

MEDICAL FOSTER HOME PROGRAM

1. SUMMARY OF MAJOR CHANGES: This directive:

a. Adds responsibilities for the Department of Veterans Affairs (VA) medical facility Director to support growth and sustainment of the Medical Foster Home (MFH) Program in paragraph 2.

b. Updates requirements for Cardiopulmonary Resuscitation and First Aid for VA MFH caregivers in paragraph 2.h.

c. Adds paragraph 5 on maintaining and sustaining the MFH Program.

d. Increases MFH caregiver education requirements to include dementia, suicide, diversity and MFH caregiver self-care in paragraph 8.

e. Updates requirements for maintaining MFH administrative files at the MFH caregiver's home in Appendix A.

f. Adds requirement to check regulatory requirements every 3 years in Appendix A.

g. Adds MFH caregiver minimum age criteria of 18 in Appendix A.

2. RELATED ISSUES: VHA Handbook 1000.01, Inpatient Bed Change Program and Procedures, dated December 22, 2010; VHA Handbook 1101.10(1), Patient Aligned Care Team (PACT) Handbook, dated February 5, 2014; VHA Directive 1140.01(1), Community Residential Care Program, dated April 1, 2020; VHA Directive 1176(2), Spinal Cord Injuries and Disorders System of Care, dated September 30, 2019; and VHA Directive 1411, Home-Based Primary Care Special Population Patient Aligned Care Team Program, dated December 28, 2023.

3. POLICY OWNER: The Office of Geriatrics and Extended Care (12GEC) is responsible for the content of this directive. Questions may be addressed to VHA12GECAction@va.gov.

4. RESCISSIONS: VHA Directive 1141.02(1), Medical Foster Home Program Procedures, dated August 9, 2017, is rescinded.

5. RECERTIFICATION: This Veterans Health Administration (VHA) directive is scheduled for recertification on or before the last working day of February 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

February 7, 2024

VHA DIRECTIVE 1141.02

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ M. Christopher Saslo
DNS, ARNP-BC, FAANP
Assistant Under Secretary for Health
for Patient Care Services/CNO

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

DISTRIBUTION: Emailed to the VHA Publications Distribution List on February 9, 2024.

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APPENDIX B

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MEDICAL FOSTER HOME PROGRAM

1. POLICY

It is Veterans Health Administration (VHA) policy that Veterans have access to high-quality care outside of an institutional setting through the development, implementation and sustainment of the Medical Foster Home (MFH) Program. **AUTHORITY:** 38 U.S.C. § 1730; 38 C.F.R. §§ 17.61-17.74.

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer (CNO) is responsible for supporting the Office of Geriatrics and Extended Care (GEC) with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all Department of Veterans Affairs (VA) medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Geriatrics and Extended Care.** The Executive Director, GEC is responsible for:

(1) Ensuring compliance with this directive through appropriate monitoring activities including, but not limited to, monthly reports and site visits.

(2) Overseeing continuous quality assessments by way of satisfaction survey data of MFH Programs including program structure, care processes and Veteran outcomes and ensuring data summaries are distributed to MFH Coordinators for MFH Program improvement. **NOTE:** Satisfaction survey data is collected from the Medical Foster Home Caregiver Satisfaction Survey and Medical Foster Home Veteran Satisfaction Survey, available at

<https://dvagov.sharepoint.com/sites/vhamedicalfosterhome/SitePages/Veteran-Recruitment,-Referral-%26-Resources.aspx>. This is an internal VA website that is not available to the public.

(3) Tracking access to MFH Programs using available VHA data, including clinical consults, to ensure fair and equitable access to GEC programs and services. **NOTE:** For more information on GEC programs and services, see <https://dvagov.sharepoint.com/sites/vhacogec?web=1>. This is an internal VA website that is not available to the public.

(4) Conducting strategic planning for VHA's current and projected management of Veteran residents with complex care needs due to aging, disability or disease.

(5) Allocating dedicated resources (e.g., special purpose funds, educational materials, marketing materials) to MFH Programs to support and track VA enterprise-wide analytics, quality improvement and research initiatives.

(6) Reviewing and approving proposals to establish a MFH Program. See paragraph 4.

(7) Reviewing quarterly MFH status reports and posting to the MFH SharePoint for review by the VISN Rehabilitation and Extended Care Integrated Clinical Community (RECICC) Leads as appropriate.

e. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Communicating VHA MFH policies, guidance and other MFH-related information to VA medical facilities within the VISN.

(3) Appointing the VISN RECICC Lead.

f. **Veterans Integrated Services Network Rehabilitation and Extended Care Integrated Clinical Community Lead.** The VISN RECICC Lead is responsible for:

(1) Collaborating with VISN and VA medical facility integrated clinical community leadership to spread MFH strong practices, facilitate quality improvement and support internal and external research and educational activities.

(2) Ensuring that leaders for MFH Programs within their VISN are informed of and participate in national, VISN and VA medical facility-level geriatric program activities, including those that are functionally located in non-GEC reporting structures.

(3) Disseminating MFH status reports received from the Executive Director, GEC, as appropriate, to VA medical facilities within their VISN. MFH status reports include, but are not limited to, the number of Veterans receiving care from each MFH Program, quality and outcomes, cost and Veteran experience and satisfaction.

g. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

- (1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.
- (2) Ensuring the overall operation of the MFH Program at the VA medical facility level, including appropriate staffing. **NOTE:** *For more information on staffing see paragraph 7.*
- (3) Ensuring the integration of the MFH Program into existing VA medical facility procedures.
- (4) Ensuring the growth and sustainment of the MFH Program through community outreach and marketing, including access and support from the Public Affairs Office and Medical Media.
- (5) Reporting MFH Program workload information (e.g., staffing, number of MFHs, number of Veteran residents) to the Action Report located on the GEC SharePoint, <https://dvagov.sharepoint.com/sites/vhamedicalfosterhome/Community%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Fvhamedicalfosterhome%2FCommunity%20Documents%2FAction%20Report%20%2D%20MFH%20Implementation%20%20Dashboard&viewid=bb2ea0f2%2Dde71%2D4b07%2D87bc%2D0cefc3d52d9>. **NOTE:** *This is an internal VA website that is not available to the public.*
- (6) Serving as the Approving Official, which entails approving MFHs based on the VA medical facility Inspection Team report and any findings of interim monitoring of the home, if the home meets all applicable Federal regulations, including the standards described in 38 C.F.R. §§ 17.61-17.74. See paragraph 9. **NOTE:** *As the Approving Official, the VA medical facility Director also has jurisdiction to approve a community residential care (CRC) facility. The VA medical facility Director can delegate this to executive-level VA medical facility leadership only.*
- (7) Serving as the Hearing Official when a hearing is requested by a MFH caregiver (e.g., when challenging the closure of a MFH) in accordance with 38 C.F.R. § 17.67. **NOTE:** *The VA medical facility Director can delegate this to executive-level VA medical facility leadership only. When making determinations regarding compliance with statutory or regulatory requirements, provisions of 38 C.F.R. §§ 17.66-17.71 related to due process and request for hearings must be followed.*
- (8) Making the final determination regarding the MFH caregiver's suitability in those cases where the MFH caregiver fails to meet the requirements of 38 C.F.R. § 17.63(j)(4) (see Appendix A for more information) based on the individual assessment of the Veteran's health care team and MFH Coordinator. Elements that must be considered when performing an individual assessment are listed in 38 C.F.R. § 17.63(j)(5). **NOTE:** *38 C.F.R. § 17.63(j)(7) is applicable, as 38 C.F.R. § 17.63(j)(4) applies to individuals living in the MFH with direct Veteran resident access (an individual living in the MFH who is not receiving services from the MFH, who may have access to a Veteran*

resident or a Veteran resident's property or may have one-on-one contact with a Veteran resident).

h. **Medical Foster Home Coordinator.** The MFH Coordinator is responsible for:

(1) Marketing the MFH Program to all internal and external stakeholders including, but not limited to, VA medical facility staff members, Veterans, Veterans Service Organizations, family members of Veterans and the community. **NOTE:** *For additional information about MFH marketing and sustainment, see paragraph 5.*

(2) Establishing and maintaining relationships with all internal and external stakeholders, including HBPC, to ensure active outreach, education and assessment of referrals to the program. **NOTE:** *For more information on HBPC, see VHA Directive 1411, Home-Based Primary Care Special Population Patient Aligned Care Team Program, dated December 28, 2023.*

(3) Being an active HBPC and Spinal Cord Injury and Disorders-Home Care (SCI/D-HC) team member and attending Interdisciplinary Home Care Team meetings. **NOTE:** *For more information on SCI/D-HC, see VHA Directive 1176(2), Spinal Cord Injury and Disorders System of Care, dated September 30, 2019.*

(4) Recruiting MFH caregivers on an ongoing basis, including collaborating with HBPC and SCI/D-HC to conduct initial telephone assessments, home visits, inspections and approvals. **NOTE:** *Recruitment activities must be done in compliance with 38 C.F.R. §§ 17.61-17.74. For additional information about recruitment, see Appendix A.*

(5) Screening MFH environments for needed structural alterations and providing guidance to Veterans who choose to apply for Home Improvement Structural Alteration grants, if needed. **NOTE:** *For more information on Home Improvement Structural Alteration grants, see VHA Directive 1173.14, Home Improvements and Structural Alterations (HISA) Program, dated December 26, 2017.*

(6) Ensuring all required documentation for MFH caregivers is complete and initial and annual home inspections are completed by the VA medical facility Inspection Team.

(7) Ensuring that MFH caregivers understand the VA medical facility Inspection Team's recommendations and timelines and documenting and overseeing any necessary corrective actions in response to MFH violations.

(8) Serving as a liaison between MFH caregivers and HBPC to ensure open communication regarding MFH Program expectations and delivery of care to Veterans.

(9) Facilitating the process of transitioning Veterans into MFHs, including assisting the Veteran to obtain eligibility for any additional VA benefits and informing the Veteran of program expectations. **NOTE:** *For more information on transitioning Veterans into MFHs, see paragraph 10 and Appendix B.*

(10) Monitoring the quality of care to Veterans in MFH through unannounced monthly in-home visits and communication with Veterans, the Veterans' health care teams (including HBPC and SCI/D-HC teams), the Interdisciplinary Home Care Team, families and stakeholders. **NOTE:** For additional information about quality monitoring, see paragraph 11.

(11) Collaborating continuously with the HBPC Program Director and SCI/D-HC Program Director, to discuss MFH Program coordination and to review the status of each MFH Veteran resident. **NOTE:** For more information on the HBPC Program Director and SCI/D-HC Program Director, see VHA Directive 1411 and VHA Directive 1176(2) respectively.

(12) Reviewing the monthly Computer Output Identification Number (COIN) report with the HBPC Program Director, HBPC program support assistant (PSA) or MFH PSA to ensure accuracy of MFH admissions and discharges and taking corrective action, if necessary.

(13) Compiling concerns of Veterans, the VA medical facility Inspection Team and any member of the Interdisciplinary Home Care Team and discussing those concerns and resolutions with the MFH caregiver.

(14) Providing ongoing education for MFH caregivers, including training sessions twice a year for MFH caregivers.

(15) Distributing the MFH Caregiver Guide to all MFH caregivers upon formal approval into the MFH Program. The MFH Coordinator and MFH caregiver must sign a statement and place it in the MFH record stating that the MFH Caregiver Guide has been updated and reviewed annually. **NOTE:** The MFH Caregiver Guide is available at <https://dva.gov.sharepoint.com/sites/vhamedicalfoosterhome/Community/Documents/Forms/AllItems.aspx?id=%2Fsites%2Fvhamedicalfoosterhome%2FCommunity%20Documents%2FCaregiver%20Guide&viewid=bb2ea0f2%2Dde71%2D4b07%2D87bc%2D0cefc3d52d9>. This is an internal VA website that is not available to the public.

(16) In coordination with the Veteran's health care team, assessing the MFH caregiver's suitability in those cases where the MFH caregiver fails to meet the requirements of 38 C.F.R. § 17.63(j)(4) (see Appendix A for more information), and obtaining review and final determination from the VA medical facility Director regarding the individual assessment. Elements that must be considered when performing an individual assessment are listed in 38 C.F.R. § 17.63(j)(5). **NOTE:** 38 C.F.R. § 17.63(j)(7)(iii) is applicable, as paragraph (j)(4) applies to individuals living in the MFH with direct Veteran resident access (an individual living in the MFH who is not receiving services from the MFH, who may have access to a Veteran resident or a Veteran resident's property or may have one-on-one contact with a Veteran resident).

(17) In States that require licensing for MFHs, reporting revocations to the agency that grants and monitors the license. In non-licensing States, revocations must be reported to the appropriate State agency on aging, long-term care, adult protective

services or mental health services. **NOTE:** For guidance on the appropriate State agency, consult with service-level leadership.

(18) Consulting with the appropriate Office of Chief Counsel in the District on legal issues pertaining to the MFH Program. **NOTE:** MFH caregivers are prohibited from discriminating against Veteran residents in their home because of their color, race, ethnicity, age, religion, national origin, disability (whether physical or mental), sexual orientation, gender or self-identified gender identity, in accordance with the Civil Rights Act of 1964 and its ensuing amendments, the Rehabilitation Act and the Americans with Disabilities Act.

(19) Documenting MFH caregiver non-compliance with MFH Program standards, including efforts made to provide education and training to MFH caregivers when appropriate and written notification to the MFH caregiver.

(20) Providing MFH caregivers with resources to develop their own supports (e.g., Alzheimer's Association, Area Agency on Aging) within the community to help relieve the stress and burden of caregiving.

(21) Training MFH caregivers in the care of frail populations in accordance with VHA Directive 1140.01(1), Community Residential Care Program, dated April 1, 2020. **NOTE:** For more information on Community Residential Care Programs and MFH caregiver training, see paragraphs 18.c and 8.a.(3) respectively.

(22) Ensuring MFH caregivers select at least one relief caregiver in accordance with paragraph 8.a.(1) and ensuring relief caregivers are appropriately trained and have completed necessary documentation (see paragraph 2.k.(4) and Appendix A).

(23) Reviewing Veteran referrals to the MFH Program, completing the initial Veteran assessment and collaborating with the Interdisciplinary Home Care Team to make a determination for admission into the MFH Program. **NOTE:** For additional information on referrals, see paragraph 10. For additional information on Veteran admission, see Appendix B. The choice to become a MFH resident is a voluntary one on the part of each Veteran. VA's role is limited to referring Veterans to approved MFHs. See 38 C.F.R. § 17.73(a).

(24) Meeting annually with VA Regional Office Fiduciary staff members to discuss financial arrangements of MFH Veteran residents that are deemed incompetent and providing VA Regional Office Fiduciary staff members notification within 30 calendar days of change in cost of care or in the location of Veteran residents.

(25) Ensuring the Action Report – MFH Implementation Dashboard is electronically submitted to GEC through the MFH SharePoint by the 15th calendar day of each month. **NOTE:** The Action Report – MFH Implementation Dashboard is available at <https://dvagov.sharepoint.com/sites/vhamedicalfoosterhome/Community%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Fvhamedicalfoosterhome%2FCommunity%20Documents%2FAction%20Report%20%2D%20MFH%20Implementation%20%20Dashboard>

[&viewid=bb2ea0f2%2Dde71%2D4b07%2D87bc%2D0cefc3d52d9](#). This is an internal VA website that is not available to the public.

(26) In collaboration with the Interdisciplinary Home Care Team, conducting an annual programmatic risk assessment and, based on results of the risk assessment, establishing and operating a performance improvement plan. **NOTE:** For additional information on this performance improvement plan, see paragraph 13.a.

(27) Using an Issue Brief to report to GEC, the designated RECICC Lead and VA medical facility Director all sentinel and adverse events, closures due to adverse and sentinel events, loss of licensure and any information regarding a MFH that appears in local or national media (e.g., television, newspapers, radio) within 24 hours after being notified by the MFH. **NOTE:** For additional information on this reporting, see paragraph 13.d.

(28) Ensuring sufficient, qualified MFH caregivers are at home and available to care for all residents and to provide for the health and safety of each Veteran resident in the MFH, including a MFH caregiver who has completed courses in First Aid and cardiopulmonary resuscitation (CPR). **NOTE:** Documentation of course completion from nationally recognized agencies or providers are required for both CPR and First Aid. Online courses may be completed with the appropriate documentation; completion of hands-on return-demonstration portion of course is preferred, but optional.

(29) In accordance with 38 C.F.R § 17.63, ensuring the MFH caregiver adheres to the national written procedures that prohibit mistreatment, neglect and abuse of Veterans and misappropriation of Veteran property. **NOTE:** National procedures are available at https://dvagov.sharepoint.com/:w:/r/sites/vhamedicalfosterhome/_layouts/15/Doc.aspx?sourcedoc=%7B5B699ED5-AE8C-4C0C-8CE9-3FB166980A8A%7D&file=MFH%20Template%20for%20Residence%20Policy.doc&action=default&mobileredirect=true&wdLOR=cD832EE1E-3B98-4F41-8EF2-A4ACCCFA6F18. This is an internal VA website that is not available to the public.

(30) Ensuring that resource needs are anticipated and collaborating closely with VA medical facility and VISN leadership to strategize support and expand MFH services.

(31) When other elements within the MFH environment may impact special Veteran resident populations (e.g., experience with domestic violence, homelessness, need for transitional care) consulting with the respective program (e.g., Office of Women's Health, Housing and Urban Development-Veterans Affairs Supportive Housing Program within the VHA Homeless Program Office, Military2VA, Intimate Partner Violence Assistance Program) to discuss possible impact to the Veteran resident's care and to coordinate care.

(32) Establishing and tracking quality improvement indicators for the purpose of monitoring the quality of the MFH Program and reporting safety concerns or issues to the VA medical facility, VISN and VHA leadership, usually via Issue Briefs. For more

information on MFH Program quality management, see paragraph 13. **NOTE:** *The MFH Coordinators must consult with the Executive Director, GEC if it is unclear whether an Issue Brief is warranted.*

(33) When applicable, informing the pension center or Veterans Benefits Administration that the Veteran has been physically admitted in a MFH and has a need to apply for and maximize benefits and Aid and Attendance (A&A)/Special Service-connected compensation.

i. **VA Medical Facility Medical Foster Home Advisory Council, Chair.** **NOTE:** *Council membership is comprised of the MFH Coordinator, the VA medical facility Associate Chief of Staff (ACoS) if aligned under ACoS, Chief of Social Work/Social Work Executive and the MFH PSA. The MFH Coordinator services as Chair to the VA medical facility MFH Advisory Council and is responsible for:*

(1) Ensuring the VA medical facility MFH Advisory Council meets at least quarterly to monitor quality and operations of the MFH Program.

(2) Collaborating with and making recommendations to the MFH Program staff (e.g., the Interdisciplinary Home Care Team, VA medical facility Inspection Team) as appropriate.

j. **Medical Foster Home Program Support Assistant.** The MFH PSA is responsible for:

(1) Supporting administrative functions including, but not limited to, answering MFH-related telephone and email inquiries, maintaining contact with the MFH Coordinator, maintaining security of MFH files, assisting with preparation of VA medical facility and national reports (e.g., gathering information on number of MFHs, number of Veteran residents and ensuring this information is accurate), maintaining marketing materials and facilitating communication with the Interdisciplinary Home Care Team.

(2) Managing Veteran resident intake procedures and MFH caregiver referrals, including gathering and tracking preliminary applicant information in paper files system, providing MFH Program information, answering applicant questions and referring applicants to the MFH Coordinator. **NOTE:** *For more information on intake procedures, see*

<https://dvagov.sharepoint.com/sites/vhamedicalfosterhome/Community%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Fvhamedicalfosterhome%2FCommunity%20Documents%2FAdministrative%20Files&viewid=bb2ea0f2%2Dde71%2D4b07%2D87bc%2D0cecfc3d52d9>. *This is an internal VA website that is not available to the public.*

(3) Assisting in coordinating the admission of Veterans as needed and as directed by the MFH Coordinator. For more information on MFH admission, see Appendix B.

(4) Coordinating with HBPC program support to ensure admissions to the MFH Program are appropriately entered into the HBPC Information Data System and MFH

demographic data, including inspections and trainings, are entered into the HBPC Information Data System within the same month of approval of the MFH.

(5) Supporting the MFH Coordinator with the monthly COIN report to ensure accuracy of MFH admissions and discharges.

(6) Obtaining patient information from the electronic health record and relevant non-VA medical records (e.g., demographic data) for the purposes of MFH admission and benefits investigation.

(7) Setting up and maintaining a MFH administrative file that is stored securely when not in use in accordance with VHA Directive 6300(1), Records Management, dated October 22, 2018 for each MFH. Files include:

(a) The MFH caregiver's application, the agreement between the MFH caregiver and Veteran or surrogate and inspections.

(b) Initial MFH caregiver inquiry by the MFH Coordinator.

(c) Tracking inspection reports.

(d) All correspondence related to the MFH and MFH caregiver.

(e) All material relating to any hearing and decision.

(8) Distributing voluntary surveys to MFH Veteran residents and caregivers, collecting survey data and uploading to the MFH SharePoint which is used for program monitoring and evaluation. For more information on survey data, see <https://dvagov.sharepoint.com/sites/vhamedicalfosterhome/SitePages/Veteran-Recruitment,-Referral-%26-Resources.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(9) Scheduling MFH Program requirements, such as annual inspections to ensure MFH standards are met by MFHs and MFH caregiver trainings.

(10) Aiding with planning and tracking trainings provided to MFH caregivers and projects related to the MFH Program.

k. Interdisciplinary Home Care Team. **NOTE:** *See paragraph 7.d. for Interdisciplinary Home Care Team membership information. Oversight of the Interdisciplinary Home Care Team falls under the Program Director (i.e., HBPC or SCI/D-HC). The Interdisciplinary Home Care Team is responsible for:*

(1) Screening potential Veteran residents to ensure they meet program criteria and collaborating with the MFH Coordinator to determine admission into the MFH Program.

(2) Assisting the MFH Coordinator with the admission process. **NOTE:** *For more information on the admissions process, see VHA Directive 1411.*

(3) Providing home health care services to Veterans in a MFH.

(4) Educating MFH caregivers and relief caregivers in specialized Veteran resident care needs as noted in the plan of care. This includes promptly communicating any significant changes in the Veteran resident's normal appearance, behavior or state of health to the HBPC or SCI/D-HC team. **NOTE:** *For more information about the relief caregiver, see paragraph 8.*

(5) Identifying the need for community resources and coordinating purchase of community home care services including respite, homemaker, home health aide and adult day health care.

(6) Conducting family care plan meetings in accordance with VHA Directive 1411, ensuring the MFH Coordinator is included in the meetings and, with the Veteran's consent, updating the Veteran's family or surrogate regarding changes in the Veteran's medical condition as permitted by VHA Directive 1605.01, Privacy and Release of Information, dated July 24, 2023.

(7) Assisting the MFH Coordinator to monitor the MFH environment with special emphasis on safety, potential for abuse and neglect, signs of caregiver stress or burnout.

(8) Informing the MFH Coordinator of any medical, psychiatric or psychosocial concerns.

(9) Consulting with the MFH Coordinator when scheduling periods of respite and referring Veterans to other VA and non-VA programs as appropriate. For example, Veterans may be referred to adult day care, homemaker, home health aide, nursing homes and community home health agencies for skilled nursing, respite, rehabilitation therapy, bowel and bladder programs and hospice services. Enrollment in the MFH Program does not exclude Veterans from these services.

(10) Maintaining appropriate working relationships with Veteran's VA medical facility Recreation Therapist (RT) including, but not limited to, education and case finding regarding all Veterans' treatment plans.

(11) Collaborating with the MFH Coordinator to operate the performance improvement plan. See paragraph 13.a.

I. **VA Medical Facility Recreation Therapist.** **NOTE:** *The VA medical facility RT may also be an art therapist, dance/movement therapist, drama therapist or music therapist. See paragraph 7.c. for additional information.* The VA medical facility RT is responsible for:

(1) Evaluating each Veteran for physical, cognitive, social and emotional strength and needs, including recreational and creative arts interests, for the development of individualized treatment plans providing therapeutic interventions.

(2) Documenting intervention outcomes, including information regarding treatment response, problems, adaptation to activities or interventions, behavioral changes or unusual developments to members of the Veteran's treatment team units.

(3) Developing an individualized treatment plan based on Veteran's strengths and needs, utilizing specific recreation therapy and creative arts therapy interventions and modalities to address Veteran's individual goals.

(4) Maintaining community relationships, including but not limited to those with community and civic organizations, volunteer groups and school officials, in addition to the Interdisciplinary Home Care Team and MFH Program participants in order to maximize Veterans' access to recreational therapy.

(5) Attending Interdisciplinary Home Care Team meetings.

m. **VA Medical Facility Inspection Team.** The VA medical facility Inspection Team is responsible for performing initial and annual inspections of MFHs to ensure compliance with applicable fire and safety requirements, as well as dietary and medical treatment plans for each Veteran resident and making recommendations to the VA medical facility Director as needed. For VA medical facility Inspection Team membership information, see paragraph 7.e.

3. MEDICAL FOSTER HOME PROGRAM CAPACITY

The recommended capacity for a MFH Program is 10-15 MFHs or 30 Veteran residents, whichever is fulfilled first. However, the capacity of the MFH Program can vary based on multiple factors including, but not limited to:

- a. Staffing of the MFH Program and Interdisciplinary Home Care Team.
- b. Turnover rate of Veteran and non-Veteran residents.
- c. Severity and complexity of Veteran and non-Veteran residents' medical, psychiatric or psychosocial needs.
- d. Geographic distance and travel time for the MFH Coordinator and Interdisciplinary Home Care Team from the VA medical facility to the MFH.
- e. Number of residents per MFH caregiver (no more than three residents may receive care in a MFH, including both Veteran and non-Veteran residents).
- f. Number of individual MFHs under supervision of the MFH Coordinator.
- g. All other factors that have the potential to affect the MFH caregiver's ability to provide care, including but not limited to overall care being provided to non-Veteran residents.

4. IMPLEMENTING AND ESTABLISHING A MEDICAL FOSTER HOME PROGRAM FOR OPERATION WITHIN A VA MEDICAL FACILITY

a. Proposals to establish a MFH Program must be submitted via the clinical restructuring process to the Executive Director, GEC who reviews and provides guidance on proposals and approves the MFH Program. **NOTE:** *For more information on clinical restructuring, see VHA Directive 1043, Restructuring of VHA Clinical Programs, dated November 2, 2016.* Critical elements in the proposal include:

(1) Confirmation that the VA medical facility has the support of a fully staffed HBPC or SCI/D-HC program meeting VHA standards to provide medical home care to Veterans in MFHs.

(2) A description of the proposed MFH Program, with attention to the program elements included in this directive, as well as VHA Directive 1140.01(1), VHA Directive 1411 and VHA Directive 1176(2). The program description must outline any State licensure requirements under which the MFH Program operates.

(3) An explanation of the staffing as described in paragraph 7, including the responsibilities of the full-time equivalent (FTE) MFH Coordinator without collateral duties, the MFH PSA, the VA medical facility MFH RT and the positions and respective FTE of the Interdisciplinary Home Care Team.

(4) Confirmation of an established telephone coverage plan, both during regular office hours and during holidays and afterhours, by which Veterans and MFH caregivers can reach appropriate VA medical facility staff.

(5) Evidence of VA medical facility support including, but not limited to, adequate space, information technology, assigned General Services Administration vehicles with frequent and consistent access, support of the Interdisciplinary Home Care Team and equipment, such as computers and cell phones.

(6) Evidence that there has been introductory contact with the Office of Chief Counsel in the District for general guidance.

5. MAINTAINING AND SUSTAINING THE MEDICAL FOSTER HOME PROGRAM

a. Sustainment and growth of the MFH Program rely on required program staffing of 1.0 FTE MFH Coordinator, 1.0 FTE MFH PSA and a VA medical facility RT per MFH Program, along with effective collaboration with the Interdisciplinary Home Care Team. The MFH Coordinator duties are frequently non-clinical and require dedicated time in the community to recruit MFH caregivers, market the MFH Program and network with community partners to grow and sustain the program. MFH Program expansion should be considered for regions where high-need, high-risk Veterans currently reside and where there is a high referral rate to non-institutional and institutional long-term services and supports.

b. MFH Programs must anticipate resource needs and collaborate closely with VA medical facility and VISN leadership to strategize support and expand MFH services. Any proposed change in a MFH Program that may result in a significant restructuring of the program; reduction in staffing, services or number of Veterans served; or closure of the program must go through a VA Central Office notification process as described in VHA Directive 1043. MFH Programs must utilize the support of GEC to identify solutions when MFH Programs are at risk for clinical restructuring to their program.

6. ORGANIZATIONAL PLACEMENT OF THE MEDICAL FOSTER HOME PROGRAM

a. The MFH Program is under the oversight of GEC, which provides program policy development, oversight and operations at the national level. To optimize the effectiveness of program implementation at the VA medical facility level, the MFH Program must be aligned under the direction of the VA medical facility Associate Chief of Staff, GEC. If such alignment does not exist at the VA medical facility, a MFH Program can function effectively under the VA medical facility Chief of Social Work or Social Work Executive.

b. Based on considerable experience and evaluation, it is recommended that the MFH and HBPC Programs be aligned under the same service line. MFHs serve Veterans from all VHA programs and referral sources.

7. STAFFING OF THE MEDICAL FOSTER HOME PROGRAM

a. **Medical Foster Home Coordinator.** The MFH Coordinator is a social work coordinator position which requires 1.0 FTE without collateral duties. **NOTE:** *An experienced social worker is required due to the complex nature of this position. This position requires ongoing outreach responsibilities that should be mapped administratively for most of the MFH Coordinator's time. For this reason, the Chief, Social Work or Social Work Executive, or their designee must be a part of the hiring panel for the position.* Given the higher level of care needs and vulnerability of the MFH population, the maximum recommended caseload for the MFH Coordinator is 1.0 FTE per 30 Veteran residents. The MFH Coordinator's caseload includes the duties of recruitment and sustaining MFHs through intensive support to the MFH caregiver. When the caseload for a MFH Coordinator exceeds maximum capacity, it is recommended that an additional MFH Coordinator be added.

b. **Medical Foster Home Program Support Assistant.** The MFH PSA position is recommended at 1.0 FTE employee.

c. **VA Medical Facility Recreation Therapist.** Each MFH Program must incorporate recreation therapy into its program. The VA medical facility RT works with Veteran residents, MFH caregivers and the Interdisciplinary Care Team to develop treatment plans to improve overall physical, mental and emotional well-being, as well as facilitate access to community resources to improve quality of life for the Veteran. The VA medical facility RT may be a member of the Interdisciplinary Home Care Team or aligned under another service.

d. **Interdisciplinary Home Care Team.** The Interdisciplinary Home Care Team members consist of a physician, certified nurse practitioner, physician assistant, registered dietitian, registered nurse (RN), social worker, rehabilitation therapist, pharmacist and psychologist. Based upon Veteran resident characteristics and needs, the Interdisciplinary Home Care Team may be expanded to include others, such as a chaplain or Women's Veterans Program Manager. **NOTE:** *VA HBPC or VA SCI/D-HC programs meet this requirement.* The Interdisciplinary Home Care Team, Program Director for HBPC and SCI/D-HC and MFH Coordinators have administrative and clinical responsibilities over the VA home care staff providing longitudinal health care in the home. The MFH Coordinator is the point of contact for administrative issues related to the home care Veterans receive in the MFH.

e. **VA Medical Facility Inspection Team.** The VA medical facility Inspection Team may serve multiple care settings and programs for the VA medical facility. The VA medical facility Inspection Team makes initial and annual inspections of MFHs to ensure compliance with applicable fire and safety requirements, as well as dietary and medical treatment plans, and to make recommendations to the MFH caregiver as needed. At a minimum, the team must consist of a social worker, RN, dietitian and a fire and safety specialist. A rehabilitation therapist and a RT are highly recommended additions to the VA medical facility Inspection Team. Based upon the VA medical facility Inspection Team's findings, additional disciplines may participate in the inspection process as determined by the MFH Coordinator. Additional disciplines include, but are not limited to, a physician and infection prevention and control. The Women Veterans Program Manager is a consultant to the MFH Program and the VA medical facility Inspection Team.

8. MEDICAL FOSTER HOME CAREGIVER SELECTION AND RETENTION

a. **Medical Foster Home Caregiver Selection.** MFH caregivers are selected based on requirements in VHA Directive 1140.01(1) and 38 C.F.R. §§ 17.61-17.74. **NOTE:** *For more information on requirements for MFH caregivers, see Appendix A.*

(1) Selection Standards and Guidelines for a Medical Foster Home Caregiver.

(a) Qualified MFH caregivers, approved by the VA medical facility Director, must be at home and available to ensure the health, safety and care of each Veteran resident. MFH caregivers are required to have a relief caregiver who can fulfill responsibilities, including supervising the MFH and Veteran residents, providing needed personal assistance to Veteran residents and having the discretion to call for emergency assistance if needed. It is recommended that MFH caregivers have at minimum two relief caregivers. There must be a written backup plan in the event the primary MFH caregiver is unable to provide care. This includes having a relief caregiver with the experience and physical ability to provide the needed care as well as adequate education, training and experience to maintain the MFH. **NOTE:** *For more information on developing backup plans, see*

<https://dva.gov.sharepoint.com/sites/vhamedicalfosterhome/Community%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Fvhamedicalfosterhome%2FCommunity%20Docu>

[ments%2FCaregiver%20Application%20Process&viewid=bb2ea0f2%2Dde71%2D4b07%2D87bc%2D0cecfc3d52d9](#). This is an internal VA website that is not available to the public. The MFH caregiver must agree to assist Veteran residents in following their plan of care as developed by the Interdisciplinary Home Care Team. The MFH caregiver must accept, participate in and follow that plan.

(2) **Medical Foster Home Caregiver Guide.** A MFH Caregiver Guide must be distributed to MFH caregivers by the MFH Coordinator upon formal approval into the VA medical facility MFH Program and updated and reviewed annually. The MFH Caregiver Guide can be found at

<https://dvagov.sharepoint.com/sites/vhamedicalfosterhome/Community%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Fvhamedicalfosterhome%2FCommunity%20Documents%2FCaregiver%20Guide&viewid=bb2ea0f2%2Dde71%2D4b07%2D87bc%2D0cecfc3d52d9>. **NOTE:** This is an internal VA website that is not available to the public. The MFH Coordinator and MFH caregiver must sign a statement and place it in the MFH record stating that the review has occurred annually.

(3) **Medical Foster Home Caregiver Training.**

(a) The MFH Coordinator trains MFH caregivers in the unique care needs of the Veteran residents in accordance with VHA Directive 1140.01(1). Training materials are located at

<https://dvagov.sharepoint.com/sites/vhamedicalfosterhome/Community%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Fvhamedicalfosterhome%2FCommunity%20Documents%2FCaregiver%20Guide&viewid=bb2ea0f2%2Dde71%2D4b07%2D87bc%2D0cecfc3d52d9>. **NOTE:** This is an internal VA website that is not available to the public.

(b) It is recommended that trainings occur throughout the year (e.g., once a month, once every quarter). The MFH Coordinator must maintain documentation of the training in the MFH record. The MFH Coordinator is responsible for validating this occurs. The following topics must be covered at least once a year and coordinated by the MFH Coordinator:

1. Provision of personal care, specific to Activities of Daily Living (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. Review of how to protect the Veteran resident's privacy and confidentiality,

9. Local and State laws and ordinances,

10. Fire and safety procedures,

11. End-of-life issues,

12. Review of the MFH Caregiver Guide,

13. Review of Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements, Veteran resident rights, MFH caregiver rights and the MFH caregiver/Veteran agreement, see Appendix A, paragraph 6.d.

14. Dementia training,

15. Suicide prevention training,

16. Diversity and ethics training,

17. Personal boundaries and conflict of interest training, and

18. MFH caregiver self-care training.

b. **Retention Of Medical Foster Home Caregivers.** The MFH caregiver's long-term stress level must be closely monitored by the MFH Coordinator and the Interdisciplinary Home Care Team. Early identification of signs and symptoms of caregiver stress, with appropriate intervention, is crucial. ***NOTE: Annual assessment of caregiver stress using a validated caregiver strain instrument (e.g., the Zarit Caregiver Burden) is recommended. When caregiver strain is identified by HBPC or other Interdisciplinary Home Care Team member, interventions are warranted. Some examples of appropriate interventions include education on VA and non-VA caregiver support resources, setting priorities for self and for Veteran resident care and discussions about respite planning.***

9. MEDICAL FOSTER HOME STANDARDS

a. The VA medical facility Director must approve a MFH based on the report of a VA medical facility Inspection Team and on any findings of necessary interim monitoring of the home, if the home meets all applicable Federal regulations, including the standards described in 38 C.F.R. §§ 17.61-17.74, State licensing requirements and local regulations. ***NOTE: The VA medical facility Director can delegate this to executive-level VA medical facility leadership only.***

b. To provide a safe environment for all residents and caregivers, Veteran residents are expected to respect other residents and caregivers and to follow the MFH rules. MFH caregivers are encouraged to establish reasonable house rules and guidelines for Veteran residents as a condition for continued residency in a MFH. The purpose of these rules and guidelines is to ensure a safe and inviting environment for both residents and caregivers. MFH rules and guidelines include, but are not limited to, establishing reasonable visitation and quiet hours, providing for separate smoking and

non-smoking areas and encouraging consumption and storage of food to certain areas. Implementation of these guidelines maintain and adjust care environments to support Veterans' dignity, privacy and security. In accordance with 38 C.F.R. § 17.74(d), each Veteran resident must have a separate bedroom unless the Veteran resident agrees to a multi-occupancy bedroom such as with a spouse or partner.

c. When other elements within the MFH environment impact special Veteran resident populations (e.g., experience with domestic violence, homelessness, need for transitional care) the MFH Coordinator must consult with the respective program (e.g., Office of Women's Health, Housing and Urban Development-Veterans Affairs Supportive Housing Program, Military2VA, Intimate Partner Violence Assistance Program) to discuss possible impact to the Veteran resident's care and to coordinate care.

10. REFERRAL TO A MEDICAL FOSTER HOME

a. **Veteran Eligibility.** At the time of referral to the MFH Program, the Veteran must be enrolled in, or agree to be enrolled in, either HBPC or SCI/D-HC to assist medically complex Veteran residents living in the MFH. See 38 C.F.R. § 17.73(c).

b. Veteran referrals may originate from, but are not limited to, VA medical facility staff members, community agencies, family members, the Veteran or other agency. Upon referral, the MFH Coordinator is responsible for reviewing the referral and completing the initial Veteran assessment. The MFH Coordinator, working in collaboration with the Interdisciplinary Home Care Team, makes a determination for admission in the program. Admissions must be approved by the MFH Coordinator and Interdisciplinary Home Care Team before a Veteran can be placed into a MFH. Veterans and their spouses may enter the MFH together at the MFH caregiver's discretion. Any non-Veteran admission is coordinated between the MFH caregiver and non-Veteran resident. Once the referral is received, the MFH Coordinator completes an assessment and:

(1) If necessary, assists Veterans with enrolling in the VA health care system and obtaining a primary care provider.

(2) Reviews the Veteran's medical records with input from the treating team to assess physical and psychosocial functioning.

(3) Explains the MFH Program to the Veteran and Veteran's family members.

(4) Collaborates with the referral source, VA staff, the Veteran or surrogate and if appropriate the Veteran's family, to establish an accurate profile of the Veteran and expected care needs.

(5) Collaborates with the Interdisciplinary Home Care Team to ensure the Veteran is eligible for and will be accepted for admission into the Interdisciplinary Home Care Team caseload if admitted into a MFH.

(6) Determines if the Veteran has the financial resources or eligibility for enhanced VA benefits sufficient to fund placement in a MFH. The MFH Coordinator is responsible for assisting the Veteran with identifying eligibility for obtaining and maximizing any additional VA benefits.

(7) Identifies if someone other than the Veteran has the authority to make financial and health care decisions. If not, the MFH Coordinator must educate the prospective Veteran resident on the importance of having a surrogate and work with the Veteran to identify an individual who can manage funds and make health care decisions should the Veteran become incapacitated in the future.

(8) Ensures screening is completed for any active communicable disease.

(9) Ensures that Veterans who are engaged in mental health treatment by a mental health provider continue to receive mental health care. For Veterans with a serious mental illness, the MFH Coordinator must consult with the treating mental health team to review the mental health treatment plan and be advised of any risk management concerns (e.g., suicide risk).

(10) Encourages the Veteran, family or surrogate to tour available MFHs before deciding and facilitating face-to-face or virtual meetings with the Veteran or family and MFH caregiver.

(11) Secures appropriate legal consent to release the Veteran's information related to MFH admission (e.g., demographic information) to the MFH caregiver.

(12) Provides appropriate health information to the MFH caregiver with a health summary that includes psychosocial, functional, behavioral, nutritional and medical information, including communicable diseases.

(13) Promotes the optimal match of the Veteran and a MFH by ensuring MFH caregiver skills and home standards meet the specific care and safety needs of the Veteran, as well as through compatibility of interests, temperament and lifestyle of the Veteran and MFH caregiver.

(14) Ensures that, upon matching a Veteran with a MFH caregiver, the Veteran or the Veteran's surrogate and the MFH caregiver agree upon the charge and payment procedures for care. This 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 MFH Coordinator for inclusion in the MFH Coordinator's MFH administrative file.

(15) Informs Veteran of their eligibility for the Homeless Veterans Dental Program (HVDP) (see VHA Directive 1130(1), Veterans Health Administration Dental Program, dated March 6, 2020) after 60 consecutive calendar days enrolled in the MFH program and refers Veterans where appropriate to receive dental care under this program.

11. QUALITY MONITORING OF CARE AFTER MEDICAL FOSTER HOME ADMISSION

a. **By the Next Business Day of Admission.** The MFH Coordinator must contact the MFH caregiver to discuss adjustments to admission for both Veteran and MFH caregiver, any questions or concerns regarding Veteran's health care and any additional support needed.

b. **Within 2-4 Weeks of Admission.** The MFH Coordinator must make a home visit to evaluate the adjustment of the MFH caregiver and the Veteran.

c. **Monthly.** The MFH Coordinator must conduct unannounced in-person visits monthly. The purpose of these unannounced visits is to:

(1) Observe for abuse or neglect. Suspected abuse or neglect must be reported in accordance with VHA Directive 1605.01 and VHA Directive 1199(2), Reporting Cases of Abuse and Neglect, dated November 28, 2017, which includes reference to local and State authorities.

(2) Ensure the Veteran has the required MFH caregiver supervision through direct observation and conversation with Veteran and MFH caregiver.

(3) Observe for and discuss caregiver stress. The MFH Coordinator must provide strategies and resources to address caregiver burnout. The VA medical MFH Coordinator may also encourage respite and suggest that the MFH caregiver utilize relief caregivers.

(4) Observe, discuss and mediate, if necessary, conflicts between or among any of the involved parties: Veteran residents, MFH caregiver, family members (residents' or the caregiver's), surrogate, friends and VA staff members.

(5) Request the MFH caregiver, the Veteran resident, family or surrogate inform the MFH Coordinator when conflicts or problems arise in the MFH.

(6) Monitor for financial issues (e.g., protection of the Veteran's personal funds; inadequate, late or non-payments; complaints about rate amounts or changes; concerns relating to vacancies and decreased income).

(7) Discuss potential violations of the written agreement between the Veteran and the MFH caregiver and assist in dispute resolution.

(8) Reeducate the Veteran and the MFH caregiver, as needed, about each other's rights and responsibilities in the MFH.

(9) Evaluate the Veteran's ongoing adjustment to the MFH environment and to the MFH caregiver, including Veteran resident satisfaction with the MFH Program.

(10) Ensure the MFH Coordinator is communicating pertinent information verbally or in writing, to the Veteran, MFH caregivers, family and surrogate, as appropriate.

(11) Ensure compliance with all MFH regulations, including reviewing the MFH binder at least quarterly to ensure documentation is current and completion of fire drills.

(12) Report all safety concerns and issues to VA medical facility, VISN and VHA leadership through appropriate methods as determined by the level of safety concern or issue. This may be through Issue Briefs and communication to the Interdisciplinary Home Care Team.

(13) When corrective action by the MFH caregiver is indicated, the MFH Coordinator or Interdisciplinary Home Care Team must provide on-the-spot training and, as needed, request the MFH caregiver submit a plan of corrective action.

d. **Justification for Suspending Placement.** Removal of a MFH from a VA medical facility's referral list must follow the procedures set forth in 38 C.F.R. §§ 17.65-17.72. Pursuant to 38 C.F.R. § 17.73, a MFH must meet all of VHA's regulatory criteria for approval, otherwise VA medical facilities must not refer or provide services to Veterans in the home. Therefore, any of the following serve as justification for immediately suspending placements in a MFH. ***NOTE: Depending upon the nature of the suspension, the MFH Coordinator may offer alternative placements to Veterans in that home while the regulatory procedures are being followed. For additional information on Veteran resident placement, see paragraph 11.***

(1) Substantiated or suspected abuse, exploitation or neglect of any Veteran or non-Veteran resident.

(2) Documented instances that put the safety or well-being of residents at ongoing risk.

(3) Inability of the MFH caregiver to provide adequate care for Veteran residents.

(4) Documented non-compliance with a Veteran resident's treatment plan of care or documented non-compliance with MFH Program standards, including fire and safety inspection recommendations or participation in required training sessions.

(5) Failure to adequately safeguard the protected health information (PHI) or personal identifiable information (PII) of a Veteran resident that results in compromise or loss of information.

12. RELEASE OF PATIENT-SPECIFIC HEALTH INFORMATION

a. **Authority.** MFH staff and MFH caregivers may release patient-specific health information in compliance with the following statutes and their implementing regulations: 38 U.S.C. §§ 5701 and 7332; and HIPAA (P.L. 104-191).

b. **VA Medical Foster Home Program Staff.** VA MFH Program staff must consult with the VA medical facility's Privacy Officer and Release of Information Office when questions arise regarding how and what patient-specific health information may be released to MFH caregivers.

c. **Business Associate Agreement.** MFH services are considered a continuation of treatment as defined by the HIPAA Privacy Rule because the disclosure is by a VA health care provider to another health care provider (the MFH) and therefore a Business Associate Agreement is not required (45 C.F.R. § 164.502(a)(1)(ii)).

d. **Availability of Information.** VHA standards must be made available to Federal, State and local agencies charged with the responsibility of licensing or otherwise regulating or inspecting the MFH.

13. PROGRAM QUALITY MANAGEMENT, EVALUATION AND ASSURANCE

a. **Performance Improvement Plan.** The MFH performance improvement activities support the mission and goals of VA and the individual VA medical facility. All performance improvement activities must be consistent with the standards set forth by VA and the home care accrediting organization.

(1) Performance improvement information is confidential, and disclosure may only be allowed as permitted by law and VA policy (see paragraph 12).

(2) The MFH Coordinator must conduct an annual risk assessment and, based on the assessment, establish and operate a performance improvement plan that is conducted by the MFH Coordinator and the Interdisciplinary Home Care Team. This risk assessment and plan must, at a minimum, address at least two or more of the following quality monitors with a quarterly or annual evaluation, as determined by the MFH Coordinator:

(a) Quality of life (e.g., depression, nutrition).

(b) Medication safety, including proper handling, management, storage and prevention of misuse.

(c) Veteran resident satisfaction and perception of care.

(d) Protection of PII/PHI.

(e) Caregiver stress.

(f) Data for quality improvement and evaluation.

(g) Revocations of approved MFHs, including ensuring processes for reporting MFH revocations are in place to ensure current and future Veteran resident safety.

b. **Workload and Productivity Standards.** The standards for workload and staff productivity for MFH are based on the number and the mix of providers, the patient case mix and complexity, geography, program support and other determinants unique to the VA medical facility. Workload capture must clearly delineate MFH Coordinator workload from the workload of the Interdisciplinary Home Care Team.

c. **Quality Improvement Program.** The VA medical facility must integrate the MFH Program into its Quality Improvement Program. Generally, this is the responsibility of the service line or care line with oversight of the Quality Improvement Program at that VA medical facility. Quality data tracked for each MFH must include:

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

(2) Veteran safety data such as:

(a) Adverse events, defined in VHA Directive 1050.01, VHA Quality and Patient Safety Programs, dated March 24, 2023.

(3) Results of quality assessment and improvement activities must be used by MFH Program and HBPC staff members to suggest program improvements and changes to the VA medical facility Director to make decisions regarding the continued approval of any MFH. This data includes:

(a) Results from any Veteran or family satisfaction reports.

(b) Any MFH-specific quality improvement indicators that may be established by the MFH Coordinator. ***NOTE: Safety concerns or issues must be reported to the VA medical facility, VISN and VHA leadership. This can be done through Issue Briefs. The MFH Coordinators must consult with the Executive Director, GEC if it is unclear whether an Issue Brief is warranted.***

d. **Event Reporting.** The MFH Coordinator is required to report the following in an Issue Brief within 24 hours after becoming aware to GEC, the designated VISN RECICC Lead and VA medical facility Director:

(1) All sentinel events.

(2) All adverse events.

(3) Loss of licensure.

(4) Any information regarding a MFH that appears in local or national media, including television, newspapers and radio.

(5) All MFH closures due to a sentinel or adverse event.

14. FINANCIAL ARRANGEMENTS

The MFH Program follows the policies in VHA Directive 1140.01(1) regarding cost and fees for care. Due to high risk of conflict of interest, it is recommended that the MFH caregiver does not attempt to manage Veterans' personal finances. **NOTE:** For additional information, see 38 C.F.R. part 13.

15. TRAINING

The following training is **highly recommended** for all MFH Coordinators: National Medical Foster Home (MFH) Coordinator Training Enduring (VA 43815).

16. RECORDS MANAGEMENT

a. All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

b. The MFH Program must maintain a MFH administrative file on each approved MFH that includes the application and inspection forms. All other documentation on the MFH caregiver and relief caregivers must remain in the home of the MFH caregiver. Program offices must reference the Record Control Schedule (<https://www.va.gov/vhapublications/RCS10/rcs10-1.pdf>) to determine when records may be properly discarded.

17. BACKGROUND

a. The MFH Program was developed based on State models of adult foster care. VHA analysis shows that adult foster care is a safe, cost-effective and favorable extended care option for individuals with functional, cognitive or psychosocial impairments who may otherwise reside in nursing homes if adult foster care were not available. MFH is a small community residential care home, combined with an Interdisciplinary Home Care Team, such as HBPC or SCI/D-HC, to provide non-institutional long-term care for Veterans who are presently unable to live independently and prefer a family setting. MFH is a form of CRC for the more medically complex and disabled Veterans, some of whom meet nursing home level of care.

b. Many Veterans with a disability due to complex chronic disease or traumatic injury may not be able to safely live independently or may have care needs that exceed the capabilities of their families. Traditionally, this situation was resolved by nursing home placement. However, many Veterans prefer to live in a home-like setting rather than a nursing home. With proper support, many Veterans who previously would have been placed in nursing homes can continue to live in a home and delay or avoid the need for institutionalized nursing home care.

c. The MFH Program offers a safe alternative to nursing home care by placement into a VHA approved private home in the community that may be a more acceptable care environment to Veterans and those responsible for their care.

18. DEFINITIONS

a. **Activities of Daily Living.** ADLs are daily self-care activities. Health professionals routinely refer to the ability or inability to perform ADLs as a measurement of the functional status of a person, particularly regarding people with disabilities and the elderly. Basic ADLs include:

- (1) Bathing, shaving, brushing teeth and combing hair.
- (2) Dressing.
- (3) Eating.
- (4) Getting in or getting out of bed.
- (5) Toileting.
- (6) Walking.

b. **Adverse Events.** Adverse events are untoward diagnostic or therapeutic incidents, iatrogenic injuries or other occurrences of harm or potential harm directly associated with care or service delivered by VA health care providers.

c. **Community Residential Care.** CRC is a form of enriched housing that provides health care supervision to eligible Veterans who do not need hospital or nursing home care, but who, because of medical, psychiatric, functional or psychosocial limitations, are presently not able to live independently and have no suitable family or significant other to provide needed supervision and supportive care. **NOTE:** For additional information, see VHA Directive 1140.01(1). A MFH is a type of CRC.

d. **Home-Based Primary Care.** HBPC is synonymous with the HBPC Special Population Patient Aligned Care Team (PACT) and consists of comprehensive, longitudinal in-home primary care provided by an Interdisciplinary Home Care Team with physician oversight in the homes of Veterans with complex, chronic, disabling disease for whom routine clinic-based care is not effective. A core interdisciplinary HBPC PACT team must be set up according the VHA Directive 1411. The HBPC program staff includes sufficient dedicated clinical, administrative and clerical support. HBPC targets primarily the following patients in need of home care:

- (1) Longitudinal care patients with chronic serious medical, social, behavioral and mental health conditions, particularly those at high risk of hospital, nursing home or recurrent emergency care.

(2) Longitudinal care patients who require palliative care for a serious disease that is life limiting or refractory to disease modifying treatment.

(3) Patients whose complex chronic disease is not managed effectively by routine clinic-based care.

e. **Spinal Cord Injuries and Disorders Home Care.** SCI/D-HC is a model of home health care that supports the transition and medical needs of spinal cord injuries and disorders patients. The SCI/D-HC Program identifies and supports access to important medical, rehabilitation and preventive services determined necessary to sustain the Veteran with spinal cord injury or disorder in the community. **NOTE:** For additional information, see VHA Directive 1176(2).

f. **Medical Foster Home.** A MFH is a private home in which a MFH caregiver provides care to a Veteran resident and the MFH caregiver lives in the MFH. No more than three residents may receive care in the MFH, including both Veteran and non-Veteran residents.

g. **Medical Foster Home Caregiver.** A MFH caregiver, with assistance from relief caregivers, is a person who provides substantive assistance with ADLS, instrumental ADLs and therapeutic leisure activities. MFH caregivers must be at least 18 years of age. **NOTE:** The MFH caregiver is known as a sponsor or facility operator in the CRC Program, see VHA Directive 1140.01(1). MFH caregivers are not necessarily caregivers as that term is defined in the Caregiver Support Program, 38 C.F.R. part 71.

19. REFERENCES

- a. P. L. 104-191.
- b. 5 U.S.C. §§ 552 and 552a.
- c. 38 U.S.C. §§ 1730, 5701, 5705 and 7332.
- d. 5 C.F.R. part 2635.
- e. 38 C.F.R. §§ 17.61-17.74 and parts 13 and 71.
- f. 45 C.F.R. § 164.502.
- g. VHA Directive 1043, Restructuring of VHA Clinical Programs, dated November 2, 2016.
- h. VHA Directive 1050.01, VHA Quality and Patient Safety Programs, dated March 24, 2023
- i. VHA Directive 1130(1), Veterans Health Administration Dental Program, dated March 6, 2020.

j. VHA Directive 1140.01(1), Community Residential Care Program, dated April 1, 2020.

k. VHA Directive 1173.14, Home Improvements and Structural Alterations (HISA) Program, dated December 26, 2017.

l. VHA Directive 1176(2), Spinal Cord Injury and Disorders System of Care, dated September 30, 2019.

m. VHA Directive 1199(2), Reporting Cases of Abuse and Neglect, dated November 28, 2017.

n. VHA Directive 1411, Home Based Primary Care Special Population Patient Aligned Care Team Program, dated December 28, 2023.

o. VHA Directive 1605.01, Privacy and Release of Information, dated July 24, 2023.

p. VHA Directive 6300(1), Records Management, dated October 22, 2018.

q. VHA Handbook 1101.10(1), Patient Aligned Care Team Handbook, dated February 5, 2014.

r. VHA Handbook 1140.6, Purchased Home Health Care Services Procedures, dated July 21, 2006.

s. HIPAA Use and Disclosure Form.

https://dvagov.sharepoint.com/:w:/r/sites/vhamedicalfosterhome/_layouts/15/Doc.aspx?sourcedoc=%7B568433A0-91E8-43BB-83C1-FC4D7E8FAB8E%7D&file=HIPAA%20Use%20and%20Disclosure%20Form%202015.doc&action=default&mobileredirect=true&DefaultItemOpen=1. *NOTE: This is an internal VA website that is not available to the public),*

t. MFH Program.

<https://dvagov.sharepoint.com/sites/vhamedicalfosterhome/SitePages/Medical-Foster-Home.aspx>. *NOTE: This is an internal VA website that is not available to the public. Permissions are required to access the site.*

u. MFH Care Agreements.

https://dvagov.sharepoint.com/:w:/r/sites/vhamedicalfosterhome/_layouts/15/Doc.aspx?sourcedoc=%7B2E21160C-EDB3-4FB0-9C92-DE8A6F9B2EDB%7D&file=-%20Care%20Agreement%2012%204%2014%20FINAL.docx&action=default&mobileredirect=true&DefaultItemOpen=1. *NOTE: This is an internal VA website that is not available to the public.*

v. Record Control Schedule. <https://www.va.gov/vhapublications/RCS10/rcs10-1.pdf>.

w. The Joint Commission.

http://www.jointcommission.org/Sentinel_Event_Policy_and_Procedures/.

RECRUITMENT OF MEDICAL FOSTER HOME CAREGIVERS

1. The Department of Veterans Affairs (VA) medical facility medical foster home (MFH) Coordinator actively recruits individuals in the community on an ongoing basis as the program demands. Ongoing MFH caregiver recruitment is critical to the sustainment of the MFH Program to continue providing this care option for Veterans. Ideal MFH caregivers are individuals with nurturing dispositions and suitable living environments for Veterans to create a family-like atmosphere. Individuals wishing to become a MFH caregiver may contact the MFH Program at the VA medical facility. Referrals may come from the individuals themselves or from other VA or non-VA personnel. MFH caregivers and relief caregivers must be at least 18 years of age. **NOTE:** *MFH Coordinators need to be aware that VA employees (or close family members of VA employees such as spouses) who request to be a MFH caregiver may jeopardize their employment status. VA employees need to consider whether their employment would conflict with the MFH caregiver position and be in violation of the "Standards of Ethical Conduct for Employees of the Executive Branch" (5 C.F.R. part 2635) due to the MFH taking VA referrals or seeking VA referrals.*

2. Initial telephone assessments are conducted to determine if the prospective MFH caregiver meets the basic requirements of becoming an approved MFH caregiver. A second level face-to-face assessment may then be conducted to further determine if the prospective MFH caregiver is an appropriate candidate.

3. Once initial telephone and face-to-face assessments are completed, the MFH Coordinator conducts an initial on-site screening of prospective MFH caregivers to ensure the environment, facility and prospective MFH caregiver meet basic requirements. Additional visits may be necessary to continue the prescreen assessment process.

4. Once a prescreen visit has been completed and the MFH Coordinator has decided to move forward with further evaluation of the potential home, the prospective MFH caregiver must apply in writing to the MFH Coordinator. When formal application is made, it must be reviewed by the MFH Coordinator who contacts the applicant to arrange a formal inspection. Before formal inspection, the MFH Coordinator must discuss the Veteran referral process and financial aspects of the MFH Program with each applicant. In addition the MFH Coordinator must evaluate the applicant's key physical and interpersonal skills and complete the home assessment.

5. The MFH Coordinator must inform the applicant of program expectations, including:

a. The primary intent of MFH, which is the permanent placement of the Veteran (at the Veteran's preference), often through the end of life. The secondary purpose is to provide a safe community living option for Veterans receiving long-term rehabilitative care.

b. The Veteran's condition is likely to worsen over time and the MFH caregiver's workload may increase. In other situations, the Veteran may be rehabilitated and return home.

6. In addition to the written application and initial home assessment that will be kept in the MFH administrative files, the following information must be considered in the evaluation of the applicant and is solely kept in the MFH caregiver binder located in the MFH. Documentation of these files must be kept current for the remainder of the prospective MFH caregiver's approval period and must be reviewed by the MFH Coordinator at least quarterly to ensure it is current. This includes:

a. The MFH caregiver must meet Federal, State and local regulatory and licensing requirements to ensure a safe environment for Veterans residing in the MFH. These regulatory requirements for criminal history checks must be verified at least every 3 years unless otherwise mandated under State regulations. Individuals who have been convicted in a court of law of certain listed crimes within 7 years of conviction or have had a finding within 6 months entered into an applicable State registry or with the applicable licensing authority concerning abuse, neglect, mistreatment of individuals or misappropriation of property are prohibited from participating in the MFH Program. The MFH Coordinator is required to conduct an individual assessment of suitability for employment for any conviction or finding outside either the 7-year or 6-month parameters.

b. The MFH caregiver is also required to implement procedures that prohibit mistreatment, neglect and abuse of Veterans and misappropriation of Veteran resident property. The MFH caregiver must perform a criminal history check on all individuals living in the MFH over the age of 18 that are not receiving care and have direct access to a Veteran resident. This is confirmed during annual VA home inspections. **NOTE:** For additional information on staffing requirements, see 38 C.F.R. part 17.63(j). National procedures are distributed to MFH caregivers upon formal approval into the program and must be reviewed and signed annually. The national procedures can be found at https://dvagov.sharepoint.com/sites/VHAGeriatrics/HCBC/VA_medical_facility_MFH/default.aspx. **NOTE:** This is an internal VA website that is not available to the public. The MFH must report and investigate any allegations of abuse or mistreatment.

c. An initial financial statement indicating financial stability, which may include other sources of income, a history of bankruptcies and level of debt and financial liabilities,

d. Health Insurance Portability and Accountability Act (HIPAA) Use and Disclosure Form (Completed annually. See https://dvagov.sharepoint.com/:w:/r/sites/vhamedicalfosterhome/_layouts/15/Doc.aspx?sourcedoc=%7B5B699ED5-AE8C-4C0C-8CE9-3FB166980A8A%7D&file=MFH%20Template%20for%20Residence%20Policy.doc&action=default&mobileredirect=true&wdLOR=cBFE1F5C7-9B0A-4C89-A7F8-C10EDACC91F0. **NOTE:** This is an internal VA website that is not available to the public.),

- e. Health certificate or physical,
- f. Copy of tuberculosis (TB) test,
- g. Copy of current homeowners' insurance,
- h. Copy of current automobile insurance declaration page,
- i. Copy of current First Aid certificate or training,
- j. Copy of current cardiopulmonary resuscitation (CPR) certificate or training,
- k. Copy of current State driver's license,
- l. Copy of current pet vaccination and license,
- m. Copy of pest control receipts or observation of pest control products which may be either professional or store bought,
- n. Fire and disaster plan,
- o. Personal and professional references.
- p. The MFH caregiver must include the following for all relief caregivers to be kept in a binder in the MFH: annual HIPAA Use and Disclosure form, initial TB test and health certificate or physical and copy of current First Aid certificate or training and CPR certificate or training.
- q. In States requiring licensure for adult foster homes with three or fewer residents, the applicant must provide proof of licensure.
- r. If the prospective MFH caregiver is renting the home, the homeowner must agree in writing to the home being used as a MFH.
- s. Provided the applicant passes the initial screening process, the VA medical facility Inspection Team conducts a formal inspection of the home environment as required by this directive.
- t. Following the VA medical facility Inspection Team and MFH Coordinator's inspection of the home, a letter of final acceptance or rejection from the VA medical facility Director is sent to the applicant, preferably within 30 calendar days of the inspection date. It is recommended that all documentation from the MFH caregiver be provided to the MFH Program office within 30 days from initiating application.

MEDICAL FOSTER HOME ADMISSIONS

1. MEDICAL FOSTER HOME ACCEPTANCE

a. Whenever possible, the Veteran and medical foster home (MFH) caregiver meet prior to placement. It is also recommended that the Veteran, or surrogate, tour the home. This can be done in-person or virtually.

b. The Department of Veterans Affairs (VA) medical facility MFH Coordinator ensures that the MFH caregiver and Veteran establish a written agreement that has been reviewed by the MFH Coordinator concerning the terms of the admission. **NOTE:** *The MFH Coordinator must provide an example agreement to the MFH caregiver and Veteran.* A written agreement must include:

(1) A list that specifies the services and accommodations provided by the MFH.

(2) The cost of care rates and charges, based on the Veteran's level of care, in consideration of State and local guidelines. **NOTE:** *For more information on MFH caregiver written agreements, see https://dvagov.sharepoint.com/:w:/r/sites/vhamedicalfosterhome/_layouts/15/Doc.aspx?sourcedoc=%7B2E21160C-EDB3-4FB0-9C92-DE8A6F9B2EDB%7D&file=-%20Care%20Agreement%2012%204%2014%20FINAL.docx&action=default&mobiledirect=true&wdLOR=c19C2C0F5-35D0-4DEC-B070-8C0919626488. This is an internal VA website that is not available to the public.*

(3) A statement that the MFH caregiver must provide at least 30 calendar days-notice before implementing a rate increase, unless there is a sudden change in the necessary level of care, either of which must also be discussed with the MFH Coordinator and in some cases, consultation with members of the Interdisciplinary Home Care Team.

(4) A mechanism to monitor and encourage timely payment to the MFH caregiver.

(5) A bed-hold policy for Veterans who experience a hospital admission. For more information on the bed-hold policy, see https://dvagov.sharepoint.com/:w:/r/sites/vhamedicalfosterhome/_layouts/15/Doc.aspx?sourcedoc=%7B2E21160C-EDB3-4FB0-9C92-DE8A6F9B2EDB%7D&file=-%20Care%20Agreement%2012%204%2014%20FINAL.docx&action=default&mobiledirect=true&DefaultItemOpen=1. **NOTE:** *This is an internal VA website that is not available to the public.*

(6) The MFH discharge policy. The MFH caregiver may not discharge a Veteran without 30 calendar days written notice that states the reason(s) for the requested move or transfer, except when the situation requires immediate removal. For more information on the MFH discharge policy, see https://dvagov.sharepoint.com/:w:/r/sites/vhamedicalfosterhome/_layouts/15/Doc.aspx?

[sourcedoc=%7B2E21160C-EDB3-4FB0-9C92-DE8A6F9B2EDB%7D&file=%20Care%20Agreement%2012%204%2014%20FINAL.docx&action=default&mobiledirect=true&DefaultItemOpen=1](https://dvagov.sharepoint.com/:w:/r/sites/vhamedicalfosterhome/_layouts/15/Doc.aspx?sourcedoc=%7B2E21160C-EDB3-4FB0-9C92-DE8A6F9B2EDB%7D&file=%20Care%20Agreement%2012%204%2014%20FINAL.docx&action=default&mobiledirect=true&DefaultItemOpen=1). **NOTE:** *This is an internal VA website that is not available to the public.*

(7) A refund policy when a Veteran is discharged or dies. For more information on the refund policy, see https://dvagov.sharepoint.com/:w:/r/sites/vhamedicalfosterhome/_layouts/15/Doc.aspx?sourcedoc=%7B2E21160C-EDB3-4FB0-9C92-DE8A6F9B2EDB%7D&file=%20Care%20Agreement%2012%204%2014%20FINAL.docx&action=default&mobiledirect=true&DefaultItemOpen=1. **NOTE:** *This is an internal VA website that is not available to the public.*

2. MEDICAL FOSTER HOME PLACEMENT

a. All requests and admissions in MFH must go through the MFH Coordinator. It is highly recommended that the MFH Coordinator develop a consult and referral process.

b. The admission date to a MFH must be coordinated with the Home-Based Primary Care (HBPC), Spinal Cord Injury And Disorders-Home Care (SCI/D-HC) or other care manager. **NOTE:** *Generally, the Veteran is not discharged to a MFH until 24 hours after making significant treatment changes (e.g., discontinue catheters, feeding tubes, oxygen) that may result in acute problems in the MFH and lead to emergency room visits or hospital readmission within hours of discharge.*

c. The specific home equipment needs of the Veteran must be assessed prior to admission to a MFH.

d. For SCI/D-HC patients, specialized home assessment and spinal cord injury (SCI) training must be provided to the MFH caregiver and patient by a registered nurse (RN) including bowel bladder care, wound care and pain management. For more information on SCI training, see Veterans Health Administration (VHA) Directive 1176(2), Spinal Cord Injuries and Disorders System of Care, dated September 30, 2019.

e. The MFH Coordinator collaborates with the MFH caregiver to coordinate the Veteran admission and address any remaining needs or concerns.

f. The MFH Coordinator educates the MFH caregiver regarding responsibility for the Veteran's current and anticipated personal and health care needs, including the necessary level of supervision.

g. The MFH Coordinator ensures all appropriate adaptive medical equipment (e.g., hospital bed, bedside commode, wheelchair, oxygen concentrator, feeding pump).

h. Medications, treatments and supplies must be ordered and delivered to the MFH prior to the arrival of the Veteran and all appropriate training must be provided in coordination with members of the Interdisciplinary Home Care Team.

i. The MFH Coordinator ensures transportation is arranged for the Veteran to the MFH. Responsibility for discharge transportation must not be delegated to the MFH caregiver.

j. If discharged from an inpatient facility, the Veteran must be reviewed by a VA health care provider and generally discharged with at least a 30-day supply of medications and supplies. A copy of the Patient Discharge Instructions must accompany the Veteran to the MFH.

3. UPON MEDICAL FOSTER HOME PLACEMENT

a. When applicable, the MFH Coordinator must inform the pension center or Veterans Benefits Administration that the Veteran has been physically placed in a MFH and has a need to apply for and maximize benefits Aid and Attendance/Special Service-connected compensation.

b. On the day the Veteran moves into the MFH, the MFH Coordinator must be available to ensure a smooth transition to the MFH.

c. The MFH Coordinator must verify the medications and supplies are received. .

d. It is expected that all efforts will be made to support a smooth transition to the home with an Interdisciplinary Care Team (ie; HBPC or SCI/D-HC) admission visit on the day of or within 24 hours. However in circumstances where it is not possible, a phone or video visit within 24 hours to assure education and medication reconciliation, with a home visit within 1 week or sooner if clinically indicated is acceptable.

e. The MFH Coordinator assists the Veteran with providing the MFH caregiver with pertinent information, such as family contact information, insurance information, advance directive or living will (if available), visitation, designated funeral home preference and any additional information that may be needed for making decisions when the Veteran cannot communicate.

f. The MFH Coordinator must ensure the MFH caregiver completes an inventory of the Veteran's personal possessions and have the Veteran, or surrogate, sign the list to prevent future claims of missing property.

g. The Veteran must be provided a copy of the house rules, resident agreement, resident's rights, grievance policy and the phone number to the local ombudsman.