

Chapter K

Supportive Housing

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Chapter K

Supportive Housing

1.1 Introduction

Supportive Housing (SH) was added as an approved setting to the Auxiliary Grant (AG) program in 2016. SH is defined as a residential setting with access to supportive services for an AG recipient in which tenancy as described in §37.2-421.1 of the Code of Virginia is provided or facilitated by a provider licensed to provide mental health community support services, intensive community treatment, programs of assertive community treatment, supportive in-home services, or supervised living residential services that has entered into an agreement with the Department Behavioral Health and Developmental Services (DBHDS) pursuant to §37.2-421.1 of the Code of Virginia.

When used in this chapter, the definitions below shall have the following meaning, unless the context clearly indicates otherwise:

Term	Definition
Adult Foster Care (AFC)	A locally optional program that provides room and board, supervision, and special services to an adult who has a physical or mental health need. Adult foster care maybe provided for up to three adults by any one provider who is approved by the local department of social services. (22 VAC 30-80-10).
Assisted Living Level of Care	A level of service provided by an assisted living facility or a SH provider for adults who may have physical or mental impairments and require at least moderate assistance with the activities of daily living. Included in this level of service are individuals who are dependent in behavior pattern (i.e. abusive, aggressive, and disruptive) as documented on the Uniform Assessment Instrument (UAI).
Assisted Living	Any congregate residential setting that provides or coordinates

Term	Definition
Facility (ALF)	personal and health care services, 24-hour supervision, and assistance (scheduled or unscheduled) for the maintenance or care of four or more adults who are aged, infirm or disabled and who are cared for in a primarily residential setting, except (i) a facility or portion of a facility licensed by the State Board of Health or the Department of Behavioral Health and Developmental Services, but including any portion of such facility not so licensed; (ii) the home or residence of an individual who cares for or maintains only person related to him by blood or marriage; (iii) a facility or portion of a facility serving infirm or disabled persons between the ages of 18 and 21, or 22 if enrolled in an educational program for the handicapped pursuant to §22.1-214 of the Code of Virginia, when such facility is licensed by the department as a children’s residential facility under chapter 17 (§63.2-1700 et seq.) of Title 63.2 of the Code of Virginia, but including any portion of the facility not so licensed; and (iv) any housing project for persons 62 years of age or older or the disabled that provides no more than basic coordination of care services and is funded by the U.S. Department of Housing and Urban Development, by the U.S. Department of Agriculture, or by the Virginia Housing Development Authority. Included in this definition are any two or more places, establishments or institutions owned or operated by a single entity and providing maintenance or care to a combined total of four or more aged, infirm or disabled adults. (22 VAC 30-80-10)
Authorized Payee	The individual(s) who may be a court-appointed conservator or guardian, a person with a valid power of attorney or an authorized representative with the documented authority to accept funds on behalf of the individual. An authorized payee for the auxiliary grant shall not be the licensee, owner, employee of or an entity hired by or contracted by the ALF or AFC home.
Authorized Representative	The individual representing or standing in the place of the individual receiving the auxiliary grant for the conduct of the auxiliary grant recipient’s affairs (i.e., personal or business interests). This may include a guardian, conservator, attorney-in-fact under durable power of attorney, trustee, or other person expressly named in writing by the individual as his agent. An

Term	Definition
	authorized representative shall not be the licensee, owner, employee of or an entity hired or contracted by the ALF or AFC home unless the AG recipient designates such a person to assist with financial management of his personal needs allowance as a choice of last resort because there is no other authorized representative willing or available to serve in this capacity.
Auxiliary Grants (AG)	Cash payments made to certain aged, blind, or disabled individuals who receive benefits under Title XVI of the Social Security Act, as amended, or would be eligible to receive these benefits except for excess income (§ 63.2-100 of the Code of Virginia).
Department	The Department for Aging and Rehabilitative Services (§ 51.5-116 of the Code of Virginia).
Local Department (LDSS)	The local department of social services of any county or city in this Commonwealth (§ 63.2-100 of the Code of Virginia).
Personal Needs allowance	Means an amount of money reserved for meeting the adult's personal needs when computing the amount of the AG payment (22 VAC 30-80-10).
Provider	Means an ALF that is licensed by the Department of Social Services or an AFC provider that is approved by a local department social services or a SH provider as defined in §37.2-421.1 of the Code of Virginia.
Provider Agreement	Means a written agreement that ALFs and SH providers must complete and submit to the department when requesting approval to admit individuals receiving AG.
Qualified Assessor	Means an individual who is authorized by 22VAC30-110 to perform an assessment, reassessment, or change in level of care for an individual applying for AG or residing in an ALF or SH setting. For individuals receiving services from a community services board (CSB) or behavioral health authority (BHA), a qualified assessor is an employee or designee of the community services board or behavioral health authority (22 VAC 30-80-10).

Term	Definition
Rate	Means the established rate (22 VAC 30-80-10).
Residential living care	Means a level of service provided by an ALF or a SH provider for adults who may have physical or mental impairments and require only minimal assistance with the activities of daily living. Included in this level of service are individuals who are dependent in medication administration as documented on the Uniform Assessment Instrument (UAI).
Virginia Uniform Assessment Instrument (UAI)	The department designated assessment form. It is used to record assessment information for determining the level of service that is needed (22 VAC 30-80-10).

1.2 Funding

The AG program is funded by a combination of state and local funds. State funds comprise 80% and local funds comprise the remaining 20%. State funds are authorized by the Virginia General Assembly and the local funds are authorized by the governing body of each locality.

The AG Program provides income supplements to recipients of SSI and certain other aged, blind, or disabled individuals residing in AGSH that are approved by DBHDS and the department. LDSS should use the following cost codes when issuing AG payments to individuals living in AGSH setting:

- Aged individuals-80701
- Blind individuals-80702
- Disabled individuals-80703

1.3 Eligibility overview

LDSS eligibility workers (EW) should follow the same criteria in evaluating an individual's financial eligibility for AGSH as they would for any SSI or Non-SSI recipient.

However, there are some additional considerations regarding AGSH:

- AGSH is only available to current ALF residents who are assessed annually using the UAI. AGSH individuals must meet the residential level of care at a minimum, be interested in receiving AGSH, and be determined through an AGSH evaluation to be eligible for AGSH.
- AGSH is only available to individuals who do not require ongoing, onsite, 24-hour supervision and care or recipients who have any of the prohibited conditions or care needs described in subsection D of §63.2-1805 of the Code of Virginia.
- The number of participants in AGSH is limited to 60 slots for the entire state.*
- The AGSH provider must be an approved provider with DBHDS and certified by DARS. <http://spark.dss.virginia.gov/divisions/dfs/as/procedures.cgi>
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- The initial AGSH settings are regionally designated for Northwestern, Southwestern, and Central Virginia and slots are based on availability and fair market rental rates. There are some special circumstances regarding absences from the AGSH setting that affect case closure. See Section 1.8.2 Residence Ends.
- AGSH recipients are eligible to receive Supplemental Nutrition Assistance Program (SNAP) benefits. SNAP benefits are excluded and will not be considered as countable income to the individual.
- AG cases for SH recipients shall be transferred to the locality where the individual will reside in the SH setting. These cases are not retained by the locality in which the person resided prior to entering the approved ALF setting unless the AGSH setting is also located in that jurisdiction. Exception: If a person leaves SH and returns to an ALF, the AGSH locality remains the locality of jurisdiction for AG.

Note: DBHDS will track AGSH slots in addition to LDSS using AGTrak and provide notification to DARS when applications have reached their maximum capacity.

1.4 Eligibility process

The AGSH recipient must be a current AG recipient receiving AG payments in an ALF for a minimum of one year. At the time of their annual reassessment, the individual may apply to live in an AGSH setting. The qualified assessor will evaluate the individual's level of care and will make a referral to the AGSH provider. The AGSH provider will conduct an SH evaluation. Once the individual has been determined to meet AGSH criteria and an appropriate SH has been located, the AGSH provider will send the

provider communication document to the eligibility worker (EW). The EW will need to verify the SH address and send payment to the individual at his/her new address.

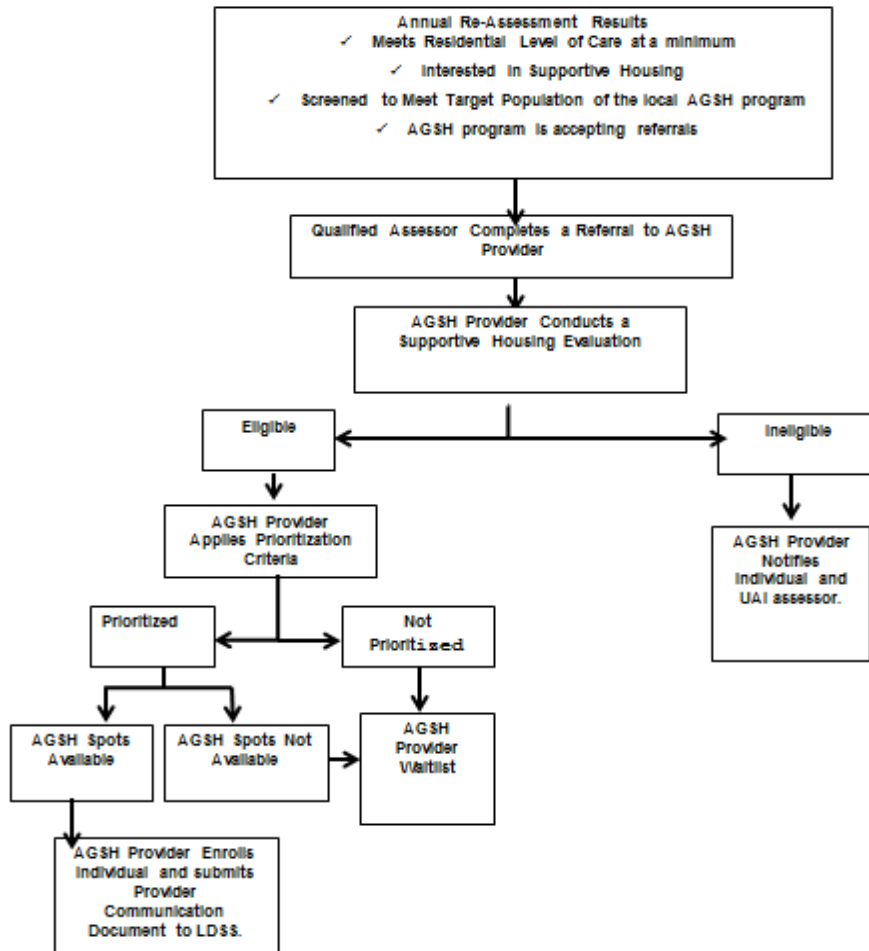
After the AGSH setting has been established, the EW will receive an eligibility communication document during the annual review reassessment from the qualified assessor for AGSH and verify all financial and non-financial requirements for the AG program. (See Chapter B, Section 8 for processing renewals).

The EW will review the following upon the individual's initial entry into AGSH and at each annual review:

- Verify that the individual meets at least residential level of care on the eligibility communication document (ECD) or Medicaid funded long term care service authorization form (also known as the DMAS 96).
- Verify that the individual is living in or continues to reside in the AGSH setting as described on the paperwork submitted by the AGSH provider.
- Verify that the individual meets the income and resource requirements for AG.
- Verify that the AGSH provider is certified to take AG clients. A provider list is available at: <http://spark.dss.virginia.gov/divisions/dfs/as/procedures.cgi>
- EW should review the locality to which the case belongs and conduct a case transfer, if applicable.

1.4.1 AGSH enrollment workflow

The enrollment process is outlined in the following chart.



1.5 AGTrak as system of record

VaCMS will be the system of record for Medicaid applications. Workers will process AG applications outside VaCMS system. The system of record for the AG Program is AGTrak. EW must enter approved cases and update the AGTrak as changes in residence and eligibility occur.

1.6 Forms

Forms used for AG applications or eligibility determinations are located on SPARK at <http://spark.dss.virginia.gov/divisions/dgs/warehouse.cgi> or <http://spark.dss.virginia.gov/divisions/dfs/as/forms.cgi>.

1.7 Applicable policy

This chapter addresses the eligibility requirements and determination procedures for AGSH. The procedures differ for the two groups that are potentially eligible for AG, SSI recipients and non-SSI individuals. SSI recipients are those who receive an SSI money payment. Non-SSI individuals are those who are ineligible for SSI due to excess income. The primary differences are in the income and resource eligibility requirements.

To address those differences, separate income and resource chapters were developed. The titles of the chapters are the key to which the chapters apply. If the title includes SSI Recipient in the title it applies only to SSI recipients, i.e. Chapter D - SSI Recipients' Eligibility. If the title includes Non-SSI, it applies only to those individuals who do not receive SSI, i.e. Chapter E - Non-SSI Resource Eligibility. If the title does not include either of those phrases it applies to both groups.

1.8 Residence in SH

The individual must be residing in a setting that has been licensed to provide AGSH services by DBHDS and certified as an AG provider by DARS. The housing provider also has to enter into agreement to provide supportive services to the individual.

1.8.1 Verification of residence in SH

The EW shall do the following:

- Verify individual is in a SH setting via a statement of the appropriate LDSS, CSB or BHA.
- Verify that the AGSH provider is listed on the AGSH provider list.

- Verify that the individual continues to live at the address where he or she was approved to reside.

1.8.2 Residence ends

An individual must maintain eligibility for both AG and for the AGSH setting. AGSH evaluations must be conducted at eligibility determination, annually, and with changes in individual circumstances that jeopardize safety and housing stability.

The individual's eligibility for SH ends when:

- The individual no longer meets AG financial eligibility, or
- The individual no longer meets AGSH non-financial eligibility, including the following:
 - The individual is absent from housing unit for 30 consecutive days or more, or
 - The individual is absent from housing unit over the 90 consecutive days due to hospitalization without a physician's statement, or
 - The individual no longer meets a minimum of residential level of care, or
 - The individual no longer meets AGSH eligibility as determined by AGSH re-evaluation, or
 - The individual refuses or is unable to participate in the annual reassessment or AGSH re-evaluation.

Individuals who no longer meet AGSH criteria will be discharged from the program. The EW will receive an ECD from the AGSH provider regarding any residence changes. If the EW receives third party information, then the EW shall obtain additional information from the AGSH provider, the CSB or BHA. In cases where the individual is seeking admission to an ALF or AFC home, the EW must suspend payment until it can be verified that the individual has entered a new setting. In these situations, follow procedures in Chapter C Section 7, Residence in an ALF or AFC home.

1.9 SH AG rate and approved provider listing

DARS publishes the maximum rate an ALF, AFC home, SH provider can charge an AG recipient via broadcast on SPARK. Two rates are set; one for Planning District 8 (Northern Virginia) and another for all other areas of Virginia. Planning District 8 consists of the counties of Arlington, Fairfax, Loudoun, Prince William and the cities of Alexandria, Fairfax,

Falls Church, Manassas and Manassas Park. Changes to the AG rate usually occur in January to coincide with the Social Security Administration's Cost of Living Adjustment.

The most current AG rate broadcast is available under the *DARS Adult Protective Services* section in the Broadcast Archives at the following link. http://spark.dss.virginia.gov/broadcasts/most_recent.cgi.

AG rates are to be verified by accessing the ***DARS Guidance, Procedures, & FAQ*** page on SPARK at the following link <http://spark.dss.virginia.gov/divisions/dfs/as/procedures.cgi>. ALF and SH providers that are both licensed and approved to accept AG recipients are listed there. If the ALF or AGSH is not listed there, the individuals residing in the ALF or in the SH setting are not eligible for AG. If this situation occurs, contact the DARS AG Program Manager for further guidance.

1.10 Covered services

Virginia regulations identify the services that are to be provided for the established AG rate. The established rate must be accepted as full payment for these services. The AGSH payment covers the following services:

- Rental Assistance at HUD Fair Market Rent value
- SH coordinator
- Utilities
- Provision for household needs (i.e. furniture, appliances, supplies)
- Food*
- Medication management
- Supportive services (treatment and skill building)
- Personal needs (i.e. toiletries, clothing, hair care)
- Transportation

*Note: If the individual is no longer residing in a facility with a congregate meal setting, he or she may be able to apply for SNAP benefits as a community resident.

1.11 Payment issuance

AG payments are issued by check directly to the individual unless an authorized payee has been designated. If an authorized payee has been designated, the check shall be issued to the authorized payee. An authorized payee maybe an individual's court appointed conservator or guardian, a person with a valid power of attorney with the authority to accept funds on behalf of the individual, or an authorized representative with documented authority from the Social Security Administration to accept funds on behalf of the individual. It is the responsibility of the individual or the authorized payee to use the money to pay AGSH service coordinator, household expenses, and personal needs.

Note: An authorized payee shall not be the licensee, owner, employee of or an entity hired by or contracted by the CSB or BHA.

All other procedures for computation and issuance shall be followed according to Chapter J.