

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
POLICY MANUAL**

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41 - 4	3/26/2024	Residential Services Cost of Living Allocations	Upon Approval	1 of 9

POLICY

Developmental Services (DS) Regional Centers will meet the needs of the individual through consistently developed and fiscally responsible cost of living allocations for individuals receiving Residential Support Services (RSS)

PURPOSE

The purpose of this policy is to provide DS Regional Center staff with reasonable and consistent guidelines in the development of authorizations related to cost of living allocations to ensure that individuals are being supported through an equitable process, as well as to clarify specific responsibilities of the individual, the Regional Center, and Community Provider regarding the use of resources and benefits.

SCOPE

This policy and procedure apply to Supported Living Arrangement (SLA) settings who must also comply with Aging and Disability Services Division (ADSD) Policies 41-6 Shared Living Arrangements (Attachment A) and 41-8 Administering Agencies and Shared Living Arrangements (Attachment B).

DEFINITIONS

Cost of Living Allocation: A supplemental amount of money, funded through state general funds, provided monthly to eligible individuals in the Supported Living Arrangement (SLA) program to maintain a minimum standard for room and board. The cost of living allocation is added to the individual's Service Authorization and paid to the contracted SLA provider, who ensures all money is used in accordance with agreed upon room and board amounts.

Total Family Gross Household Income: The income of everyone (family members, grandparents, relatives, significant others, and any other individuals) residing in the home who contribute to the family income.

Person Centered Plan (PCP): A document and working tool that identifies the individual's interests, personal goals, health, and welfare needs; and the agreed upon supports and services that are to be provided through a variety of programs to include Medicaid State Plan, Medicaid Home and Community Based Services Waiver, natural and informal supports, generic community resources, and contracted services.

Residential Support Services (RSS): Individually planned and coordinated services designed to ensure the health and welfare of the individual, and to assist in the acquisition, retention, and improvement in skills necessary to support the person to successfully reside in the community. Residential Support Services are not a substitute for natural and informal supports provided by family, friends, or other available community resources; however, are available to supplement those support systems.

Supported Living Arrangement (SLA): Certified residential provider agencies such as Intermittent SLA, Intensive SLA (24-hour) and Shared Living Home that provide RSS. An SLA is not a housing program. An SLA is designed to teach habilitative skills in community-based residential settings to promote independence.

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REFERENCES

[42 CFR 441.301](#)

[NRS 353](#)

DS Policy 41-13 One-Time Cost Allocations

ADSD Provider Service Agreement

DS Room & Board, Program Rates and Poverty Guidelines (updated & released prior to the start of each State Fiscal Year)

PROCEDURE

A. ELIGIBILITY

1. Individuals served must fully participate in the SLA program to qualify for a monthly cost of living allocation.
 - a. Individuals receiving services must participate in RSS and residential support management services as determined and agreed to by the individual's Person Centered Support Team and documented in their PCP.
2. Individuals served who receive a cost of living allocation must participate in meaningful day activities as able and available (e.g., school attendance, employment, Jobs and Day Training (JDT) attendance, participation in Vocational Rehabilitation, and volunteer activities, etc.). Exceptions can be made for individuals who have reached retirement age.
3. Individuals living in their family home while receiving intermittent SLA or Shared Living Supports are eligible for cost of living allocations as follows:
 - a. For individuals who are 18 years of age or older, a cost of living allocation will only be granted if the total family gross household income is at or below 300% of the Federal Poverty Limit (FPL).
 - b. Cost of living allocation will not be provided for individuals under the age of 18.
4. The state general fund is the payor of last resort pursuant to [NRS 353](#).
 - a. The individual served must apply for all potential public benefits, including but not limited to Social Security, Medicaid, and Supplemental Nutrition Assistance Program (SNAP) within 90 days of the first issued cost of living allocation. Both, the SLA provider and DS Service Coordinator will assist the individual as needed with any application process. Assistance will be documented in residential support management log and case notes. Proof of submitted public benefit application(s) will be saved in the individual's electronic health record.
 - b. Individuals must cooperate with all benefit redetermination activities to maintain any public benefits received. The SLA provider will provide primary assistance for redetermination activities. Assistance will be documented in the residential support management log and case notes.
 - c. If individuals are denied any public benefit, they must reapply for benefits when there is a change to the individual's income or other status that could result in eligibility for the benefit. Both the SLA provider and DS Service Coordinator will assist the individual as needed with the reapplication processes. Assistance will be

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documented in the residential support management log and case notes. Proof of submitted public benefit reapplication(s) will be saved in the individual's electronic health record.

- d. Trust fund monies that can be used for living expenses must be utilized to pay for monthly room and board costs before a cost of living allocation will be issued.
5. The individual and/or their guardian will cooperate with SLA provider activities to monitor that cost of living allocation monies are spent in accordance with agreed upon room and board amounts. The SLA provider is required to ensure cost of living allocation monies are spent appropriately each month.
 - a. The level of assistance for money management provided by the SLA provider will be determined by the individuals' Person Centered Support Team.
6. Individuals who do not meet the eligibility criteria will not receive a cost of living allocation.

B. FINANCIAL RESOURCES

1. The individual's resources are the first source of revenue used in the authorization of cost of living allocations. Resources include the individuals' benefits such as (SSI, SSDI), trust funds, retroactive benefits, or work income (retained earnings). Individuals are approved to retain 25% of work income (up to a maximum of \$250) to use for discretionary funds. All other income will be used to cover personal expenses to include personal needs, food, utilities, and phone. If individual resources cover all four of these categories in entirety (personal needs, food, utilities, and phone costs) then their resources will be utilized towards other room and board areas on the contract. State funds will be allocated to any room and board area of the authorization, except for retained earnings, not fully covered by the individual's resources.
2. The individual served and/or their guardian must submit accurate proof of all resources to the SLA provider at least annually or upon request. It is the responsibility of the SLA provider to communicate the amount of an individual's benefits, trust funds, retroactive benefits, or work income to the Regional Center. Proof of resources, such as Social Security award letters, are required. Changes in a resource amount may result in an amended cost of living allocation authorization. Inaccurate submission of resource information may result in the termination of the cost of living allocation.
3. When an individual transfers from one SLA provider to another, the transferring SLA provider will submit a check for the individual's trust fund balance within 30 calendar days of transfer. A check for initial spending money covering food and personal needs will be submitted to the receiving SLA provider within three (3) calendar days of transfer. The receiving SLA provider is responsible for contacting the Social Security Administration and Nevada Medicaid for changes in Representative Payeeship and Authorized Representative, and notification of address changes within ten (10) business days of the move.

C. HOUSING

1. Regional Center Responsibility
 - a. The cost of housing, to include motel, apartment, and single dwelling homes, will be limited to current market rates and rental availability. The Housing and Urban Development (HUD) fair market value and local rental pricing will be reviewed to

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determine if requested rent amounts are reasonable. If the individual chooses to exceed the approved rent amount, the individual/family/guardian/provider will be solely responsible for the additional costs above the maximum amount unless otherwise approved by the Regional Center Program Manager or designee.

- b. The Regional Center may make available limited one-time cost funding to assist with paying for furnishings, deposits, first and last month's rent and cleaning needs. (Refer to ADSD Policy 41-13 One-Time Cost Allocations for more information.) Furniture purchased by the Regional Center for the common areas must remain in the 24-hour supported living environment when the individual served moves out. Bedroom furniture may follow the individual if they move into another residential services setting. If the individual exits the SLA program, bedroom furniture purchased by the Regional Center will remain in the SLA home.
- c. Twenty-four hour supported living environments will be limited to a minimum of three (3) and maximum of four (4) occupants, each with their own bedroom, unless otherwise authorized by the Program Manager or designee.

2. Provider Responsibility

- a. Housing used for supported living services must be located in integrated community neighborhood settings.
- b. Individual/organizational provider agencies (including subsidiaries, family and employees) may not have financial interest in homes in which the agency has a contract for supported living services unless otherwise authorized by the Regional Center Program Manager or designee.
- c. It is the responsibility of the provider to apply for all low-income housing alternatives (e.g., HUD).
- d. Whenever possible, the provider will negotiate with the landlord to include ongoing monthly home maintenance costs, such as yard care, in the monthly rent.
- e. It is the responsibility of the provider to collect outstanding deposits on behalf of the individual choosing to relocate to an alternative residence. Returned deposits will be used towards the deposit on a new residence if the individual continues to receive residential services support. If it is not possible to use the money towards a new deposit, or the individual leaves the residential services program, the deposit will be returned to the original funding source. This process will be completed by the provider within 90 days of the relocation.
- f. It is the responsibility of the provider to set up an appropriate sleeping environment for staff in homes authorized to provide sleep supervision.
- g. For housing that is leased by the SLA provider, all individuals residing in the home must have an active sublease agreement with the SLA provider.

D. UTILITIES/PHONE/CABLE

1. Regional Center Responsibility

- a. The cost of utilities, to include power, gas, water, sewer and trash, will be limited to \$200.00 maximum per person per month during the initial six (6) months of

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residence. In areas requiring the purchase of propane or experiencing other unique costs, the cost of utilities will be limited to \$300.00 maximum per person per month during the initial six (6) months of residence. After the initial six (6) months of residence, copies of utility bills will be submitted to the Regional Center and the average utility cost will be authorized. Annual renewals will be based on the average cost of 12 months of utility bills. Exceptions to this will be authorized by the Regional Center Program Manager or designee.

- b. Phone service will be reimbursed a maximum of \$30 per month per person. Telephone service is limited to the basic plan service rate per home. The cost of the phone is shared with all individuals residing in the home. Advanced features such as three-way calling, call waiting, call forwarding, and long distance are not covered unless they are part of basic telephone services. Additional features/charges are paid by the individual and must be pre-approved by the Service Coordinator before the issuance of any phone contracts.
- c. Cable or satellite television and internet service will be paid by individuals desiring the service. These services are only billed to individuals who request and utilize them.

2. Provider Responsibility

- a. It is the responsibility of the provider to assist individuals in applying for public assistance services to include but not limited to, (HUD), low-income energy assistance, equal payment plan and any other community resource available to support individuals funded by the Regional Centers. All 24-hour supported living environments should be fitted with a programmable thermostat that is consistent with utility company recommended temperature for the individual's community. The temperatures must be set for the absence of individuals in the home during the workday. Installation costs may be reimbursed by the Regional Center.
- b. It is the responsibility of the provider to complete all applications for the above services within 60 days of the individual's move-in date, maintain eligibility and notify the assigned Service Coordinator of the eligibility date.
- c. If television and internet service in the residence are also utilized by provider staff, the provider is responsible to pay a portion of the television and internet service bill. The amount paid by the provider is divided equally with the number of residents utilizing the service(s) in the home. For example, if four residents and provider staff are utilizing television and internet services, each entity is responsible for paying 1/5 of the service bill.

E. FOOD

1. Regional Center Responsibility

- a. Food expense allocation is adjusted annually beginning on July 1, based on the USDA Average (January current year) Food Plans: Cost of Food at Home at four (4) levels- amount for adults (20 to 50 years of age) males and females for the low-cost monthly plan as shown on the USDA Table. The USDA table can be found at: <https://www.fns.usda.gov/cnpp>.
- b. On an individual basis, and based on the health needs of the individual, the pre-determined amount may be increased at the discretion of the support Team. This

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justification will be documented in the PCP and approved by the Regional Center Program Manager or designee prior to allocation of additional funds.

- c. The food expense allocation is intended to purchase food. Regional Center Service Coordinators and Quality Assurance staff will review ledgers and receipts for food purchases, as well as observe individual outcomes such as food available in the residence and the individual's stated satisfaction with their food consumption.

2. Provider Responsibility

- a. It is the responsibility of the provider to assist the individual in applying for additional assistance or benefits (such as the Supplemental Nutrition Assistance Program [SNAP]). Provider staff will support individuals in comparison shopping, use of coupons, or food bank resources.
- b. It is the responsibility of the provider to inform the Regional Center Service Coordinator when an individual is receiving SNAP including the dollar amount of the SNAP allotment. Changes in benefit amount will result in an amended cost allocation authorization.
- c. If the provider is serving as representative payee or assisting with money management per the PCP, it is the responsibility of the provider to ensure individuals and direct support staff who assist with food purchases know the amount of money allocated towards food if money given to the individual is for combined purposes (e.g. food and personal needs).
- d. Provider staff must provide their own food, or purchase thereof, when working in the home or at a community activity.

F. PERSONAL NEEDS

1. Regional Center Responsibility

- a. Personal Needs expense allocation is adjusted annually beginning on July 1 based on the 12 Month Annual Average Percent Change of the Consumer Price Index for all Urban Consumers from the previous year using the US Department of Labor – Bureau of Labor Statistics Data. This data can be found at <https://www.bls.gov/cpi/>.
- b. Retained Earnings, as indicated in B.1 Financial Resources, can be used to supplement the amount of Personal Needs received by the individual.
- c. Personal Needs monies are used for various monthly expenses including clothing and personal hygiene items, entertainment, paper products, linens, phone services in excess of the basic services, internet service and cable television.

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- d. Purchases of \$50 or more, including the cost of any contracts, must be pre-approved by the Service Coordinator and, if applicable, the guardian.

2. Provider Responsibility

- a. It is the responsibility of the provider to contact the Service Coordinator and, if applicable, the guardian prior to assisting the individual in making purchases of \$50 or more.
- b. If the provider is serving as representative payee or assisting with money management per the PCP, it is the responsibility of the provider to ensure individuals and direct support staff who assist with personal needs purchases know the amount of money allocated towards personal needs if money given to the individual is for combined purposes (e.g. personal needs and food).

G. MEDICAL

1. Regional Center Responsibility

- a. DS does not pay for the cost of medical supplies or equipment that is covered by Medicaid, Medicare, or other medical insurance. Proof of insurance coverage denial or coverage limitation is required for any medical allocation.
- b. Copies of applicable medical orders/prescriptions by a medical professional are required for all medical allocations.
- c. Monthly medical supplies prescribed by a medical professional that are either not covered or not adequately covered by medical insurance can be added to the cost of living allocation. Medical supply examples include briefs and nutritional supplements. If the supply quantity covered by insurance is not adequate, DS will add a monthly medical allocation to pay for the difference between what the insurances pays for and what is needed.
- d. DS does not pay for the full cost of prescription medication or supplements. If an individual's insurance requires a monthly co-pay for medications, the cost of the co-pay may be added to the medical allocation. Proof of the required co-pay is required.

2. Provider Responsibility

- a. It is the responsibility of the provider to inform the Service Coordinator and provide needed documentation of prescribed medical needs that are not covered or inadequately covered by the individual's insurance.

H. OTHER MONTHLY COSTS

1. Regional Center Responsibility

- a. The cost of regular monthly home maintenance, such as yard care and pest control, will be based on reasonable and customary costs, if the residents of the home are unable to perform the maintenance. The cost for maintenance services will be equally divided among all residents of the home.
- b. Individuals must assist with home maintenance as able to do so. Staff will assist the individual in these tasks as delineated in the PCP.

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c. Approved monthly costs are based on a minimum of two (2) estimates for the maintenance work. It is encouraged that maintenance crews consisting of people in service and employed by Jobs and Day Training providers are utilized.

2. Provider Responsibility

- a. Whenever possible, the provider will negotiate with the landlord to include ongoing monthly home maintenance costs in the monthly rent.
- b. It is the responsibility of the provider to submit at least two estimates for the maintenance work to the Service Coordinator.

I. TRANSPORTATION

1. Regional Center Responsibility

- a. Transportation costs related to provider-based mileage are included in the provider reimbursement rates. Additional transportation costs for miles in excess of included mileage or for the cost of non-provider-based travel, such as bus passes, will first be authorized as the Non-Medical Transportation service up to the Medicaid maximum rate. Transportation costs over the Medicaid maximum can be added to the monthly room and board cost. The Regional Center Program Manager or their designee must approve any transportation amounts greater than the Medicaid maximum.
- b. Transportation monies may be utilized toward the cost of public transportation, home/staff vehicle mileage beyond what is included in the SLA service rates, or gasoline.
- c. Expected transportation, including the anticipated outcome(s) of transportation dollars, must be discussed by each support team and written in the PCP.

2. Provider Responsibility

- a. It is the responsibility of the provider to assist all individuals in accessing community activities through natural means if applicable (i.e. learning to ride the bus, ride sharing, or informal supports).
- b. Providers will not be reimbursed for staff commute time to and from an individual's living environment, work/school or community activity.
- c. Providers must thoroughly document all non-medical transportation activities on the individuals Quarterly Report.

J. ITEMS WHICH CANNOT BE PURCHASED WITH STATE MONEY/THROUGH A STATE COST OF LIVING ALLOCATION

- 1. Neither state nor waiver funds may be utilized to purchase items which are illegal.
- 2. Cost of living allocation authorizations will not be increased when individuals have misused their funds on such items as gambling, purchasing pornography, alcohol, visiting strip clubs or brothels, etc., and, therefore, cannot pay rent and/or utilities.

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ATTACHMENTS (CLICK BELOW)

Attachment A – 41-6 Shared Living Arrangements

Attachment B - 41-8 Administering Agencies and Shared Living Arrangements

Attachment C - 41-13 One-Time Cost Allocations

Approved By		
Title	Signature	Date
Deputy Administrator		
Division Administrator or Designee		
Document History		
Revision	Date	Change
	3/15/2013	Original policy approval
1	1/25/2019	Addition of categories and update of limits
2	3/26/2024	Addition of definitions and eligibility section, and other changes in grey highlight.