support or training needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Can the person independently set the table for dining?  Yes  No

If NO, describe support or training needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Can the person eat his/her meals without assistance?  Yes  No

If NO, describe support or training needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**C. SEXUALITY**

1. Can the person differentiate between a casual relationship and an intimate relationship?

\_\_\_\_\_Yes \_\_\_\_\_No

Describe any areas of concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does the person have understanding of sexually transmitted diseases (e.g., HIV/AIDS, etc.)?

\_\_\_\_\_Yes \_\_\_\_\_No

If NO, describe support or training needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is the person aware of their right to say, "No"? (Does the person understand the difference between consensual and non-consensual sex?) \_\_\_\_\_Yes \_\_\_\_\_No

Describe any areas of concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If applicable, does the person have a functional understanding of protected sex and birth control?

\_\_\_\_\_Yes \_\_\_\_\_No

Describe any areas of concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. FIRST AID**

a. Can the person administer basic first aid to himself/herself and access/use a first aid kit?

\_\_\_\_\_Yes \_\_\_\_\_No

If NO, describe support or training needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. SERIOUS ACCIDENTS AND ILLNESS**

1. Can the person recognize when he/she is ill or injured and requires outside help or attention?

\_\_\_\_\_Yes \_\_\_\_\_No

If NO, describe support or training needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Can the person access the following emergency assistance if needed:

Dial 911? \_\_\_\_\_Yes \_\_\_\_\_No

Access Hab. Services' 24-hour pager? \_\_\_\_\_Yes \_\_\_\_\_No

Summon a roommate or neighbor? \_\_\_\_\_Yes \_\_\_\_\_No

If NO, describe support or training needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. SEVERE WEATHER AND OTHER NATURAL DISASTERS**

1. Does the person know how to respond to severe weather and other natural disasters?

\_\_\_\_\_Yes \_\_\_\_\_No

If NO, describe support or training needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. FIRE AND SAFETY CONSIDERATIONS**

1. Did the person demonstrate the proper use of a fire extinguisher? \_\_\_Yes\_\_\_No

2. Can the person self-evacuate through an accessible exit? \_\_\_\_\_Yes \_\_\_\_\_No

If NO, describe support or training needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does the person know where to go if they need to be temporarily relocated?

\_\_\_\_\_Yes \_\_\_\_\_No

If YES, where? \_\_\_\_\_

If NO, describe support or training needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. PERSONAL CARE**

1. Is the person independent in his/her self care?  Yes  No

If NO, describe specific areas of support or training needed:

---

---

---

If NO, will the person need personal care assistance or in-home supports?

Yes  No

If YES, have these services been arranged by the support coordinator?

Yes  No

**I. HOUSEHOLD MAINTENANCE/MANAGEMENT**

1. Is the person able to independently maintain his/her home?  Yes  No

If NO, describe specific areas of support or training needed: \_\_\_\_\_

---

---

2. Can the person monitor his/her household for basic repairs needed and safety concerns such as leaky faucets, frayed electrical cords, etc.?  Yes  No

If NO, describe specific areas of support or training needed: \_\_\_\_\_

---

---

3. Can the person contact the landlord and/or service technicians for needed repairs?

Yes  No

If NO, describe support or training needed: \_\_\_\_\_

---

---

4. Does the person know how to secure exterior doors and windows, etc. at night or when he/she leaves the house?  Yes  No  
If YES, do they consistently remember to do so?  Yes  No
5. Is the person aware of their right to ask would be visitors to identify themselves and to refuse entry if they so desire?  Yes  No

## J. MONEY MANAGEMENT

1. Can the person make simple purchases (up to \$10)?  Yes  No
2. Can the person count change?  Yes  No
3. Can the person write checks to pay bills or make purchases?  Yes  No
4. Can the person sign their checks?  Yes  No
5. Can the person make bank transactions independently?  Yes  No

If NO, describe areas of concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Can the person prepare a basic budget?  Yes  No
7. Can the person follow a basic budget?  Yes  No

If NO, describe areas of concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Can the person exercise appropriate assertiveness when others ask him/her for some/all of their money?  Yes  No

If NO, describe areas of concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Does the person require Habilitative Services to serve as their fiscal agent?

\_\_\_\_ Yes \_\_\_\_ No

If YES, justify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**K. COMMUNITY MOBILITY**

1. What will be the person's routine method of mobility in the community?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Can they access transportation services independently? \_\_\_\_ Yes \_\_\_\_ No

If NO, describe areas of concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Can the person cross streets safely? \_\_\_\_ Yes \_\_\_\_ No

If NO, describe areas of concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



4. Does the person practice community safety (awareness of others, handling strangers, etc.)?

\_\_\_\_ Yes \_\_\_\_ No

If NO, describe areas of concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**L. INTERPERSONAL / RECREATION / LEISURE**

1. Can the person engage in casual, friendly conversation in person with others?

\_\_\_\_ Yes \_\_\_\_ No

If NO, describe areas of concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Can the person call people on the telephone? \_\_\_\_ Yes \_\_\_\_ No

3. Can the person plan/participate in their own community activities (shopping, movies, shows, sporting events, health clubs, parks, etc.) \_\_\_\_ Yes \_\_\_\_ No

Which activities do they participate in routinely? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe areas of concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Can the person manage their own free time? \_\_\_\_ Yes \_\_\_\_ No

Describe areas of concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



DATE	NOTES/UPDATES	INITIAL

## Chapter Summary

Getting started in supported living involves a series of decisions and actions on the part of the individual, her guardian/guardian advocate, and the supported living coach. Not only has the person interviewed potential coaches and decided on a provider, the support plan has been updated and supported living coaching has been approved as the person's service of choice on the cost plan. A service authorization or the effective date of the service has been established in order to identify the time frames for specific requirements (i.e. submission of the IFP, etc.) to be accomplished. To ensure the person's health and safety, a move should not occur prior to authorization and the coordination of all supported living services identified on the support plan.

Now that procedures for getting started are fully underway and a relationship is emerging between the individual and her coach, they must begin to explore the steps necessary to move. The next two chapters, five and six, will discuss the requirements needed to make the move a reality. Such requirements include the development and implementation of transition and implementation plans; the final update to the Individual Financial Profile; if needed, requests and approval for additional funding; and completion of the Housing Survey.

## Chapter Four: Getting Started

---