

**Virginia Department for Aging and Rehabilitative
Services**

AUXILIARY GRANT PROGRAM

Provider Information

Virginia Department for Aging and Rehabilitative Services AUXILIARY GRANT PROGRAM OVERVIEW

What Is an Auxiliary Grant?

An Auxiliary Grant (AG) is a supplement to income for recipients of Supplemental Security Income (SSI) and certain other aged, blind, or disabled individuals residing in an assisted living facility (ALF) licensed by the Virginia Department of Social Services (VDSS) or in an adult foster care (AFC) home approved by a local department of social services (LDSS) or in Supportive Housing (SH) approved by the Department of Behavioral Health and Developmental Services (DBHDS). This assistance is available through local departments of social services to ensure that AG recipients are able to maintain a standard of living that meets a basic level of need. DARS administers Virginia's AG program.

An individual must be assessed by the local department of social services to determine 1) financial eligibility for an AG and 2) level of care needed. An additional assessment is required for those who meet certain criteria for SH and is evaluated by the local SH provider (i.e. behavioral health or community services board contracted with DBHDS). Local departments of social services make payments to eligible individuals in an amount equal to the established rate for the setting plus a personal needs allowance per month, minus any income available to the individual from such sources as SSI and Social Security. Not all ALFs accept the AG.

Auxiliary Grant Rate

The AG program is a state (80%) and locally (20%) funded financial assistance program administered by the Department. The AG rate is determined by the Virginia General Assembly and is adjusted periodically.

The current monthly AG rate may be adjusted periodically by a cost of living (COLA) increase by Social Security Administration effective January 1st of each year and should remain the same throughout the year unless you receive notification of a rate change. There is a 15 percent differential per month for localities in Planning District 8, which includes the counties of Arlington, Fairfax, Loudoun, and Prince William and the cities of Alexandria, Fairfax City, Falls Church, Manassas City and Manassas Park. These rates are subject to change. For information on the current AG Rates, contact the local department of social services for the jurisdiction where the facility is located.

The monthly AG payment is comprised of two parts: a payment to the adult to be used to reimburse the facility for care and a personal needs allowance. In addition to the AG payment, the adult uses his or her SSI check and/or other income to pay the facility. The SSI payment or other income, plus the AG payment together make up the approved monthly AG rate. *The grant AG rate is provided as full payment to an ALF for care and supervision.* The AG rates for ALFs are established by the General Assembly and included in the state budget. The established rate cannot exceed the maximum amount allowed by law and published in the annual state Appropriations Act.

Personal Needs Allowance

Individuals receiving an AG receive a personal needs allowance. The personal needs allowance (PNA) is used by the resident for such things as over-the-counter and non-prescription medications, prescriptions not covered by Medicaid, dental care, eyeglasses, medical co-payments, clothing, personal toiletries that are not required to be provided by the ALF, tobacco products, sodas, extra snacks, dental care, eyeglasses, provision of a personal telephone and long-distance service, personal transportation, and activities outside of what is offered by the ALF or AFC provider. Regulations do not allow the PNA to be used for required recreational activities; administration of accounts; debts owed the ALF or AFC home for basic services; or charges for laundry which exceed \$10 per month.

The current PNA rate is established by the General Assembly for recipients of the Auxiliary Grant. PNA amount is subject to change. The PNA rate changes do not coincide with changes in the AG rate. For information on the current PNA amount, contact the local department of social services for the jurisdiction where the facility is located.

Levels of Care in an ALF

There are two levels of care in ALFs: residential and assisted living. ALFs are licensed by the Department for either residential care or residential care plus assisted living, as described below. An assessment must be performed prior to placement in an ALF to determine the level of care required (22VAC 30-110 et seq.).

Criteria for Residential Living

Individuals meet the criteria for residential living as documented on the Virginia Uniform Assessment Instrument (UAI) when *at least one* of the following describes their functional capacity:

- Rated dependent in only one of seven activities of daily living, or ADLs (i.e., bathing, dressing, toileting, transferring, bowel function, bladder function, and eating/feeding) (page 4 of UAI).
- Rated dependent in one or more of four selected instrumental ADLs, or IADLs (i.e., meal preparation, housekeeping, laundry, and money management) (page 4 of UAI).
- Rated dependent in medication administration (page 5 of UAI).

Criteria for Assisted Living

Individuals meet the criteria for assisted living as documented on the UAI when *at least one* of the following describes their capacity:

- Rated dependent in two or more of seven ADLs (page 4 of UAI).
- Rated dependent in behavior pattern (i.e., abusive, aggressive, or disruptive) (page 8 of UAI).

In 1996, the Department promulgated regulations requiring all individuals who apply to or are residents of an ALF to be assessed using the UAI prior to admission except for emergency placements documented and approved by a Virginia Adult Protective Services worker or an independent physician, at least annually, and whenever there is a significant change in the resident's condition (22 VAC 30-110 et seq.). This regulation sets forth criteria that an individual must meet, based on the UAI, in order to receive ALF services.

The following entities can perform an **initial** ALF assessment:

- Local departments of social services;
- Area agencies on aging;
- Centers for independent living;
- Community services boards;
- Local departments of health;
- State facilities operated by DBHDS;
- Acute care hospitals;
- An independent physician contracting with DMAS to complete the UAI for ALF residents; or
- Designated Department of Corrections staff.

Criteria for supportive housing program:

An individual must be a current AG recipient or who has applied for AG who:

- (1) meets a minimum residential level of care at the time of the assessment
- (2) is interested in supportive housing, and
- (3) has been assessed by Behavioral Health Authority/Community Service Board contracted with DBHDS to meet supportive housing standards.

A person is not eligible if they need ongoing, onsite, 24-hour supervision and care or have certain medical conditions that require intensive medical care (like a feeding tube or ventilator).

What Is Covered under the Auxiliary Grant?

For the full text of the Auxiliary Grant Regulations please see 22VAC30-80-et seq.

Room and Board

- Provision of a furnished room in a facility that meets applicable zoning, building, and fire safety codes.
- Housekeeping services based on the needs of the resident.
- Meals and snacks, including extra portions and special diets.
- Clean bed linens and towels as needed by the resident and at least once a week.

Maintenance and Care

- Assistance with personal hygiene including bathing, dressing, oral hygiene, hair grooming and shampooing, care of clothing, shaving, care of toenails and fingernails or arranging for such assistance if the resident's medical condition precludes facility from providing the service, arranging for haircuts as needed, care of needs associated with menstruation or occasional bladder or bowel incontinence that occurs less than weekly.
- Medication administration as required by licensing regulations including insulin injections.
- Provision of personal toiletries to the AG recipient to include deodorant, razor, shaving cream, shampoo, soap, toothbrush and tooth paste in addition to hand washing soap and toilet paper.
- Assistance with the following: care of personal possessions; care of personal funds if requested by the recipient and ALF or AFC policy permits it; use of telephone; arranging

nonmedical transportation; obtaining necessary personal items and clothing; making and keeping appointments; and correspondence.

- Securing health care and transportation when needed for medical treatment.
- Providing social and recreational activities as required by licensing regulations.
- General supervision for safety.

The ALF, AFC home or SH may not request or require the receipt of any money, gift, donation, or other consideration from or on behalf of an AG recipient as a condition of admission or continued stay. AG checks must be given directly to the resident or his or her responsible party who then pays the facility. **An ALF is required to provide each resident or his/her authorized representative a monthly statement or itemized receipt of the account.** Unless a guardian or conservator has been appointed by the court, the resident is free to manage his or her personal finances and funds.

How Is Eligibility for an AG Determined?

Before an individual can receive assistance from the AG Program, eligibility for the program must be determined by the local department of social services in the locality where the individual last resided outside of an institution or adult foster care home. Any records or statements may be used to determine residency. If residency cannot be determined, or if the individual is from out-of-state, residency is determined to be the city or county where the individual lived at the time of application.

To be eligible for an AG in Virginia, an individual must meet all of the following:

- Be 65 or over, or be blind, or be disabled.
- Reside in a licensed ALF or approved AFC home.
- Be a citizen of the United States or an alien who meets specified criteria.
- Have a non-exempted (countable) income less than the total of the AG rate approved for the ALF plus the personal needs allowance.
- Have non-exempted resources less than \$2,000 for one person or \$3,000 for a couple.*
- Have been assessed and determined to need ALF or AFC placement.
- Have been a Virginia resident for 90 days.

*[*These figures are current as of 1/19, and are subject to change. Contact the eligibility section of your local department of social services for current information.]*

AG benefits are paid by the local department of social services where recipient residency has been established. Checks are mailed directly to the recipient or authorized payee, who in turn pays the ALF or AFC home for services provided. ALFs or AFC homes may not charge the resident or the resident's responsible party any amount over that which has been approved by the local department of social services for that individual. Any such payments would be considered income to the resident and may affect his or her eligibility for the program.

Third -Party Payments

A third-party payment is a voluntary payment for goods and services beyond those required by the Auxiliary Grant (AG) program for maintenance and care on behalf of an AG recipient in an assisted living facility (ALF) or adult foster care home (AFCH). These payments shall be strictly

voluntary on the part of the third party and shall not be a condition of admission, length of stay or care and services.

ALFs and AFCHs *may* accept voluntary payments made by third parties for additional goods or services provided to an AG recipient, and the payment will not be included as income for the purpose of determining eligibility or calculating the amount of an AG, provided that all of the following conditions are met:

1. The payment must be made directly to the ALF or AFCH by the third party on behalf of a specific AG recipient in the ALF or AFCH; after the goods or services have been provided; and the goods or services and the amount of payment must be documented in the resident's record.
2. The payment must be made voluntarily by the third party, and not in satisfaction of a condition of admission, stay or provision of proper care and services to the AG recipient, unless the AG recipient's physical needs exceed the services required to be provided by the ALF as a condition of participation in the AG program pursuant to subsection E as defined in §51.5-160 of the Code of Virginia.
3. The payment must be for goods and services provided to the AG recipient other than food, shelter, or specific goods or services required to be provided by the ALF or AFCH as a condition of participation in the AG program pursuant to §51.5-160.

Example

Jennifer Henry, an AG recipient, is unable to pay for cable television service at the ALF, so her brother pays the ALF voluntarily from his own money for Jennifer's cable television. The payment to the ALF is not income to Jennifer because it is a service rendered beyond what is required for maintenance and care by the AG program.

Exception - Third-Party Payment to ALF/AFCH

Any money paid to the ALF/AFCH home to cover actual cost of goods and services prior to the services being rendered or if the service and/or goods are already covered by the maintenance and care agreement for the program will be counted as income and any carryover funds will be considered a resource. ALFs and AFCHs must provide each AG recipient with a written list of the goods and services covered by the AG pursuant to subsection C of § 63.2-800 of the Code of Virginia, including a clear statement that the facility may not charge an AG recipient, the recipient's family or other interested party additional amounts for goods or services included on such list.

Example

John Smith, an AG resident, resides in a private room in an ALF. His mother pays an additional \$200 per month for his room and board. His monthly ALF rate is \$1,421, which is over the established AG rate of \$1,221. Room and board are

a set rate and covered as a service under the maintenance and care agreement for the AG program. **This would not be an allowable third-party payment. The \$200 will be counted as income.**

Example

Daisy Harris pays the ALF in May for a trip to Kings Dominion for her son that is scheduled for the month of July. She gives the ALF \$75 for the bus trip. The money paid is income for the month of May as the service has not yet been rendered. In the next month (June), it will be considered a resource. *If, however, Mrs. Harris pays the ALF in July for a trip to Kings Dominion that will occur in July, it would be an allowable third-party payment as it would not be an advance payment that would be considered income.*

Note: monies that are counted as income can affect the recipient's eligibility for the auxiliary grant and social security disability payments. Any income received that does not meet the third-party payment criteria must be reported to the AG recipient's eligibility worker.

Discharge Assistance Plan (DAP)

Dap funds are a state supplement to individuals who have been discharged from state-operated behavioral health facilities and supports them as they transition into the community. These funds provide an array of services and supports to the individual. However, these funds are not to be utilized in an ALF and AFC Home for a private room. These additional funding conflicts with Auxiliary Grant regulation 22VAC30-80-45 which states that the provider participating in the AG program must accept the established rate as payment in full for services rendered. This also contradicts regulations for third party payment in that third party payments are not to be used for a private room and that payment is for goods and services other than what is required to be provided by the ALF and AFC home as a condition of participation. DAP Funds will be counted as income to an individual if it is utilized for room and board.

AG Payment Procedures

If the AG rate is below the private pay rate for the facility, the facility may not charge the resident, the resident's family, or a responsible party for the difference. For example, the resident receives an AG amount of \$1,061 but the private pay rate is \$2,000. The family/responsible party is not responsible for paying an additional \$939 per month to the facility. ALFs cannot require a deposit or other fees to be paid at the time of admission of an AG recipient.

An ALF may not collect any money over and above the AG amount that has been approved by the local department of social services for that individual. Per state regulation 22VAC 30-80-60, *Auxiliary Grants Program*, "Any moneys in excess of the provider's established rate contributed

toward the cost of care pending public pay eligibility determination shall be reimbursed to the recipient or contributing party by the assisted living facility or adult foster care provider once eligibility for public pay is established and that payment received.”

ALF Certification

A. *ALFs shall submit an annual certification form by October 1 of each year for the preceding state fiscal year.* The certification shall include the following: identifying information about the ALF, census information including a list of individuals who resided in the facility and received AG during the reporting period and personal needs allowance accounting information. If a provider fails to submit an annual certification form, the provider will not be authorized to accept additional individuals with AG.

B. All information reported by an ALF on the certification form shall be subject to audit by the department. Financial information that is not reconcilable to the provider's general ledger or similar records could result in establishment of a liability to the provider. Records shall be retained for three years after the end of the reporting period or until audited by the department, whichever is first.

C. All records maintained by an AFC provider, as required by 22VAC30-120, shall be made available to the department or the approving local department of social services upon request. All records are subject to audit by the department. Financial information that is not reconcilable to the provider's records could result in establishment of a liability to the provider. Records shall be retained for three years after the end of the reporting period or until audited by the department, whichever is first.

Reimbursement

A. Any moneys contributed toward the cost of care pending AG eligibility determination shall be reimbursed to the individual or contributing party by the ALF or AFC provider once eligibility for AG is established and that payment received. The payment shall be made payable to the individual, who will then reimburse the provider for care. If the individual is not capable of managing his finances, his personal representative is responsible for reimbursing the provider.

B. In the event an ALF is closed, the facility shall prorate the rate up to the date of the individual's discharge and return the balance to the local department of social services that determined the individual's eligibility for the grant. If the facility maintained the individual's personal needs allowance, the facility shall provide a final accounting of the individual's personal needs allowance account within 60 days of the individual's discharge. Verification of the accounting and of the reimbursement to the individual shall be mailed to the case management agency responsible for the individual's annual reassessment. In the event of the individual's death, the provider shall give to the individual's personal representative a final accounting of the individual's funds within 60 calendar days of the event. **All AG funds received after the death or discharge date shall be returned to the local department of social services responsible for determining the individual's AG eligibility as soon as practicable.** Providers who do not comply with the requirements of this regulation may be subject to adverse action.

Instructions

- 1. Complete the Provider Information section.**
- 2. Complete the Provider Agreement by inserting the name of the Facility/Provider.**
- 3. Sign and Date the Provider Agreement. Provide the Title of the person signing the Agreement.**
- 4. Attach a copy of the Facility's current license.**
- 5. Mail the Provider Information page, the Provider Agreement and a copy of the facility's current license to:**

**Virginia Department for Aging and Rehabilitative Services
Division of Adult Protective Services
8004 Franklin Farms Drive
Henrico, VA 23229**

Thank you for your request to participate in the Commonwealth of Virginia's Auxiliary Grant Program. Requesting to become a provider does not constitute automatic acceptance into the Program. Upon receipt of your completed Application, Provider Agreement and a copy of the current license, processing of the enrollment may take up to 15 business days. Please keep a copy of the agreement for your records.

Virginia Department for Aging and Rehabilitative Services

AUXILIARY GRANT

Provider Information Section

1. Facility Information			
Facility Name			
Address			
City		State	Zip
Telephone Number			
City or County			
Mailing Address (If different)			
City		State	Zip
2. Facility Contact Information			
Name:			Title:
Telephone Number:			Extension:
Fax Number:			Email:
3. Requested Effective Date as an Auxiliary Grant Provider:			

VIRGINIA AUXILIARY GRANT PROGRAM PROVIDER AGREEMENT

All applicants must fill out the Provider Agreement. A Copy of the assisted living facility's current license is also required and must be submitted with the Provider Agreement.

Virginia Department for Aging and Rehabilitative Services

AUXILIARY GRANT

Provider Agreement

This is to certify:

Provider Name:

agrees to participate in the Auxiliary Grant Program administered by the Virginia Department for Aging and Rehabilitative Services (DARS)

1. Provide services in accordance with all laws, regulations, policies, and procedures that govern the provision of services in the facility.
2. The provider agrees to comply with all applicable state and federal laws, as well as administrative policies and procedures of DARS as from time to time amended.
3. Services will be provided without regard to age, sex, race, color, religion, national origin, or type of illness or condition. In accordance with the terms of Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §794) no handicapped individual shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination.
4. The provider agrees to keep such records as DARS determines necessary. The provider will furnish DARS on request information regarding payments claimed for providing services under the Auxiliary Grant program. Access to records and facilities by authorized DARS representatives and the Attorney General of Virginia or his authorized representatives, and authorized federal personnel will be permitted upon reasonable request.
5. Care for auxiliary grant recipients in accordance with the requirements at the current established rate.
6. Payment at the established rate for the services involved shall constitute full payment for the services rendered. Should an audit by authorized state or federal officials result in disallowance of amounts previously paid to the provider, the provider shall reimburse VDSS upon demand.
7. Adhere to third-party payment in accordance with §22VAC30-80 of the Code of Virginia.
8. Refrain from charging the recipient, his family, or his authorized personal representative a security deposit or any other form of compensation as a condition of admission or continued stay in the facility.
9. Resident's personal needs allowance should be kept separately and apart from other facility funds, preferably in a separate account holding PNA funds for all AG recipients.
10. Submit an annual Certification form by October 1 of each year, failure to submit annual certification form; the provider will not be authorized to accept additional individuals with AG.
11. Provide the local department of social services that determines the resident's auxiliary grant eligibility a 14-day written notice when a recipient is to be discharged from the facility.

Provider Agreement

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12. Provide a 60-day written notice to the division of licensing in the event of the facility's closure or ownership change with a copy to the local department of social services that determines the resident's auxiliary grant eligibility.

13. Return to the local department of social services that determines the resident's auxiliary grant eligibility all auxiliary grant funds received after the death or discharge date of an auxiliary grant recipient in the facility.

14. Except as otherwise provided by applicable state or federal law, this agreement may be terminated at will on thirty days' written notice by either party. This agreement may be terminated by DARS if DARS determines that the provider poses a threat to the health, safety or welfare of any individual enrolled in any program administered by the Department.

15. Except as otherwise provided by applicable state or federal law, all disputes regarding provider reimbursement and/or termination of this agreement by DARS for any reason shall be resolved through administrative proceedings. These administrative proceedings and judicial review of such administrative proceedings shall be pursuant to the Virginia Administrative Process Act.

16. The provider agrees, at all times, to retain full responsibility for any and all performance under this agreement, whether performed by the provider or others under contract to the provider.

_____	_____
Signature	Title

Date	

TO BE COMPLETED BY DARS STAFF ONLY

Application received by DARS on _____

(You are approved to accept AG residents as of)_____. Your continued participation in the Auxiliary Grant program is contingent upon the timely renewal of your license.

_____	_____
DARS Staff Signature	Date