



# Which Model is Right for You?

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	Adult Family Homes	Shared Living	Supported Living
<b>Eligibility Requirements</b>	Eligible for Personal Care AKA Community First Choice Does NOT require DDA	None	DDA Core Waiver <u>REQUIRED</u>
<b>Roommates</b>	2-6 people	Yes, the number is determined by the families	Depends on the Provider agency
<b>Extent of Care Services</b>	1 live-in, licensed provider implements care plan based on annual CARE Assessment.  Care plan identifies “Daily Rate”.	Residents usually pool their Personal Care hours to pay for 1 live-in caregiver	State-paid care services based on annual CARE Assessment that includes personal care, access to medical care, and support in community activities. <ul style="list-style-type: none"> <li>• Services can range from 24/7 to just a few hours a week.</li> <li>• Provider agency hires, trains, and oversees care providers (Direct Support Professionals).</li> </ul>
<b>Bricks &amp; Mortar</b>	Included in model	Families must locate the home themselves	Depends on the Provider Agency <ul style="list-style-type: none"> <li>• Some agencies have homes with up to 4 residents</li> <li>• Some agencies support clients in their own home/apartment</li> </ul>
<b>Family vs. State Oversight</b>	Heavily regulated by state; family involvement encouraged but not required	Limited state oversight, primary oversight comes from family	Heavily regulated by state; family involvement encouraged but not required
<b>Behavior Supports</b>	Limited – most AFHs will not accept residents with challenging behavior	Depends on the agreement between families and caregiver	Yes, included in support plan and paid by state. However, if a client’s behavior puts agency staff at risk or exceeds their expertise, they may choose to discharge the client.

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<b>Involuntary Discharge</b>	<p>30-day notice if the AFH is going to voluntarily close or they are discharging a resident.</p> <p>Client can be involuntarily discharged if it is needed for their own welfare, the welfare of other residents, or house rules are consistently broken.</p>	Depends on the agreement between families and caregiver	<p>Services can be discontinued with as little as 10 days' notice</p> <p>Allowable Reasons: refusal of services, support needs exceed provider expertise, danger to staff (either due to client behavior or behavior of people they associate with), guardian asks for services beyond provider expertise or becomes a barrier to providing services, client is homeless.</p>
<b>Financial Considerations</b>	<p>Resident pays room and board based on income, often leaving very little for other expenses.</p> <p>Family cannot supplement the "Daily Rate"</p>	<p>Resident often obtain a Section 8 Voucher through King County HASP to subsidize rent.</p> <p>Family can negotiate plan to cover other costs such as food, transportation, recreation, etc.</p>	<p>Client pays for rent, food, and other expenses not related to care.</p> <ul style="list-style-type: none"> <li>• Clients often obtain a Section 8 Voucher through King County HASP to subsidize rent.</li> </ul> <p>Family cannot supplement payment, unless the service is not paid by state</p>
<b>Other Considerations</b>	<p>~430 AFHs in King County accept DD residents, but &lt;50 specialize in DD. The others focus on aging adults. Turnover is low and spots are hard to find.</p> <p>It is a very long process to become a licensed provider, which means change over between providers can become complicated.</p>	<p>Requires extensive family oversight including very close collaboration between families.</p> <p>Aging parents will want to have a plan for who will provide oversight when they are no longer able to do it</p>	<p>Most support the state offers</p> <p>Many people utilizing this model have little to no family involvement</p>

	Things I Like	Things I Don't Like	Other Considerations
Adult Family Homes			
Shared Living			
Supported Living			