

Auxiliary Grant in Supportive Housing

Provider Operating Manual

Developed by the
Auxiliary Grant in Supportive Housing Advisory Workgroup



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VIRGINIA'S AUXILIARY GRANT PROGRAM

Virginia's Auxiliary Grant (AG) is an income supplement for recipients of Supplemental Security Income (SSI) and certain other aged, blind, or disabled individuals residing in an assisted living facility (ALF) licensed by the Virginia Department of Social Services (VDSS), in an adult foster care (AFC) home approved by a local department of social services (LDSS), or in a supportive housing (SH) setting coordinated or provided through a licensed service provider that is approved by the Department of Behavioral Health and Developmental Services (DBHDS) and certified by the Department for Aging and Rehabilitative Services (DARS).

This assistance is available through LDSS to ensure that AG recipients are able to maintain a standard of living that meets a basic level of need. DARS administers Virginia's AG program.

Determining an individual's eligibility for AG is a two-step process. An individual must be assessed using the Uniform Assessment Instrument (UAI) by a qualified assessor such as the LDSS service worker or a community services board (CSB) to determine an individual's level of care needed. State regulation defines the criteria that must be met in order to meet the approved level of care based on the UAI.

LDSS eligibility workers determine an individual's financial eligibility for AG and if eligible, issue the payment to the individual. The payment is an amount equal to the approved rate for the setting and a personal needs allowance per month, minus any income available to the individual from such sources as SSI and Social Security.

Sample Calculation of Monthly AG Payment	
\$1,317*	Maximum AG rate, outside Northern VA (2019)
+82	Personal Needs Allowance
<hr/>	
-\$750	Less individual income (e.g., SSI)
<hr/>	
\$649	AG payment (80% state /20% local)
*This is a sample and figures are subject to Change.	

AUXILIARY GRANT IN SUPPORTIVE HOUSING (AGSH)

SH was added as an approved setting to the AG program in 2016. SH is defined as "a residential setting with access to supportive services for an AG recipient in which tenancy ... is provided or facilitated by a provider licensed to provide mental health community support services, intensive community treatment, programs of assertive community treatment, supportive in-home services, or supervised living residential services that has entered into an agreement with

the Department of Behavioral Health and Developmental Services...” The following public entities work collaboratively to administer specific functions of the AGSH setting.

Department for Aging and Rehabilitative Services

Adult Protective Services Division

- Has administrative and regulatory oversight of the AG program.
- Coordinates with DBHDS, VDSS, and LDSS on AG issues.
- Monitors AG regulatory compliance through annual certification for ALF and AGSH providers.
- Develops policy and coordinates AG training for LDSS eligibility workers.

Department of Behavioral Health and Developmental Services

Office of Adult Community Behavioral Health Services

- Selects providers for AGSH setting.
- Develops and monitors Program Agreements with AGSH providers.
- Coordinates with DARS and DBHDS Licensing Office on AGSH program and provider issues.
- Provides subject matter expertise and technical assistance on the SH model.
- Monitors program performance and client outcomes.

Office of Licensing

- Licenses the mental health service(s) offered by AGSH providers. Does not license the AGSH settings, homes, or residences. Service providers must hold a current license to provide mental health community support services, intensive community treatment, and programs of assertive community treatment, supportive in-home or supervised living residential services. Does not license the AGSH program itself.
- Conducts unannounced onsite reviews for services provided at any time and at least annually to determine compliance with applicable licensing regulations. Investigates complaints and reports of serious incidents. Onsite reviews for community-based services may occur in an office setting, not at a person’s home or residence.
- Issues and monitors provider corrective action plans.
- Approves, denies, revokes or suspends provider/service licenses.
- Coordinates with DBHDS Offices of Human Rights, Program Offices, DMAS, DARS, and other stakeholders regarding provider licensing issues.

Community Services Boards (CSBs)

- Serves as the central point of access for community behavioral health and developmental services and deliver a range of preventative, clinical, habilitative, and rehabilitative services to individuals with or at risk of behavioral health or developmental disabilities.
- Conducts UAI assessments and re-assessments for their consumers.

Local Departments of Social Services

Benefit Programs:

- Determines AG eligibility based on financial and non-financial requirements in accordance with AG policy for applications and renewals.
- Processes changes and discharges for the AG and Medicaid programs.
- Issues AG payments to consumers.

LDSS Adult Services program staff:

- Conducts assisted living facility assessments and reassessments according to the Code of Virginia (§63.2-1602 and §63.2-1804).
- Does not license the AGSH setting.

AGSH ADVISORY WORKGROUP

The AGSH Advisory Workgroup is chaired by the DARS Adult Protective Services Division and also includes membership by DBHDS, local CSBs, VDSS, and LDSS, non-profit SH providers, community members, and consumer advocates. The purpose of the workgroup is to advise the development of AGSH regulations and provider guidance to ensure the development and administration of an effective AGSH program.

PERMANENT SUPPORTIVE HOUSING

The evidence-based practice of Permanent Supportive Housing (PSH) is the model used to define the structure, operations, standards, and practices of the AGSH that are outlined in this guidance document. PSH is well-researched and defined and includes two fundamental components: affordable, lease-based rental housing and a comprehensive array of community-based supportive services that are available to recipients based on their changing needs, strengths, abilities, and preferences.

National standards for PSH, including a toolkit for SH providers that include essential model components can be found at the Substance Abuse and Mental Health Services Administration (SAMHSA) website.

“HOUSING FIRST” PRINCIPLES

AGSH also adheres to *Housing First* principles in the operation of SH. The application of low barrier, consumer-driven principles, widely known as “*Housing First*” has been demonstrated to improve access to, retention in, and satisfaction with SH for highly vulnerable individuals with disabilities. The United States Interagency Council on Homelessness (USICH) has produced a document that outlines the elements of a housing first approach. Housing first principles include:

- Admission/tenant screening and selection practices affirm the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services.
- Applicants are seldom rejected on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that indicate a lack of “housing readiness.”
- Supportive services emphasize engagement and problem-solving over therapeutic goals. Services plans are highly tenant-driven without predetermined goals. Participation in services or program compliance is not a condition of PSH tenancy.
- Use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction.
- Tenant selection plan for PSH includes a prioritization of eligible tenants based on criteria other than “first come/first serve” such as duration/chronicity of homelessness, vulnerability, or high utilization of crisis services.
- Case managers/service coordinators are trained in and actively employ evidence-based practices for client/tenant engagement such as motivational interviewing and client-centered counseling.
- Services are informed by a harm reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants’ lives, where tenants are engaged in non-judgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices.
- Building and apartment units may include special physical features that accommodate disabilities, reduce harm, and promote health among tenants. These may include elevators, stove-tops with automatic shut-offs, wall-mounted emergency pull-cords, ADA wheelchair compliant showers, etc.

AGSH ELIGIBILITY

The consumer population eligible for AGSH includes:

- Individuals who have been approved for AG, who have been assessed using the UAI to meet a minimum of the residential level of care and have met criteria #5, #6, #7 on Appendix K, are interested in SH, and have been determined through an AGSH Evaluation to be eligible to live in SH.

- Individuals who do not require ongoing, onsite, 24-hour supervision and care or recipients who have any of the prohibited conditions or care needs described in subsection D of §63.2-1805.

AGSH ENROLLMENT

In localities with a DARS-certified AGSH provider, that has an executed provider agreement with DBHDS, enrollment proceeds as follows:

1. Before a referral can be completed, the individual must meet the following criteria during the assessment:

- ✓ A UAI is completed by a Qualified Assessor, as described in §63.2-1804, where the candidate must meet at a minimum Residential Level of Care. A determination of abusive/aggressive/ disruptive behavior alone is **not** exclusionary for AGSH if the behavior occurs less than weekly. Date of completed UAI must be within 30 days of the initial referral to AGSH provider and;
- ✓ The individual has applied for the AG program and meets eligibility requirements
- ✓ Candidate is interested in SH and;
- ✓ Candidate meets AGSH provider target population (i.e. SMI diagnosis) and;
- ✓ AGSH program is accepting referrals

2. If the above criteria is met, the Qualified Assessor completes a referral to AGSH provider

- Additional forms such as releases of information documentation will be needed. Localities may have additional forms/documentation necessary based on the referral source.

3. AGSH Provider Conducts a SH Evaluation (see [AGSH Evaluation](#)). If after the assessment and evaluation the candidate is found to be:

- a. Ineligible, then the AGSH provider notifies individual and qualified assessor or;
- b. Eligible, then the AGSH provider applies prioritization criteria.
 - I. If prioritization criteria is not met, the individual is placed on the provider's waitlist.

- II. If prioritization criteria is met but there are no “spots” available, the individual is placed on the provider’s waitlist.
- III. If prioritization criteria is met and “spots” are available, AGSH provider enrolls the individual.

4. Once a client has been accepted into the program, the provider will notify the LDSS that has the AG case and submit to staff the following:

- a. Provider Communication document informing them the address of client in SH program to the LDSS service worker if the worker completed the assessment.
- b. A copy of the provider agreement and a copy of the lease agreement to the eligibility worker who is processing the AG application.
- c. A DMAS 96 if the individual is new to AG
- d. Eligibility Communication document if it is an annual renewal assessment.
- e. Name, address and social security verification of the assigned payee.

Note: As it relates to payee information, each locality may have a different process to register a vendor. It is the responsibility of the Housing Specialist to see that process through.

The AGSH provider must maintain data for all referrals that are event-based and individually identifiable. Such data shall include:

- (1) Determinations of eligibility and reasons for determinations
- (2) Prioritization category
- (3) AGSH enrollment date¹ (if applicable)

AGSH providers may not exceed the enrollment cap specified in their AGSH Provider Agreement.

AGSH RE-EVALUATION AND DISCHARGE

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

Annual AG Recertification with LDSS is required to be performed every 12 months from the initial AGSH enrollment. LDSS requires a completed eligibility renewal packet with required verifications, the completed annual reassessment screening using the eligibility communication document, and a copy of the current Provider Communication document with the appropriate setting and Levels of Care.

¹ See [Program Evaluation](#) section for additional data that must be collected for AGSH-enrolled individuals.

The AGSH includes the Basic Services described in regulation and further delineated in this Operating Manual. The individual must maintain financial and non-financial eligibility for the AGSH, and the AGSH provider is expected to deliver the services outlined in each individual's supportive housing services plan (SHSP).

Annual AGSH re-certifications must include a re-evaluation and updated SHSP. AGSH re-evaluations must also be conducted whenever there are changes to the individual's circumstances that jeopardize his or her ability to maintain basic health, or safety.

If an individual refuses those basic services in the AGSH for more than 30 consecutive days, the AGSH provider must document attempts to re-engage and re-negotiate the SHSP with the consumer. After 45 consecutive days of documented failed attempts to provide AGSH Basic Services as described in the SHSP, the AGSH provider must conduct an interim re-evaluation to determine continued AGSH eligibility.

Examples of events that may trigger a re-evaluation:

- Ongoing non-payment of rent resulting in eviction proceedings, or
- Ongoing non-payment utilities resulting in termination of services , or
- Ongoing non-payment of AGSH provider payments in violation of the Participation Agreement, or
- Serious lease violations or repeated landlord, neighbor, or community complaints, or
- Refusal of unit inspections, or
- Non-responsiveness to repeated provider engagement attempts, or
- Other indications of problems meeting basic needs, decline in level of functioning, or increased risk behaviors.

AGSH Discharge Criteria:

Discharge from AGSH for refusal or inability to participate in AGSH Basic Services may only occur when the evaluation results in a determination of ineligibility.

1. Individual no longer meets AG financial eligibility, or
2. Individual no longer meets AGSH non-financial eligibility, including any of the following:
 - Absent from housing unit for 30 consecutive days or more, or
 - Absent from housing unit up to 90 consecutive days due to hospitalization without a physician's statement², or

² An individual may continue to receive benefits without interruption for the first full 90 days of medical confinement with a physician's statement in writing that he or she expects that the individual's medical confinement is not likely to last longer than 3 months. http://www.socialsecurity.gov/OP_Home/ssact/title16b/1611.htm#act-b1611

- No longer meets UAI residential level of care, or
- No longer meets AGSH eligibility as determined by AGSH re-evaluation, or
- Refusal or inability to participate in UAI or AGSH re-evaluation

NOTE: Individuals may not be discharged due to lack of participation or closure to clinical, treatment, or rehabilitative services.

In the event of discharge, the AGSH provider must work with the individual to develop an appropriate discharge plan.

RE-ENTRY INTO AN ALF AFTER DISCHARGE FROM AGSH

When an individual is being discharged from AGSH and is seeking placement into an ALF, VDSS Licensing standards will need to be followed:

- The client will need a UAI assessment done or updated within 90 days of placement.
- The Individual will need a healthcare screening.
- A Provider Communication document reflecting the change in setting and/or level of care sent to the LDSS.

APPEALS OF ELIGIBILITY OR DISCHARGE DECISIONS

Individuals have a right to appeal eligibility and discharge determinations. The agency responsible for administering the appeals process varies according to the type of appeals determination.

Appeals of AGSH Program Eligibility or Discharge Determinations

Responsible Entity: AGSH Provider

AGSH providers must provide an appeals process for discharge/termination from their SH program (not from clinical or treatment services). Appeals for termination should be heard by staff at the AGSH provider agency other than the staff providing AGSH basic services. Individuals must be informed of the right to appeal at enrollment and at least annually thereafter, as well as upon notification of intent to discharge from AGSH.

Appeals of Financial Eligibility Determinations for AG

Responsible Agency: VDSS

VDSS conducts fair hearings to provide individuals the opportunity to challenge a LDSS's decision regarding eligibility for financial assistance. The fair hearing process is a private, informal meeting at the LDSS with the individual and anyone they wish to bring as a witness or to help you tell your story, such as a lawyer. A representative of the LDSS is also present at the

hearing. A hearing officer conducts the hearing and reviews all information regarding your appeal. The hearing officer determines the outcome of the appeal.

Appeals should be sent within 30 days of receiving a Notice of Action from the LDSS to:

Manager, Appeals and Fair Hearings
 Virginia Department of Social Services
 801 E. Main Street
 Richmond, Virginia 23219-1849

AGSH RATE

The rates for the AGSH and personal needs allowance are established by the Virginia General Assembly. The AGSH payment and personal needs allowances are paid directly to the recipient or representative payee and the monthly payment covers:

- Rent and utilities, which must be within HUD guidelines for Fair Market Rents and Rent Reasonableness.
- Basic living needs including costs of transportation, food, household supplies, telephone, fees for representative payees, medical co-payments, and personal care items.

Sample AGSH Budget

Sample AGSH Recipient Monthly Budget	
Income & Benefits Received by Recipient	Expenses Paid by Recipient
\$1,317* Max AG payment (2019)	\$795 Rent
\$82 Personal Needs Allowance	\$88 Utilities
\$1,399 <i>Subtotal Cash Benefits</i>	\$883 <i>Subtotal Housing Expenses</i>
\$16 SNAP	
\$1,415 TOTAL INCOME & BENEFITS	\$532 Personal Expenses (e.g., transportation, food, phone, medical copays, payee fee, personal care)
	\$1,415 <i>Subtotal Housing + Personal</i>
	\$1,415 TOTAL EXPENSES
Balance \$ 0	

(Total Income & Benefits - Total Expenses)
*This is used for sample purposes only figures are subject to change

AGSH Provider Requirements

Specific DBHDS-licensed providers within defined geographic areas are selected through competitive application to DBHDS.

AGSH providers must be DBHDS-licensed as mental health community support service, intensive community treatment, program of assertive community treatment, supportive in-home or supervised living residential services providers.

AGSH providers are selected by the DBHDS through a competitive application process which includes a review of (1) community need and rental housing market capacity (2) provider experience in operating high quality SH and community-based services to support individuals in lease-based housing (3) provider experience and established connections with UAI assessors, LDSS, and other AG stakeholders to facilitate engagement and retention of eligible consumers (4) provider capacity to deliver services through existing staffing, staffing sustained by additional Medicaid revenue, or through other established community partnerships (5) commitment to work with DBHDS and DARS to develop an effective SH model, including provision of client-level utilization and outcome data.

Selected providers will enter into AGSH provider agreements with DBHDS. If selected providers are Community Services Boards, the Provider Agreements will become part of the Performance Contract with DBHDS. These agreements outline the AGSH required, prohibited, and allowable activities and services as well as the number of AGSH recipients who may be served. DBHDS or its designee will conduct annual inspections of the AGSH provider to ensure compliance with the provider agreement. In accordance with statute and regulation, DBHDS may revoke any agreement if it determines that the provider has violated the terms of the agreement or any federal or state law or regulation and may enter into an agreement with another provider to ensure uninterrupted SH to the AGSH recipient.

In addition to the DBHDS provider agreement, the SH provider shall annually certify that it complies with the regulations (22VAC30-80-10 et. seq) for the administration of the AG program by submitting a certification form to DARS annually by October 1st of each year. The compliance process administered by DARS is completed by the receipt of a report from DBHDS to DARS listing the approved, licensed providers that are providing AGSH services and the submission of the AGSH provider certification form submitted by the provider. DBHDS will be responsible for submitting the licensure report annually to DARS. Reports can be submitted by mail to 8004 Franklin Farms Drive Henrico, VA 23229, or by encrypted email at Tishaun.HarrisUgworji@dars.virginia.gov.

AGSH Program Requirements

General AGSH Program Requirements

- 1) AGSH-Assisted housing is affordable, meaning the tenant household has sufficient resources to meet their living needs after rent and utilities are paid.
- 2) AGSH recipients hold a lease or sublease identical to non-SH with no limits on length of tenancy, as long as lease terms and conditions are met;
- 3) AGSH proactively engages members of the tenant household in a flexible and comprehensive array of supportive services, without requiring participation in services as a condition of ongoing tenancy;
- 4) AGSH effectively coordinates with key partners to address issues resulting from medical problems, cognitive limitations, substance use, or mental health and other crises, with a focus on fostering housing stability and wellness; and
- 5) AGSH supports tenants in connecting with community-based resources and activities, interacting with diverse individuals including those without disabilities, and building strong social support networks.
- 6) Before moving into SH, AGSH tenants are asked about their housing preferences and are offered a reasonable choice of units that would be similarly available to non-disabled persons.
- 7) AGSH housing is integrated. Tenants have the opportunity to interact with neighbors who do not have disabilities.
- 8) AGSH leases comply with the Virginia Residential Landlord and Tenant Act and do not have any provisions that would not be found in leases held by someone who does not have a disability. Leases are renewable at tenants' and owners' option.
- 9) Lease addendums, if any, are similar to those found in housing for people who do not have disabilities and do not restrict visitors or otherwise interfere with a life in the community.
- 10) After paying rent, and utilities AGSH participants are left with the balance available for discretionary spending sufficient to afford other necessary living expenses.
- 11) The provision of AGSH housing and the provision of support services are distinct, based on the tenant's individual needs.
- 12) AGSH support services promote recovery and independence and are designed to help tenants choose, get and keep housing.
- 13) AGSH tenants have choices in the support services that they receive. They are asked about their choices, can choose from a range of services, and different tenants receive different types of services based on their needs and preferences.
- 14) As needs change over time, AGSH tenants can receive more intensive or less intensive support services without losing their homes.

AGSH Basic Service Requirements

The AGSH program provides a range of services to ensure that recipients secure and maintain housing and achieve their personal goals. The AGSH provider:

- 1) Assesses recipient housing needs, barriers, and preferences and identifies housing options based on this assessment.
- 2) Develops an initial SH service plan within 30 days of enrollment. Revises and updates the plan with significant changes and no less than every 6 months.
- 3) With the full participation of the AG recipient, ensures that clinical, treatment, and/or other supportive services needs are assessed and that connections to those services are established before move-in to the SH unit.
- 4) Ensures that housing units meet AGSH standards for affordability, habitability, privacy, and amenities and that participant leases comply with Virginia Residential Landlord and Tenant Act.
- 5) Develops a consumer budget that is reviewed with the recipient at least annually or with any changes in income, housing, or household composition.
- 6) Assists with resource identification to secure, set-up, and maintain a household.
- 7) Conducts tenant education on leaseholder rights and responsibilities.
- 8) Assists with lease negotiations.
- 9) Coordinates with DSS; UAI assessors; clinical, rehabilitation, and recovery support providers; representative payees; and family and natural supports; and other relevant parties.
- 10) Facilitates landlord-tenant communication and monitors basic lease compliance.
- 11) Conducts unit inspections before move in and at least annually; ensures ongoing compliance with habitability and affordability standards.
- 12) Provides education, linkage, and referral to mainstream benefits, community resources, and supportive services including treatment and skills training.
- 13) Responds directly to housing-related crises and coordinates with other emergency response systems to prevent and address other recipient crises.
- 14) Assists with re-location and moves, if needed.
- 15) Collects and reports client outcome and program process data to DBHDS and DARS.
- 16) Conducts in-home visits at least monthly to assess housing stability and progress toward SH plan goals.
- 17) Maintains a AGSH record for each recipient that includes, at a minimum, housing assessments, SH service plans, UAIs, leases, landlord communications, recipient-related DSS and DBHDS communications, household budgets, inspection reports, progress notes, and other records necessary to document AGSH required services.
- 18) Maintains a triennial license in good standing with DBHDS to provide in-kind community-based clinical and supportive services in addition to the housing-related supportive services paid by the AGSH.

AGSH Housing Requirements

The housing setting in which an AGSH recipient resides must meet certain standards before move-in and throughout tenancy. Each unit must:

- 1) Comply with federal habitability standards.
- 2) Provide cooking and bathroom facilities in each unit.
- 3) Afford dignity and privacy to the recipient.
- 4) Include rights of tenancy pursuant to the Virginia Residential Landlord and Tenant Act
- 5) Provide rental & utility levels that leave sufficient funds for other necessary living expenses.
- 6) Charge rent no higher than the current HUD Fair Market Rent (FMR) for a one bedroom apartment in the locality or the locally-approved payment standard, if different than FMR. Efficiency units may not charge more than the 0 bedroom FMR.
- 7) Charge rent that is reasonable in relation to rents being charged for comparable units in the general area, with similar features and amenities and are not more than rents currently being charged by the same owner for comparable non-AGSH units. Comparable rents can be checked by using a market study of rents charged for units of different sizes in different locations or by reviewing advertisements for comparable rental units. Rent reasonableness must be documented.

AGSH is intended for recipients to use in standard rental housing (e.g., apartments, single family homes, manufactured housing) that is occupied solely by the AGSH recipient. Before occupancy, each housing unit must meet all standards outlined in regulation and in this guidance for privacy, affordability, habitability, and access to amenities. The use of housing that is intended to be occupied by the AGSH recipient in addition to any other individual freely chosen by that recipient must be approved, in writing and before occupancy, by DARS and DBHDS.

The following settings are not allowable in the AGSH program, even if leases are offered:

- Congregate care settings (e.g., group homes, ALFs)
- Boarding homes
- Rented rooms in private homes

AGSH Staffing Requirements

AGSH programs must include Housing Specialist staff time proportionate to the number of individuals in the proposed PSH program. Housing Specialists provide access to and stabilization in housing by:

- Assisting individuals with developing a SH plan;
- Identifying and applying for affordable housing options; ensuring housing units meet all AGSH standards, including quality, privacy, integration, accessibility, and affordability;
- Maintaining effective relationships with landlords, property managers, assisted living facilities, referral sources LDSS; and clinical, habilitative, and rehabilitative service providers.

- Inspecting rental units; documenting and communicating deficiencies to relevant parties and ensuring deficiencies are addressed;
- Providing expertise to tenants and clinical staff in tenant-landlord and fair housing laws, including the use of reasonable accommodations; and
- Assisting other staff members to develop individualized housing skills training for residents.

Housing Specialists must have experience, training, and skills in the above areas and an understanding of the community support needs of individuals with disabilities. Current training in inspection of rental housing is required. AGSH provider Operating Manuals should describe standards for housing specialist education, knowledge, skills, and abilities as well as ongoing training, performance evaluation, and supervision.

AGSH Provider Operating Manual and Participant Agreement

AGSH providers must also develop and update their own Operating Manual to describe how their program operationalizes the services and requirements outlined in statute, regulation, and this guidance document. The AGSH Provider Operating Manual must be submitted to DBHDS and approved by DBHDS and DARS prior to initiating AGSH services and must be updated with any changes to regulation, guidance, or program changes.

Additionally, AGSH providers must provide enrolled individuals with a Participant Agreement that outlines participant obligations including, but not limited to the following components:

- Agreement with the AGSH services to be provided through the SHSP plan, and the mechanics (e.g., how, when, and to whom) of payment.
- Agreement to notify the AGSH provider of any actions or changes to their lease, including rental amounts, lease violations, and requests to move.
- Agreement to notify the AGSH provider of changes in income, benefits, resources or household composition that may affect eligibility.
- Agreement to notify AGSH provider of changes to representative payee (if any).
- Criteria for re-evaluation and discharge.
- Appeals process.

PROGRAM EVALUATION

DBHDS will partner with AGSH providers to implement a common evaluation framework. Providers will report client-level, event-based data to capture outcomes in the following domains:

- 1) Reported changes in physical and behavioral health.
- 2) Changes in income and benefits, i.e. Medicaid, SSI/DI, Veterans' benefits, SNAP, and earned income.
- 3) Housing stability.
- 4) Institutional care utilization before and after the SH intervention, including psychiatric hospital stays, emergency department utilization, shelter stays, and criminal justice involvement.
- 5) Access to primary care and engagement in behavioral health services.

The evaluation framework also includes the following process measures:

- 1) Fidelity to evidence-based practices, e.g. the SH model and *housing first* principles.
- 2) Staff trainings and certifications (e.g., SH and housing inspection training)

CONTACTS

Department for Aging and Rehabilitative Services

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Department of Behavioral Health and Developmental Services

Kristin Yavorsky; email: Kristin.yavorsky@dbhds.virginia.gov

MINIMUM HABITABILITY STANDARDS SUPPORTIVE HOUSING: Checklist

Instructions: Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved.

A copy of this checklist should be placed in the client file.

Approved	Deficient	Standard <i>(24 CFR part 576.403(c))</i>
		1. <i>Structure and materials:</i> The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents.
		2. <i>Space and security:</i> Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep.
		3. <i>Interior air quality:</i> Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.
		4. <i>Water Supply:</i> The water supply is free from contamination.
		5. <i>Sanitary Facilities:</i> Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
		6. <i>Thermal environment:</i> The housing has any necessary heating/cooling facilities in proper operating condition.
		7. <i>Illumination and electricity:</i> The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure.
		8. <i>Food preparation:</i> All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
		9. <i>Sanitary condition:</i> The housing is maintained in sanitary condition.
		10. <i>Fire safety:</i> <ol style="list-style-type: none"> a. There is a second means of exiting the building in the event of fire or other emergency. b. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom. c. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person. d. The public areas are equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.
		11. Meets additional recipient/subrecipient standards (if any). Specify:

HABITABILITY CERTIFICATION STATEMENT

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

- Property meets all of the above standards.
- Property does not meet all of the above standards.

<p><u>COMMENTS:</u></p>

AGSH Participant Name: _____	
Property Name: _____	
Street Address: _____	
Apartment: _____	
City: _____	State: _____ Zip: _____
Inspector Signature: _____	Date of review: _____
Inspector Name: _____	
Approving Official Signature (if applicable): _____	Date: _____
Approving Official Name (if applicable): _____	

AUXILIARY GRANT IN SUPPORTIVE HOUSING EVALUATION

Consumer Name: _____

Evaluation Date: _____

Current Residence: _____

Evaluator Name: _____

The basic design for rating NEEDS

A '0' indicates no evidence, no need for action,

A '1' indicates need for moderate or intermittent support

A '2' indicates a need for significant or ongoing support

A '3' indicates a dangerous or disabling need or the need for 24 hour supervision to ensure safety.

I. RISK BEHAVIORS

0	1	2	3
DANGER TO SELF OR OTHERS <i>A rating of '2' or '3' would indicate the need for a safety plan.</i>			
No evidence or history of dangerous behavior to either self or others.	The individual has a history of suicidal or violent behavior, but no such behavior during the past 30 days.	The individual has recent suicidal or violent behavior.	Current/acute suicidal or violent behavior in the past 24 hours.
SELF-INJURIOUS BEHAVIOR <i>This rating includes repetitive physically harmful behavior that generally serves a self-soothing functioning with the individual.</i>			
There is no evidence of any forms of intentional self-injury (e.g. cutting, burning, face slapping, head banging)	The individual has a history of intentional self-injury but none evident in the past 30 days	The individual has engaged in intentional self-injury that does not require medical attention.	The individual has engaged in intentional self-injury that requires medical attention.
IF INDIVIDUAL SCORES "3" ON EITHER CRITERIA ABOVE, STOP EVALUATION HERE. Ensure crisis is addressed and re-schedule evaluation.			
OTHER SELF HARM <i>This rating includes reckless and dangerous behaviors that while not intended to harm self or others, place the individual or others at some jeopardy. Suicidal or self-mutilative behavior is NOT rated here.</i>			
There is no evidence of behaviors that place	The individual has a history of behavior,	The individual is engaged in	The individual is engaged in behavior, other than suicide or

0	1	2	3
the individual at risk of physical harm.	other than suicide or self-mutilation, which places the individual at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the individual.	behavior, other than suicide or self-mutilation, which places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.	self-mutilation, which places him/her at immediate risk of death. This includes reckless behavior or intentional risk-taking behavior.
EXPLOITATION <i>This item is used to examine a history and level of current risk for exploitation</i>			
This level indicates a person with no evidence of recent exploitation and no significant history of exploitation w/in past yr. The person may have been robbed or burglarized on 1+ occasions in the past, but no pattern of exploitation exists. Not presently at risk for re-exploitation.	This level indicates a person with a history of exploitation but who has not been exploited or victimized to any significant degree in the past year. Person is not presently at risk for re-exploitation.	This level indicates a person who has been recently exploited (within past year) but is not in acute risk of re-exploitation. Might include physical/sexual abuse, significant psychological abuse by family/ friend, extortion or violent crime.	This level indicates a person who has been recently exploited and is in acute risk of re-exploitation. Limited insight into high risk behaviors. Examples include working as a prostitute and living in an abusive relationship.
SEXUAL AGGRESSION <i>This includes all sexual offending that could result in charges being made against the individual. Sexual aggression includes the use or threat of physical force or taking advantage of a power differential to engage in non-consenting sexual activity.</i>			
No evidence of problems with sexual aggression is identified in the last 3 years.	Individual has a history of sexual aggression, but no known sexually aggressive behavior in the past 12 months – 3 years.	Individual has a history of sexual aggression, but no known sexually aggressive behavior in the past year.	Individual has recently (within the last year) been sexually aggressive.
PHYSICAL AGGRESSION <i>This includes all physical aggression that could result in charges being made against the individual. Physical aggression includes the use or threat of physical force or taking advantage of a power differential to intimidate, control, or injure others.</i>			
No evidence of problems with physical aggression is identified in the last 3 years.	Individual has a history of physical aggression, but no known physically aggressive behavior in	Individual has a history of physical aggression, but no known physically	Individual has recently (in the past year) been physically aggressive.

0	1	2	3	
	the past 12 months – 3 years.	aggressive behavior in the past year.		
CRIMINAL BEHAVIOR <i>This rating includes both criminal behavior and status offenses that may result from the individual failing to follow required behavioral standards. This category does not include drug usage but it does include drug sales and other drug related activities. Sexual offenses should be included as criminal behavior.</i>				
No evidence or history of criminal behavior exists.	Individual has a history of criminal behavior, but none in the past year.	A moderate level of criminal activity is indicated. This level indicates a person who has been engaged in criminal activity during the past year, but the criminal activity does not represent a significant risk to others. Examples include vandalism, property crimes, shoplifting.	A severe level of criminal activity is indicated. This level indicates a person who has been engaged in violent criminal activity during the past year which represents a significant physical risk to others in the community. Examples would include rape, armed robbery, and assault.	
PERSONAL SAFETY				
A. Able to maintain personal safety independently.	Need for education/training in modifying unsafe behaviors; but can follow through.	Needs assist. w/ stove use, safe smoking, pedestrian safety, setting limits, locking apartment unit, etc.	Limited awareness of personal safety issues.	No opportunity to apply skill.
B. Recognizes and will call for assistance in health or safety emergencies.	With training, can recognize and will call in emergency situations.	With training, may recognize and may call for assistance in emergency situations.	Need for supervision to ensure safety.	No opportunity to apply skill.
0	1	2	3	

Risk Behavior Notes (If any item was scored as “No opportunity to apply skill”, indicate whether skills training would address the need):

II. BASIC NEEDS

Can secure food and prepare basic meals.	Prepares basic meals but may need assistance with budgeting and shopping for food.	Needs assistance to ensure availability of adequate/healthy food and basic meal preparation.	Needs daily reminders and supervision to ensure adequate nutrition.	No opportunity to apply skill.
Will use public or transportation services to get to appointments.	Needs assistance with scheduling appointments, travel training or arranging transportation.	Needs assistance getting to appointments and understanding doctors' orders.	Needs transportation to appointments and assistance in communicating needs.	No opportunity to apply skill.
May need verbal prompts to attend to hygiene, housekeep, or laundry, etc.	Needs training and assistance with housekeeping, laundry, hygiene.	Need for frequent prompts with housekeeping, laundry, hygiene.	Needs direct supervision to complete tasks.	No opportunity to apply skill.
No medication prescribed or takes meds without supervision. May need monitoring and assistance with refills/insurance issues.	Needs weekly reviews or reminders for medication management.	Need for frequent (>1 week) reminders/prompts for medication management.	Need daily supervision with medication management.	No opportunity to apply skill.
Manages money adequately to last through the month or to meet personal financial goals.	May need assistance with developing monthly budget.	Needs assistance and prompts to meet financial responsibilities. Payee might be beneficial in a more independent setting.	Needs direct assistance to pay rent & prioritize essential needs. Payee definitely needed to manage in an independent setting.	No opportunity to apply skill.
0	1	2	3	

Basic Needs Notes (If any item was scored as "No opportunity to apply skill" indicate whether skills training would address the need):

III. HEALTHCARE MANAGEMENT (INLCUDES PSYCHIATRIC AND MEDICAL)

Manages conditions with minimal supports.	Demonstrates some insight into illnesses and recognizes need for treatment/care (even if the choice is not to follow through).	Struggles or lacks motivation to address serious health needs.	Frequent crises related to serious health conditions.	No opportunity to apply skill.
Attends appointments and handles provider communication independently.	Needs assistance with setting up appointments/transportation but will follow through.	May need assistance with getting to and communicating needs during medical appointments.	Does not arrange for or attend appointments without support.	No opportunity to apply skill.
May still benefit from health education or preventative care.	Clear need for continued education and training (or motivational interviewing to make healthier choices).	May not immediately recognize a change in health presentation/symptoms and independently seek assistance.	Needs regular supervision to manage health conditions that impact basic safety or functioning.	No opportunity to apply skill.
0	1	2	3	

Healthcare Management Notes (If any item was scored as “No opportunity to apply skill”, indicate whether skills training would address the need):

IV. PERSONAL WELLNESS MANAGEMENT (INCLUDING SUBSTANCE USE)

Manages mental health symptoms, including trauma responses, with minimal professional intervention.	Periodic intrusive symptoms but is generally able to self-manage or seek support.	Experiences ongoing and intrusive mental health symptoms but is able to meet basic needs and/or treatment and supports are effective in improving symptoms and functioning.	Severe and ongoing symptoms with few self-management skills. History of frequent and/or involuntary treatment interventions and severe limitations in daily functioning. History of physical aggression due to symptoms. May experience command hallucinations.	No opportunity to apply skill.
Able to describe mental health symptoms and/or trauma responses. Has a plan for engaging recovery & support needs when symptoms emerge or is actively engaged in recovery supports.	When present, symptoms have minimal interference with basic functioning or personal safety. May not have effective supports or recovery plan in place, but infrequently needs crisis intervention.	Periodic suicidal ideation but can engage in coping strategies with support. Willing to develop a recovery plan that includes accessing crisis services or recovery supports when needed.	Frequent suicidal ideation and needs assistance or supervision to remain safe or seek crisis services.	No opportunity to apply skill.
No recent substance abuse or use has minimal impact on functioning.	Periodic substance use that impacts personal goal achievement, but not basic functioning or safety.	Currently using substances in a manner that sometimes impacts basic functioning and safety.	Current substance use with significant consequences (functioning, safety, self-care, criminal, etc).	N/A
0	1	2	3	

Wellness Management Notes (If any item was to scored as “No opportunity apply skill”, indicate whether skills training would address the need):

Evaluation Summary

TARGET POPULATION

Does the individual meet criteria for the target population served by the AGSH Program?

Yes No

I. RISK BEHAVIORS

Criteria	Score
Danger to Self/Others	
Self-Injurious Behaviors	
Other Self-Harm	
Exploitation	
Sexual Aggression	
Physical Aggression	
Criminal Behavior	
Personal Safety A.	
Personal Safety B.	

Does the individual have significant risk behaviors? (Significant = score of "3" in two or more criteria)

Yes No

II. BASIC NEEDS

Does the individual have the ability to meet basic needs in SH?

Yes No

If not, are appropriate community supports available?

Yes No

III. HEALTHCARE MANAGEMENT

Does the individual have the ability to manage healthcare relationships in SH?

Yes No

If not, are appropriate community supports available?

Yes No

IV. PERSONAL WELLNESS MANAGEMENT

Does the individual have the ability to manage wellness and recovery needs in SH?

Yes No

If not, are appropriate community supports available?

Yes No

Scoring:

In order to be eligible for AGSH enrollment, a candidate must:

Meet criteria for the target population served by the AGSH program

AND

Must not score a "Yes" for significant Risk Behaviors (Item I)

AND

Must not score a "No" on *both* sub-items for *any* of Items II - IV

Eligible for AGSH Ineligible for AGSH

Evaluator Signature: _____

Date: _____

Evaluator Name (Printed): _____

AGSH Provider Name: _____

Client Name: _____