

COMMUNITY RESIDENTIAL CARE PROGRAM

1. PURPOSE. This Veterans Health Administration (VHA) Handbook, a complete revision of the Community Residential Care (CRC) VHA Manual M-5, Part III, is mandated by Public Law 98-160, the Veterans Benefits Improvement Act. *NOTE: Any veteran placed in a residence in the community, other than the veteran's own domicile, is under the oversight of the CRC Program.*

2. SUMMARY OF CHANGES: This Handbook:

a. Cites statutory authority; provides key program definitions; states goals of CRC Program; defines eligibility; and sets forth programmatic responsibilities.

b. Describes the process of applying for participation in the CRC Program, the training requirements for CRC providers, staffing guidance, record keeping, and reporting systems.

c. Establishes CRC facility standards to be met and describes exceptions to these standards, and the variable interval lengths of VA approval.

d. Describes the process of revoking Department of Veterans Affairs (VA) approval of a facility when there is non-compliance with VA standards that the facility will not correct.

e. Establishes the rate structure for CRC and allowable deviations from that structure.

f. Describes appropriate CRC candidates; states resident placement policy; establishes follow-up policy of residents by VA staff; and outlines discharge policy from CRC Program.

g. Makes provision for an expedited pension claim process that can be utilized.

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 RESCISSIONS: VHA Manual M-5, Part III, Chapters 1 through 9, are rescinded.

6. RECERTIFICATION: This VHA Handbook is scheduled for recertification on or before the last working day of March 2010.

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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) Manual M-5, Part III, Chapters 1 through 9, and is based on the first Federal Regulations addressing the health and safety of residents in this level of care, mandated by Public Law 98-160, the Veterans Benefits Improvement Act.

2. BACKGROUND

Since 1951, the Department of Veterans Affairs' (VA) 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

The CRC Program is operated under the authority of Title 38 United States Code (U.S.C.) 630. Any veteran placed in a residence in the community, other than the veteran's own domicile, 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 acute hospital 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 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 daily living activities.

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 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 daily living activities devised by a VA facility for each referred 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. **Home-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, 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.

5. GOALS OF PROGRAM

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 acute hospital care, but who are not capable of independent living. Veterans may receive follow-up services through a VHA facility or Community-Based Outpatient Clinic (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 veterans' 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 end of life, guided by veteran preference and feasibility.

6. ELIGIBILITY

Veterans may be self-referred to the CRC program or 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 is unable to live independently and has no suitable significant others to provide needed monitoring, supervision, and necessary assistance in activities of daily living (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) Local CRC program management.
- (2) In consultation with the Chief, Social Work Service or the Social Work Executive, is responsible for 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 will 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, will participate in team meetings and must 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. VOLUNTARY NATURE OF 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 so as 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 prior to the placement of any veteran. Inspections must be carried out in accordance with standards delineated in paragraphs 10 and 13. *NOTE: No VA employee or member of an employee's household may be a CRC facility operator, employee, or provider.*

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 of the home for use in the CRC Program with the Program Coordinator, or designee.

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

- (4) The CRC Program Coordinator, or designee, must visit the prospective facility operator and the home to make an initial assessment of the facility and its appropriateness for potential

use and must evaluate the operator's predictors for success, e.g., strong interpersonal skills, good listening skills, and problem solving skills (see App. B).

(a) If the recommendation 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. Additionally, a background check is required of any person who is employed by, or provides care as a CRC operator or provider.

(b) If the recommendation is negative, the applicant must be notified in writing.

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 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) Meet the applicable provisions of the most current edition of the National Fire Protection Association (NFPA) Life Safety Code, Standard #101, subject to changes published in the Federal Register. Applicable chapter of the most current NFPA Life Safety Code must be used. In lieu of direct compliance with the NFPA Life Safety Code, alternative equivalent methods may be used, in accordance with the most current NFPA Manual, Alternative Approaches to Life Safety, and are subject to approval by the facility Safety Officer and Director.

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

b. **Health Services.** The CRC facility must agree to assist residents as detailed in the Statement of Needed Care, and/or Treatment Plan and/or Plan of Care developed by the VA

health care provider. The VA health care provider, veteran, and the CRC operator collaborate to implement the stated Plan of Care. 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) 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 and must contain necessary equipment and furnishings appropriate to health care needs.

(3) Bedrooms must contain, at a minimum, a suitable bed and furnishings: night stand with lamp; dresser; mirror; chair; wardrobe or closet, a secure space for personal items, and floor coverings, e.g., linoleum, carpet, hardwood floors, etc.

f. **Nutrition**

(1) The CRC facility must provide safe and sanitary food production, distribution, and storage for residents. These practices will meet all applicable standards set for safe food handling.

(2) The CRC facility must plan menus to meet currently recommended dietary allowances for residents.

(3) Individual nutritional requirements must be met, taking into consideration residents' preferences and health status.

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. **Residents' Rights.** The provider must have written policies and procedures that ensure and inform each resident of their following rights:

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

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

(b) Non-disclosure of records and information 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 or by the plan of needed care. If the resident requests assistance in managing personal financial affairs, the request must be documented and evaluated by the Program Coordinator and other persons as appropriate.

(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 will 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 and associate freely with persons and groups of their own choosing both within and outside of the facility in accordance with the CRC facility and/or house rules, set forth in the agreement between the resident and the CRC facility operator.

(b) Residents may leave and return freely to the CRC facility in accordance with the house rules and the statement of needed care as set forth in the 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, unless there are legal constraints.

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:

(a) A copy of the Statement of Needed Care as well as a statement signed by a VA provider certifying the veteran's need for residential care.

(b) Emergency notification procedures.

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

(d) A record of all financial transactions with the resident or the resident's fiduciary.

(3) Record maintenance must comply with State and local law.

(4) Records may only be disclosed 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 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.

(c) In lieu of direct compliance with the Life Safety Code, alternative equivalent methods may be used in accordance with the most current NFPA manual, Alternative Approaches to Life Safety, and are subject to approval by the facility Safety Officer and the facility Director.

(2) CRC facilities which do not meet the requirements for continued approval because they do not comply with the preceding stated exceptions may apply in writing to the Secretary of

Veterans Affairs for an exception. Requests must be reviewed by the Chief Consultant for Geriatrics and Extended Care (114). The Chief Consultant for Geriatrics and Extended Care (114) must notify the approving official of the application and write a response to the application for the Secretary's approval. The application must include a description of the facility, including a description of the bathroom and/or the bedroom, and an analysis of alternative solutions.

(3) In lieu of direct compliance with the NFPA Life Safety Code, alternative equivalent methods may be used, in accordance with the most current NFPA Manual, Alternative Approaches to Life Safety, and are subject to approval by the facility Safety Officer and Director.

11. TIMETABLE FOR REINSPECTIONS AND DURATION OF APPROVAL

a. The duration of VA's approval depends on a facility's compliance with standards. 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.* Public Law 98-160, and Title 38 Code of Federal Regulations (CFR) Chapter 1, specify the following inspection timetables.

(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 sub paragraph 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 sub paragraph 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 inspection as needed.

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

(1) The CRC Operator must be notified in writing of the identified deficiencies within 15 days of the inspection.

NOTE: *At any time, if any major deficiency is found, any team member, in conjunction with the CRC Program Coordinator, may suspend new admissions to the facility.*

(2) The CRC Operator must develop and submit a corrective plan of action within 10 days of receipt of the Letter of Deficiencies.

(3) Failure to comply with the proposed plan of corrective action may lead to the procedures outlined in paragraph 12.

(4) The VA facility Director, or designee, must receive 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 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 if the CRC Program Coordinator determines that CRC facility's non-compliance with the standards in this Handbook threatens the life of the veteran.*

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 within 20 calendar days of the receipt of the notification 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 were 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 shall 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 has no 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;* and

(c) Offer to assist the veteran and/or the legal guardian with alternative 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 shall normally cover the following services:

(a) Room;

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

(c) Laundry;

(d) Transportation for routine healthcare, 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 are the responsibility of the veteran and not the responsibility of the United States 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 provided to each party as well as being documented in the medical record using VA Form 10-2409, Patient's Agreement with Hospital in Relation to a Home Other Than His Own (see App. D).

(4) All financial arrangements between the facility operator and/or provider and resident must be documented in the resident's electronic medical record and in the CRC records. **NOTE:** *All financial transactions and arrangements are subject to review and approval by the CRC Coordinator, or designee.*

b. Fees for CRC Care. The CRC Program Coordinator must establish and approve basic rates.

(1) Basic rates are to be locally established based on a variety of indices, i.e., Medicaid, Social Security disability and Retirement Insurance, Supplemental Security Income (SSI), Department of Human Services, licensing agencies, State Department of Mental Health, and/or a survey of facilities to determine local comparable residential care rates. Subsequent increases may be tied to the National Consumer Price Index (CPI) for other local market conditions.

(2) 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 medical record, in a completed VA Form 10-2410, Agreement to Provide Care for Patient (see App. C), and in an updated VA Form 10-2409 (see App. D).

(3) For special needs or additional services, the veteran or the veteran's representative may

agree to pay an increased rate. These rates must be established conjointly with the CRC Program Coordinator, CRC Operator, the veteran, and the veteran's representative; this 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., HBPC.*

(5) All residents must agree to comply with program, house rules, and regulations.

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 arranges 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, in conjunction with 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 granted expeditious readmission 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.

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 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 occurs when the veteran fails to abide by the plan of care, or fails to comply with the CRC facility rules.

(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 providers, or ensure that CRC providers have 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 will be provided, including diversity and ethics training on personal boundaries and conflict of interest for facility operators and staff. Documentation of the training will 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 statement must be written and signed that this has been accomplished and placed in the facility record. 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 ensure the quality of skills acquired by the provider and/or operator and in order 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.

16. QUALITY ASSURANCE IN THE CRC HOME PROGRAM

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 to include:

(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. All Adverse and Sentinel Events must be reported to the VHA 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 use 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 will 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 twenty to fifty 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**

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

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

c. The CRC Program Coordinator must maintain a file on each CRC facility. The file must contain:

- (1) VA Form 10-2407, Residential care home program provider application.
- (2) Initial CRC evaluation statement.
- (3) Inspection reports.
- (4) All correspondence relating to the facility.
- (5) 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 Decision Support System (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	Cost Distribution Report (CDR) and/or DSS <i>NOTE: These should 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 104-191, Health Information Portability Act (HIPPA).
- (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").



Department of Veterans Affairs

RESIDENTIAL CARE HOME PROGRAM - SPONSOR APPLICATION

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 5 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. This information is used to determine your qualifications to provide Residential Care. Although this information is voluntary, failure to provide it will delay or prevent our approval.

The information requested on this form is solicited under authority of 38 United States Code 630, and will be used to evaluate the suitability of the home for participation in the Residential Care Program. It may be disclosed outside VA as permitted by law or as stated in the "Notices of Systems of VA Records," which have been published in the Federal Register in accordance with the Privacy Act of 1974.

The VA Residential Care Program provides room, board, and limited personal care and supervision to veterans who do not require hospital or nursing home care but because of medical or psychosocial health conditions are not able to live independently and have no suitable family resources to provide the needed care. Care is provided at the veteran's own expense in private homes inspected by VA. The veteran receives monthly follow-up visits from VA social workers and other health care professionals. If you wish to apply to become a sponsor in the Residential Care Home Program, please complete items 2 through 6 below.

1. VA FACILITY (For VA use Only)

2. APPLICANT INFORMATION

2A. NAME (Last, first, middle initial)

2B. TELEPHONE NUMBER

2C. ADDRESS (Number and Street or Rural Route, City, State and ZIP Code)

3. REFERENCES (List four references, including two neighbors)

A. NAME	B. ADDRESS	C. TELEPHONE NUMBER
(Neighbor)		
(Neighbor)		

4. In making application, I agree to:

- a. An initial inspection of my home by a health care team from VA facility and an annual inspection thereafter.
- b. Authorize VA to contact other agencies regarding the suitability of my home for residential care.
- c. Comply with VA standards for residential care.
- d. Accept veterans without discrimination on the basis of race, color, sex, age, religion or national origin.
- e. Accept the agreed-upon monthly rate as full compensation for care given.

5. SIGNATURE OF APPLICANT

6. DATE

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 of Facility in relation to Recreation, Shopping, and Church.

4. Availability and Type(s) of Transportation.

5. 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.



AGREEMENT TO PROVIDE HOME CARE FOR PATIENT

1. NAME OF VA STATION		2. ADDRESS	3. TELEPHONE NO.
4. NAME OF PATIENT		5. SOCIAL SECURITY NO.	6. CLAIM NO.
7. NAME OF PATIENT'S PHYSICIAN		8. NAME OF SOCIAL WORKER	
9. AGREE TO CARE FOR THE PATIENT AT THE MONTHLY RATE OF		10. DATE WILL ACCEPT THE PATIENT INTO MY HOME	

AGREEMENT: I, the undersigned, agree to accept the above named patient into my home on the date indicated in Item No. 10 at the monthly rate shown in Item No. 9. I will provide the patient with room, board, laundry service, and look after his personal welfare.

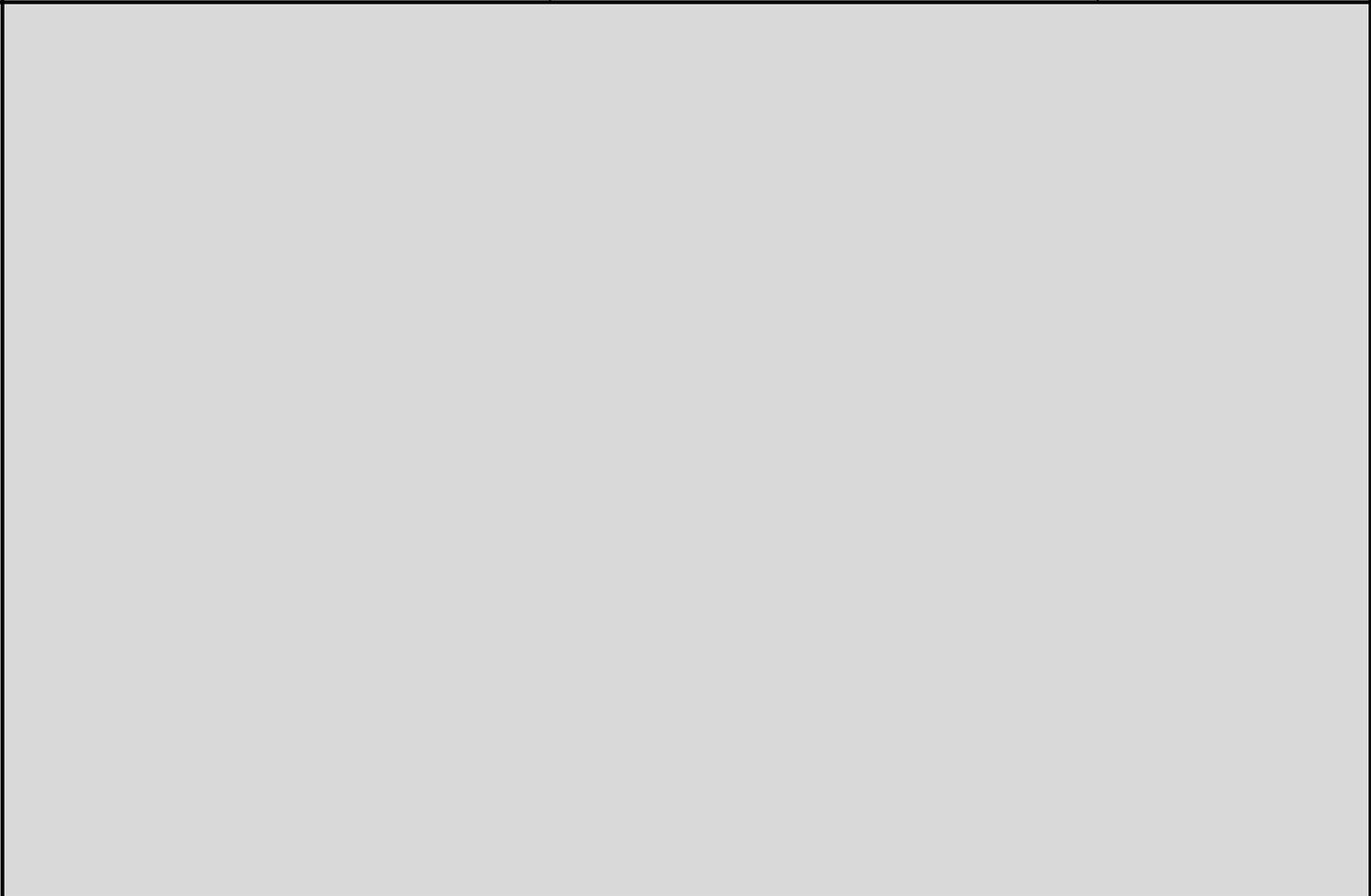
I understand that the patient will be on trail visit status during his stay in my home and will be visited at regular intervals by a member of the Social Service Staff from the hospital.

I agree to notify the patient's physician or the social

worker at the hospital, name and telephone number listed above, at once if there is any change for the worse in the patient's condition, either physical or mental, or if the patient absent himself from my home for any period of time without my knowledge or consent.

I further agree to notify a social worker or physician at the hospital, if my address is changed or if any other person becomes a member of my household. I have been informed that I have the right to request the patient's return to the hospital at any time, if he does not make a reasonable adjustment.

11. SIGNATURE OF APPLICANT	12. ADDRESS	13. DATE
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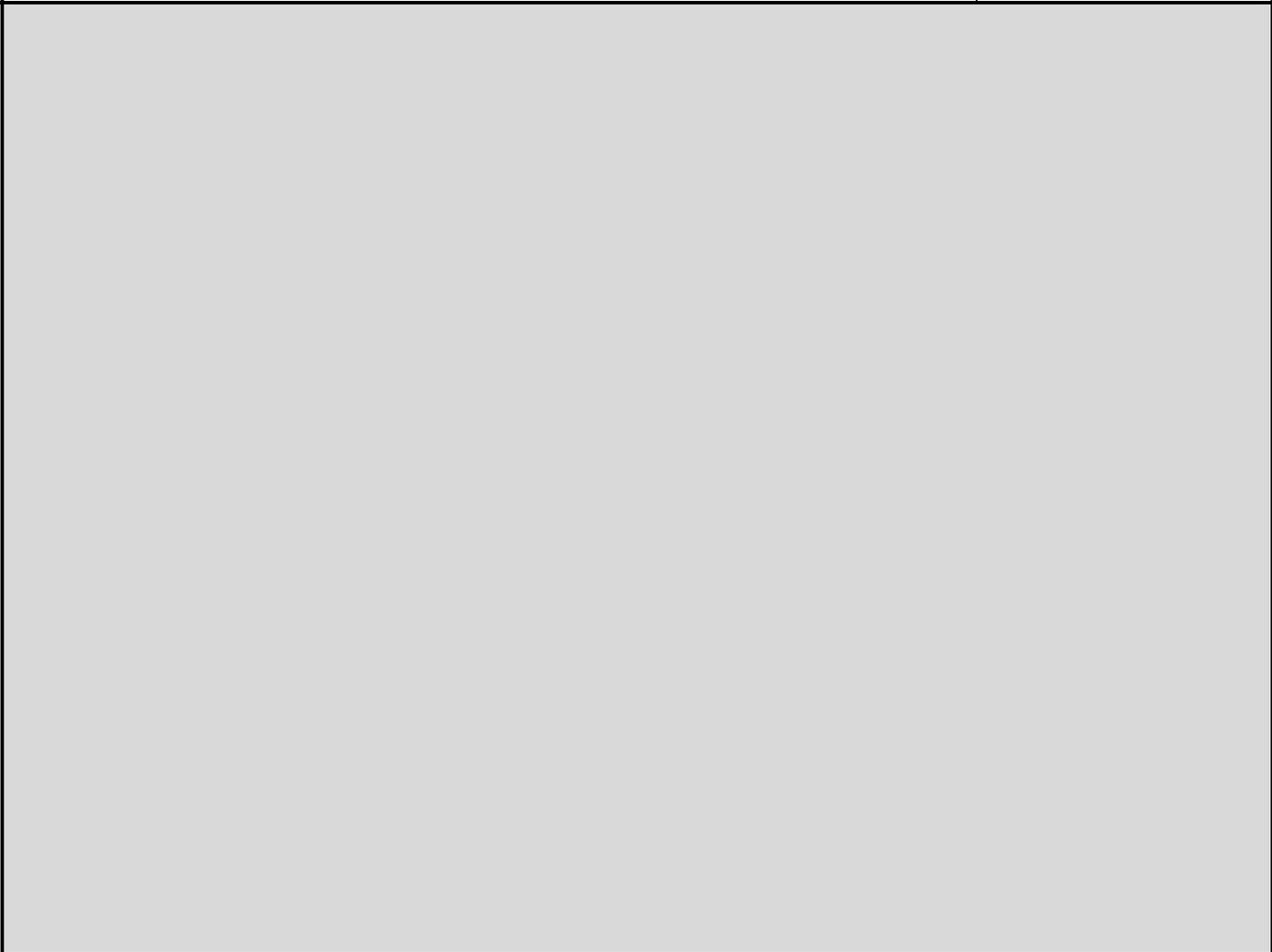


**PATIENT'S AGREEMENT WITH HOSPITAL IN
RELATION TO A HOME OTHER THAN HIS OWN**

1. NAME OF VA STATION	2. ADDRESS	3. TELEPHONE NO.
4. NAME OF VETERAN	5. SOCIAL SECURITY NO.	6. CLAIM NO.
		7. AGREE TO PAY MONTHLY
8. NAME OF PAYEE	9. ADDRESS	10. TELEPHONE
11. NAME OF SOCIAL WORKER		

AGREEMENT: I agree to pay monthly the amount specified in Item No. 7 to the Payee named in Item No. 8 for room, board, laundry, and attention to my welfare. I further agree to discuss any matter of concern to me that arises during the course of this agreement with the Payee and with the Social Worker named above before I make any change in this agreement.

12. SIGNATURE OF VETERAN	13. DATE
14. SIGNATURE OF SOCIAL WORKER (WITNESS)	15. DATE





RECOMMENDATION FOR RELEASE OF PATIENT
IN HOME OTHER THAN PATIENT'S OWN
(Summary of Psychiatric, Medical and Social Data)

1. NAME OF VA STATION		2. ADDRESS		3. DATE	
4. VETERAN'S LAST NAME- FIRST NAME MIDDLE		5. DATE OF BIRTH	6. SOCIAL SECURITY NO.	7. CLAIM NO.	8. WARD NO.
9. VETERAN'S HOME ADDRESS				10. RELIGION	

PART I (To be completed by ward physician)

11. REASON FOR REFERRAL *(Composition and attitude of family and reason for not placing patient with them)*

12. DIAGNOSIS *(Psychiatric or medical)*

13. DESCRIPTION OF PATIENT *(Physical appearance, personality, behavior, moods, etc.)*

14. IS PATIENT MEDICALLY CONSIDERED ABLE TO HANDLE OWN FUNDS?
 YES No

15. LEGAL STATUS
 COMPETENT INCOMPETENT GUARDIANSHIP PROCEEDINGS UNDERWAY COMMITTED

16. WHAT PSYCHIATRIC OR MEDICAL SUPERVISION IS REQUIRED?

17. WHAT MEDICATION IS NEEDED?

18. WHAT DIET IS RECOMMENDED?

19. SIGNATURE OF PHYSICIAN

20. DATE

PART II (To be completed by the Medical Administration)

21. NAME OF GUARDIAN

22. ADDRESS

23. NAME OF NEAREST RELATIVE

24. ADDRESS

25. RELATIONSHIP

PATIENT'S SOURCE OF INCOME

26. VA COMPENSATION 27. PENSION 28. MILITARY RETIREMENT 29. INSURANCE 30. OTHER

31. HAS AID AND ATTENDANCE BEEN AWARDED?
 YES NO

32. AMOUNT OF INSTITUTIONAL AWARD

33. AMOUNT OF ESTATE HELD AT HOSPITAL

34. AMOUNT HELD ELSEWHERE

MILITARY SERVICE

35. BRANCH OF SERVICE	36. LENGTH OF SERVICE	37. HIGHEST RANK OR GRADE	38. DATE OF LAST DISCHARGE	39. COMBAT ACTION <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

PART III (To be completed by the Social Worker)

HOSPITAL AND EMPLOYMENT HISTORY

40. LENGTH OF HOSPITALIZATION PRIOR TO AND DURING MILITARY SERVICE	41. LENGTH OF HOSPITALIZATION SINCE DISCHARGE FROM MILITARY SERVICE	41. TYPE OF HOSPITALIZATION OTHER THAN VA <input type="checkbox"/> PRIVATE <input type="checkbox"/> STATE <input type="checkbox"/> NONE
<input type="text"/>	<input type="text"/>	

43. BRIEF HISTORY OF EMPLOYMENT PRIOR TO AND AFTER DISCHARGE FROM MILITARY SERVICE

PATIENT'S READINESS FOR PLACEMENT

44. PATIENT'S AND RELATIVES ATTITUDE TOWARD THIS PLACEMENT

45. PATIENT'S WORK ASSIGNMENTS, HOBBIES AND OTHER REHABILITATION ACTIVITIES

46. ABILITY OF PATIENT TO ASSIST WITH HOUSEHOLD TASKS

47. CLUB MEMBERSHIPS AND OTHER ASSOCIATIONS

48. PRESENT AND PAST CHURCH ACTIVITIES

49. NAMES OF PERSONAL FRIENDS INTERESTED IN PATIENT	50. ADDRESSES
<input type="text"/>	<input type="text"/>

51. PATIENT'S SPECIAL NEEDS, CAPACITIES, PROBLEMS, ETC.

52. TYPE OF HOME AND COMMUNITY DESIRED

53. KIND OF SUPERVISION AND PERSONAL ATTENTION REQUIRED BY PATIENT IN THE HOME

54. DESIRABLE QUALITIES IN THE PERSON ASSUMING RESPONSIBILITY FOR THE PATIENT	55. PREFERRED AGE RANGE
<input type="text"/>	<input type="text"/>

56. RECOMMEND PLACEMENT OF VETERAN IN <input type="checkbox"/> RURAL AREA <input type="checkbox"/> URBAN AREA	57. SHOULD EMPLOYMENT IN THE NEIGHBORHOOD BE ENCOURAGED <input type="checkbox"/> YES <input type="checkbox"/> NO
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58. SIGNATURE OF SOCIAL WORKER	59. DATE
<input type="text"/>	<input type="text"/>