

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
ADULT SERVICES PROGRAMS**

ADULT FOSTER CARE PROGRAM MANUAL



February 2010

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VIRGINIA DEPARTMENT OF SOCIAL SERVICES ADULT SERVICES PROGRAMS

ADULT FOSTER CARE

1. PROGRAM INFORMATION AND AUTHORITY

Adult foster care (AFC) is a community-based contractual arrangement among a department-approved provider, an individual intending to utilize AFC services, and the local department of social services (LDSS). Room, board, supervision, personal care, and other special services are provided to individuals who have a physical or mental health condition or an emotional or behavior problem. No more than three individuals may receive AFC services, whether these services are funded privately or through Auxiliary Grant (AG), at one time in the home of an approved provider. Care provided for more than three adults requires licensure as an assisted living facility (ALF) by the Department of Social Services (DSS), Division of Licensing Programs.

Authority for DSS to provide AFC is provided by § [63.2-1601](#) of the Code of Virginia (Authority to provide AFC services), § [63.2-800](#) of the Code of Virginia (Auxiliary Grants program; administration of the program), and the Adult Services Manual, Volume VII, Section IV, Chapter D, Long-Term Care Services, and Chapter E, Adult Services Providers located on SPARK at <http://spark.dss.virginia.gov/divisions/dfs/as/manual.cgi> and the DSS public website at <http://www.dss.virginia.gov/family/as/manual.cgi>.

2. LOCAL BOARD APPROVAL

An AFC program is an optional service provided by the LDSS. The local board must approve the provision of AFC. Each LDSS develops its own AFC procedures and guidelines and submits the information to the appropriate regional Adult Services/Adult Protective Services (AS/APS) Family Services Specialist for review prior to submitting it to the local board of social services for approval. Appendix A provides sample AFC program guidelines for LDSS and Appendix B is a sample AFC agreement between the individual in care, the provider and the LDSS.

3. SERVICES PROVIDED BY THE LOCAL DEPARTMENT

Services that the local department shall provide as part of the AFC program include the following:

- Recruit, screen, and approve AFC providers.

- Assess the individual using the Virginia Uniform Assessment Instrument (UAI), and ensure that the individual has had a recent medical examination.
- Assist with placement.
- Reassess the individual.
- Monitor the AFC provider's continuing compliance with the provider standards.
- Maintain contact with the individual and the provider as required by Adult Services manuals.
- Collaborate as needed with the LDSS responsible for determining an individual's AG eligibility.
- Communicate with LDSS eligibility worker if individual is discharged from the AFC home or no longer meets eligibility for AFC placement.

See the Adult Services Manual, Chapters D and E for additional information.

4. FUNDING

Auxiliary Grants – Budget Line 804

AG is an income supplement for individuals who receive Supplemental Security Income (SSI) and either reside in an ALF licensed by DSS Division of Licensing Programs or an AFC home approved by the LDSS. Individuals who are aged, blind, or disabled and who would be eligible for SSI except for excess income may also be eligible for AG. AG assistance is available from the LDSS and ensures that individuals are able to maintain a standard of living that meets a basic level of need. Before being admitted to an ALF or an AFC home, an individual must be assessed by the LDSS to determine the needed level of care and to approve the initial authorization for services.

The AG Program is a state (80 percent) and locally (20 percent) funded financial assistance program administered by DSS. The AG rate is determined by the Virginia General Assembly and is adjusted periodically. (See Appendix D for more information about AG rates and personal needs allowance.)

The AFC program is a part of the AG program, but tracked separately in LASER, the local agency expenditure reimbursement system. LASER Cost Codes for adults in AFC homes are 80401, 80402, and 80403. (LASER Cost Codes 80404, 80405, and 80406 are for adults in licensed ALFs.)

- ***80401 Adult Foster Care - Blind***

Provides financial assistance for adults who are blind and residing in approved AFC homes through the AG Program.

- ***80402 Adult Foster Care - Aged***

Provides financial assistance for elderly individuals age 65 or above and residing in approved AFC homes through the AG Program.

- ***80403 Adult Foster Care - Disabled***

Provides financial assistance for adults who are disabled and residing in approved AFC homes through the AG Program.

5. PROVIDERS OF ADULT FOSTER CARE

Placements are made in homes approved by the LDSS. There must be local board policy addressing AFC when this locally optioned program is chosen. LDSS are responsible for approving AFC homes in which their placements are made. If an AFC provider is approved by the LDSS, the provider is bound by the department-approved provider standards found in the Adult Services Manual, Chapter E, Adult Services Providers, and [22 VAC 40-771](#), Adult Services Approved Providers. The LDSS shall only approve AFC homes in which it intends to make placements.

6. MEDICAID ELIGIBILITY

If the individual is eligible to receive AG, he/she would be eligible for Medicaid, which would cover the adult's medical expenses. Medicaid eligibility through an AFC program may be advantageous for adults who are over the Medicaid income limit, who have a high spend-down, or who have a high patient-pay amount for Medicaid waiver services.

7. MEDICAID WAIVER SERVICES

Individuals residing in AFC may be eligible for services through the Mental Retardation/Intellectual Disability (MR/ID) waiver that are not duplicative of the basic services provided in AFC homes. The individual must meet the specific eligibility criteria for the waiver and be screened by the appropriate person, such as a CSB case manager. An individual must also meet the Medicaid financial eligibility criteria for Long Term Care services. There may be a waiting list for services.

The Department of Medical Assistance Services (DMAS), the state Medicaid agency, permits residential support services, (through the MR/ID waiver) to be offered in AFC homes approved by local DSS offices ([12 VAC 30-120-241](#) D). DMAS can use an LDSS approval of an individual as an AFC provider as the basis to approve the same individual as a Medicaid provider for residential support services. Residential support services are defined as:

SUPPORT PROVIDED IN THE INDIVIDUAL'S HOME BY A DMHMRSAS-LICENSED RESIDENTIAL PROVIDER OR A DSS-APPROVED PROVIDER OF ADULT FOSTER CARE SERVICES. THIS SERVICE IS ONE IN WHICH TRAINING, ASSISTANCE, AND SUPERVISION IS ROUTINELY PROVIDED TO ENABLE INDIVIDUALS TO MAINTAIN OR IMPROVE THEIR HEALTH, TO DEVELOP SKILLS IN ACTIVITIES OF DAILY LIVING AND SAFETY IN THE USE OF COMMUNITY RESOURCES, TO ADAPT THEIR BEHAVIOR TO COMMUNITY AND HOME-LIKE ENVIRONMENTS, TO DEVELOP RELATIONSHIPS, AND PARTICIPATE AS CITIZENS IN THE COMMUNITY ([22 VAC 30-120-211](#)).

However, the Department of Behavioral Health and Developmental Services (DBHDS), licensing regulations, [12 VAC 35-105-1180](#) F, prohibit sponsored residential home providers from being dually approved as AFC providers. Sponsored residential homes are defined as:

A SERVICE WHERE PROVIDERS ARRANGE FOR, SUPERVISE AND PROVIDE PROGRAMMATIC, FINANCIAL, AND SERVICE SUPPORT TO FAMILIES OR INDIVIDUALS (SPONSORS) PROVIDING CARE OR TREATMENT IN THEIR OWN HOMES ([12 VAC 35-105-201](#)).

For information on Medicaid waiver services, please refer to the DMAS web site at: <http://www.dmas.virginia.gov/>.

8. PRIVATE PAY

Individuals who have their own resources may reside in approved AFC homes if they meet the same assessment criteria as an individual receiving AG, and the local department of social services board has approved private pay AFC in that locality.

9. COMPLIANCE WITH THE OLMSTEAD DECISION

AFC is an optional program. An LDSS has no obligation to implement the program or, if implemented, open it for placements by other community service organizations. However, if an LDSS implements the program and opens it to other community service organizations, it assists the state and locality in meeting its responsibility under the Olmstead decision by preventing the inappropriate institutionalization of individuals with disabilities. The Olmstead decision was a 1999 U.S. Supreme Court decision that held that a state is required under Title II of the Americans with Disabilities Act (ADA) to provide community-based treatment for persons with mental disabilities when:

- The state's treatment professionals determine that such placement is appropriate;
- The affected persons do not oppose such a placement; and
- The placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with disabilities.

Although the Olmstead case involved two individuals with a mental disability, the decision applies to all persons with disabilities who are covered under the ADA. It applies not only to individuals currently in any type of facility, but also those at risk of placement in a facility. Through the Community Integration Initiative, Virginia has been actively implementing the Olmstead case since 2004. For more information on the Olmstead Decision and how Virginia is implementing it, visit <http://www.olmsteadva.com/>.

10. COORDINATION WITH LOCAL COMMUNITY SERVICES BOARDS

LDSS are encouraged to coordinate with community services boards (CSBs) in the provision of services to adults. For the provision of adult foster care to individuals with mental illness and/or mental retardation/intellectual disability, the local departments may enter into an administrative support agreement with the local CSB concerning the provision of AFC. This agreement should specify which agency will be responsible for assessment, monitoring of services, placement, and discharge services provided to an individual with mental illness and/or mental retardation/intellectual disability in the AFC home.

The LDSS is responsible for approving the AFC home and following the requirements of the Adult Services Manual, Chapter D, Long Term Care Services, when the adult's placement is assessed and funded by the LDSS. The LDSS has no responsibility for approving AFC homes when placement and services are provided and funded by the CSB or any other agency.

11. AFC OPTION FOR YOUTH TRANSITIONING FROM CHILD FOSTER CARE

LDSS often struggle with service needs and placements for foster care youth who will continue to need support as they age out of child foster care (CFC). Placement for a young adult with special needs may be difficult, as most adult long-term care facilities focus on the elderly with significant medical and nursing needs. An AFC program may be an appropriate option to meet the needs of these foster youth in transition.

Section [63.2-905.1](#) of the Code of Virginia, allows for independent living services as part of the foster care services to be provided to any child 14 years of age or older. Though permanency is the goal for youth in foster care, planning needs to occur for youth who may not achieve permanency. If an AFC setting is being explored, developing an appropriate post foster care plan for a youth includes collaboration among CFC workers, eligibility workers, and adult services social workers to coordinate an individual's seamless transition from CFC services to an AFC setting. In some situations, the youth may be in need of legal representation such as guardianship. The CFC worker should assess the need for legal representation early in the youth transition planning and begin consultation with the AS worker in obtaining it. CFC workers would need to assess the youth's interest in living in an AFC home and consult the youth's family members as to their opinion regarding the suitability of an AFC setting for the youth. A review of the youth's appropriateness for AFC would include an evaluation of the youth's potential eligibility for SSI and/or Social Security Disability Insurance (SSDI), AG eligibility and the extent to which the youth needs assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

Social Security Disability Determination

Unless an individual is paying privately for AFC placement, an AG payment may be the only means by which an individual can afford AFC placement. Part of the approval process for AG includes an evaluation as to whether an individual meets an AG covered group of aged, blind or disabled (ABD) as determined by the Social Security Administration (SSA). As

disability determinations may take several months until approval, if the youth does not currently receive ABD benefits, the CFC worker should explore the youth's potential eligibility for an AG covered group. SSA recently allowed youth with disabilities who are eligible for Supplemental Security Income (SSI) to file an SSI application up to 90 days before federal foster care payments are expected to end. This change in SSA policy will aid foster care youth with disabilities to make the transition to adult life by helping to ensure that they have income and health benefits in place. For additional information about SSI applications for foster care youth with disabilities see section DI 25201.011 in the Social Security Administration's Program Operations Manual System (POMS) at <https://secure.ssa.gov/apps10/poms.nsf/subchapterlist!openview&restricttcategory=04252>

Additional information about Social Security eligibility and the disability determination process may be found at:

- SSI http://www.ssa.gov/pgm/links_ssi.htm
- SSDI http://www.ssa.gov/pgm/links_disability.htm

AG Eligibility

CFC workers assisting a youth interested in transitioning to AFC, may need to explore other eligibility requirements for AG, if AG will be the method of payment to the AFC provider. The LDSS eligibility worker is an appropriate resource concerning AG eligibility, including application requirements and income and resources limitations. AG applications may take up to 45 days to process, necessitating a discussion about potential AG eligibility prior to the youth transitioning out of foster care. Additional information about AG eligibility may be found in the AG manual located at http://www.dss.virginia.gov/family/as/auxgrant_manual.cgi. The form used to apply for AG is the Application for Benefits located at http://www.dss.virginia.gov/family/as/auxgrant_forms.cgi.

Assessment

Assessment of an individual's level of care using the UAI is needed to determine if AFC is an appropriate placement. As the youth approaches possible transition out of CFC, the CFC worker and adult services worker should discuss the youth's needs and dependencies using the UAI as a guide. A downloadable UAI is located at <http://www.dss.virginia.gov/family/as/forms.cgi>. The UAI manual is located at <http://www.dss.virginia.gov/family/as/manual.cgi>.

Once the individual's ADL and IADL needs are determined, the CFC worker in collaboration with the adult services worker should review potential AFC providers to determine which provider could best meet the needs of the individual. Youth should also have the opportunity to meet potential AFC providers and discuss with which provider he or she would feel most comfortable.

Foster Care Parents as AFC Providers

In many cases, the child foster parent(s) may have formed an attachment to the young adult and wish to continue the relationship and become an AFC provider. AFC could offer the opportunity for the individual to remain in a home environment in which he or she is most comfortable. Provided that the LDSS has an active AFC program, the adult services and the CFC workers need to coordinate the process of approving the foster care parent (s) as an AFC provider. If the CFC parent does not want to seek approval as an AFC provider, workers may want to explore the possibility of an extended member of the CFC family (uncles, aunts, grandparents) becoming an AFC provider for the individual who is transitioning out of CFC. See Appendix E for a comparison of the CFC and AFC provider approval process.

Some individuals may wish to continue in the role as CFC parents while simultaneously seeking approval as a AFC provider. This situation may allow for siblings living in the CFC household to remain together if an older sibling with a disability ages out of CFC services. Adult services workers may work collaboratively on a dual (CFC & AFC) approval process in order to meet the needs of the youth aging out of CFC as well as the needs of his or her siblings who will continue to receive CFC services.

APPENDIX A: SAMPLE ADULT FOSTER CARE PROGRAM GUIDELINES FOR LOCAL DEPARTMENTS OF SOCIAL SERVICES

_____ Department of Social Services

I. Rationale

_____ Department of Social Services believes in the dignity and independence of the individual. In order to enable eligible adults to maintain their dignity and independence to the greatest extent possible, adult foster care (AFC) will be provided when indicated and available.

AFC is a community-based contractual arrangement between a local department-approved provider and the local department of social services (LDSS). Room, board, supervision, personal care, and other special services are provided to adults who have a physical or mental health condition or an emotional or behavior problem. No more than three persons may receive AFC at one time in the home of an approved provider.

Authority to provide AFC is provided by §63.2-1601 of the Code of Virginia (Authority to provide adult foster care services), §63.2-800 of the Code of Virginia (Auxiliary Grant program; administration of the program), and the Adult Services Manual, Chapter D, Long-Term Care Services, and Chapter E, Adult Services Providers.

II. Financial Eligibility

[] **Auxiliary Grants**

AFC will be provided to adults who meet the eligibility requirements for an Auxiliary Grant.

[] **Private Pay**

AFC will be provided to adults who are assessed to be in need of AFC but are ineligible for an Auxiliary Grant. Private pay individuals will be responsible for the total amount of the cost of AFC.

III. Assessment

An initial assessment for AFC will be completed at the time of the application or referral. The assessment will include:

1. Determination of financial eligibility.
2. An assessment of the need for services using the Virginia Uniform Assessment Instrument (UAI) indicating that the adult meets, at a minimum, the residential level of care in an assisted living facility (ALF).
3. An identification of Adult Protective Services (APS) needs, if appropriate.
4. The availability and compatibility of an approved AFC provider.

- [] Individual will be 18 years of age or older.
- [] Individual will be 60 years of age or older.
- [] Other criteria (attach copy of criteria to guidelines).

IV. Scope of Services

The rate established by the General Assembly for AFC under the Auxiliary Grants Program shall cover the following services:

General Requirements

- A. PROVISION OF A FURNISHED ROOM IN THE HOME THAT MEETS APPLICABLE ZONING, BUILDING, AND FIRE SAFETY CODES.
- B. HOUSEKEEPING SERVICES BASED ON THE NEEDS OF THE ADULT IN CARE.
- C. NUTRITIONALLY BALANCED MEALS AND SNACKS, INCLUDING EXTRA PORTIONS AND SPECIAL DIETS AS NECESSARY.
- D. PROVISION OF CLEAN BED LINENS AND TOWELS AT LEAST ONCE A WEEK AND AS NEEDED BY THE ADULT.
- E. ASSISTANCE WITH PERSONAL HYGIENE INCLUDING BATHING, DRESSING, ORAL HYGIENE, HAIR GROOMING AND SHAMPOOING, CARE OF CLOTHING, SHAVING, CARE OF TOENAILS AND FINGERNAILS, ARRANGING FOR HAIRCUTS AS NEEDED, CARE OF NEEDS ASSOCIATED WITH MENSTRUATION OR OCCASIONAL BLADDER OR BOWEL INCONTINENCE.
- F. PROVISION OF GENERIC PERSONAL TOILETRIES INCLUDING SOAP AND TOILET PAPER.
- G. ASSISTANCE WITH THE FOLLOWING: CARE OF PERSONAL POSSESSIONS; CARE OF PERSONAL FUNDS IF REQUESTED BY THE ADULT AND ADULT FOSTER CARE HOME'S POLICY PERMITS IT; USE OF TELEPHONE; ARRANGING TRANSPORTATION; OBTAINING NECESSARY PERSONAL ITEMS AND CLOTHING; MAKING AND KEEPING APPOINTMENTS; AND CORRESPONDENCE.
- H. SECURING HEALTH CARE AND TRANSPORTATION WHEN NEEDED FOR MEDICAL TREATMENT.
- I. PROVIDING SOCIAL AND RECREATIONAL ACTIVITIES AS REQUIRED BY THE LOCAL DEPARTMENT AND CONSISTENT WITH LICENSING REGULATIONS.
- J. GENERAL SUPERVISION FOR SAFETY EDUCATION (22 VAC 40-771-30).

Food

THE FOLLOWING STANDARDS APPLY TO FOOD PROVIDED TO ADULT CLIENTS BY ADULT FOSTER CARE PROVIDERS:

- 1. ADULTS IN CARE SHALL RECEIVE NUTRITIONALLY BALANCED MEALS AND SNACKS APPROPRIATE TO THE LENGTH OF TIME IN CARE EACH DAY AND THE DAILY NUTRITIONAL NEEDS OF EACH ADULT.

- a. Adults in adult foster care shall receive three nutritionally balanced meals a day.
2. ADULTS IN CARE SHALL RECEIVE SPECIAL DIETS IF PRESCRIBED BY A LICENSED PHYSICIAN OR IN ACCORDANCE WITH RELIGIOUS OR ETHNIC REQUIREMENTS, THE ADULT'S PREFERENCES, OR OTHER SPECIAL NEEDS.
3. ADEQUATE DRINKING WATER SHALL BE AVAILABLE AT ALL TIMES (22 VAC 40-771-40).

MEDICAL CARE

THE ADULT FOSTER CARE PROVIDER SHALL:

1. ENSURE THAT THE ADULT RECEIVES PRESCRIPTION DRUGS ONLY IN ACCORDANCE WITH AN ORDER SIGNED BY A LICENSED PHYSICIAN OR AUTHENTIC PRESCRIPTION LABEL AND, WITH THE RESPONSIBLE PERSON'S WRITTEN CONSENT, AS APPROPRIATE;
2. DOCUMENT ALL MEDICATIONS TAKEN BY ADULTS IN CARE, INCLUDING OVER-THE-COUNTER MEDICATIONS;
3. ENSURE THAT THE ADULT IN CARE RECEIVES NONPRESCRIPTION DRUGS ONLY WITH THE ADULT'S OR RESPONSIBLE PERSON'S WRITTEN CONSENT, AS REQUIRED;
4. KEEP MEDICATIONS SEPARATE FROM FOOD EXCEPT THOSE ITEMS THAT MUST BE REFRIGERATED;
5. REPORT ALL MAJOR INJURIES AND ACCIDENTS TO THE ADULT'S RESPONSIBLE PERSON IMMEDIATELY;
6. HAVE AUTHORIZATION FOR EMERGENCY MEDICAL CARE FOR EACH ADULT IN CARE; AND
7. HAVE FIRST AID SUPPLIES EASILY ACCESSIBLE IN CASE OF ACCIDENTS (22 VAC 40-771-40).

CLOTHING

THE ADULT FOSTER CARE PROVIDER SHALL ENSURE THAT ADULTS IN CARE HAVE ADEQUATE, PROPERLY FITTING, AND SEASONAL CLOTHING AND THAT ALL CLOTHING IS PROPERLY LAUNDERED OR CLEANED AND ALTERED OR REPAIRED AS NECESSARY (22 VAC 40-771-40).

Physical Accommodations

1. THE HOME SHALL HAVE APPROPRIATE SPACE AND FURNISHINGS FOR EACH ADULT RECEIVING CARE IN THE HOME TO INCLUDE:
 - a. SPACE TO KEEP CLOTHING AND OTHER PERSONAL BELONGINGS;
 - b. ACCESSIBLE AND ADEQUATE BASIN AND TOILET FACILITIES;
 - c. COMFORTABLE SLEEPING OR NAPPING FURNISHINGS;

- d. FOR ADULTS UNABLE TO USE STAIRS UNASSISTED, SLEEPING SPACE ON THE FIRST FLOOR OF THE HOME;
 - e. ADEQUATE SPACE FOR RECREATIONAL ACTIVITIES; AND
 - f. SUFFICIENT SPACE AND EQUIPMENT FOR FOOD PREPARATION, SERVICE, AND PROPER STORAGE.
2. ALL ROOMS USED BY ADULTS SHALL BE HEATED IN WINTER, DRY, AND WELL VENTILATED.
 3. ALL DOORS AND WINDOWS USED FOR VENTILATION SHALL BE APPROPRIATELY SCREENED.
 4. ROOMS USED BY ADULTS IN CARE SHALL HAVE ADEQUATE LIGHTING FOR ACTIVITIES AND THE COMFORT OF ADULTS.
 5. THE PROVIDER AND ANY ADULT IN CARE SHALL HAVE ACCESS TO A WORKING TELEPHONE IN THE HOME.
 6. THE HOME SHALL BE IN COMPLIANCE WITH ALL LOCAL ORDINANCES (22 VAC 40-771-50).
 7. NO MORE THAN TWO ADULTS SHALL SHARE A SLEEPING ROOM UNLESS THEY REQUEST AND CONSENT TO SHARING SUCH A SLEEPING ARRANGEMENT.
 8. THERE SHALL BE SPACE IN THE HOUSEHOLD FOR PRIVACY OUTSIDE OF THE SLEEPING ROOMS FOR THE ADULT TO ENTERTAIN VISITORS AND TALK PRIVATELY (22 VAC 40-771-50).

V. Personal Needs Allowance

1. The monthly personal needs allowance in AFC shall be the same amount as the allowance in an adult assisted living facility (ALF). The personal needs allowance for the adult shall not be charged by the provider for any item or service not requested by the adult. The personal needs allowance is expected to cover the cost of the following categories of items and services:
 - a. Clothing;
 - b. Personal toiletries not included in those to be provided by the provider or if the adult requests a specific type or brand of toiletries;
 - c. Personal comfort items including tobacco products, sodas, and snacks beyond those required by the AFC program guidelines;
 - d. Barber and beauty shop services;
 - e. Over-the-counter medication, medical co-payments and deductibles, insurance premiums;
 - f. Other needs such as postage stamps, dry cleaning, laundry, direct bank charges, personal transportation, and long distance telephone calls;

- g. Personal telephone, television, or radio;
 - h. Social events and entertainment offered outside the scope of the activities program;
 - i. Other items agreed upon by both parties except those listed in subsection 2.
2. The personal needs allowance shall not be encumbered by the following:
- a. Recreational activities required by AFC program guidelines (including any transportation costs of those activities);
 - b. Administration of accounts (bookkeeping, account statements);
 - c. Debts owed the provider for basic services as outlined by AFC program guidelines;
 - d. Charges for laundry that exceed \$10 per month.

VI. Coordination with Other Community Service Organizations

Local departments of social services are encouraged to coordinate with community services organizations in the provision of AFC. It is recommended that local departments enter into an administrative support agreement with the organization. This agreement should specify which agency will be responsible for assessment, placement, provision and monitoring of services, emergency services, and discharge services for adults placed by other community service organizations. The _____ Department of Social Services will permit AFC placement for:

- Adults for whom the LDSS has primary case management responsibility.
- Adults for whom another community service organization has primary case management responsibility. (Attach copy of administrative support agreement.)

VIII. Waiting List

- In chronological order according to application date.
- When a compatible, approved provider is available.
- Priority will be given to APS situations when the assessment indicates a need for AFC and financial eligibility criteria are met.

Approved by the _____ Board of Social Services

Effective Date: _____

Signature *Signature* *Signature*

Signature *Signature* *Signature*

APPENDIX B: SAMPLE ADULT FOSTER CARE AGREEMENT

I, _____, agree to pay _____,
(Name of Adult) *(Name of Adult Foster Care Provider)*
_____,
(Address of Adult Foster Care Provider, including City, State, and Zip Code)

for my daily room, board, supervision, and special service(s) as specified below at the monthly rate of \$_____. I understand that I am to receive from the provider the following special service(s):

I further understand that if I choose to move, a two-week notice in writing will be necessary. The two-week notice in writing must be given to _____ and to the
(Local Department of Social Services)

(Name of Adult Foster Care Provider)

I understand I may retain the established personal needs allowance of _____ for my use.

I, _____ agree to provide to the above-named adult daily room,
(Name of Adult Foster Care Provider)

board, and supervision in consideration for a monthly fee of \$_____. I agree to comply with all requirements of the Department in the provision of adult foster care services.

I further understand that if I determine that he or she shall move, a 30 day notice in writing will be necessary. The 30 day notice in writing must be given to _____ and to
(Name of Adult)

(Local Department of Social Services)

Date *Signature of Adult/Responsible Party*

Date *Signature of Adult Foster Care Provider*

Date *Signature of Social Worker*

Date of Entry into Adult Foster Care Home _____

cc: Adult/Responsible Party, Adult Foster Care Provider, and Local Department of Social Services

APPENDIX D: AUXILIARY GRANT RATES AND PERSONAL NEEDS ALLOWANCE

Auxiliary Grant Rates (effective 1/1/2010)

\$1,112.00 per month

\$1,279.00 per month *(Planning District 8)

***(Alexandria, Arlington County, Fairfax County, Fairfax City, Falls Church, Loudoun County, Manassas City, Manassas Park and Prince William County)**

Personal Needs Allowance for Recipients of Auxiliary Grants

\$81.00 per month.

AG rates are subject to change. LDSS are notified of rate changes via DSS broadcast. Broadcasts concerning rate increases are available at http://spark.dss.virginia.gov/broadcasts/most_recent.cgi. Contact the DSS AG Specialist at 804-726-7560 regarding questions about current AG rates.

APPENDIX E: COMPARISON OF AFC AND CFC PROVIDER APPROVAL STANDARDS

The regulations for agency approved providers of Adult Foster Care and Child Foster Care share many similarities. The chart below highlights similarities and differences in these provider categories. The chart is meant as a guide only. Refer to DSS regulations [22 VAC 40-771](#) and [22 VAC 40-211](#) for complete provider standards.

STANDARD/REQUIREMENT	ADULT FOSTER CARE (AFC)	CHILD FOSTER CARE (CFC)
Age of Provider	18 years of age	At least 18 years of age
Criminal Records Check	-Required -Convictions of crimes listed in § 63.2-1719 prohibit approval as a provider	-Required - Convictions of offenses in § 63.2-1719 preclude approval of application to become a provider
Interviews	At least one interview in setting where care is to be provided	Minimum 3 face-to-face interviews per applicant
References	At least 2 references	At least 3 references
Employment History	Provider must provide employment history information	Employment history reviewed as part of home study
Training	If local department offers training, provider shall attend	Annual provider training required and shall address specific core competencies
Provider Medical Requirements	-Tuberculosis screening required -Submit mental health and physical exam when requested by local department	-Tuberculosis screening required. -Results of physical exam administered within 12-month period prior to approval
Non-discrimination	Provider shall not discriminate on the basis of race, ethnicity, sex, national origin, age, religion, disability or impairment.	Provider shall not discriminate on the basis of race, color, sex, national origin, age, religion, political beliefs, sexual orientation, disability or family status
Food	-Adult to receive nutritionally balanced meals and snacks -Special diets if prescribed by a licensed physician or in accordance with religious or ethnic requirements, the adult's preferences, or other special needs	-Meals and snacks appropriate to nutritional needs -Special diet if prescribed by licensed health care provider or in accordance with religious/ethnic requirements, or other special needs
Transportation of Adult/Child	-Provider must have valid driver's license and automobile liability insurance -Vehicle must have valid license and inspection sticker -Passengers to use safety belts	-Provider must have valid driver's license and automobile liability insurance -Vehicle must have valid registration and inspection sticker -Child restraint devices required
Clothing Requirements	-Provider shall provide adequate, properly fitting, and seasonal clothing. -Clothing to be properly laundered or cleaned and altered or repaired as necessary	Provider shall provide clean, seasonal clothing, appropriate to size of child

Physical Accommodations	-Sleeping space on first floor for adults unable to use stairs unassisted -Accessible basin and toilet facilities	-Sleeping space on first floor if child is unable to climb stairs unassisted -Accessible basin and toilet facilities
Home Safety	-first aid supplies to be easily accessible - Smoke detector in each sleeping area and on each additional floor -Home free of litter and debris -Weapons/firearms stored in locked cabinet -Cleaning supplies/toxic substances stored away from food	-Home shall contain basic first aid supplies -Smoke detector required -Home free of litter and debris -Weapons/firearms stored in cabinet or closet -Cleaning supplies/toxic substances stored away from food
Capacity	No more than 3 adults for purpose of receiving room, board, and supervision	Shall not exceed 8 children in the home
Record Requirements	-Provider to maintain legible records on adult in care -Records are confidential and shall not be shared without approval of adult/responsible person	-Provider to maintain legible information on child -Provider shall maintain files in secure location
Approval Period	Up to 24 months	Up to 36 months
Allowable Variance	Permitted if variance does not jeopardize the safety and proper care of adult or violate federal, state, or local law and the local department approves request	Permitted if variance does not jeopardize safety or proper care of child or violate federal or state laws or local ordinances
Emergency Approval	-Emergency approval permitted -Not to exceed 30 days	-Emergency approval permitted -Background Check required -Not to exceed 60 days
Provider Monitoring	At least semi-annually	At minimum quarterly visits
Renewal/Reapproval Process	-Provider must continue to meet standards	-Minimum one in-home interview required -Criminal record and CPS background check -New tuberculosis -Review of confidentiality and corporal punishment requirements
Provider's Inability to Meet Standards	Local Department may suspend approval if noncompliance may jeopardize the safety and proper care of the adult	Local Department to revoke or suspend approval
Right to Review/Grieve	Provider has right to review by director of local department	Provider grieves to local board