

COMMUNITY RESIDENTIAL CARE PROGRAM

- 1. PURPOSE:** This Veterans Health Administration (VHA) Handbook is a revision of the Community Residential Care (CRC) Handbook 1140.01. It provides the procedures necessary for conducting VA's CRC Program.
- 2. SUMMARY OF CHANGES:** This revised Handbook:
 - a. Clarifies the procedures for referring Veterans to CRC facilities.
 - b. Clarifies that all VA placements into CRC facilities must be approved by the CRC Coordinator, the MFH Coordinator or designees.
 - c. Describes changes in the reporting procedure for adverse and sentinel events.
 - d. Includes references to Medical Foster Home as a form of CRC.
 - e. Describes a new requirement that the Women Veteran Program Manager at the VA medical facility is available as a consultant to the CRC program and the CRC interdisciplinary inspection team.
- 3. RELATED ISSUES:** VHA Handbook 1141.02, VHA Handbook 1108.07, and VHA Handbook 1108.05.
- 4. RESPONSIBLE OFFICE:** The Office of Patient Care Services, Geriatrics and Extended Care (10P4G), is responsible for the contents of this Handbook. Questions may be directed to 202-461-6751.
- 5. RESCISSIONS:** VHA Handbook 1140.01 dated March 29, 2007, is rescinded.
- 6. RECERTIFICATION:** This VHA Handbook is scheduled for recertification on or before the last working day of February 2019.

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Under Secretary for Health

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COMMUNITY RESIDENTIAL CARE PROGRAM

1. PURPOSE: This Veterans Health Administration (VHA) Handbook 1140.01 provides the procedures necessary for conducting the Community Residential Care (CRC) Program. Any Veteran who lives in a Department of Veterans Affairs (VA) approved CRC facility in the community is under the oversight of the respective CRC or Medical Foster Home (MFH) Program, which is a form of CRC.

2. BACKGROUND: Since 1951, the VA's CRC Program, a form of enriched housing, 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 care. Enriched housing is referred to by different names in various states and settings such as: Medical Foster Homes, Assisted Living, Personal Care Homes, Family Care Homes, and psychiatric CRC Homes.

3. AUTHORITY: This VHA Handbook is based on current VA regulations contained in 38 Code of Federal Regulations (CFR) §§ 17.61-17.72. When published in 1989, VA's regulations were the first Federal regulations addressing the health and safety of residents in this level of care. The CRC Program is operated under the authority of Title 38, United States Code (U.S.C.) section 1730. Any Veteran who is eligible and lives in an approved CRC residence in the community is under the oversight of the respective CRC Program or MFH Program, which is a form of CRC, unless they elect not to be followed by the CRC or MFH program.

4. DEFINITIONS:

a. Activities of Daily Living & Instrumental Activities of Daily Living.

(1) Activities of Daily Living (ADL) refer to 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 in regards to people with disabilities and the elderly. Basic ADLs consist of self-care tasks, including:

- (a) Walking;
- (b) Bathing, shaving, brushing teeth, combing hair;
- (c) Dressing;
- (d) Eating;
- (e) Getting in or getting out of bed; and
- (f) Toileting.

(2) Instrumental Activities of Daily Living (IADL) are not necessary for fundamental functioning, but they let an individual live independently in a community. They include:

- (a) Housekeeping and cleaning room;
- (b) Meal preparation;
- (c) Taking medications;
- (d) Laundry;
- (e) Assistance with transportation;
- (f) Shopping- for groceries or clothing, etc.;
- (g) Ability to use the telephone.
- (h) Ability to manage finances;
- (i) Writing letters; and
- (j) Obtaining appointments.

b. **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 facility or Outpatient Clinic which has jurisdiction to approve a CRC facility.

c. **Community Residential Care.** VA’s Community Residential Care (CRC) is a form of enriched and supportive housing which provides health care supervision to eligible Veterans not in need of hospital or nursing home care, but who, because of medical, psychiatric and/or psychosocial limitations, are not able to live independently and have no suitable family or significant others to provide the needed supervision and supportive care. Examples of 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 ADLs, 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.

d. **CRC Case Manager.** A VA CRC Case Manager is responsible for direct case management of Veterans residing in approved CRCs. Each resident and provider is visited at least monthly and residents who have special needs must be seen more frequently.

e. **CRC Facility.** A CRC facility is a privately or publicly owned residence or group living facility situated in the community. It provides room, board, supervision, and assistance in ADLs in a home-like, environment. The CRC facilities focus on providing opportunities for residents to regain their level of functioning to the greatest extent possible in a supportive, supervised setting.

f. **CRC Program Coordinator.** The CRC Program Coordinator is that individual in the VA medical facility that is assigned the role of managing the CRC Program and reports directly

to the facility Director or the designated chief of service in which the program is aligned. The VA CRC Program Coordinator is responsible for overall program development, management, operations, and evaluation of the CRC Program. This includes recruitment and screening of potential CRCs, oversight of Veteran referral and placement into CRC facilities, directing VA CRC staff duties, coordination of VA inspections of CRCs, planning and development of Facility Sponsor educational programming, and monitoring quality of the CRCs and evaluating status of Veterans residing in VA approved CRC facilities.

g. **Facility Sponsor.** A Facility Sponsor 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.*

h. **Fiduciary.** A fiduciary is:

(1) A guardian, curator, conservator, committee, or person legally vested with the responsibility or care of a claimant (or a claimant's estate) or of a beneficiary (or a beneficiary's estate); or

(2) Any other person having been appointed in a representative capacity to receive money paid under any of the laws administered by the Secretary for the use and benefit of a minor, someone who has been adjudicated as incompetent to handle their financial affairs, or other beneficiary.

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 facility or Outpatient Clinic which has jurisdiction to approve a CRC facility.

j. **Home-Based Primary Care.** Home-Based Primary Care (HBPC) is comprehensive, longitudinal primary care provided by a physician-supervised interdisciplinary team of VA staff in the homes of veterans with complex, chronic, disabling disease for whom routine clinic-based care is not effective.

k. **Medical Foster Home.** *NOTE: For more information see VHA Handbook 1141.02 and 38 CFR §§ 17.73 - 17.74.*

(1) A Medical Foster Home (MFH) is an adult foster home combined with a VA interdisciplinary home care team, such as VA HBPC or Spinal Cord Injury-Home Care (SCI-HC), to provide non-institutional long-term care for Veterans who are unable to live independently and prefer a family setting.

(2) MFH is a form of CRC for the more medically complex and disabled Veterans, and is generally distinguished from other CRC facilities by the following:

(a) The home is owned or rented by the MFH caregiver;

(b) The MFH caregiver lives in the MFH and provides personal care and supervision;

(c) There are not more than three residents receiving care in the MFH, including both Veterans and non-Veterans; and

(d) Veteran MFH residents are enrolled in a VA HBPC or SCI-HC Program.

(3) The MFH Coordinator is that individual in the VA medical facility that is assigned the role of managing the MFH Program and reports directly to the facility Director or the designated chief of service in which the program is aligned. The VA MFH Program Coordinator is responsible for overall program development, management, operations, and evaluation of the MFH Program. This includes recruitment and screening of MFH Homes, oversight of Veteran referral and placement into MFHs, directing MFH program staff duties, coordination of VA inspections of MFHs, planning and development of caregiver educational programming, and monitoring quality of the CRCs and evaluating the status of Veterans residing in VA-approved MFHs.

l. **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.

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

n. **VA Facility.** Any facility operated by VA including: medical facilities, outpatient clinics, Community Living Centers (CLCs) and community-based outpatient clinics (CBOCs).

5. GOALS: The goals of the CRC Program are to:

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

b. **Facilitate the most appropriate use of VA and community resources.**

c. **Maintain or improve the Veteran's health and social functioning** in a supportive environment.

d. **Support the highest level of functioning** of the Veteran including discharge to independent living, when possible.

e. **Provide a home environment** where the Veteran may remain in comfort, retain dignity, and have the needed support through the end of life, guided by Veteran preference and feasibility.

6. ELIGIBILITY: Veterans may be self-referred to the CRC Program or referred by VA health care staff if they meet the following criteria at the time of referral:

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 facility, domiciliary, CLC, or contract nursing home; or

(2) Such care or services were furnished to the Veteran within the preceding 12 months; and

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

7. RESPONSIBILITIES:

a. **Geriatrics and Extended Care Services at VA Central Office and Geriatrics and Extended Care Operations at VA Central Office** Geriatrics and Extended Care Operations at VA Central Office (VACO) is responsible for the overall program management of the CRC program. Geriatrics and Extended Care Services at VACO is responsible for the policies of the CRC Program. Geriatrics and Extended Care Operations coordinates the activities in the CRC Program with other involved VHA and VA offices.

b. **Facility Director.** The facility Director or designee is responsible for:

(1) Overseeing the management of the local CRC Program.

(2) Appointing, in consultation with the Chief, Social Work Service, or the Social Work Executive, a CRC Program Coordinator who must be a clinician with the ability to work with complex medical, geriatric, mental health, and community programs. The CRC Program Coordinator has responsibility for overall operation of the Program.

(3) Designating an interdisciplinary inspection team.

(4) Ensuring that sufficient resources and transportation are available to the team for evaluation and follow-up.

(5) Acting as final approving official of prospective facilities for participation in the CRC Program.

(6) Acting as hearing official for appeals filed by CRC Facility Sponsors as provided in 38 CFR §§ 17.66 – 17.71.

c. **Interdisciplinary Inspection Team.** The Interdisciplinary Inspection Team is responsible for conducting inspections of CRC facilities and recommending approval or disapproval of these facilities as a condition of their participation in the CRC Program. At a minimum, the team must consist of a social worker, nurse, dietitian, and a fire and safety specialist. Adjunct team members, including a physician, rehabilitation medicine staff member, mental health provider, infection prevention and control staff professional and the Women Veteran Program Manager must participate in team meetings and be available to assist the interdisciplinary inspection team upon consultation.

d. **CRC Program Coordinator.** The CRC Program Coordinator is responsible for overall program development, management, operations, and evaluation of the CRC Program. This includes:

- (1) Recruitment and screening of CRC facilities;
- (2) Oversight of Veteran referral and placement into CRC facilities;
- (3) Directing VA CRC Program staff duties;
- (4) Coordination of VA inspections of CRC facilities;
- (5) Planning and development of CRC Facility Sponsor educational programming; and
- (6) Monitoring quality of the CRC and evaluating status of the Veterans residing in VA approved CRC homes.

8. CRC FACILITY SPONSOR PARTICIPATION: CRC Facility Sponsors who apply for participation in the CRC Program must accept the VA conditions of participation. VA inspects CRC facilities with the permission of the CRC Facility Sponsor and, if deficiencies are found during the inspection, the CRC Facility Sponsor freely decides whether to correct them in order to become or remain a part of the CRC Program.

NOTE: Approved CRC facilities receive referrals from VA and payment directly from Veterans residing in the facility. VA employees are strongly encouraged to obtain advice from the appropriate government ethics official before deciding to apply for approval as a CRC Facility Sponsor. Any concerns that involve criminal conflict of interest law or Standards of Conduct are matters for the Designated Agency Ethics Official (DAEO). The DAEO, the Assistant General Counsel for Professional Staff Group III, addresses issues involving the application of criminal conflict of interest laws (18 U.S.C. Chapter 11) and the Standards of Conduct for Executive Branch Employees (5 CFR Part 2635). The DAEO, the Alternate DAEO and the Deputy Ethics Officials in the Regional Counsel offices and in Professional Staff Group III are the only source of authoritative advice on criminal conflicts of interest and the legal questions relating to Standards of Conduct. These Deputy Ethics Officials can be contacted at governmentethics@va.gov. Following the good faith advice of such ethics officials provides the employee with meaningful protection from criminal or administrative sanctions. The imposition of criminal sanctions ultimately rests with the Department of Justice after receiving the matter from the Inspector General.

9. SELECTION OF FACILITIES: The Secretary of the Department of Veterans Affairs through the Geriatrics and Extended Care Services and Geriatrics and Extended Care Operations supports continued growth in the CRC Program in recruitment of VA approved homes that meet the needs of Veterans in both rural and urban areas. Therefore, facilities within the catchment area should not be limited to narrow parameters surrounding a VA medical facility. CRC Programs should cover the distance necessary to provide VA approved placement options for Veterans in their own communities. This includes outreach to rural areas.

a. **Application.** Application for participation in the CRC Program must be made in writing to the CRC Coordinator of the VA medical facility of jurisdiction by the prospective Facility Sponsor. The data elements below are identified as examples of application items that may be required by state or local laws. The CRC Facility Sponsor application will be developed by the CRC Coordinator to meet VA, state and local requirements. The completed application must be returned to the CRC Program Coordinator. The individual CRC Program may request additional information at the time of application as required by state or local laws or as required by VA regulations.

(1) A completed VA Form 10-2407, Residential Care Home Program Sponsor Application is required of all applicants.

(2) Examples of additional information that may be required;

(a) State facility operator's license number and renewal date;

(b) Highest education level completed;

(c) Employment History;

(d) Driver's license number, state of issue and expiration date;

(e) U.S. Citizenship or Residence status;

(f) Languages spoken;

(g) Designated relief person;

(h) Number of pets in the facility; and

(i) Number of smokers in the facility.

(3) When the CRC Facility Sponsor resides in the same facility as veterans, the following additional information may be required:

(a) Completed health certificate signed by physician; and

(b) Documentation of home ownership or current lease.

b. **Informal Discussions.** The prospective CRC Facility Sponsor may informally discuss the potential for the facility's participation in the CRC Program with the CRC Program Coordinator, or designee.

c. **Initial Review of Application.** When a formal application is made it must be reviewed by the CRC Program Coordinator, or designee, who is to contact the applicant to arrange a site visit, if indicated.

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

(2) If, after the initial assessment, the recommendation of the CRC Program Coordinator, or designee, is positive, a formal inspection is scheduled. In those states requiring a license to operate a residential care home, the CRC Facility Sponsor must provide proof of licensure prior to the initial assessment or Interdisciplinary Inspection Team visit.

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

d. **Inspection.** Following an initial review of the application, a VA inspection is scheduled and conducted by the interdisciplinary inspection team. All CRC facilities must be inspected and approved by a VA inspection team prior to referring Veterans to the facilities. Inspections must be carried out in accordance with standards delineated in paragraphs 10 and 13 of this Handbook. Attention needs to be given to the CRC's emergency evacuation plan and its adherence to applicable life safety codes. All reports must be submitted to the CRC Program Coordinator for review. The CRC Program Coordinator must make a recommendation of approval or disapproval. *NOTE: The initial assessment and interdisciplinary team inspection may be combined into one step.*

e. **Notification of CRC Facility Sponsor.** Following the team inspection, a letter of final acceptance or rejection should be sent to the applicant within 30 days of the completion of the inspection.

f. **Sale or Transfer of Ownership.** VA approval is not transferable or applicable to any other location or other owner. The CRC Facility Sponsor is required to notify the VA and state licensing office, if applicable, in writing in the event of sale, transfer of ownership, or closure of the facility.

10. STANDARDS FOR FACILITIES: The approving official, or designee, may approve a CRC facility based on the report of a VA inspection team and on any findings of necessary interim monitoring of the facility, if that facility meets all applicable Federal regulations, State licensing requirements, and local regulations, including the following standards as described in 38 CFR § 17.63:

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

(1) Meet all current Federal, State, and local requirements and regulations including construction, fire, maintenance, and sanitation regulations and NFPA 101 & 101A standards.

(2) Have safe and functioning systems for: heating, cooling (where cooling systems are the norm in residential care), hot and cold water, electricity, plumbing, sewage, food preparation, laundry, artificial and natural light, and ventilation.

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

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

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

(3) Promote a therapeutic, recovery-oriented environment and interior design, with ease of mobility and noise control.

(4) Maintain at least one functional toilet and lavatory, and bathing or shower facility for every six people living in the facility. New facilities or existing facilities that are expanding services must maintain at least one functional toilet and lavatory, and bathing or shower facility for every four people living at the facility. The bathrooms should have appropriate locks for privacy and safety.

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

d. **Resident Bedrooms.**

(1) Bedrooms may contain no more than four beds.

(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. *NOTE: The complex nature of certain Veterans' condition or status may dictate the need for single occupancy in a bedroom.*

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

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

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

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

f. **Activities.** The facility must provide resources and person-centered recreation therapy activities to instill meaning and purpose in the lives of Veterans living in CRC facility.

g. **Health Services.** The CRC facility is strongly advised to assist residents in obtaining health services in accordance with instructions given by the health care provider. Veterans residing in CRC facilities may receive follow-up services through VA medical facility programs, such as: Primary Care, Geriatrics, Mental Health Services, HBPC for Veterans requiring in-home care, and other clinics as indicated.

h. **Resident Rights.** The CRC Facility Sponsor must have written policies and procedures that ensure and inform each resident of the following rights:

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

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

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

(c) Review records kept by the CRC facility.

(d) Exercise rights as a citizen.

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

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

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

(a) Access to a phone.

(b) Ability to send and receive unopened and uncensored mail. Mail must be sorted and delivered unopened and uncensored.

(c) Privacy of self and possessions.

(4) **Work.** No resident is to perform household duties, other than personal housekeeping tasks, unless the resident receives compensation for these duties, or is told in advance they are voluntary and the Veteran agrees, without coercion, to do them.

(5) **Freedom of Association.**

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

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

(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 CRC Program.

(7) **CRC Facility Rules.** In order to provide a safe environment for all residents and staff, residents are expected to respect other residents and staff and to follow the facility's rules. CRC Facility Sponsors may establish reasonable rules and guidelines for residents as a condition for continued residency in a CRC facility. The purpose of these rules and guidelines is to ensure a safe and inviting environment for both residents and staff. CRC home rules and guidelines may include, but are not limited to, establishing reasonable visitation hours, providing for separate

smoking and non-smoking areas, and restricting consumption and storage of food to certain areas.

i. **CRC Facility Records.**

(1) The CRC facility must maintain resident records in a secure place, disclosing only with the resident's permission or when required by law.

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

(a) Instructions given by the health care provider,

(b) Emergency notification procedures, and

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

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

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 Facility Sponsor and staff must have adequate education, training, and/or experience to maintain the CRC facility.

11. RE-INSPECTIONS AND DURATION OF APPROVAL:

a. **Approval and Provisional Approval.** Approval may be valid for up to 12 months when VA finds that the CRC facility has complied with all standards during the current inspection, all previous VA inspections, and any interim monitoring. Title 38 CFR § 17.65 states:

(1) "An approval of a facility meeting all of the standards in 38 CFR § 17.63 based on the report of a VA inspection and any findings of necessary interim monitoring of the facility, shall be for a 12-month period.

(2) "The approving official, based on the report of a VA inspection and on any findings of necessary interim monitoring of the CRC facility, may provide a facility with a provisional approval if that facility does not meet one or more of the standards in 38 CFR § 17.63, provided that the deficiencies do not jeopardize the health or safety of the residents, and that the facility management and VA agree to a plan of correcting the deficiencies in a specified amount of time. A provisional approval shall not be for more than 12 months and shall not be for more time than VA determines is reasonable for correcting the specific deficiencies.

(3) "An approval may be changed to a provisional approval or terminated under the provisions of §§17.66 through 17.71 because of a subsequent failure to meet the standards of §17.63 and a provisional approval may be terminated under the provisions of §§17.66 through

17.71 based on failure to meet the plan of correction or failure otherwise to meet the standards of §17.63.”

b. **Annual Inspections.** Annual inspections must be carried out by an interdisciplinary team. At a minimum, the team must consist of a social worker, nurse, dietitian, and a fire and safety specialist. Based upon the inspection team’s findings, additional disciplines must participate in the inspection process as determined by the CRC Program Coordinator. Additional disciplines include, but are not limited to, a physician, rehabilitation medicine, and infection control. The Women Veterans Program Manager is a consultant to the CRC program and this interdisciplinary team.

c. **Correcting Deficiencies.** The CRC Program Coordinator is responsible for ensuring that all deficiencies are corrected, establishing timelines or deadlines for correcting of any deficiency.

(1) The VA approving official must notify the CRC Facility Sponsor, in writing, of the identified deficiencies and should send the notice within 30 days of the completion of the inspection.

(2) The CRC Facility Sponsor may develop and submit a corrective plan of action to VA. If an annual inspection identifies substandard medication management activities at an individual CRC facility, the CRC facility must provide VA evidence of closer monitoring of the identified deficiency. The inspection team must conduct a follow-up site review to confirm compliance. The follow-up site review team may include a pharmacist manager to assist with verifying compliance with medication use standards.

(3) The CRC Facility Sponsor must correct all deficiencies and provide appropriate documentation to the CRC Program Coordinator.

(4) A copy of the deficiencies, a proposed plan of corrective action, and a copy of the confirmation letter that the deficiencies have been corrected must be maintained by the CRC Program Coordinator and made available to the VA medical facility Director, or designee, as requested.

12. DUE PROCESS: NON-COMPLIANCE WITH VA STANDARDS AND REQUEST FOR HEARING:

a. **Notice of Non-Compliance with VA Standards.** If the Hearing Official determines that an approved CRC facility does not comply with standards set forth in paragraphs 10 and 13 or if the CRC Facility Sponsor refuses to make necessary corrections as a result of the annual inspection, the CRC Program Coordinator must notify the CRC facility in writing identifying:

(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 Sponsor has an opportunity to request an oral or paper hearing before VA approval is revoked; and

(4) The date by which the Hearing Official (VA medical facility Director or designee) must receive the CRC Facility Sponsor's request for a hearing. **NOTE:** *The date by which the Hearing Official must receive the request for a hearing must not be less than 10 calendar days and not more than 20 calendar days after the date of VA notice of non-compliance, unless the Hearing Official determines that non-compliance with the standards threatens the lives of residents, in which case the hearing official must receive the CRC Facility Sponsor'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 who resides in a CRC facility in finding temporary lodging or an alternative placement, with permission from the Veteran or the authorized representative of the Veteran.*

b. **Request For Hearing.** The CRC Facility Sponsor must specify in writing whether an oral or paper hearing is requested. The request must be sent to the Hearing Official by the date specified by the Hearing Official in order to stay the revocation of approval. The Hearing Official may accept a request for a hearing after the time limit if the CRC facility shows that the delay was due to circumstances beyond its control. For more information see 38 CFR § 17.67 "Request for a Hearing."

c. **Notice and Conduct of Hearing.**

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

(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 Sponsor 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 Sponsor and VA may be represented by counsel.

d. **Waiver of Opportunity for Hearing.** If representatives of a CRC Facility Sponsor which 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 Sponsor to have waived their opportunity for a hearing; and

(2) Revoke VA approval of the CRC facility and notify the CRC Facility Sponsor 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 the regulations found in 38 CFR § 17.63.

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

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

f. **Revocation of VA Approval.**

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

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

(a) Cease referring Veterans to the CRC facility; and

(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 also be notified and offered assistance with alternate placement planning;*

(3) If the Hearing Official determines that the CRC Facility Sponsor 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 Sponsor still does not comply with these or any other standards, the Hearing Official must repeat the procedures in paragraphs 12a through 12e of this Handbook.

13. FINANCIAL ARRANGEMENTS:**a. Cost of CRC.**

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

(a) Room;

(b) Meals;

(c) Laundry;

(d) Transportation, either provided or arranged, for routine health care;

(e) Twenty-four-hour supervision, if indicated; and

(f) Care and assistance with ADLs/IADLs.

(2) Payment of the charges of a CRC for any care or service provided to a Veteran referred to that facility under this section is not the responsibility of the United States or of the Department (38 CFR § 17.63).

(3) The resident or an authorized personal representative and a representative of the CRC Facility Sponsor must agree upon the charge and payment procedures for care. (The agreement must be in writing and signed by both parties and a copy of the agreement must be provided to each party.)

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

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

(2) For special needs or additional services, the Veteran or the Veteran's representative may agree to pay an increased rate. The CRC Program Coordinator may advise the CRC Facility Sponsor, the Veteran, and the Veteran's representative in establishing these rates. This assistance must be documented in the Veteran's medical record. *NOTE: Individual resident's rates may 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) The CRC Program Coordinator, or designee, will determine appropriateness of Veteran placement in the Program. A completed referral packet must be submitted to the CRC Program

Coordinator, or designee. To the extent possible, this should be done through the Computerized Patient Record System (CPRS) using a referral, review and response process that is timely and Veteran-centered. The referral shall include the following documentation:

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

(3) The CRC Program Coordinator, or designee, will review the referral and Veteran assessment and make a determination for placement in the Program. Placements must be approved by the CRC Program Coordinator, or designee, before a Veteran can be placed into a VA approved facility. Placement authority resides with the CRC Program.

(4) Candidates for CRC placement must have or be eligible for 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.*

(5) 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. The CRC Program Coordinator, or designee, will determine a Veteran's stability for placement in the Program. *NOTE: If Veterans with complex medical conditions require more than basic residential care, and can be managed in a VA approved CRC facility, the additional care may be provided through other VA and community Programs, i.e., Home Based Primary Care (HBPC), Spinal Cord Injury (SCI), or Mental Health Intensive Case Management (MHICM).*

(6) All residents must agree to comply with the Program and facility rules.

(7) A Veteran and/or guardian, referred to the CRC Program, may choose care in a non-VA approved CRC facility. This choice must be documented in the Veteran's medical record. A documentation template for a placement waiver is available on the National CRC SharePoint <http://vaww.infoshare.va.gov/sites/geriatrics/HCBC/CRC>. *NOTE: This is an internal VA website and not available to the public. Coordinators may wish to access this template for facility use.*

(8) The CRC Program is an important component in VA's continuum of long-term services and supports. Placement in CRC facility is designed to provide a safe, stable, recovery-oriented facility in the least restrictive environment capable of meeting the Veteran's physical and psychological care needs. All Veterans in the CRC Program who require hospitalization must be offered admission to the VA Facility of Jurisdiction, or the most appropriate alternative facility.

b. **Placement of Residents.**

(1) The CRC Program Coordinator, or designee, in collaboration with the treatment team, assists the Veteran in the final selection of a CRC facility and assists in arranging for the placement.

(2) Pertinent medical and social data must be shared with the Facility Sponsor, as a Facility Sponsor is considered an important component in the continuum of care services. VHA may disclose individually identifiable health information, excluding 38 U.S.C. § 7332, to resident care homes, assisted living facilities, and home health services for the purpose of health care referrals without the written authorization of the individual to whom the information pertains, or the individual's personal representative, as long as the authorization complies with the requirements of that statute. VHA may disclose 38 U.S.C. § 7332-protected information to non-VA healthcare providers including; home health services, resident care homes and assisted living facilities, only with the written authorization of the individual to whom the information pertains.

(3) The placement 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 Program Coordinator for evaluation and placement. Approval by the receiving CRC Program Coordinator must be made prior to placement. If a Veteran is not accepted, the reason/s must be communicated to the referring facility in a timely manner and clearly documented. If a Veteran is placed but the placement is ultimately not suitable, and no alternate CRC placement is available, the referring VA facility must either re-admit the Veteran if that is medically indicated or assist the Veteran in finding placement. The receiving facility's CRC Program Coordinator must be provided with the ability to screen and review the records of Veterans for potential placement in the Program through Remote Data View and/or Vista web.

(5) Placement in VA approved CRC facilities is designed to provide a safe and stable residence in the least restrictive home-like environment capable of meeting the Veterans physical and psychological care needs. When a Veteran: 1) becomes ill or unstable or exhibits behavior unacceptable for community living, 2) makes direct or indirect threats to the Facility Sponsor/caregiver or other residents in the facility or 3) is a danger to him/herself, the VA medical facility of Jurisdiction should help the Veteran with a re-admission if that is medically indicated. All Veterans in the CRC Program who require hospitalization must be readmitted to the VA Facility of Jurisdiction, or the most appropriate alternative facility.

(6) CRC Response to Veterans with Special Needs. VA CRC Programs are encouraged to respond to special initiatives and Veterans with special needs including but not limited to: Veterans with Traumatic Brain Injury (TBI), Spinal Cord Injury, cognitively impaired and aging population and gender-specific needs. . The need for specialized residential rehabilitation facilities to address the ever increasing TBI population is especially important and supports CRC goals to provide care in the least restrictive environment possible while supporting Veterans move to independent living. The Veterans with SMI who may need a short term residential placement designed to improve social skills and may benefit from CRC placement.

(7) The VA CRC Program is in a unique position to provide the needed care for any Veteran who can benefit from this level of care. VA CRC Programs are encouraged to expand the

recovery-oriented residential options available for short and long term stays to meet the community living needs of a broad range of Veterans with special needs.

c. **Follow-up.**

(1) The CRC Program Coordinator must ensure that each resident and CRC facility is visited at least monthly by a VA health care professional. Duties of the VA health care professional include: acting as a liaison between the Veteran, the CRC Facility Sponsor, family, and/or personal representative, and the VA Health Care System; psychosocial assessment; monitoring CRC environment; care provision; and ensuring safety and continuity of care. Residents who have special needs must be seen more frequently, as indicated, 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 be seen at least annually by a Primary Care Provider.

(3) All Veterans in the CRC Program who require hospitalization must be admitted to the VA Facility of Jurisdiction, or the most appropriate alternative facility.

(4) 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, in accordance with local facility documentation requirements.

(5) CRC Facility Sponsors must be provided instructions for Veteran care needs following a CRC Veteran's hospitalization and clinic visit. These discussions between VA staff and the CRC Facility Sponsors are to be documented in the Veteran's medical record.

(6) The CRC Program Coordinator must meet at least annually with Veterans Benefits Administration (VBA) Field and Fiduciary supervisors to discuss the placement and ongoing needs of Veterans in the CRC Program who have been determined to be incompetent to handle their financial affairs. These discussions must be documented and appropriate action taken. *NOTE: This is a joint requirement, as indicated by VBA Manual M21-1MR, XI.1.B.9.c, which states: "Each fiduciary activity supervisor should meet with the appropriate personnel from each medical facility in their jurisdiction at least once a year to discuss services to incompetent veterans. These meetings may be conducted by meeting with the appropriate individuals separately or as a group."*

d. **Discharge from the CRC Program.**

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

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

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

(c) Death.

(2) The appropriate VA staff member must record in the Veteran's VA medical record the type of discharge and relevant information.

15. FACILITY SPONSOR KNOWLEDGE, SKILL, AND EDUCATION:

a. **Knowledge and Skills.** In order to meet the needs of Veteran residents, Facility Sponsors are expected to be trained in caring for the Veterans. Facility Sponsors may obtain training from the VA medical facilities or the Facility Sponsors will on their own obtain needed knowledge and skills. Training may include the following

- (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, including the concepts of recovery;
- (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; and
- (10) Fire and safety procedures.

b. **Staffing Levels.** CRC Facility Sponsors must ensure that sufficient, qualified staff are on duty and available to care for residents and provide for the health and safety of each resident. A staff member who has completed courses in First Aid and CPR and holds a currently valid card documenting completion of such courses must be in the CRC facility at all times. Documentation of attendance at First Aid or CPR course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Heart Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement.

c. **Continuing Education.** The CRC Program Coordinator must provide ongoing training including diversity and ethics, training on personal boundaries, and conflict of interest for Facility Sponsors and staff. Documentation of the training must be maintained in the VA facility record.

d. **Facility Sponsor's Guide.** A Facility Sponsor's Guide must be developed by the CRC Program Coordinator and must be distributed to each Facility Sponsor. This Guide must be reviewed annually, updated as needed and reviewed with the Facility Sponsor annually. CRC

staff must sign a statement and place it in VA's records that this review occurred. The Facility Sponsor's Guide 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 Facility Sponsor's rights.

e. **Education for Facility Sponsors.** CRC Facility Sponsor education programs must be held at the VA medical facility at least twice annually in order to: (1) maintain the quality of skills acquired by the Facility Sponsor and (2) to provide updated information on local, federal, state CRC care and management. ***NOTE: Training topics may be provided in addition to the areas listed in paragraph 15a.***

f. **Consultations.** Consultative education by VA staff is to be made available to Facility Sponsors.

16. MONITORING COMPLIANCE WITH CONDITIONS OF PARTICIPATION IN PROGRAM:

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

b. **Quality Monitors.** CRC monitors must include:

- (1) Reports of surveys conducted by Federal, State, and local regulatory licensing agencies.
- (2) Veteran safety data such as:

(a) **Adverse Events:** Adverse events are untoward incidents, therapeutic accidents, iatrogenic injuries or other adverse occurrences directly associated with care or services provided within the jurisdiction of a VA medical facility, outpatient clinic or other VA entities. Adverse events may result from acts of commission or omission (e.g., administration of the wrong medication, failure to make a timely diagnosis or institute the appropriate therapeutic interventions, adverse reactions or negative outcomes of treatment). Other examples include: patient falls, adverse drug events, procedural errors or complications, completed suicides, self-injurious behaviors, and missing patient events.

(b) **Sentinel Events.** A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, "or the risk thereof" includes any process variation for which a

recurrence would carry a significant chance of a serious adverse outcome. Such events are called "sentinel" because they signal the need for immediate investigation and response.

(c) **Reporting.**

(1) The CRC Program Coordinator of the medical facility of jurisdiction is required to report the following, to Geriatrics and Extended Care Operations and copy the designated Veterans Integrated Service Network (VISN) liaison and medical facility Director, or designee within 24 hours after being notified by the CRC facility:

(a) All sentinel events;

(b) Adverse events which include: elopements for more than 24 hours; substantiated allegations of mistreatment, neglect, abuse, or misappropriation of resident property; fires; loss of licensure;

(c) Any information regarding a CRC facility that appears in local or national media including television, newspapers or radio; and

(d) Closure or removal of Veterans from CRC facilities.

(2) The CRC Program Coordinator of the medical facility of jurisdiction shall use the Adverse and Sentinel Event Reporting Form available on the National CRC SharePoint. No individual identifiers, such as Veteran's name and Social Security number, are to be used.

(3) Results. Results of monitoring activities must be used by local VA staff in suggesting program improvements and changes, and in making decisions regarding the continued approval of any CRC facility, including:

(a) Results from any Veteran and/or family satisfaction reports; and

(b) Any CRC-specific monitoring findings that may be established by the VHA facility.

17. VA STAFFING GUIDANCE: The VA CRC Programs will be staffed according to the following policy. This guidance is designed to foster awareness of the multiple variables inherent in effective management of CRC Programs and the level of staffing required to operate safely and successfully. Appropriate staffing levels prevent unnecessary sentinel and adverse events.

a. **CRC Program Coordinator.** In establishing appropriate Full-time Equivalent (FTE) for VA CRC Program operations, it is important to recognize that the CRC Program Coordinator and case managers are separate positions with specific duties and therefore constitute separate FTE and must not be combined. The CRC Program Coordinator position requires full-time administrative effort, and shall not be a collateral duty, nor should the CRC Program Coordinator manage other programs.

b. **Ratio of Residents:Case Manager.** In addition to the full time CRC Program Coordinator, the ratio of CRC residents to one VA FTE direct case manager who provides Veteran follow-up, shall range from 20 to 50 depending on the factors listed below:

- (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) Number of referrals to the VA CRC Program;
- (7) Access to VA and non-VA services; and
- (8) Any special requirements of the VA CRC Program(s) providing follow up care to Veterans.

c. **Workload Assessment.** FTE are to be based on the VA CRC Program needs, number of referrals, requirements, and potential growth rather than encounter equivalents which are not capable of capturing CRC staff workload. Considerations for workload demand include the CRC Program Coordinator's responsibility for facility recruitment and oversight, initial and annual home inspections, community and Facility Sponsor needs for education, and the distance traveled from the medical facility to CRC facilities. Use of an encounter workload design is insufficient to measure Veteran safety and program effectiveness; therefore, should not be the basis for staffing needs.

18. VA RECORDS:

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

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

c. **Record Keeping.** 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 Sponsor Application.** The individual VA CRC Program may request additional information at the time of application.

(2) **Preliminary CRC facility evaluation.** The Initial Home Assessment Checklist may be used.

(3) **Inspection reports.**

- (4) **All correspondence relating to the facility.**
- (5) **All material relating to any hearing and decision.**
- (6) **CRC Facility Records.** See paragraph 10i.

19. REPORTING SYSTEM: By the 25th calendar day of each new quarter, the CRC Program Coordinator is responsible for electronically submitting the required CRC Quarterly Report. The report is to be submitted to Geriatrics and Extended Care Operations, with a copy provided to Geriatrics and Extended Care Services, the designated VISN liaison and medical facility Director, or designee.

20. RELEASE OF PATIENT-SPECIFIC HEALTH INFORMATION:

a. **Regulations.** CRC Program officials, CRC staff, and Facility Sponsors may release patient-specific health information in compliance with the following regulations:

- (1) Title 5 U.S.C. § 552, the Freedom of Information Act (FOIA).
- (2) Title 5 U.S.C. § 552a, the Privacy Act.
- (3) Title 38 U.S.C. § 1730 Community Residential Care.
- (4) Title 38 U.S.C. § 5701, the VA Claims Confidentiality Statute.
- (5) 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.
- (6) Title 38 U.S.C. 5705, Confidentiality of Healthcare Quality Assurance Review Records Privacy Rule, 45 CFR Parts 160, 164. Health Information Portability and Accountability Act (HIPAA).

b. **VA CRC Staff.** VA CRC 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 CRC Facility Sponsors. Facility Sponsors must be provided instructions for Veteran care needs.

c. **Business Associate Agreement.** CRC Services are considered a continuation of treatment as defined by the HIPAA Privacy Rule, 45 CFR § 164.501. Because the disclosure is by a health care provider (VHA) to another health care provider (CRC), a Business Associate Agreement (BAA) is not required 45 CFR § 164.502(e) (ii) (A).

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