COMMONWEALTH of VIRGINIA

Office of the Governor

Marilyn B. Tavenner
Secretary of Health and Human Resources

Memorandum

TO: The Honorable Timothy M. Kaine
Governor of Virginia

The Honorable Charles J. Colgan
Chairman, Senate Finance Committee

The Honorable Lacey E. Putney
Chairman, House Appropriations Committee

The Honorable R. Edward Houck
Chairman, Joint Commission on Health Care

DATE: December 3, 2008

FROM: The Honorable Marilyn B. Tavenner

Trudy Brisendine
Chair, State Board of Social Services

cc: Joe Flores, Senate Finance Committee, Susan Massart, House Appropriations Committee, Kim Snead, Joint Commission on Health Care, Anthony Conyers, Jr., James S. Reinhard, M.D., Ray Ratke, Frank Tetrick, James Martinez, Michael Shank, Ruth Anne Walker

SUBJECT: A PLAN TO RESTRUCTURE AUXILIARY GRANTS FOR CERTAIN CSB CASE MANAGEMENT CONSUMERS

Pursuant to Item 282 D of the 2008 Virginia Acts of Assembly, we are pleased to submit this study report, *"Auxiliary Grant Portability: A Plan to Restructure Auxiliary Grants for Certain CSB Case Management Consumers."* We are committed to expanding community-based care for people with disabilities and this report describes a plan for how an auxiliary grant could be used to meet the needs of consumers who would benefit from choosing alternative community living arrangements that promote more focused recovery and independence.

Auxiliary Grant Portability

A Plan to Restructure
Auxiliary Grants for Certain
CSB Case Management Consumers

Submitted
By
The Secretary of Health and Human Resources
And
The State Board of Social Services

To
The Governor
And
The Chairmen of the
House Appropriations and Senate Finance Committees
And
The Joint Commission on Health Care

December 3, 2008

Auxiliary Grant Portability: A Plan to Restructure Auxiliary Grants

Executive Summary

Item 282 D of the 2008 Appropriation Act directs the Secretary of Health and Human Resources and State Board of Social Services to develop a plan for the portability of Auxiliary Grants (AG) to pay for housing of consumers who receive case management services from a community services board (CSB) or behavioral health authority and who are eligible for AG. Specifically, the plan must target Assisted Living Facility (ALF) residents. This plan is in response to a 2007 Virginia Acts of Assembly directive that the Secretary of Health and Human Resources submit a report to the General Assembly on the feasibility of restructuring the A, which concluded that such restructuring is feasible.

Under the proposed restructuring plan, eligible participants would be limited to those ALF residents who:

- Meet the Residential Assisted Living level of care criteria;
- Are receiving an AG and have been an ALF resident for at least the last six months;
- Are receiving Medicaid funded Case Management services from a CSB; and
- Meet the Department of Medical Assistance Services (DMAS) eligibility criteria for Mental Health Support or Intensive Community Treatment services.

Priority would be given to those meeting all of the above who reside in facilities that have given notice of closure or of discontinuing acceptance of AG recipients.

Individualized services would be provided as defined in the Medicaid State Plan Option services of Mental Health Case Management, and Mental Health Support or Intensive Community Treatment. The array of services would be based on an individual assessment and service plan. Housing would be in natural residential settings in the community, such as a one bedroom apartment or studio apartment.

In State Fiscal Year 2007, there were approximately 1,500 ALF residents who met the Residential Assisted Living level of care criteria and who received an AG and Medicaid funded Case Management services from a CSB. Approximately 300 of those also received Mental Health Support Services at some point during the year. The number of consumers to be served in a portable AG program, therefore, is estimated to be approximately 300 the first year and 500 the second year.

The restructured, portable AG would be financed in the same manner as regular AG, with the Department of Social Services (DSS) paying 80% and the locality paying 20% in local match. Program monitoring and quality assurance would be provided by the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) through its licensing of Case Management, Supportive In-Home Services, Intensive Community Treatment, and Programs of Assertive Community Treatment services.

Involved state agencies, local departments of social services and CSBs would have specified roles and responsibilities for successful operation of the restructured portable AG. The DSS and and Department of Medical Assistance Services would provide administratative oversight and technical assistance. The DMHMRSAS would monitor and evaluate the impact of the program, and local departments of social services and community services boards would provide the direct program components.

Should the General Assembly authorize implementation of a restructured portable AG, a number of operational changes would need to be defined by the State Board of Social Services through regulation. In addition, implementation mechanics at the local level would need to be addressed.

Auxiliary Grant Portability: A Plan to Restructure Auxiliary Grants

A Plan to Allow for the Portability of Auxiliary Grants

This plan is provided in response to item 282 D of the 2008 Appropriations Act, as follows:

"The Secretary of Health and Human Resources and the State Board of Social Services shall develop a plan to allow for the portability of Auxiliary Grants (AG) to pay for housing of consumers who receive case management services from a community services board or behavioral health authority and who are found eligible for or are currently receiving auxiliary grants. The plan shall include a description of individualized services and housing supports based on Report Document 30 (2008) – "Auxiliary Grant Portability: A Report on the Feasibility of Restructuring Auxiliary Grants for Certain CSB Case Management Consumers." The plan shall include eligibility criteria for Assisted Living Facility (ALF) residents displaced from AG-funded beds that close and those for whom the services and housing supports would lead to reductions in higher-cost institutional care, and (i) whose needs are not being met by their current living arrangement, or (ii) who are living in localities without ALFs, or (iii) who are ready for discharge from a state hospital and are without access to an ALF placement. The plan shall include information on eligibility, the number of consumers to be served, financing, program monitoring and quality assurance, as well as information on the roles and responsibilities of state agencies, community services boards, local departments of social services, and local governments in determining eligibility, administering the program, providing case management and other support services, and the continued provision of financial support through local matching funds. The Secretary shall submit the plan to the Governor, the Chairmen of the House Appropriations and Senate Finance Committees, and the Joint Commission on Health Care, by November 1, 2008."

Background

The 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) or an adult foster care home. This assistance is available through local departments of social services (LDSS) to ensure that recipients are able to maintain a standard of living that meets a basic level of need. Grants are made to individuals who reside in ALFs licensed by the Department of Social Services (DSS), or in adult foster care homes approved by LDSS. The maximum AG rate is determined annually by the General Assembly and adjusted periodically. In FY 2007, 7,011 individuals received AG in the Commonwealth. Of those, 57 percent were disabled and 43 percent were aged.

Pursuant to Item 278 C of the 2007 Virginia Acts of Assembly, the Secretary of Health and Human Resources previously reported on the feasibility of restructuring the AG to pay for alternative housing for AG recipients who receive Community Services Board or Behavioral Health Authority (CSB/BHA) case management services. That document, "*A Report on the Feasibility of Restructuring Auxiliary Grants for Certain CSB Case Management Consumers*," concluded that such a restructuring of the AG program is incrementally feasible within existing resources. This report is included in the appendix.

Adults with mental disabilities may have the ability to live in more independent settings than ALFs with appropriate supportive services. The Commonwealth's recent efforts to improve and promote mental health system transformation and community integration also indicate the need to change the AG program for adults with mental disabilities. This plan proposes a supported housing program with Medicaid-funded case management and community mental health services for certain ALF residents who could be afforded the opportunity to choose alternative living arrangements supplemented with "portable auxiliary grants" used for rental assistance. Adding the standard AG amount to 30% of their standard SSI monthly income would make

studio and one bedroom apartments in many localities affordable for a single AG recipient and two bedroom apartments in every locality for two residents to share.

Federal Approval

Many other states provide for alternative choices of living arrangements through their SSI State Supplement Programs, including living in natural residential settings with supports where eligibility is based on certification, on an individual basis, by the state. The Federal Social Security Administration (SSA) was contacted as part of the Commonwealth's current planning effort and SSA staff confirmed that this proposal would also be eligible for approval. The following describes the operational details of this proposed plan.

Eligibility Criteria For ALF and Residents

Eligible participants would be limited to those ALF residents who

- Meet the Residential Assisted Living level of care criteria;[1]
- Are receiving an AG and have been an ALF resident for at least the last six months;
- Are receiving Medicaid funded Case Management services from a CSB; and
- Meet the Department of Medical Assistance Services (DMAS) eligibility criteria for Mental Health Support or Intensive Community Treatment services.

(Priority would be given to those meeting all of the above who reside in facilities that have given notice of closure or of discontinuing acceptance of AG recipients.)

Description of Individualized Services and Housing Supports

Individualized services would be provided as defined in the Medicaid State Plan Option services of Mental Health Case Management (H0023) and Mental Health Support (H0046) or Intensive Community Treatment (H0039). The array of services to be provided would be based on an individual assessment and service plan to meet the need for training in or reinforcement of functional skills and appropriate behavior related to the individual's health and safety, activities of daily living (ADLs), medication management, use of community resources, and monitoring health, nutrition, and physical condition. Assistance could also include transportation, for the purpose of developing or obtaining needed resources, including crisis assistance supports; coordinating services and treatment planning with other agencies and providers; making collateral contacts with significant others to promote implementation of the service plan and community adjustment; and monitoring service delivery as needed through contacts with service providers as well as periodic site visits and home visits. The housing would be in natural residential settings in the community, such as a one bedroom apartment or studio apartment.

The Number of Consumers to be Served

In State Fiscal Year 2007, there were approximately 1,500 ALF residents who met the Residential Assisted Living level of care criteria and who received an AG and Medicaid funded Case Management services from a CSB. Approximately 300 of those also received Mental Health Support Services at some point during the year. The number of consumers to be served in a portable AG program, therefore, is estimated to be approximately 300 the first year and 500 the second year

[1] Residential Assisted Living level of care criteria means the resident is 1) Rated dependent in only one of seven Activities of Daily Living (Bathing, Dressing, Toileting, Transferring, Eating/Feeding, Bowel and Bladder Control); OR 2) Rated dependent in one or more of four selected Instrumental Activities of Daily Living (Meal Preparation, Housekeeping, Laundry, Money Management); OR 3) Rated dependent in medication administration.

Auxiliary Grant Portability: A Plan to Restructure Auxiliary Grants

Financing

The portable AG would be financed in the same manner as regular AG. With DSS paying 80% and LDSS paying 20% in local match.

Program Monitoring and Quality Assurance

Program monitoring and quality assurance would be provided by the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) through its licensing of Case Management, Supportive In-Home Services, Intensive Community Treatment, and Programs of Assertive Community Treatment services. These licenses are required of providers of Medicaid funded Case Management, Mental Health Support, and Intensive Community Treatment services.

Specific Roles and Responsibilities

1. State Agencies
    a. DSS – Incorporate the portable AG project into its normal administration of the AG program, develop operating policies and procedures for LDSS;
    b. DMAS –Incorporate the portable AG project into its normal administration of the AG-related Medicaid coverage;
    c. DMHMRSAS – Provide oversight and monitoring of the portable AG services component and evaluate the extent to which the services and housing supports lead to reductions in higher-cost institutional care and impact on portable AG participants. The DMHMRSAS, in cooperation with DSS, would provide a written evaluation of the program after its first two years of operation and determine the feasibility of expanding it to include AG-eligible individuals whose needs are not being met by their current living arrangement, who are living in localities without ALFs or who are ready for discharge from a state hospital and are without access to an ALF placement.

2. Community Services Boards – Identify eligible ALF residents and assist them in locating alternative decent and affordable housing, planning for individual services, and referring to the LDSS for transfer to the portable AG. Once approved, the CSB would assist the individual in establishing tenancy, provide the ongoing individualized case management and other support services described above, maintain communication with LDSS and reassess the participant at least annually using the Uniform Assessment Instrument.

3. LDSS – Incorporate the portable AG project into their normal administration of the AG program, including approving applications and annual re-applications and ensuring that the AG payment is sent to the participant.

4. Local Governments –Continue to provide financial support to the portable AG payments through local matching funds. As in the current program, the locality where the individual last resided prior to participating in the AG program would remain responsible for the 20% match and its LDSS office would remain responsible for determining AG eligibility.

Additional Discussion

If this plan is approved by the General Assembly, operational changes required to implement the portable AG program could be further defined by the State Board of Social Services in regulation (22 VAC 40-25-10 et seq.) Details that would require further clarification include how to ensure housing quality standards, and how to identify other benefits that may be required to support the person living in the community (e.g., food stamps and

rental and utility deposits), as well as the process for completing annual participant reassessments, ongoing monitoring, and case management responsibilities.

Appendix

A REPORT ON THE FEASIBILITY OF RESTRUCTURING AUXILIARY GRANTS FOR CERTAIN CSB CASE MANAGEMENT CONSUMERS

January 1, 2008

COMMONWEALTH of VIRGINIA

Office of the Governor

Marilyn B. Tavenner
Secretary of Health and Human Resources

Memorandum

TO: The Honorable Timothy M. Kaine
Governor of Virginia

The Honorable John H. Chichester, Chairman
Senate Finance Committee

The Honorable Vincent F. Callahan, Chairman
House Appropriations Committee

The Honorable Phillip A. Hamilton, Chairman
Joint Commission on Health Care

DATE: January 1, 2008

FROM: Marilyn B. Tavenner

CC: Joe Flores, Senate Finance Committee, Susan Massart, House Appropriations Committee, Kim Snead, Joint Commission on Health Care, James S. Reinhard, M.D., Ray Ratke, Frank Tetrick, James Martinez, Michael Shank, Ruth Anne Walker

SUBJECT: A REPORT ON THE FEASIBILITY OF RESTRUCTURING AUXILIARY GRANTS FOR CERTAIN CSB CASE MANAGEMENT CONSUMERS

Pursuant to Item 278 C of the 2007 Virginia Acts of Assembly , I am pleased to submit this study report, *"Auxiliary Grant Portability: A Report on the Feasibility of Restructuring Auxiliary Grants for Certain CSB Case Management Consumers."* We are committed to expanding community-based care for people with disabilities and this report describes how an auxiliary grant could be used to meet the needs of consumers who would benefit from choosing alternative community living arrangements that promote more focused recovery and independence.

Auxiliary Grant Portability

A Report on the Feasibility of Restructuring
Auxiliary Grants for Certain
CSB Case Management Consumers

Submitted
By
The Secretary of Health and Human Resources

To
The Governor
And
The Chairmen of the
House Appropriations and Senate Finance Committees
And
The Joint Commission on Health Care

January 1st, 2008

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Executive Summary

This is written pursuant to Item 278 C of the 2007 Virginia Acts of Assembly (Chapter 847) which requires a report from the Secretary of Health and Human Resources on the feasibility of restructuring auxiliary grants (AGs) to pay for alternative housing for AG recipients who receive Community Services Board or Behavioral Health Authority (CSB/BHA) case management services. This study concludes that such a restructuring of the AG program is incrementally feasible within existing resources.

An Auxiliary Grant (AG) is a supplement to income for over 6,000 recipients of Supplemental Security Income (SSI) and certain other aged, blind, or disabled individuals. 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. Federal regulations allow for more flexibility and variations in eligible housing types than just the current Assisted Living Facility (ALF) and Adult Foster Care options in Virginia. Many States provide for more choice in living arrangements and Wisconsin's program offers a progressive model of housing with individualized supports in natural residential settings.

The auxiliary grant program was not designed exclusively for adults with mental disabilities and numerous requests have been made over the years to restructure the AG program to include alternative types of housing arrangements that better meet the needs of this population. Adults with mental disabilities may have the ability to live in more independent settings than ALFs with appropriate supportive services. In addition, AG-sponsored ALF beds are not available statewide and this may limit those with mental disabilities the opportunity to live near their family or friends. The Commonwealth's recent efforts to improve and promote mental health system transformation and community integration also indicate the need to change the AG program for adults with mental disabilities.

Virginia could create a supported housing program similar to Wisconsin's with Medicaid-funded case management and community mental health services for consumers who are being displaced from AG-funded ALF beds that close. They could be afforded the opportunity to choose alternative living arrangements supplemented with "portable auxiliary grants" used for rental assistance. Adding the standard AG amount to 30% of the standard SSI monthly income would make studio and one bedroom apartments in many localities affordable for a single AG recipient and two bedroom apartments in every locality for two residents to share.

Eligibility for this new program option could be defined for prioritized consumer groups as proposed by an "ABC" model of: Assessing for priority status; Budgeting for individualized needs and housing costs; and Certification by a State or Local entity as a new AG recipient. Only those who are found independent on the Uniform Assessment Instrument for activities of daily living, but dependent in instrumental activities of daily living, are planned for in this proposal.

This first prioritized eligibility group, AG recipients who receive CSB/BHA case management services and who are displaced recipients of AG-funded ALF beds that close, would require few new resources. Additional groups in need, particularly those confined to institutions or living in localities without access to an ALF would require new resources. DMHMSAS research has shown that these costs might be offset by targeting consumers who are experiencing housing instability and numerous psychiatric hospitalizations.

Studies have shown that mental health consumers prefer independent housing with supports, and those displaced by the closure of an AG-funded ALF bed, or waiting to be discharged from a state hospital, or seeking residential services in localities without ALFs, or experiencing housing instability and costly psychiatric hospitalizations should be prioritized for a portable grant in a restructured AG program.

Study Resolution

This report is written pursuant to 2007 Virginia Acts of Assembly (Chapter 847) Item 278 C. which reads: "*The Secretary of Health and Human Resources shall report on the feasibility of restructuring auxiliary grants to pay for housing of consumers who receive case management services from a community services board or behavioral health authority and who are found eligible for or are currently receiving auxiliary grants. The feasibility report shall include an assessment of how an auxiliary grant could be used to meet the needs of consumers who would benefit from choosing alternative living arrangements that promote more focused recovery and independence, an estimate of the number of consumers that could be eligible for an auxiliary grant under a restructured program, and an estimate of the potential cost of the restructured program. In developing the feasibility report, the Secretary shall consult with representatives of the assisted living industry, mental health organizations, community services boards, behavioral health authorities, and consumers. The feasibility report shall be provided to the Governor, and the Chairmen of the House Appropriations and Senate Finance Committees, and the Joint Commission on Health Care, by December 1, 2007.*"

Virginia's Auxiliary Grant is part of a federally defined State Supplementation Program.

Federal Regulatory Authority

State Supplementation Programs are a part of the Supplemental Security Income (SSI) for the Aged, Blind, and Disabled Program and they are defined in federal regulation 20 C.F.R § 416.2001 as follows:

> *"Any payments made by a State or one of its political subdivisions ... to a recipient of supplemental security income benefits (or to an individual who would be eligible for such benefits except for income), if the payments are made:*
>
> *(1) In supplementation of the Federal supplemental security income benefits; i.e., as a complement to the Federal benefit amount, thereby increasing the amount of income available to the recipient to meet his needs; and*
>
> *(2) Regularly, on a periodic recurring, or routine basis of at least once a quarter; and*
>
> *(3) In cash, which may be actual currency or any negotiable instrument, convertible into cash upon demand; and*
>
> *(4) In an amount based on the need or income of an individual or couple."*

Virginia Statutory Authority

Virginia's Auxiliary Grants Program, was established as a State Supplement to SSI in 1973 under § 63.2-800 of the *Code of Virginia,* to help very low income individuals with disabilities statewide (See Appendix A).

> *"(A) The Board is authorized to prepare and implement, ... a plan for a state and local funded auxiliary grants program to provide assistance to certain individuals* [with disabilities and income that is] *...not sufficient to maintain the minimum standards of need established by the Board. The plan shall be in effect in all political subdivisions in the Commonwealth and shall be administered in conformity with Board regulations."*

The Auxiliary Grant (AG) Is Designed to Pay For Assisted Living Facilities and Adult Foster Care

The State Board of Social Services defines Auxiliary Grants (AG) as a State Supplementation Program benefit available to residents of assisted living facilities (ALFs) and adult foster care homes:

> *"Auxiliary Grants Program means a state and locally funded assistance program to supplement income of a Supplemental Security Income (SSI) recipient or adult who would be eligible for SSI except for excess income, who resides in an assisted living facility or in adult foster care with an approved rate"* [1] (22 VAC 40-25-10).

ALFs and Adult Foster Care Homes Are Not Found in All Localities in Virginia

According to DSS regulation as described above, very low income individuals with disabilities may only receive an auxiliary grant if they live in an assisted living facility (ALF) or adult foster care, but assisted living facilities and adult foster care homes are not found in every locality throughout the Commonwealth.

The Joint Legislative and Audit Review Committee (JLARC) recently reported that "*The Northern and Fairfax licensing regions have relatively few auxiliary grant beds, and 41 localities have no assisted living beds for auxiliary grant recipients.*"[2] There are even fewer adult foster care placements (approximately 14 as of September 2007) and they are only found in a handful of localities.[3]

Alternative Models to Provide Housing and Services to People with Mental Disabilities

For individuals with disabilities who could live more independently, ALFs may not provide the most integrated community setting. An emerging consensus, promoted by the Federal Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration, contends that:

- *"Board and care homes serving people with psychiatric disabilities—as currently configured—are generally not consistent with the ADA and the Olmstead mandate.*
- *Over reliance on such homes undermines recovery, community integration and the transformation of the public mental health system called for by the President's New Freedom Commission on Mental Health.*
- *State and federal government should take urgent action to ensure that public funds are no longer expended to support segregating living arrangements such as board and care homes.*
- *Rather, these funds (including SSI and SSDI disability benefits, state supplements, rent subsidy benefits and funds available from any other federal, state or local source) should be converted into an individual benefit or voucher...*"[4]

Many states provide for several alternative choices of living arrangements through their SSI State Supplement Programs. As the "Study of Funding for Housing Serving People with Disabilities" (SD12, 2000) and the "Report on Housing Opportunities for Persons with Disabilities in Virginia" (HD86, 2005) describe in detail, most States provide SSI supplement programs that support people in a variety of housing types, as exemplified in Wisconsin's eligible living arrangements[5]. The Wisconsin program provides supplements to recipients in a variety of settings:

- 60% of recipients live independently. This includes recipients living in their own households, in private medical treatment facilities where Medicaid pays 50 percent or less of the cost of their care, or in non-medical institutions. It also includes persons in medical facilities who are classified in a federal Code A living arrangement[6].
- 26% live in a private non-medical group home or "natural residential setting". This is restricted to recipients who require a supportive living arrangement and reside in private non-medical group homes or in a natural residential setting with support. Eligibility is based on certification, on an individual basis, by the state.
- 8% live independently in their own household with an ineligible spouse[7].
- 6% are living in the household of another. This includes recipients residing in a federal Code B living arrangement[8].

Wisconsin's "natural residential setting" arrangement may provide a model for Virginia. Wisconsin defines a "natural residential setting," mentioned above, as a

> *"community integrated setting where: the person lives in a home or apartment in a neighborhood where non-elderly and nondisabled people also reside; the person has access to services and community resources (e.g., stores, transportation, theaters, restaurants, etc.) typical of the community; and there are regular and informal opportunities for social integration and*

interaction with non-elderly and nondisabled people. A residence is not qualified if it is a part of, or on the grounds of, an "institution," although it may be adjacent to an institution."

An individual is eligible for the Wisconsin SSI Supplement in a natural residential setting when he is assessed on an individual basis and certified by the state as needing 40 hours or more per month of supportive home care (e.g., personal care such as bathing, eating, etc.), daily living skills training (e.g., personal hygiene, housekeeping, shopping, etc.), community support program services (e.g., case management, symptom management, vocational services, etc.), or some combination thereof (See Appendix B Assessment Worksheets)[9]. This is an example of the model of supportive housing most preferred by consumers because it provides an individualized array of services provided to them in regular, non-institutional residential settings.

Medicaid funded Mental Health Support Services (MHSS) are available to eligible AG recipients in Virginia. These services would be critical to establishing a Wisconsin-like natural setting model in the Commonwealth. Virginia Medicaid's Mental Health Case Management and Mental Health Support Services (MHSS), which are already available to eligible community consumers including residents of ALFs, offer an array of supports that may help them better thrive in more independent "natural residential settings." Case Management Services and MHSS are designed to be rehabilitative in nature, with the expectation to maintain community stability and independence in the most appropriate, least restrictive environment. The following table compares ALFs, Mental Health Case Management, and MHSS programs:

	Assisted Living Facilities	**MH Case Management**	**Mental Health Supports**
Criteria for acceptance	Dependent rating in one of seven activities of daily living, or dependent rating in one of four instrumental activities of daily living, or dependent on medication administration.	Documentation of serious mental illness as defined by diagnosis, level of disability and duration. Assessment shows need for service.	Clinical need arising from a condition due to mental, behavioral, or emotional illness that results in significant functional impairments in major life activities.
Services Provided	❑ Meals provided ❑ Linens provided ❑ Housekeeping services provided ❑ Social and recreational activities provided ❑ Minimal assistance with care of funds and personal possessions ❑ Individuals supervised to assure safety ❑ Medication administered	❑ Based on individualized assessment: ❑ Assist the individual directly in developing or obtaining needed community resources ❑ Coordinate services and treatment planning with other agencies ❑ Enhance community integration opportunities ❑ Make collateral contacts with significant others ❑ Education and counseling regarding the service plan ❑ Individualized, client-specific activity	❑ Based on individualized assessment: provide skills training and assistance with shopping, meal planning, nutrition ❑ Based on individualized preferences inform and assist in developing recreational activities and leisure skills ❑ Direct support to assist with money management budgeting, legal needs ❑ Symptom assessment and symptom management- ❑ Psychoeducation ❑ Medication management ❑ Help in maintaining housing ❑ Skills training in accessing community resources
Qualifications of Service Provider (general)	Able to carry out responsibilities, communicate effectively in English, complete required orientation[10]	Qualified Case Manager [11]	Qualified Mental Health Professional[12]
Expected outcome	Resident lives in a safe, clean environment	Individual lives independently in the community in the least restrictive environment	Individual lives independently in the community in the least restrictive environment

With these critical Medicaid services available to some AG recipients, Virginia could apply the Wisconsin "natural residential setting" model of individualized services, provided to consumers living in non-institutional housing of their choice, if the auxiliary grant were made available to assist them with the cost of housing. Many SSI recipients in Virginia cannot afford housing on their own. The 2007 average Fair Market Rental (FMR) rate in Virginia varies between 52% and 160% of SSI monthly income for a studio apartment and between 63% and 182% for a one bedroom apartment, while the U.S. Department of Housing and Urban Development (HUD) guidelines define housing affordability as no more than 30% of monthly income. Rental assistance programs such as HUD's Housing Choice Voucher make up the cost difference, but unfortunately, Housing Choice Vouchers are often not available and the waiting lists are long and slow moving in most States including Virginia.

The table below shows how by adding the standard AG amount to 30% of the standard SSI rate can make available between $625 and $1,250 per month for one or two individuals to use for rent ($784 and $1,568 in northern Virginia, respectively). This amount of rental assistance would make studio and one bedroom apartments in almost every locality affordable for a single AG recipient and two bedroom apartments in every locality affordable for two AG recipients to share. This would be a welcome improvement to many AG recipients who must now share their ALF bedroom with one or two, and sometimes three roommates. (Appendix C provides a list of Virginia FMR rates by area.)

2007 SSI Rate = $623	Va	PD 8
2007 Affordable Housing Rate @ 30% of SSI	$187	$187
Plus the 2007 Auxiliary Grant Amount	438	597
Equals Total Available Income Per Month - Each	$625	$784
Total Available Income Per Month - For Two	$1,250	$1,568

Recipients in such AG-supported apartments could be sustained with supportive residential services. These and other necessary supports could be individually planned with the AG recipient and provided by local Community Services Board staff through the array of Medicaid-funded mental health community services. Such services would help AG recipients achieve higher levels of independence and more focused recovery in living arrangements where they could learn and practice daily living skills and become more integrated into community living.

If Virginia had contracted for the Federal Social Security Administration to administer its State Supplement pursuant to 20 C.F.R. § 416.2005, only a limited number of living arrangements would be permissible. However, since Virginia administers the State Supplement directly, eligibility for the AG does not need to be defined by the living arrangement ("*If the State chooses to administer such payment itself, it may establish its own criteria for determining eligibility requirements as well as the amounts*"[13]). Instead, eligibility could be defined by consumer-related characteristics, including a determination of need for specific services as described above. New auxiliary grant categories could be created as long as they meet the 20 C.F.R. § 416.2001 criteria (i.e., they are tied to the SSI benefit, provided on a recurring basis at least once a quarter, paid in cash or check, and are based on need or income of the recipient). A restructured auxiliary grant program which prioritizes and responds to the needs of different consumer groups is therefore feasible, and the size, cost, and growth of such a program will depend upon how these consumer groups are defined.

Fiscal Year 2007 Auxiliary Grant/Case Management Recipients

To estimate the number of consumers who may be eligible for a restructured AG program, and to estimate the potential cost of the restructured program, a review of Medicaid assessment and service records was conducted. These records included 2,812 individuals who were enrolled in case management services from a community services board or behavioral health authority and who also received auxiliary grants

during Fiscal Year 2007 (FY07). Their average length of stay in the program during the year was 9.8 months, with 2,296 of these "AG/CM" recipients on average in service each month. The average recipient had been in the program for 4.2 years by the end of FY07, ranging from less than a month to more than 34 years. Other demographic characteristics were found as follows:

- 55% of AG/CM recipients were male
- 63.5% were White and 35.5% were Black/African-American
- Their average age was 53 years old
    - 42% were age fifty or younger
    - 39% were between the ages of 51 and 65
    - 19% were over the age of 65

Approximately 83% of AG/CM recipients (2,331) had Uniform Assessment Instrument (UAI) scores available for review in records provided by the Department of Medical Assistance Services (DMAS). The UAI is used to measure functional status as a basis for differentiating among levels of long-term care needs. Functional status is the degree of independence with which an individual performs Activities of Daily Living (ADLs), and Instrumental Activities of Daily Living (IADLs).

For this study, ADLs, IADLs, and scores in three additional items were noted when rated Dependent (D), which means that the individual needs at least the assistance of another person to safely complete the activity and therefore would not be appropriate for the proposed natural residential setting. These ADL-dependent individuals require a level of supervised care that is higher than that proposed for the restructured portable AG program. A total of 1,216 (52%) AG/CM recipients were rated dependent in some ADL or cognitive orientation, indicating that these individuals need daily help in performing the following personal care tasks:

ADL Dependent	Number of AG/CM Recipients
• Bathing	980
• Dressing	684
• Bladder Control (Continence)	448
• Toileting	326
• Eating/Feeding	243
• Bowel Control (Continence)	226
• Transferring	221

A Dependence rating in Orientation to Person, Place, and Time indicated that 620 recipients also need daily personal supervision. The remaining 1,115 AG/CM recipients (48%), who were in service an average of 9.9 months in FY07, had independent ratings in ADLs, but Dependence ratings in IADLs. This indicates a need for help in performing the following social tasks that are not necessarily done every day but which are critical to living independently. Such assistance can be provided in the proposed natural residential setting by a combination of case management and mental health support services as described above.

IADL Dependent	Number of AG/CM Recipients
• Meal Preparation	1,017
• Money Management	1,011
• Housekeeping	930
• Laundry	897

Dependence in two additional UAI items also indicates a need for additional help in managing mental health issues essential to successful independent living: Problems related to either getting or taking medicine (1,053 recipients); and behavior problems (148 recipients).

Over 95,500 Medicaid claims were submitted to DMAS for services to AG/CM recipients in FY07 and both AG/CM groups utilized similar levels of Medicaid services. Three quarters of these claims were for psychosocial rehabilitation (clubhouse), case management, mental health support, and personal case services as outlined below.

FY07 Medicaid Service	FY07 Claims	Percent of Total	Cumulative Percent
Psychosocial Rehabilitation Services	31,027	32.5	32.5
Mental Health Case Management	18,514	19.4	51.8
Mental Health Support Services	12,177	12.7	64.6
Mental Retardation Case Management	5,737	6.0	70.6
Personal Care Services	4,313	4.5	75.1
All Other Medicaid Service Claims	21,715	24.9	100

With the exception of Personal Care and MR Waiver services, both the AG/CM group needing supervised care and the AG/CM group suitable for independent living received similar levels of Medicaid-funded services in FY07 at a comparable annual cost per recipient (approximately $7,000 to 8,000).

Recipients and Payments by Medicaid Service	ADL/Orientation Dependent Recipients (%)	Average Number of FY07 Claims	IADL-Only Dependent Recipients (%)	Average Number of FY07 Claims
Case Management	1,210 (100)	8.7	1,114 (100)	8.9
Mental Health Support Services	313 (26)	17.2	244 (22)	17.5
Psychosocial Rehabilitation	423 (35)	37.7	459 (41)	22.8
Personal Care	373 (31)	8.9	56 (5)	8.1
MR Waiver	74 (6)	18.9	40 (4)	13.4
All Other	779 (64)	14.6	600 (54)	12.3

FY07 Payments by Medicaid Service	Total for ADL/Orientation Dependent Recipients	Average per ADL/Orientation Dependent Recipient	Total for IADL-Only Dependent Recipients	Average per IADL Dependent Recipient
Case Management	$3,416,496	$2,824	$3,228,432	$2,898
Mental Health Support Services	$1,901,823	$6,076	$1,308,912	$5,364
Psychosocial Rehabilitation	$2,663,119	$6,296	$2,861,611	$6,234
Personal Care	$284,892	$764	$37,479	$669
MR Waiver	$1,431,825	$19,349	$266,971	$6,674
Subtotal - most common services	**$9,698,155**	**$8,015**	**$7,703,405**	**$6,915**
All Other	$834,330	$1,071	$521,665	$869
Total Services	$10,532,485	$9,086	$8,225,070	$7,784

Estimated Number of AG/CM Recipients and Costs in a Restructured AG Program

According to DMAS data, therefore, an estimated 48% of individuals who currently receive case management services from a community services board or behavioral health authority, and who also receive auxiliary grants, could likely live independently with the supports provided by Medicaid case management and mental health support services. The current average array of their most common services cost $8,381 per year ($6,915 for 9.9 service months annualized). If these were reprogrammed into four hours of mental health support services per month ($3,984 to $4,368 per year, rural vs. urban) and monthly case management ($3,912 per year), the total annual cost would be between $7,896 and $8,280. There would be no increased cost in services, but rather an annual savings of between $101 and $485.

In addition to estimating service costs, the FY07 DMAS data was also used to determine the potential housing costs for AG/CM recipients in a portable AG program. Applying the HUD fair market rental rate to CSB areas within which current recipients reside results in an average rental assistance cost of $551 per month per one bedroom unit; an amount which is $74 less than what could be made available through the auxiliary grant as described above (see Appendix D: HUD Fair Market Rental Rates by CSB/BHA Area).

Limited New Costs to Replace Loss of AG-funded ALF beds with Restructured Portable Grants

In recent years, unexpended auxiliary grant fund balances have been identified. In the 2004-2006 biennium *"savings of $0.9 million general funds associated with a small surplus in the auxiliary grant program*[14]*"* was reprogrammed; and in the Governor's current 2008 budget reduction plan, $0.5 million is recouped because *"Spending in the auxiliary grant program continues to fall short of annual projections.*[15]*"*

These balances build up because of a reduction in available AG-funded ALF beds. According to DSS reports, there were 1,751 fewer adult cases of AG payments made in FY 2007 than in the previous year. On average each month, this equates to 147 fewer AG-funded adults. As AG-funded ALF beds close, auxiliary grants once used to support them could be utilized in a restructured program and a new group of eligible SSI State Supplement recipients defined as those AG recipients displaced by the closures.

If the restructured auxiliary grant program were limited to individuals displaced from ALF beds that close, and ALF beds are reduced at the FY07 rate, approximately 70 to 147 individuals would be funded to live independently through a portable auxiliary grant with case management and mental health support services provided at no extra cost, and perhaps an average monthly savings, to the Commonwealth.

Offset New Costs: Expand a Restructured AG Program to Targeted New Eligibility Groups

If the restructured auxiliary grant program were extended to other groups of case management recipients who receive UAI ratings of independent in ADLs and cognitive orientation but dependent in IADLs, such as those who are waiting for discharge from state hospitals (57 patients were ready for discharge but waiting over 30 days for ALF placements as of November 2007) or living in localities without ALF beds, the average monthly cost per person is estimated to be $1,136 per ALF placement ($438 in AG payments plus $698 in common Medicaid services) or between $1,096 and $1,128 per portable AG ($438 in AG payments plus $658 and $690 in common Medicaid services).

These projected costs might be offset if eligibility groupings were targeted to consumers who would otherwise utilize more expensive health care resources. An example may be drawn from the number of AG/CM recipients described above who were in the program in calendar year 2005 (1,799 or 64% of the study cohort) and who were discharged from a local psychiatric hospital that year (206 or 11%). Of those, 89 (43%) had more than one discharge (total = 338) during the year totaling 2,889 bed days (32 days on

average per person). This local psychiatric hospital care alone cost an estimated $1,938,000 for the year, or $21,775 per person.

This finding is consistent with recent Department of Mental Health, Mental Retardation and Substance Abuse Services studies that identified homeless adults with mental illness as having multiple annual admissions costing over $26,000 on average. Housing instability was found to closely correlate with high utilization of psychiatric inpatient care, and the average homeless CSB consumer as compared to the average housed CSB consumer, had four times the number of admissions, three times the number of bed days, and three times the total estimated cost for local psychiatric inpatient care. [16] Another target eligibility group for a restructured AG, therefore, could be defined as consumers who have experienced housing instability and numerous psychiatric hospitalizations.

A Portable Auxiliary Grant Eligibility and Planning Process: The "ABC" Model

A restructured auxiliary grant program which includes a larger array of consumer groups in varying living arrangements might at first appear to be overly complicated. However, a simple to understand process of eligibility determination and certification can be described as the "ABC" model: Assess, Budget, and Certify.

- **A: Assess New Auxiliary Grant Applicants**

  In a restructured AG program, applicants would be assessed by case managers as they are currently, but additional items would be added to their eligibility determination, i.e., their inclusion in the new prioritized groups. Existing AG recipients displaced from AG-funded ALF beds that close would be assessed for their interest in utilizing portable auxiliary grants. In addition, if funding was available, consumers waiting in state hospitals, or living in localities without ALFs, or other targeted consumers could be assessed for their interest in choosing between an ALF and a portable auxiliary grant.

- **B: Budget for Their Needs**

  An individualized service plan would be developed by the applicant with their treatment providers, in this case their CSB case managers, to include the cost of available housing within HUD's Fair Market Rental (FMR) Rates (See Appendix C). The cost to meet the housing and individual service needs of applicants to the restructured AG program would be approved by local DSS offices similarly to how auxiliary grant amounts are now approved.

- **C: Certify New Auxiliary Grant Recipients**

  Finally, once applicants are determined to be eligible under one of the newly defined AG categories and individualized service plans with housing costs are approved by the local CSB and DSS office as appropriate to the individual needs, the applications would be reviewed and certified at the State or local level on a case by case basis.

Rationale for A Restructured Auxiliary Grant Program

Mental Health Consumers Prefer Independent Housing With Supports

There have been numerous study findings over the years confirming that many mental health consumers prefer alternative independent living arrangements with supports to ALFs:

- *"Clients most preferred environments that ensured living alone in settings of low behavioral government-subsidized housing, For-profit boarding houses were preferred over psychiatric group homes, and homelessness, long-term hospitalization, and crisis accommodations were least preferred."*[17]

- *"Consumers consistently reported that they would prefer to live in their own house or apartment, to live alone or with a spouse or romantic partner, and not to live with other mental health consumers. Consumers reported a strong preference for outreach staff support that is available on call; few respondents wanted to live with staff"*[18]

- *"Results from studies of established programs indicate that support services for consumers should include working with individuals to formulate their housing and support goals; financial assistance in acquiring long-term stable housing; help in searching for an apartment and moving assistance in managing money and participating in leisure activities; assistance with medication; ongoing monitoring of needs; crisis support; and peer support."*[19]

Other Auxiliary Grant Program Restructuring Consideration: Local Match

Virginia is one of only five SSI State Supplement participating States that requires a local match to the SSI supplement (See House Document 86, 2005). This policy has engendered local opposition to AG-expansion proposals. For this proposed restructured auxiliary grant program, the General Assembly might wish to allow CSB contributions of its State General Funds, or other available CSB resources, to be used as local match.

Study Methodology and Consultations

This study was completed by conducting reviews of pertinent State and Federal requirements, other States' SSI Supplement programs, previous Virginia-specific study reports, and research studies on mental health housing and residential services. In addition, representatives from the following organizations were consulted:

Virginia Assisted Living Association (VALA)
Virginia Association of Nonprofit Homes for the Aging (VANHA)
Virginia Adult Home Association (VAHA)
Independent Home Ownership Group
Richmond Behavioral Health Authority (RBHA)
Highlands Community Services Board (HCSB)
Virginia Association of Community Services Boards
National Alliance on Mental Illness, (NAMI) Virginia
Family and Consumer Support Services Committee of the SWVA Regional Behavioral Health Board
Regional Consumer Empowerment and Recovery Council of Southwest Virginia
Virginia Department of Social Services
Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services
United States Social Security Administration

Staff of Community Services Boards and Behavioral Health Authorities who work closely with ALF residents felt strongly that the proposed portable auxiliary grant would likely work well with some, but not all, of their ALF consumers. They stated that ALFs are the only feasible placement for some consumers at a certain point, but ALF services can be counterproductive for others who want to learn independent living skills to move forward in their recovery. The provision of mental health support services to consumers in their own home or apartment is seen as the best intervention for them.

While recognizing the need for housing the residents displaced from an ALF that closes, some ALF operators expressed concerns that the proposed program might create vacancies in their own homes. Others worried that the proposed portable AG program might leave residents without adequate support

and supervision, given the difficulties the mental health system is already experiencing. Several noted the current problem they experience in accessing CSB services and supports to ALFs, including assessments and reassessments. All of the ALF association representatives noted their low reimbursement rates and felt that an increase in the rate would help to ensure the availability of the resources needed to care for AG recipients.

Conclusion: A Restructured Portable Auxiliary Grant Program is Feasible

A restructured auxiliary grant program that allows some well defined groups of CSB case management recipients to use the grant for rental assistance while learning independent living skills as consumers of mental health support services is feasible and affordable for the Commonwealth to implement. A portable auxiliary grant would promote more focused recovery and independence and better enable Virginia to provide services in a variety of integrated settings as contemplated by the Americans with Disabilities Act.

Endnotes

[1] AG recipients usually receive monthly Federal Supplemental Security Income (SSI) benefits up to $623 and the AG brings their total monthly income up to $1,061 ($1,220 in Northern Virginia, Planning District 8).
[2] *JLARC Final Report: Impact of Assisted Living Facility Regulations*, July 9, 2007
[3] Adult foster care homes are a local option and they must be approved by the local departments of social services. They are currently only found in Bland County and Montgomery County, and the cities of Chesapeake, Portsmouth, and Virginia Beach.
[4] *Transforming Housing for People With Psychiatric Disabilities Report,* HHS Pub. No. 4173. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2006.
[5] State Assistance Programs for SSI Recipients, U.S. Social Security Administration, January 2006
[6] 'Federal Code A living arrangement' means living in the recipient's own household; in a foster or family care situation; having no permanent living arrangement; living in an institution (excludes inmates of public institutions) for all or part of a month provided that Medicaid does not pay more than 50% of the cost of their care; or living alone or with a child, spouse, or persons whose income may be deemed to the recipient
[7] 'Ineligible spouse' means someone who lives with the recipient as husband or wife and is not eligible for SSI benefits.
[8] 'Federal Code B living arrangement' means living in the household of another person who is not the recipient's child or spouse, and receiving food and shelter from within that household.
[9] Wisconsin's SSI supplement policy clarifies need as the eligibility criteria: "It is the need rather than receipt of services which determines eligibility. Similarly, it does not matter who provides the service--a paid provider, family, or other informal caregiver--or whether no one currently provides it, as long as it is needed." *State SSI-E Administration Policy*, Wisconsin Department of Health and Family Services, 2004.
[10] 22VAC40-72-170. Staff general qualifications.
11 Qualified Case Manager must have knowledge of services, systems and programs available in the community, knowledge of the nature of serious mental illness, knowledge of different types of assessments and their use in treatment planning, knowledge of treatment modalities and intervention techniques, knowledge of service planning techniques, knowledge of use of medications and knowledge of applicable state and federal laws; skills in identifying an individual's need for resources, services, and other supports, skills in coordinating services, and ability to engage and sustain ongoing relationships with individuals receiving services.
[12] Qualified Mental Health Professional is a clinician in the human services field who is trained or experienced in providing psychiatric services or mental health services to individuals with a mental health diagnosis: physician; psychiatrist; psychologist- master's degree in psychology with at least one year of clinical experience; social worker – bachelor's or master's degree from an accredited school of social work with at least one year of clinical experience; registered nurse with at least one year of clinical experience; mental health worker as defined as: individual with bachelor's degree in human services or related field with one year of clinical experience; or a Registered Psychiatric Rehabilitation Provider with the International Association of Psychosocial Rehabilitation Services as of January 1, 2001; or an individual with a bachelor's degree in an unrelated field with at least 15 semester credits in a human service field and has at least three years of clinical experience; or four years' clinical experience working directly with individuals with mental illness or mental retardation
[13] 20 C.F.R. § 416.2005(c)
[14] Governor Warner's proposed 2004 - 2006 Biennial Budget Briefing
[15] FY 2008 Budget Reduction Plan
[16] "Comparing Homeless Management Information Systems and Mainstream Health Care Databases to Identify Cost Offsets for "Housing First" in Richmond Virginia's Continuum of Care," Shank, M., Virginia DMHMRSAS, 2007
[17] *Housing accommodation preferences of people with psychiatric disabilities,* Owen C, Rutherford V, Jones M, et al: Psychiatric Services 47:628–632, 1996
[18] *An overview of surveys of mental health consumers' preferences for housing and support services*, Tanzman B: Hospital and Community Psychiatry 44:450–455, 1993
[19] *Housing and Supports for Persons With Mental Illness: Emerging Approaches to Research and Practice*, Carling, P: Hosp Community Psychiatry 44: 439-449, 1993

Appendix A: Virginia Auxiliary Grant Statute

§ 63.2-800. Auxiliary grants program; administration of program.

A. The Board is authorized to prepare and implement, effective with repeal of Titles I, X, and XIV of the Social Security Act, a plan for a state and local funded auxiliary grants program to provide assistance to certain individuals ineligible for benefits under Title XVI of the Social Security Act, as amended, and to certain other individuals for whom benefits provided under Title XVI of the Social Security Act, as amended, are not sufficient to maintain the minimum standards of need established by the Board. The plan shall be in effect in all political subdivisions in the Commonwealth and shall be administered in conformity with Board regulations.

Nothing herein is to be construed to affect any such section as it relates to Temporary Assistance for Needy Families, general relief or services to persons eligible for assistance under Public Law 92-603 enacted by the Ninety-second United States Congress.

B. Those individuals who receive an auxiliary grant and who reside in licensed assisted living facilities or adult foster care homes shall be entitled to a personal needs allowance when computing the amount of the auxiliary grant. The amount of such personal needs allowance shall be set forth in the appropriation act.

C. The Board shall adopt regulations for the administration of the auxiliary grants program that shall include requirements for the Department to use in establishing auxiliary grant rates for licensed assisted living facilities and adult foster care homes. At a minimum these requirements shall address (i) the process for the facilities and homes to use in reporting their costs, including allowable costs and resident charges, the time period for reporting costs, forms to be used, financial reviews and audits of reported costs; (ii) the process to be used in calculating the auxiliary grant rates for the facilities and homes; and (iii) the services to be provided to the auxiliary grant recipient and paid for by the auxiliary grant and not charged to the recipient's personal needs allowance.

D. In order to receive an auxiliary grant while residing in an assisted living facility, an individual shall have been evaluated by a case manager or other qualified assessor to determine his need for residential living care. An individual may be admitted to an assisted living facility pending evaluation and assessment as allowed by Board regulations, but in no event shall any public agency incur a financial obligation if the individual is determined ineligible for an auxiliary grant. For purposes of this section, "case manager" means an employee of a human services agency who is qualified and designated to develop and coordinate plans of care. The Board shall adopt regulations to implement the provisions of this subsection.

(1973, c. 264, § 63.1-25.1; 1974, cc. 44, 45; 1981, c. 21; 1985, c. 229; 1991, c. 532; 1993, cc. 957, 993; 1995, c. 649; 2002, c. 747.)

Appendix B: Wisconsin Assessment for Natural Residential Setting

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
DDE-817 (Rev. 12/2003)

STATE OF WISCONSIN
Completion of this form is required by Section 49.77(3s)(b), Wis. Stats.

ASSESSMENT WORKSHEET FOR NATURAL RESIDENTIAL SETTING

_____
Name - SSI Recipient

NOTE. If a person resides with a spouse or is a minor child residing with a legal parent, only services received/needed when the spouse or parent is away from the residence for purposes of employment of which the spouse or parent is physically or mentally incapable of providing count toward the 40-hour requirement (s. 49.77(3s)(b) 1 and 2).

SUPPORTIVE HOME CARE (SHC)

If the person requires the assistance of another person in the following areas, enter the approximate hours per month.

Care of the Person

_____ 1. Eating meals
_____ 2. Changing position in bed
_____ 3. Transferring from bed/wheelchair
_____ 4. Using the toilet and/or controlling bladder or bowel
_____ 5. Personal mobility
_____ 6. Bathing, grooming/ dressing
_____ 7. Medical support
_____ 8. Planning/accessing leisure time activities
_____ 9. Finance/bill paying
_____ 10. Physically accessing medical care
_____ 11. On-site supervision

Chore

_____ 12. Grocery shopping/food preparation/clean-up
_____ 13. Housework/laundry
_____ 14. Yard work/snow shoveling

Respite

_____ 15. Respite

Other

_____ 16. Other (specify)

_____ **TOTAL MONTHLY HOURS OF SHC**

DAILY LIVING SKILLS TRAINING (DLST)

If the person needs training in the following areas, enter the approximate number of hours per month.

_____ 1. Personal hygiene, grooming, and dressing
_____ 2. Planning/preparing food/clean-up
_____ 3. Laundry activities
_____ 4. Housekeeping
_____ 5. Budgeting and/or using the banking system
_____ 6. Purchasing necessities: food/clothes
_____ 7. Socialization skills/leisure activities
_____ 8. Developing appropriate sexual behaviors
_____ 9. Parenting skills/family relationships
_____ 10. Accessing public/private transportation
_____ 11. BIRTH to 3 program for children
_____ 12. Medical support
_____ 13. Consumer training
_____ 14. Other (specify)

_____ **TOTAL MONTHLY HOURS OF DLST**

IF THE TOTAL HOURS OF SHC AND DLST NEEDED ARE 40 OR MORE HOURS PER MONTH, THE PERSON IS ELIGIBLE FOR SSI-E.

Keep in agency case file

Appendix B: Wisconsin Assessment for Natural Residential Setting -2

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
DDE-817A (Rev. 12/2003)

STATE OF WISCONSIN
Completion of this form is required by
Section 49.77(3s), Wis. Stats

ASSESSMENT WORKSHEET FOR NATURAL RESIDENTIAL SETTING

COMMUNITY SUPPORT PROGRAM

NAME - SSI Recipient: _____

If the person is chronically mentally ill or is a chronic alcoholic or other drug abuser and requires assistance in the following areas, enter the approximate number of hours per month.

_____ 1. Case planning, monitoring and review

_____ 2 Case management

_____ 3. Assessment/diagnosis

_____ 4. Assistance in obtaining needed benefits (e.g., financial support, legal services, money management)

_____ 5. Advocacy

_____ 6. Education, support, and consultation to clients' families and other major supports

_____ 7. Supportive counseling/psychotherapy

_____ 8. Assertive outreach

_____ 9. Symptom management

_____ 10. Medical support/obtaining health care

_____ 11. Referral

_____ 12. Socialization and interpersonal

_____ 13. Assistance with and training in community functioning (e.g., family relationships, parenting)

_____ 14. Transportation

_____ 15 Assistance in learning daily living tasks (e.g., personal grooming, laundry, planning/preparing food, purchasing necessities, housekeeping, financial management, training in the use of available transportation)

_____ 16. Crisis intervention

_____ 17. Vocational services

_____ 18. Acquiring/maintaining adequate housing

_____ 19. Social/recreational activities

_____ 20. Coordination of services with other human service programs

_____ 21. On-site supervision needed to protect health, safety, welfare

_____ 22. Respite to family or other major supports

_____ 23. Other (specify)

_____ **TOTAL MONTHLY HOURS OF CSP**

IF THE TOTAL HOURS OF CSP NEEDED ARE 40 OR MORE HOURS PER MONTH, THE PERSON IS ELIGIBLE FOR SSI-E.

Keep in agency case file

Appendix C: HUD Fair Market Rental Rates by Virginia Locality/Metro Area

HUD 2007 Fair Market Rental Rates By Virginia Localities and Metro Areas	0 BR	1 BR	2 BR	3 BR
Franklin County, VA HMFA	326	390	502	600
Lee	325	393	502	645
Page	340	397	521	672
Pulaski County, VA HMFA	381	403	502	719
Henry	387	403	502	644
Martinsville city	387	403	502	644
Kingsport-Bristol-Bristol, TN-VA MSA	376	404	502	673
Danville, VA MSA	353	405	523	652
Mecklenburg	329	410	506	621
Wythe	326	413	502	658
Alleghany	326	418	502	610
Clifton Forge city	326	418	502	610
Covington city	326	418	502	610
Tazewell	418	419	502	645
Giles County, VA HMFA	327	424	502	640
Norton city	418	426	502	653
Wise	418	426	502	653
Bland	418	433	502	640
Buchanan	418	433	502	640
Grayson	418	433	502	640
Russell	327	434	502	614
Shenandoah	414	443	542	723
Brunswick	431	445	519	647
Lunenburg	431	445	519	647
Bath	429	446	554	765
Highland	429	446	554	765
Dickenson	418	448	502	655
Buena Vista city	401	451	502	731
Lexington city	401	451	502	731
Rockbridge	401	451	502	731
Smyth	415	451	502	638
Buckingham	418	451	502	645
Charlotte	418	451	502	645
Nottoway	418	451	502	713
Augusta	438	451	588	841
Staunton city	438	451	588	841
Waynesboro city	438	451	588	841
Halifax	326	453	502	674
Patrick	416	453	502	622
Carroll	417	453	502	602
Galax city	417	453	502	602
Lynchburg, VA MSA	450	461	556	686
Accomack	343	469	528	642
Emporia city	432	469	520	628
Greensville	432	469	520	628

HUD 2007 Fair Market Rental Rates By Virginia Localities and Metro Areas	0 BR	1 BR	2 BR	3 BR
Roanoke, VA HMFA	446	474	613	778
Prince Edward	487	488	587	703
Madison	443	494	597	826
Rappahannock	443	494	597	826
Lancaster	403	496	604	743
Middlesex	403	496	604	736
Northampton	403	496	604	736
Northumberland	403	496	604	736
Richmond	403	496	604	736
Westmoreland	408	497	627	860
Essex	404	499	614	836
Harrisonburg, VA MSA	451	501	610	855
Franklin city	363	502	557	689
Southampton	363	502	557	689
Floyd	461	502	556	773
Winchester, VA-WV MSA	491	510	673	929
Louisa County, VA HMFA	462	524	597	714
Blacksburg-Christiansburg-Radford, VA HMFA	488	534	598	820
Warren County, VA HMFA	473	550	685	963
Orange	403	554	617	898
King George	636	637	766	1,114
Culpeper	631	642	760	983
Charlottesville, VA MSA	557	669	792	1,026
*Richmond, VA HMFA	651	705	788	1,051
*Virginia Beach-Norfolk-Newport News, VA-NC MSA	700	735	844	1,164
*Washington-Arlington-Alexandria, DC-VA-MD HMFA	995	1,134	1,286	1,659

Note HMFA = HUD Metro FMR Areas

Appendix D: HUD Fair Market Rental Rates by CSB/BHA Area

CSB/BHA	AG/CM Recipients	1 BR FMR	Averaged # of Localities in Area
Alexandria	7	1,134	1
Alleghany Highlands	82	418	1
Arlington	11	1,134	1
Blue Ridge	246	474	1
Central Virginia	95	461	1
Chesapeake	73	735	1
Chesterfield	21	705	1
Colonial MH/MR	42	735	1
Crossroads	81	499	6
Cumberland Mountain	137	429	3
Danville-Pittsylvania	77	405	1
District 19	155	548	3
Eastern Shore	43	483	2
Fairfax-Falls Church	45	1,134	1
Goochland-Powhatan	2	705	1
Hampton-Newport News	123	735	1
Hanover	9	705	1
Harrisonburg-Rockingham	25	501	1
Henrico Area MH/MR	97	705	1
Highlands	233	404	1
Loudoun County	2	1,134	1
Mid Peninsula-Nrthrn Neck	72	497	6
Mount Rogers	80	439	6
New River Valley	52	466	4
Norfolk	93	735	1
Northwestern	69	475	4
Piedmont	73	412	4
Planning District 1	115	415	3
Portsmouth DBHS	15	735	1
Prince William	4	1,134	1
Rapp-Rapidan	28	637	1
Rappahannock Area	14	563	3
Region Ten	85	562	3
Richmond BHA	259	705	1
Rockbridge Area	34	443	5
Southside	72	436	3
Valley	36	450	4
Virginia Beach	17	735	1
Western Tidewater	78	580	3
Total	2,802	$550	