

COMMUNITY RESIDENTIAL CARE PROGRAM

1. **PURPOSE.** This Veterans Health Administration (VHA) Handbook 1140.01, provides the procedures necessary for conducting the Community Residential Care (CRC) Program. Any veteran who lives in a Department of Veterans Affairs (VA)-approved CRC facility in the community is under the oversight of the CRC Program.
2. **SUMMARY OF CHANGES.** This revised Handbook:
 - a. Describes the process of coordination between VHA and the Veterans Benefit Administration (VBA) in the placement of incompetent veterans in the CRC Program.
 - b. Describes the process of a veteran or guardian choosing care in a non VA-approved CRC facility.
 - c. Describes the process of documenting CRC caregiver instructions.
3. **RELATED ISSUES.** VHA Directive 1140 (to be published).
4. **RESPONSIBLE OFFICE.** The Office of Patient Care Services, Geriatrics and Extended Care (114), is responsible for the contents of this Handbook. Questions may be directed to 202-273-8537.
5. **RESCISSIONS.** VHA Handbook 1140.1 dated March 7, 2005, is rescinded.
6. **RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of January 2012.

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COMMUNITY RESIDENTIAL CARE PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) Handbook is a complete revision of the Community Residential Care (CRC) Handbook 1140.1. It provides the procedures necessary for conducting the Community Residential Care (CRC) Program.

2. BACKGROUND

Since 1951, the VA's CRC Program has provided health care supervision to eligible veterans not in need of acute hospital care, but who, because of medical and/or psychosocial health conditions, are not able to live independently and have no suitable family or significant others to provide the needed supervision and supportive care. The CRC Program is an important component in VA's continuum of long-term care services. This program has evolved through the years to encompass: Medical Foster Homes, Assisted Living, Personal Care Homes, Family Care Homes, and psychiatric CRC Homes.

3. AUTHORITY

This VHA Handbook is based on the current Department of Veterans Affairs (VA) regulations. When published in 1989, these regulations were the first Federal regulations addressing the health and safety of residents in this level of care.

The CRC Program is operated under the authority of Title 38, United States Code (U.S.C.) section 1730. Any veteran who lives in an approved CRC residence in the community is under the oversight of the CRC Program.

4. DEFINITIONS

a. **CRC.** CRC is a form of enriched housing which provides health care supervision to eligible veterans not in need of hospital or nursing home care, but who, because of medical, psychiatric and/or psychosocial limitations as determined through a statement of needed care, are not able to live independently and have no suitable family or significant others to provide the needed supervision and supportive care. Examples of CRC's enriched housing may include, but are not limited to: Medical Foster Homes, Assisted Living Homes, Group Living Homes, Family Care Homes, and psychiatric CRC Homes. Care must consist of room, board, assistance with activities of daily living (ADL), and supervision, as determined, on an individual basis. The cost of residential care is financed by the veteran's own resources. Placement is made in residential settings inspected and approved by the appropriate VA facility, but chosen by the veteran.

b. **CRC Home.** A CRC Home is a privately owned residence or group living facility situated in the community. It provides room, board, supervision, and assistance in ADL.

c. **Facility Operator (Sponsor)**. A facility operator assumes the management responsibility for the facility and may, or may not, be the Provider. *NOTE: Historically, the facility operator has been called the sponsor.*

d. **Fiduciary**. A fiduciary is a person or an institution responsible for:

- (1) Managing money or property for another, and
- (2) Exercising a standard of care imposed by law or contract in such management activity.

e. **Provider**. A provider is the person responsible for the day-to-day operations of the veterans care in the home. The Provider, or designee, is normally a full-time occupant of the home.

f. **Statement of Needed Care**. The “Statement of Needed Care” means a written description of needed assistance in ADL devised by a VA facility for each veteran in CRC. This statement of needed care may also be referred to as Treatment Plan or Plan of Care.

g. **Activities of Daily Living (ADL)**. The terms ADL and Instrumental ADL relate to the following:

- (1) Transfer, ambulation, and walking;
- (2) Bathing, shaving, brushing teeth, and combing hair;
- (3) Dressing;
- (4) Eating and/or feeding;
- (5) Getting in and out of bed and/or transferring from bed to chair;
- (6) Doing laundry;
- (7) Cleaning room;
- (8) Managing money;
- (9) Shopping;
- (10) Using public transportation;
- (11) Writing letters;
- (12) Making telephone calls;
- (13) Obtaining appointments;
- (14) Managing medication;

- (15) Recreation and leisure activities;
- (16) Preparing food for personal use; and
- (17) Toileting.

h. **Approving Official.** The term “Approving Official” means the Director or, if designated by the Director, the Associate Director or Chief of Staff of a VA medical center or Outpatient Clinic which has jurisdiction to approve a CRC facility.

i. **Hearing Official.** The term “Hearing Official” means the Director or, if designated by the Director, the Associate Director or Chief of Staff of a VA medical center or Outpatient Clinic which has jurisdiction to approve a CRC facility.

j. **Hospital-based Primary Care (HBPC).** HBPC is a program that provides comprehensive interdisciplinary primary and palliative care in the homes of veterans with complex medical, social, and behavioral conditions for whom routine clinic-based care is not effective. The focus of HBPC is long-term care.

k. **Program Coordinator.** The Program Coordinator is that individual in the VA medical center or Outpatient Clinic who is assigned the role of managing the CRC Program.

l. **Paper Hearing.** A Paper Hearing is a review of the written evidence of record by the Hearing Official.

m. **Oral Hearing.** An Oral Hearing is the in-person testimony of representatives of a CRC facility and VA before the Hearing Official and the review of the written evidence of record by that official.

n. **VA Health Care Provider.** The term “VA Health Care Provider” refers to the interdisciplinary Team responsible for providing and/or coordinating care to veterans. The interdisciplinary Team may include, but is not limited to the: physician, advanced practice nurse, Registered Nurse (RN), social worker, physical therapist, dietitian, and other team members, as identified.

o. **VA Facility.** Any facility operated by VHA including: medical centers, outpatient clinics, and community-based outpatient clinics (CBOCs).

5. GOALS

The goals of the CRC Program are to:

a. Provide the appropriate level of care and an improved quality of life for veterans who do not require hospital or nursing home care, but who are not capable of independent living. Veterans may receive follow-up services through a VHA facility or CBOC or programs such as: HBPC, Primary Care, Geriatrics, Mental Health Service, and other clinics and programs.

- b. Facilitate the most appropriate use of VA and community resources.
- c. Maintain or improve the veteran's health and social functioning in a non-institutional, supportive environment.
- d. Support the highest level of functioning of the veteran including discharge to independent living, when possible.
- e. Provide a home environment where the veteran may remain in comfort, retain dignity, and have the needed support through the end of life, guided by veteran preference and feasibility.

6. ELIGIBILITY

Veterans may be self-referred to the CRC program or referred by VA health care staff if they meet the following criteria:

- a. At the time of referral:
 - (1) The veteran is receiving VA medical services on an outpatient basis, or is a patient at a VA medical center, domiciliary, or nursing home care unit; or
 - (2) Such care or services were furnished to the veteran within the preceding 12 months;

and

- b. The veteran does not need hospital or nursing home care, but is unable to live independently because of medical (including psychiatric) conditions and has no suitable significant others to provide needed monitoring, supervision, and necessary assistance in ADL.

7. RESPONSIBILITIES

a. **Office of Geriatrics and Extended Care at VA Central Office.** The Office of Geriatrics and Extended Care at VA Central Office is responsible for the overall program management and policies of the CRC Program. This office coordinates the activities in the CRC Program with other involved VHA and VA offices.

b. **Medical Center Director or Outpatient Clinic Director.** The medical center Director or outpatient clinic Director is responsible for:

- (1) Managing the local CRC program.
- (2) In consultation with the Chief, Social Work Service, or the Social Work Executive, appointing a Program Coordinator who must be a clinician with the ability to work with complex medical, geriatric, mental health, and community programs. The Program Coordinator has responsibility for overall operation of the program.
- (3) Designating an interdisciplinary inspection team.

- (4) Ensuring that transportation is available to the team for evaluation and patient follow-up.

c. **Interdisciplinary Inspection Team.** At a minimum, the team must consist of a social worker, nurse, dietitian, and a fire and safety specialist. Adjunct team members, including a physician, rehabilitation medicine staff member, and an infection control staff member, must participate in team meetings and be available to assist the interdisciplinary inspection team upon consultation. The team is responsible for:

- (1) Conducting inspections of CRC facilities and recommending approval or disapproval of these facilities' participation in the program.

- (2) Providing guidance for the overall management of the program.

- (3) Establishing and implementing a system of monitors which includes re-hospitalizations and complaints to determine any deficits in the care provided in CRC facilities.

- (4) Conducting sponsor and provider education.

8. FACILITY OPERATOR PARTICIPATION

Facility operators who apply for participation in the CRC Program must accept the VA conditions of participation. VA inspects CRC facilities with the permission of the facility operator and, if deficiencies are found in the inspection process, the facility operator freely decides whether to correct them in order to become or remain a part of the CRC Program.

9. SELECTION OF HOMES

All CRC facilities must be inspected by a VA inspection team and be approved by VA prior to referring veterans to the facilities. Inspections must be carried out in accordance with standards delineated in paragraphs 10 and 13. **NOTE:** *VA employees who wish to be a CRC facility operator, employee, or provider need to consider whether doing so would violate the Standards of Ethical Conduct for Employees of the Executive Branch if the CRC facility takes VA referrals or is seeking VA referrals.*

a. **Application**

- (1) Application for participation in the CRC Program must be made in writing by the prospective facility operator. VA Form 10-2407, Residential Care Home Program Sponsor Application, (see App. A), may be used. The completed application must be forwarded to the CRC Program Coordinator.

- (2) The prospective CRC facility operator may informally discuss the potential for the home's participation in the CRC Program with the Program Coordinator, or designee.

- (3) When formal application is made it must be reviewed by the CRC Program Coordinator, or designee, who is to contact the applicant to arrange a site visit.

(4) The CRC Program Coordinator, or designee, may visit the prospective facility operator and the home to make an initial assessment of whether the facility could meet VA standards.

(a) If, after the initial assessment, the recommendation of the coordinator, or designee, is positive, a formal inspection is scheduled. In those states requiring a license to operate a residential care home, the facility operator must provide proof of licensure prior to the initial assessment or Interdisciplinary Team inspection.

(b) If the recommendation of the coordinator, or designee, is negative, the applicant must be notified in writing. Applicants do not have a right to a hearing.

b. **Inspection.** If indicated, a VA inspection is scheduled and conducted by the interdisciplinary inspection team. Attention needs to be given to the facility and/or home evacuation plan and its adherence to applicable life safety codes. All reports must be submitted to the CRC Program Coordinator for review. The Program Coordinator must make a recommendation of approval or disapproval to the approving official.

NOTE: The initial assessment and interdisciplinary team inspection may be combined into one step.

c. **Notification of CRC Facility Operator.** Following the team inspection, a letter of final acceptance or rejection must be sent to the applicant within 30 days of the inspection date.

10. STANDARDS FOR HOMES

The approving official may approve a CRC facility based on the report of a VA inspection and on any findings of necessary interim monitoring of the facility, if that facility meets the following standards:

a. **Health and Safety Standards.** The facility must:

(1) Meet all State and local licensure requirements and regulations including construction, fire, maintenance, and sanitation regulations.

(2) Have safe and functioning systems for: heating, hot and cold water, electricity, plumbing, sewage, food preparation, laundry, artificial and natural light, and ventilation.

b. **Health Services.** The CRC facility must agree to assist residents in obtaining the Statement of Needed Care, and/or Treatment Plan and/or Plan of Care developed by the VA health care provider. Veterans residing in residential care facilities may receive follow-up services through facility programs, such as: Primary Care, Geriatrics, Mental Health Services, and HBPC for veterans requiring in-home care, and other clinics as indicated.

c. **Interior Plan.** The CRC facility must:

(1) Have comfortable dining areas, adequate in size for the number of residents.

(2) Have comfortable living room areas, adequate in size to accommodate a reasonable proportion of residents.

(3) Maintain at least one functional toilet and lavatory, and bathing or shower facility for every six people living in the facility, including provider and staff.

d. **Laundry Service.** The CRC facility must provide or arrange for laundry service.

e. **Residents Bedrooms**

(1) Bedrooms may contain no more than four beds. *NOTE: The complex nature of certain patients may dictate the need for single occupancy in a bedroom.*

(2) Bedrooms must measure, exclusive of closet space, at least 100 square feet for a single-resident room and 80 square feet for each resident in a multi-resident room.

(3) Bedrooms must contain, at a minimum, a suitable bed and furnishings.

f. **Nutrition.** The CRC facility must:

(1) Provide a safe and sanitary food service that meets individual nutritional requirements and residents' preferences.

(2) Plan menus to meet currently recommended dietary allowances for residents.

g. **Activities.** The facility must plan and facilitate appropriate recreation and leisure activities to meet individual needs, as specified in the statement of needed care.

h. **Resident's Rights.** The provider must have written policies and procedures that ensure and inform each resident of the following rights:

(1) **General.** All residents have the right to:

(a) Be treated with respect, dignity, and consideration.

(b) The confidentiality and non-disclosure of records and information on the residents obtained or kept by the CRC facility staff, except in accordance with the requirements of applicable law.

(c) Review their own records kept by the CRC facility.

(d) Exercise rights as a citizen.

(e) Voice grievances and make recommendations concerning policies and procedures of the CRC facility.

(2) **Financial Affairs.** Residents must be allowed to manage their own personal financial affairs except when restricted in this right by law. If the resident requests assistance in managing personal financial affairs, the request must be documented.

(3) **Privacy.** Residents must be allowed privacy, to include:

(a) Access to a phone. *NOTE: Reasonable privacy must be available.*

(b) Unopened and uncensored mail. Mail must be sorted and delivered unopened and uncensored.

(c) Privacy of self and possessions.

(4) **Work.** No resident is to perform household duties, other than personal housekeeping tasks, unless the resident receives compensation for these duties, or is told in advance they are voluntary and the patient agrees to do them.

(5) **Freedom of Association**

(a) Residents may receive visitors and associate freely with persons and groups of their own choosing both within and outside of the facility subject to any rules set forth in an agreement between the resident and the CRC facility operator. Residents may make contacts in the community and achieve the highest level of independence, autonomy, and interaction in the community of which the resident is capable.

(b) Residents may leave and return freely to the CRC facility subject to any rules set forth in an agreement between the resident and the facility operator.

(c) Residents may practice the religion of their own choosing or choose to abstain from religious practice.

(6) **Transfer or Withdraw.** A resident has the right to request a transfer to another CRC facility or to withdraw from the program.

i. **CRC Facility Records**

(1) The CRC facility must maintain resident records in a secure place.

(2) The CRC facility records must include the following information:

(a) A copy of the Statement of Needed Care,

(b) Emergency notification procedures, and

(c) A copy of all signed agreements with the resident or the resident's fiduciary.

(3) The CRC facility must maintain records in compliance with State and local laws.

(4) The CRC facility must maintain records that are disclosed only with the resident's permission or when required by law.

j. **CRC Staff Requirements**

(1) Sufficient, qualified staff must be on duty and available to ensure the health, safety, and care of each resident.

(2) The CRC provider and staff must have adequate education, training, and/or experience to maintain the facility.

k. **Exceptions to Standards**

(1) Facilities that participated in the CRC Program prior to June 14, 1989, may continue to be approved if all standards other than the bathroom and bedroom size standards are met and the following conditions exist:

(a) There is at least one functional toilet, lavatory, and bathing or shower facility for every eight people living in the facility including the provider and staff; and

(b) The residents' bedrooms measure, exclusive of closet space, at least 80 square feet for a single-resident room or 65 square feet for each resident in a multi-resident room.

11. TIMETABLE FOR REINSPCTIONS AND DURATION OF APPROVAL

a. The duration of VA's approval depends on a facility's compliance with standards as explained in subparagraph 11a(1) through 11a(4). Re-inspections and interim monitoring of any facility in the CRC Program may be unannounced. **NOTE:** *Annual re-inspections for quality management purposes are recommended to ensure facility compliance with VHA regulations and this Handbook.* Title 38 Code of Federal Regulations (CFR) Section 17.65 specifies how long VA approvals last in different circumstances.

(1) Approval may be valid for up to 24 months, if the facility complies with all standards during the current inspection, all previous VA inspections, and any interim monitoring for a period of 2 years.

(2) Approval may be valid for up to 15 months, if VA finds the facility has complied with all standards, (except the records standard set forth in subparagraph 10i), during current inspection, all previous VA inspections, and any interim monitoring.

(3) Approval may be valid for up to 12 months if VA finds that the facility has complied with all standards, (except the laundry service standards in subparagraph 10d), and the records standard during the current inspection, all previous VA inspections, and any interim monitoring.

(4) Approval may be valid for up to 9 months if VA finds that the facility has complied with all standards, (except the bedroom standard in subparagraph 10e; the activities standard in subparagraph 10g; the laundry service standards; and the records standard), during the current inspection, all previous VA inspections, and any interim monitoring.

NOTE: A facility granted an exception, under subparagraph 10k, relating to the bedroom standard, or under subparagraph 13b, relating to the fees for care requirement, is in compliance with that standard or requirement for purposes of this Handbook.

b. All re-inspections must be carried out by an interdisciplinary team consisting of a social worker, nurse, dietitian, and fire safety specialist. Adjunct team members including the physician, rehabilitation medicine staff member, and infection control staff member must participate in the inspections as needed.

c. The CRC Program Coordinator is responsible for ensuring that all deficiencies are corrected.

(1) The VA approving official must notify the CRC Operator in writing of the identified deficiencies and is to send the notice within 15 days of the inspection.

(2) The CRC Operator may develop and submit a corrective plan of action to VA.

(3) The VA facility Director, or designee, must receive from VA officials a copy of the deficiencies, a proposed plan of corrective action, and a copy of the confirmation letter that the deficiencies have been corrected.

12. DUE PROCESS AND REQUEST FOR HEARING

a. **Notice of Non-Compliance with VA Standards.** If the Hearing Official (Director, or if designated by the Director, the Associate Director or Chief of Staff for a VA medical center or Outpatient Clinic) determines that an approved CRC facility does not comply with standards set forth in paragraphs 10 and 13, the hearing official must notify the CRC facility in writing:

(1) Which standards have not been met.

(2) The date by which the standards must be met in order to avoid revocation of VA approval.

(3) That the CRC facility has an opportunity to request an oral or paper hearing before VA approval is revoked.

(4) The date by which the Hearing Official must receive the CRC facility's request for a hearing. *NOTE: The date by which the hearing official must receive the request for a hearing must not be less than 10 calendar days and not more than 20 calendar days after the date of VA notice of non-compliance, unless the hearing official determines that non-compliance with the standards threatens the lives of residents, in which case the hearing official must receive the CRC facility's request for an oral or paper hearing within 36 hours of receipt of the VA notice. Nothing in this Handbook prevents VA officials from assisting a veteran (with permission from the veteran or the authorized representative of the veteran) who resides in a CRC facility in finding temporary lodging.*

b. **Request For Hearing.** The CRC facility operator must specify in writing whether an oral or paper hearing is requested. The request must be sent to the Hearing Official by the date specified by the Hearing Official in order to stay the revocation of approval. The Hearing Official may accept a request for a hearing after the time limit if the CRC facility shows that the delay was due to circumstances beyond its control.

c. **Notice and Conduct of Hearing**

(1) Upon receipt of a request for an oral hearing, the Hearing Official must notify the CRC facility operator:

(a) In writing, of the date, time, and location of the hearing; and

(b) That written statements and other evidence for the record may be submitted to the Hearing Official before the date of the hearing. Oral hearings are to be informal and rules of evidence are not followed. Witnesses must testify under oath or affirmation. A recording or transcript of every hearing must be made by a certified Court Reporter at the expense of the jurisdictional facility. The Hearing Official may exclude irrelevant, immaterial, or unduly repetitious testimony.

(2) Upon receipt of a request for a paper hearing, the Hearing Official must notify the CRC facility operator that written statements and other evidence must be submitted to the Hearing Official by a specified date in order to be considered as part of the record.

(3) In all hearings, the CRC facility operator and VA may be represented by counsel.

d. **Waiver of Opportunity for Hearing.** If representatives of a CRC facility which was issued a notice of non-compliance fail to appear at an oral hearing of which they have been notified, or fail to submit written statements for a paper hearing (unless their failure to appear was due to circumstances beyond their control as determined by the hearing official), the hearing official must:

(1) Consider the representatives of the CRC facility to have waived their opportunity for a hearing; and

(2) Revoke VA approval of the CRC facility and notify the facility of this revocation.

e. **Written Decision Following a Hearing**

(1) The Hearing Official must issue a written decision within 20 days of the completion of the hearing. An oral hearing is considered completed when the hearing ceases to receive in-person testimony. A paper hearing is considered complete on the day by which written statements must be submitted to the Hearing Official in order to be considered as part of the record.

(2) The Hearing Official's determination of a CRC facility's noncompliance with VA standards must be based on the preponderance of the evidence.

(3) The written decision must include:

(a) A statement of the facts; and

(b) A determination whether the CRC facility complies with the standards in this Handbook.

(4) The written decision may include a determination of the time period the CRC facility has to remedy any noncompliance with VA standards before revocation of VA approval occurs.

(5) The hearing official's determination of any time period must consider the safety and health of the residents of the CRC facility and the length of time since the CRC facility received notice of the noncompliance.

f. **Revocation of VA Approval**

(1) If the Hearing Official determines that the CRC facility does not comply with the standards and that the facility is not to be given further time to remedy the noncompliance, the Hearing Official must revoke approval of the CRC facility and notify the facility of this revocation.

(2) Upon revocation of approval, VA health care personnel must:

(a) Cease referring veterans to the CRC facility;

(b) Notify any veteran residing in the CRC facility of the facility's disapproval and offer to assist with alternate placement plans. *NOTE: If the veteran has a legal representative, then that person must be notified and offered assistance with alternate placement planning;*

(3) If the Hearing Official determines that the CRC facility is to be given additional time with which to remedy the noncompliance, the Hearing Official must establish a new date for review. If at the end of the time period, the CRC facility still does not comply with these or any other standards, the Hearing Official must repeat the procedures in subparagraphs 12a through 12e of this Handbook.

13. FINANCIAL ARRANGEMENTS

a. **Cost of CRC**

(1) The cost of care normally covers the following services:

(a) Room;

(b) Meals, as defined in the resident's Plan of Care;

(c) Laundry;

(d) Transportation for routine health care, if appropriate;

- (e) Twenty-four-hour supervision, if indicated; and
- (f) Care and assistance with ADLs, as defined in the Statement of Need.

(2) Payment for the charges of CRC is the responsibility of the veteran and not the responsibility of the United States (U.S.) Government.

(3) The resident or an authorized personal representative and a representative of the CRC facility must agree upon the charge and payment procedures for care. The agreement must be in writing and signed by both parties, and a copy of the agreement must be provided to each party, and to the VA social workers for inclusion in the resident's VA medical record.

b. **Fees for CRC Care.** The CRC Program Coordinator must determine that the rates charged for CRC as agreed to by the resident (or an authorized personal representative) and the CRC are reasonable and that increases in those rates comply with the regulation (38 CFR 17.63(k)).

(1) The charges for care in the CRC must be reviewed annually, or as indicated, due to changes in care needs. This must be documented in the veteran's medical record.

(2) For special needs or additional services, the veteran or the veteran's representative may agree to pay an increased rate. The CRC Program Coordinator may assist the CRC Operator, the veteran, and the veteran's representative in establishing these rates. This assistance must be documented in the veteran's medical record. *NOTE: Individual resident's rates will differ from a facility's average rate.*

14. SELECTION, PLACEMENT, AND FOLLOW-UP OF RESIDENTS

a. **Selection of Potential Residents**

(1) Candidates for CRC placement must meet the criteria found in paragraph 6.

(2) A completed referral and release of information form, or VA Form 10-2406, Recommendation for Release of Patient in Home Other Than His Own (see App. E) must be submitted to the CRC Coordinator, or designee. It must include the following:

- (a) Psychosocial assessment including: risk factors, strengths, and weaknesses;
- (b) Medical, mental, and physical functional statements;
- (c) Goals of placement; and
- (d) Statement of needed care.

(3) Candidates for CRC placement must have sufficient resources to meet the cost of care and other incidental needs. *NOTE: VA Staff may assist the veteran in accessing sufficient funds to pay the cost of residential care, e.g., utilizing the expedited pension claims process as it is available.*

(4) All potential residents must be medically and psychiatrically stable. They must not be a danger to themselves or others, and need to demonstrate behavior that is acceptable for community living. **NOTE:** *If veterans with complex medical conditions require more than basic residential care, this may be provided through other VA and community programs, i.e., Hospital based Home Care (HBHC).*

(5) The CRC Coordinator must meet at least annually with VBA Field and Fiduciary supervisors to discuss the placement and ongoing needs of veterans in the CRC Program who have been determined incompetent. These discussions must be documented and appropriate action taken.

(6) All residents must agree to comply with the program and house rules.

(7) A veteran and/or guardian, referred to the CRC Program, may choose care in a non-VA approved CRC facility. This choice must be documented in the veteran's medical record.

b. Placement of Residents

(1) The CRC Coordinator, or designee, in collaboration with the treatment team, assists the patient in the final selection of a CRC facility and assists in arranging for the placement. **NOTE:** *Efforts are always made to match the needs and preferences of the veteran with the resources of the receiving CRC facility.*

(2) Pertinent medical and social data must be shared with the provider with the written consent of the veteran or the individual legally empowered to provide such consent for the veteran.

(3) The placement process must be documented in the veteran's medical record.

(4) Placements made from one VA facility into another VA facility's CRC Program must be accomplished by submission of the referral to the receiving VA facility's CRC Coordinator for evaluation and placement. All arrangements must be made prior to placement. **NOTE:** *In the event of the placement failing, and if no alternate CRC placement is available, the referring VA facility must receive the veteran back.*

c. Follow-Up

(1) The CRC Program Coordinator must ensure that each resident and provider is visited at least monthly by a VA health care professional. Residents who have special needs must be seen more frequently, as determined in their statements of needed care, or as their care needs change. Other team members may visit the residents or CRC facilities as needed, or in conjunction with a special need situation.

(2) Veterans in the CRC Program must receive an annual physical examination in accordance with the provisions of M-1, Part I, Chapter 17. The CRC Coordinator, at the time of the annual physical examination, reviews and determines the veteran's need and appropriateness

for continued CRC placement and then documents this determination in the veteran's medical record.

(3) Veterans in the CRC Program must be maintained on an appropriate outpatient status.

(4) All veterans in the CRC Program who require hospitalization must be readmitted to the VA facility of jurisdiction, or the most appropriate alternative facility.

(5) All follow-up visits to the veteran in the CRC Program require documentation of visit and data entry into the veteran's VA medical record.

(6) Caregivers must be provided instructions for patient care needs following a CRC veterans' hospitalization and clinic visit. These discussions between VA staff and the caregivers are to be documented in the veteran's medical record.

d. **Discharge From the CRC Program**

(1) Veterans are to be discharged from the CRC Program under the following conditions:

(a) Transfer to another level of care or independent living arrangement.

(b) Voluntary Discharge which occurs when the veteran no longer desires follow-up monitoring services by VA staff, or when the veteran decides to move to a non-VA approved facility.

(c) Involuntary Discharge which may occur when the veteran fails to cooperate with the VA treatment team.

(d) Death.

(2) The appropriate VA staff member must record in the patient treatment file the type of discharge and relevant information.

15. PROVIDER KNOWLEDGE, SKILL, AND EDUCATION

a. In order to meet the needs of veteran residents, each VA facility must train CRC providers, or encourage CRC providers to obtain knowledge and skills in the following areas:

(1) Provision of personal care specific to ADL.

(2) Medication management.

(3) Crisis management and re-hospitalization procedures.

(4) Provision of supportive and emotional care.

(5) Nutrition and proper food preparation, distribution, and storage.

- (6) Activity and program planning.
- (7) Applicable VA policies.
- (8) Protecting the resident's privacy and confidentiality.
- (9) Local and State laws and ordinances.
- (10) Fire and safety procedures.

b. Ongoing training must be provided, including diversity and ethics training on personal boundaries and conflict of interest for facility operators and staff. Documentation of the training must be maintained in the VA facility record.

c. A CRC Provider's Handbook must be developed by the CRC Coordinator and must be distributed to each CRC Operator. This Handbook must be updated annually and reviewed with the CRC Operator at the time of the inspection. A VA inspector must sign a statement and place it in VA's records that this review occurred. The CRC Provider's Handbook may include, but is not limited to:

- (1) Standards for operation of the home,
- (2) Resident's rights and responsibilities,
- (3) Protocol for emergencies,
- (4) Points of contact, and
- (5) The CRC operator's rights.

d. CRC provider and/or operator education programs must be held at least twice annually in order to: (1) ensure the quality of skills acquired by the provider and/or operator and (2) to address additional issues. *NOTE: Training topics may be provided in addition to the areas listed in subparagraph 15a.*

e. Consultative education by VA staff is to be made available to CRC providers and/or operators.

16. QUALITY ASSURANCE

a. **Responsibility.** The VA facility or CBOC must integrate the CRC Program into its Quality Improvement Program. Generally, this is the responsibility of the clinical area (service line or care line) with program oversight.

b. **Quality Data.** CRC data must include:

- (1) Reports of surveys conducted by Federal, State, and local regulatory licensing agencies.

(2) Patient safety data such as:

(a) Adverse Events. Adverse events may result from acts of commission or omission. They include:

1. Patient falls;
2. Adverse drug events;
3. Procedural errors and complications;
4. Completed suicide;
5. Para-suicidal behaviors (attempts, gestures, and/or threats) and missing patient events;
6. Incidents of suspected neglect and/or abuse and/or assaults on or by the CRC resident;
7. Incidents that result in injury with loss of function; and
8. Severe psychosocial and emotional distress.

(b) Sentinel Events. Sentinel events associated with Root Cause Analysis (RCA), are defined as unexpected occurrences involving death, serious physical or psychological injury, or risk thereof. They include:

1. Death resulting from a medication error, or other treatment-related error;
2. Suicide of a patient in a setting where the patient was receiving around-the-clock care;
3. Surgery on the wrong patient or body part, regardless of the magnitude of the operation; and
4. Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities.

NOTE: *Adverse and Sentinel Events require investigation and documentation. VA officials who learn of Adverse and Sentinel Events at a CRC facility must report it to the VA Office of Geriatrics and Extended Care (114).*

(c) Results. Results of quality assessment and improvement activities must be used by local VA staff in suggesting program improvements and changes, and in making decisions regarding the continued approval of any residential care home facility, including:

1. Results from any patient and/or family satisfaction reports; and
2. Any CRC specific quality improvement findings that may be established by the VA facility.

17. AVAILABILITY OF INFORMATION, STAFFING, RECORDS, REPORTING SYSTEMS, AND RELEASE OF PATIENT-SPECIFIC HEALTH INFORMATION

a. **Availability of Information.** VA standards must be made available to other Federal, State, and local agencies charged with the responsibility of licensing or otherwise regulating or inspecting CRC facilities.

b. **Staffing Guidance.** In addition to the CRC Program Coordinator, the ratio of CRC residents to one VA Full-time Equivalent (FTE) direct case manager who provides patient follow-up, may range from 20 to 50 depending on the following factors:

- (1) Turnover rate of residents.
- (2) Severity and complexity of residents' problems.
- (3) Geographic distance from the CRC to the VA facility of jurisdiction.
- (4) Number of veterans per CRC facility.
- (5) Number of individual CRC facilities under supervision.
- (6) Access to VA and non-VA services.
- (7) Any special requirements of the VA program(s) providing follow-up care to the veterans.

c. **VA Records**

(1) Procedures for recording the electronic patient treatment record are to be consistent with VA and facility policy and procedures.

(2) Workload and data capture must be completed for each encounter, on the date of the occurrence in real time.

(3) The CRC Program Coordinator must maintain a file on each CRC facility. The file must contain:

- (a) VA Form 10-2407, Residential Care Home Program Provider Application.
- (b) Initial CRC evaluation statement.
- (c) Inspection reports.
- (d) All correspondence relating to the facility.
- (e) All material relating to any hearing and decision.

d. **CRC Facility Records.** See subparagraph 10i.

e. **Reporting System.** By the 15th calendar day of each new quarter, the CRC Coordinator is responsible for reporting the following data sets, through the VA facility Director, and the Veterans Integrated Service Network (VISN) Geriatrics and Extended Care Director, to the VA Central Office CRC Program Office. The CRC Coordinator must work with local Office of Information Management staff to obtain the data required.

Data Set	Location of Data
Name of CRC Coordinator	
If different from the CRC Coordinator, name of person completing this report	
VISN and Station Number	
E-mail Address	
Telephone Number	
Average Monthly Rate Paid by Veteran	CRC Coordinator
Highest Monthly Rate Paid by Veteran	CRC Coordinator
Lowest Monthly Rate Paid by Veteran	CRC Coordinator
Bed Days of Care	CRC Coordinator and Cost Distribution Report (CDR)
Census on Last Day of Previous Quarter	CRC Coordinator
Number of Unique Veterans in Program	CRC Coordinator or Decision Support System (DSS)

Data Set	Location of Data
Number of Encounters Utilizing DSS Identifiers (Stop Codes)* Number of 121 (Predominantly non-mental health) Number of 503 (Predominantly mental health)	Patient Clinic Encounter (PCE) and DSS
FTE allocated to Program	CDR and/or DSS <i>NOTE: These need to match.</i>
Personal Services Costs	DSS
State Licensure Required	CRC Coordinator
How many homes were inspected during the previous quarter?	CRC Coordinator
Number of CRC Homes	CRC Coordinator
Number of Homes with:	CRC Coordinator
1 – 3 beds	
4 – 15 beds	
16 – 25 beds	
26 – 100 beds	
101 beds and Over	
Total Number of Beds	CRC Coordinator

* Focus of visit determines which DSS Identifier is used.

f. **Release of Patient-specific Health Information.**

(1) **Regulations.** CRC program officials, CRC staff, CRC operators, and CRC providers may release patient-specific health information in compliance with the following regulations:

(a) Title 5 U.S.C. 552, the Freedom of Information Act (FOIA).

(b) Title 5 U.S.C. 552a, the Privacy Act.

(c) Title 38 U.S.C. 5701, the VA Claims Confidentiality Statute.

(d) Title 38 U.S.C. 7332, Confidentiality of Drug Abuse, Alcoholism and Alcohol Abuse, Human Immunodeficiency Virus (HIV) Infection, and Sickle Cell Anemia Medical Records.

(e) Public Law (Pub. L.) 104-191, Health Information Portability and Accountability Act (HIPAA).

(f) Title 38 U.S.C. 5705, Confidentiality of Healthcare Quality Assurance Review Records.

(2) **CRC Providers.** CRC staff must consult with the VA facility Privacy Officer and Release of Information Office when questions arise regarding how and what patient-specific health information may be released to CRC sponsors.

(3) **Business Associate Agreement (BAA).** CRC Services are considered a continuation of treatment and provided on VHA's behalf, as documented by the VHA health care "Statement of Needed Care and/or Treatment Plan and/or Plan of Care." Accordingly a BAA is not required (because of the "Treatment exemption").

**VA FORM 10-2407, RESIDENTIAL CARE HOME PROGRAM
SPONSOR APPLICATION**

Following is an embedded copy of Department of Veterans Affairs (VA) Form 10-2407, Residential Care Home Program – Sponsor Application. The fillable version of VA Form 10-2407 can also be found on the VA Forms Intranet web site at <http://vaww.va.gov/vaforms/>, and Internet web site at <http://www.va.gov/vaforms/>. This is to be used for local reproduction. Since this is a low use form, it is not stocked by the Hines Service and Distribution Center (formerly known as the Forms and Publications Depot).

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10-2407-fill.pdf

INITIAL HOME ASSESSMENT CHECKLIST

An Initial Home Assessment designed to assist the Community Residential Care (CRC) coordinator in determining the suitability of the potential CRC Provider and home, may include the following:

1. **Facility Description**

- a. Own, rent, apartment, other, etc.
- b. Number of baths and location.
- c. Location of bedroom(s) designed for resident(s).
- d. Source of water supply.
- e. Heating and/or cooling source.

2. **Presentation of the Facility**

- a. Adequate food preparation areas, refrigeration, and storage.
- b. Condition of facility including: paint, rugs, woodwork, windows, doors, foundation, roof, appliances, furnishings, lighting fixtures, and electrical outlets.
- c. Orderliness, cleanliness, and sanitation of the home (interior and exterior) and property.
- d. Ventilation.
- e. Safety and fire protection.

3. **Location.** Location of facility in relation to recreation, shopping, and church.

4. **Transportation.** Availability and type(s) of transportation.

5. **Household or Staff.** Make up of household or staff:

- a. Relationship to provider.
- b. Attitude toward disabled veterans.
- c. Physical and mental health.
- d. Personality of applicant and household members.
- e. Level of other community involvement and/or activities and relationship with neighbors.

6. **Surveyor's Assessment.** Surveyor's assessment of the type(s) of patients who could use this home and recommendation to CRC Coordinator for further evaluation.

VA FORM 10-2410, AGREEMENT TO PROVIDE HOME CARE FOR PATIENT

Following is an embedded copy of Department of Veterans Affairs (VA) Form 10-2410, Agreement to Provide Home Care for Patient. The fillable version of VA Form 10-2410 can also be found on the VA Forms Intranet web site at <http://vaww.va.gov/vaforms/>, and Internet web site at <http://www.va.gov/vaforms/>. This is to be used for local reproduction. Since this is a low use form, it is not stocked by the Hines Service and Distribution Center (formerly known as the Forms and Publications Depot).

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**VA FORM 10-2409, PATIENT'S AGREEMENT WITH HOSPITAL IN RELATION TO
A HOME OTHER THAN HIS OWN**

Following is an embedded copy of Department of Veterans Affairs (VA) Form 10-2409, Patient's Agreement with Hospital in Relation to a Home Other Than His Own. The fillable version of VA Form 10-2409 can also be found on the VA Forms Intranet web site at <http://vaww.va.gov/vaforms/>, and Internet web site at <http://www.va.gov/vaforms/>. This is to be used for local reproduction. Since this is a low use form, it is not stocked by the Hines Service and Distribution Center (formerly known as the Forms and Publications Depot).

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**VA FORM 10-2406, RECOMMENDATION FOR RELEASE OF PATIENT IN HOME
OTHER THAN HIS OWN**

Following is an embedded copy of Department of Veterans Affairs (VA) Form 10-2406, Recommendation for Release of Patient in Home Other Than His Own. The fillable version of VA Form 10-2406 can also be found on the VA Forms Intranet web site at <http://vaww.va.gov/vaforms>, and Internet web site at <http://www.va.gov/vaforms/>. This is to be used for local reproduction. Since this is a low use form, it is not stocked by the Hines Service and Distribution Center (formerly known as the Forms and Publications Depot).

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