



REQUEST for SHARED LIVING Review

Date of Request _____

Section I: Participant Information

Consumer Person Name: _____ Date of Birth: __/__/__

Current Address: _____

Medicaid ID: _____ MCO: Amerigroup Sunflower United HealthCare

Care Coordinator: _____ Phone: _____

Care Coordinator Email: _____

Guardianship Status: No Yes, I

Guardian Name: _____ Relationship: _____

Guardian Address: _____

Guardian Email Address: _____ Phone: _____

Section 2: Provider Information

Shared Living Contractor (SLC)

Name: _____ Phone: _____

Name: _____ Phone: _____

Address: _____

Residential Licensed Provider (RLP): _____

Residential Provider Contact Name: _____ Phone: _____

Day Licensed Provider: _____ Phone: _____

Day Provider Contact Name: _____ Phone: _____

Provider Quality Oversight - Name: _____ Phone: _____

Targeted Case Manager: _____ Phone: _____

TCM Agency Name: _____ Phone: _____

CDDO Affiliation: _____ Phone: _____

Documents to be supplied prior to on-site visit: (additional documentation may be requested upon visit)

- Copy of all RLP Shared Living Materials used with SLC to include SLP Policy Manual
- RPL Org Chart – note any affiliation of SLC with RPL
- RLP/SLC Application Documents including but not limited to; all required background checks, MVR, proof of insurance- home and auto.
- RLP/SLC Agreement
- Training Provided to SLC (current)
- Pool Safety Plan (if pool is present)
- Gun Safety Plan (if guns on premises)
- Pet Immunizations (if pets on property)
- Reportable Events and Agency Incident Reports in previous 12 months
- Shared Living Personal Preference Agreement between SLC and each Person
- Written lease agreement with tenant/landlord protections documenting eviction/appeal rights under state law
- Choice documentation
- Person Centered Support Plan
- MCO Integrated Service Plan
- Behavior Management Plan
- Human Rights Committee review
- BASIS
- Reportable Events and Agency Incident Reports in previous 12 months (person)
- Risk Assessment
- Backup Plans
- Protocol to address provider compliance of 65-1124 (Nurse Practice Act)

Please send the above form completed and documents listed to Licensing QMS, (QMS name) at (QMS email).

The Provider Contact listed should expect to be contacted by KDADS within 1 week of KDADS having received all necessary documents and any needed clarification, to schedule an on-site review.