

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
ASSISTED LIVING FACILITIES (ALF)  
AUXILIARY GRANTS (AG) 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 a licensed Assisted Living Facility (ALF) or in Adult Family Care (AFC). These individuals have insufficient funds to meet their needs and income less than the cost of care in those facilities. 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.

The AG program is a state (80%) and locally (20%) funded financial assistance program, administered by the Virginia Department of Social Services. AG benefits are paid by the local department of social services where recipient residency has been established. Other funding sources may be available for other types of services. Not all ALFs accept AG recipients, nor are they required.

Individuals receiving an AG also receive a personal allowance to cover items not offered by the ALF or AFC provider. Regulations do not allow the personal allowance to be used for required recreational activities, administration of accounts, debts owed the ALF for basic services, or charges for laundry which exceed \$10 per month. Also, the ALF cannot charge for items or services not requested and if they are, they must inform the resident of the cost.

### **How Is Eligibility Determined?**

Before being admitted to an ALF or AFC, an individual is assessed to determine eligibility and level of care. Eligibility for the program must be determined by the local department of social services in the locality where the individual has residence. Residence for AG eligibility is determined by the city or county within the state where the person last lived outside of an institution or adult family care home. The AG Program is specifically for individuals who reside in an ALF or AFC.

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 care or adult family care placement.

*[\*These figures are current as of 1/99, but are subject to change. Contact your local department of social services for current information.]*

### **How Are Maximum Rates for Assisted Living Facilities (ALFs) Determined?**

The maximum rate is determined by the General Assembly through the Appropriations Act and is adjusted periodically. Before an AG recipient can receive an amount greater than the minimum rate of \$517, the ALF where the AG recipient resides must demonstrate that its cost of resident care equals or exceeds the maximum rate. The ALF demonstrates its cost of care by submitting a Cost Report to the Virginia Department of Social Services (VDSS), Division of Financial Management. Financial information on the Cost Report is used by VDSS to compute a monthly average cost per resident. An ALFs monthly rate from the Cost Report is compared to the maximum AG rate and the lesser of the two becomes the established rate for the facility. VDSS then approves and establishes the AG rate for the ALF up to the maximum amount. ALFs in Northern Virginia, Planning District 8 receive a differential to their maximum rate of 15% per AG recipient.

State supplemental checks are mailed directly to the recipient or a payee, who in turn pays the ALF for services provided. The amount of the Auxiliary Grant paid to an individual is the difference between the approved rate (up to the maximum) plus the personal care allowance, less the individuals non-exempt income.

### **How Often Are Cost Reports Required?**

ALF rates are valid for 12 months unless an ALF is required to submit a new cost report because of significant operational changes, a change in ownership or a change in location. ALFs that have been in licensed operation more than 12 months must establish an approved rate by promptly submitting cost reports for the preceding calendar year. Cost Reports are mailed to licensed ALFs each year requesting information for the preceding period (usually the preceding calendar year).

Generally, ALFs with new licenses must submit a Cost Report for the first 90 days of operation, but within 150 days from VDSS licensure, to receive new rates retroactive to the licensure date. New ALF facilities can only be approved for the minimum rate prior to the establishment of a rate. When ALFs with existing AG recipients have obtained a new license, it is best to communicate this with VDSS, Division of Finance to ensure a smooth rate transition.

### ***What Is Covered under the Auxiliary Grant?***

#### Room and Board

- < Provision of a furnished room in a facility that meets applicable 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

- < Minimal 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.
- < Medication administration as required by licensing regulations including insulin injections.
- < Provision of generic personal toiletries including soap and toilet paper.
- < Minimal assistance with the following: care of personal possessions; care of personal funds if requested by the recipient and residence policy allows it; use of telephone; arranging 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.