

# Which Housing Model is Right for You?

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	Adult Family Homes	Shared Living	Supported Living	Companion Homes
<b>Eligibility Requirements</b>	Eligible for Personal Care AKA Community First Choice Does NOT require DDA	None	DDA Core Waiver <u>REQUIRED</u>	18 years or older DDA HCBS core waiver required Able to cover costs with personal financial resources
<b>Roommates</b>	2-6 people	Yes, the number is determined by the families	Depends on the Provider agency	Maybe, established in typical family settings, companion home provider could have family or pets in home
<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 each use their Personal Care hours and share a 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>	Certified home provider supports with 24 hour support and supervision. Aiming to support with independence, personal care, life skills, and following service plans
<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>	Participant lives in the home of their DDA companion provider.

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<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	Companion is certified by the state. Ongoing family involvement is 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.	Limited, should meet the needs in their Person-Centered Service Plan
<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>	Companion provider can discontinue services at any time. They must provide 60 days’ notice to participants before services stop.
<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. Clients often obtain a Section 8 Voucher through King County HASP to subsidize rent.</p> <p>Family cannot supplement payment, unless the service is not paid by state.</p>	Clients are typically responsible for paying a monthly room and board fee directly to the provider. This amount is capped by DDA guidelines but varies depending on the client’s income and benefits.

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Other Considerations	<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>	<p>Companion Home Providers cannot be parents of participant</p>

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