

1. Transmitted is a new Department of Veterans Affairs, Veterans Health Services and Research Administration Manual M-5, "Geriatrics and Extended Care," Part III, "CRC (Community Residential Care) Program," Chapters 1 through 9."
2. Principal purposes are:
  - a. **Chapter 1: Community Residential Care.** Cites statutory authority; provides key program definitions; states goals of CRC Program; defines eligibility; and sets forth programmatic responsibilities.
  - b. **Chapter 2: Selection of Homes.** Describes the process of applying for participation in the CRC Program.
  - c. **Chapter 3: Standards for Homes.** Establishes CRC facility standards to be met and describes exceptions to these standards.
  - d. **Chapter 4: Reinspections and Duration of Approval.** Establishes the variable interval lengths of VA approval.
  - e. **Chapter 5: Due Process and Request for Hearing.** Describes the process of revoking VA approval of a facility when there are issues of non-compliance with standards which the facility will not correct.
  - f. **Chapter 6: Financial Arrangements.** Establishes the rate structure for CRC care and allowable deviations from that standard.
  - g. **Chapter 7: Selection, Placement and Follow-Up of Residents.** Describes appropriate CRC candidates; states resident placement policy; establishes follow-up policy of residents by VA staff; and outlines discharge policy from CRC Program.
  - h. **Chapter 8: Sponsor Education.** Describes necessary training needs for CRC providers.
  - i. **Chapter 9: Availability of Information, Staffing, Records and Reporting Systems.** Describes staffing guidance; record keeping and reporting systems.

3. **Filing Instructions**

**Remove pages**

**Insert pages**

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1-i through 9-1  
Appendix 9A-1 through 9A-4

4. **RESCISSIONS:** M-2, part XII, chapter 2, paragraph 2.01e (3) through (6).

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Chief Medical Director

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**Geriatrics and Extended Care**  
CRC (Community Residential Care) Program

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The Department of Veterans Affairs, Veterans Health Services and Research Administration Manual M-5, "Geriatrics and Extended Care," Part III, "CRC (Community Residential Care) Program," is published for the compliance of all concerned.

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#### FOREWORD

This is the first VHS&RA (Veterans Health Services and Research Administration) Manual on CRC (Community Residential Care) Program. The manual 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.

Since 1951, VA's (Department of Veterans Affairs) CRC Program has provided health care supervision to eligible veterans not in need of hospital or nursing home 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.

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#### RESCISSIONS

The following material is rescinded:

Partial rescission:

M-2, part XIII, chapter 2, paragraph 2.01e(3) through (6)

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**CHAPTER 1. COMMUNITY RESIDENTIAL CARE**

**1.01 AUTHORITY**

The CRC (Community Residential Care) Program is operated under the authority of 38 U.S.C. 630.

**1.02 DEFINITIONS**

a. CRC provides health care supervision to eligible veterans not in need of hospital or nursing home care but who, because of medical and/or psychosocial health conditions 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. The veteran must be capable of self-preservation with minimal assistance and exhibit socially acceptable behavior. Care will consist of room, board, assistance with activities of daily living and supervision as determined on an individual basis. The cost of care is financed by the veteran's own resources. Placement is made in residential settings inspected and approved by the appropriate medical center but chosen by the veteran.

b. 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. A facility operator assumes the management responsibility for the facility and may or may not be the Provider.

d. A provider is the person responsible for the day-to-day operation of the home. The Provider or their designee is normally a full-time occupant of the home.

e. The Statement of Needed Care means a written description of needed assistance in daily living activities devised by a VA (Department of Veterans Affairs) facility for each referred veteran in CRC.

f. The term Daily Living Activities relates to the following:

- (1) Walking
- (2) Bathing, shaving, brushing teeth, and combing hair
- (3) Dressing
- (4) Eating

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- (10) Using public transportation

- (11) Writing letters
- (12) Making telephone calls
- (13) Obtaining appointments
- (14) Self-administration of medications
- (15) Recreation and leisure activities

g. The term Approving Official and Hearing Official mean 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.

h. Program coordinator refers to that individual in the VA medical center or outpatient clinic who is assigned the role of program management.

i. Paper Hearing means a review of the written evidence of record by the Hearing Official.

j. Oral Hearing means the in person testimony of representatives of a CRC facility and of VA before the Hearing Official and the review of the written evidence of record by that official.

### 1.03 GOALS OF PROGRAM

The goals of the CRC Program are:

- a. To provide, through all VA medical centers, the appropriate level of care and an improved quality of life for veterans who do not require inpatient care but are not fully capable of independent living.
- b. To facilitate the most appropriate use of VA and community resources.
- c. To maintain or improve veterans' health and social functioning in a non-institutional, supportive environment.

### 1.04 ELIGIBILITY

Veterans may be referred to the CRC program by VA health care personnel if they meet the following criteria:

- a. At the time of referral:

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(1) The veteran is receiving VA medical services on an outpatient basis or VA medical center, domiciliary, or nursing home care; or

(2) Such care or services were furnished 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 and has no suitable significant others to provide needed monitoring, supervision, and necessary assistance in daily living activities.

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**1.05 RESPONSIBILITIES**

a. At the central office level, the overall program management of the CRC program is a function of the Office of Geriatrics and Extended Care. This office will coordinate the activities in this program with other involved offices in the VHS&RA (Veterans Health Services and Research Administration) and other offices in the Department.

b. At the VA medical center or outpatient clinic, program management will be the responsibility of Social Work Service. With the concurrence of the medical center Director, the Chief, Social Work Service will appoint a coordinator of the program. The coordinator will be responsible for the overall management of the program. The program should be integrated with the continuum of extended care programs under the Associate Chief of Staff for Extended Care, where applicable.

c. Medical center directors are responsible for designating an interdisciplinary inspection team and ensuring that transportation is available for evaluation and patient followup. At a minimum, the team will consist of a social worker, nurse, dietitian and a fire/safety specialist. Adjunct team members, including a physician, rehabilitation medicine staff member and an infection control staff member, will participate in team meetings but will only participate in field inspections as needed. The team will:

(1) Conduct inspections of CRC facilities and recommend approval or disapproval of these facilities participation in the program.

(2) Provide guidance for the overall management of the program.

(3) Establish and implement a system of monitors which will include rehospitalizations and complaints to determine any deficits in the care provided in CRC facilities.

(4) Conduct sponsor education.

**1.06 VOLUNTARY NATURE OF FACILITY OPERATOR PARTICIPATION**

Facility operators who apply for participation in this program voluntarily accept VA conditions of participation. VA inspects CRC's 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.

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## CHAPTER 2. SELECTION OF HOMES

### 2.01 GENERAL

a. All CRC (Community Residential Care) facilities will be inspected by the VA (Department of Veterans Affairs) inspection team prior to placements of veterans. Inspections will be carried out in accordance with standards delineated in chapters 3 and 6.

b. No VA employee or member of the veteran's household may be a CRC facility operator or provider.

### 2.02 APPLICATION

a. Application for participation in the CRC Program will be made by the prospective facility operator on VA Form 10-2407, Residential Care Home Program Sponsor Application Program, and forwarded to the local CRC program coordinator.

b. The prospective CRC facility operator may informally discuss the potential of the home for use in the CRC Program with the coordinator or staff member.

c. When formal application is made it will be reviewed by the program coordinator and given to a VA community social worker, who will contact the prospective CRC facility operator/provider and arrange a site visit.

d. The community social worker will visit the prospective facility operator and the home to make an initial assessment of the facility and its appropriateness for potential use. The community social worker will complete an initial evaluation and submit the findings to the program coordinator with recommendation for further action. If the recommendation is positive, a formal inspection will be scheduled. If the recommendation is negative, the applicant will be notified in writing.

### 2.03 INSPECTION

If indicated, a VA inspection will be scheduled and conducted by the interdisciplinary inspection team. All reports should be submitted to the CRC Program coordinator for review. The program coordinator will 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.*

### 2.04 NOTIFICATION OF CRC FACILITY OPERATOR

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Following the team inspection, a letter of final acceptance or rejection will be sent to the applicant.

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### CHAPTER 3. STANDARDS FOR HOMES

#### 3.01 GENERAL

The approving official may approve a CRC (Community Residential Care) facility based on the report of a VA (Department of Veterans Affairs) inspection and on any findings of necessary interim monitoring of the facility, if that facility meets the following standards.

#### 3.02 HEALTH AND SAFETY STANDARDS

a. Meet all State and local regulations including construction, fire, maintenance and sanitation regulations.

b. Meet the applicable provisions of the 1988 edition of the NFPA (National Fire Protection Association) Life Safety Code, Standard #101, subject to changes published in the Federal Register. For homes with more than three individuals, unrelated to the facility operator or provider, the Life Safety Code chapters for Board and Care Occupancies will be used. For homes with less than four individuals unrelated to the facility operator or provider, the Life Safety Code chapter for One and Two Family Dwellings will be used. In lieu of direct compliance with the Life Safety Code, alternative equivalent methods may be used, in accordance with NFPA Manual #101M, Alternative Approaches to Life Safety, and subject to approval by the appropriate Regional Director.

c. 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.

#### 3.03 HEALTH SERVICES

The facility must agree to assist residents in obtaining the statement of needed care developed by VA.

#### 3.04 INTERIOR PLAN

a. The facility will have comfortable dining areas, adequate in size for the number of residents.

b. The facility will have comfortable living room areas, adequate in size to accommodate a reasonable proportion of residents.

c. The facility will 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.

**3.05 LAUNDRY SERVICE**

The facility must provide or arrange for laundry service.

**3.06 RESIDENTS BEDROOMS**

a. Bedrooms may contain no more than four beds.

b. Bedrooms will 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.

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c. Bedrooms will contain, at a minimum, a suitable bed and furnishings including night stand with lamp; dresser; mirror; chair; wardrobe or closet and floor covering and curtains.

**3.07 NUTRITION**

a. The facility will provide a safe and sanitary food production, distribution and storage to residents. These practices will meet all applicable standards set for safe food handling.

b. The facility will plan menus to meet currently recommended dietary allowances.

c. Individual nutritional requirements will be met, taking into consideration residents' preferences.

**3.08 ACTIVITIES**

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

**3.09 RESIDENT'S RIGHTS**

The provider must inform each resident and have written policies and procedures that ensure the following rights for each resident:

a. **General.** All residents have the right to:

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

(2) Nondisclosure of records and information obtained or kept by the CRC facility staff, except in accordance with the requirements of applicable law.

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

(4) Exercise rights as a citizen.

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

b. **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.

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c. **Privacy**

- (1) Access to a phone with reasonable privacy should be available.
- (2) Mail will be sorted and delivered unopened and uncensored.
- (3) Residents will have privacy of self and possessions.

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d. **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.

e. **Freedom of Association**

(1) 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 facility (house) rules, set forth in the agreement between the resident and the facility operator.

(2) Residents may leave and return freely to the facility in accordance with the house rules, set forth in the agreement between the resident and the facility operator.

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

f. **Transfer or Withdraw**

A resident has the right to request a transfer to another facility or withdraw from the program.

**3.10 RECORDS**

a. The facility must maintain patient records in a secure place.

b. Facility records must include the following:

(1) A copy of the statement of needed care.

(2) Emergency notification procedures.

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

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

c. Record maintenance will comply with State and local law.

d. Records may only be disclosed with the resident's permission, or when required by law.

### 3.11 STAFF REQUIREMENTS

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

b. The CRC provider and staff must have adequate education, training and or experience to maintain the facility.

### 3.12 EXCEPTIONS TO STANDARDS

a. 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:

(1) 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,

(2) 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.

b. CRC facilities which do not meet the requirements for continued approval because they do not comply with the above stated exceptions may apply in writing to the Secretary for an exception. Requests will be reviewed by the ACMD (Assistant Chief Medical Director) for Geriatrics and Extended Care (145A). The ACMD will 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.

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**CHAPTER 4. REINSPECTIONS AND DURATION OF APPROVAL**

**4.01 TIMETABLE**

a. The duration of VA's (Department of Veterans Affairs) approval will depend on a facility's compliance with standards. Reinspections of all homes in the CRC (Community Residential Care) Program may be unannounced, if necessary.

(1) Approval may be valid for up to 24 months if the facility complies with all standards during the current and 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 chapter 3, paragraph 3.10 during the current and all previous VA inspections and any necessary 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 chapter 3, paragraph 3.05, and the records standard during the current and all previous VA inspections and any necessary 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 chapter 3, paragraph 3.06; the activities standard in chapter 3, paragraph 3.08; the laundry service standards; and the records standard during the current and all previous VA inspections and any necessary interim monitoring.

**NOTE:** *A facility granted an exception, under chapter 3, paragraph 3.12, relating to the bedroom standard, or under chapter 6, paragraph 6.02d, relating to the fees for care requirement, is in compliance with that standard or requirement for purposes of this chapter.*

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

c. All deficiencies must be corrected according to the provisions outlined in chapter 5.

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**CHAPTER 5. DUE PROCESS AND REQUEST FOR HEARING**

**5.01 NOTICE OF NON-COMPLIANCE WITH VA STANDARDS**

If the hearing official determines that an approved CRC (Community Residential Care) facility does not comply with standards set forth in chapters 3 and 6, the hearing official shall notify the CRC facility in writing of:

- a. The standards which have not been met;
- b. The date by which the standards must be met in order to avoid revocation of VA approval;
- c. The CRC facility's opportunity to request an oral or paper hearing before VA approval is revoked; and,
- d. 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 shall not be less than 10 calendar days and not more than 20 calendar days after the date of VA notice of noncompliance, unless the hearing official determines that noncompliance 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 VA notice. Nothing in this manual shall prevent 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 program coordinator determines that noncompliance by such facility with the standards in this manual threatens the life of the veteran.*

**5.02 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 in a timely manner 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.

**5.03 NOTICE AND CONDUCT OF HEARING**

- a. Upon receipt of a request for an oral hearing, the hearing officer shall:
  - (1) Notify in writing the CRC facility operator of the date, time and location of the hearing; and
  - (2) Notify the CRC facility operator that written statements and other evidence for the record may be submitted to the hearing official before the date of the hearing. Oral hearings shall be informal and rules of evidence shall not

be followed. Witnesses shall testify under oath or affirmation. A recording or transcript of every hearing shall be made. The hearing official may exclude irrelevant, immaterial, or unduly repetitious testimony.

b. Upon receipt of a request for a paper hearing, the hearing official shall 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.

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

**5.04 WAIVER OF OPPORTUNITY FOR HEARING**

If representatives of a CRC facility which received a notice of noncompliance 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 shall:

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

b. Revoke VA approval of the CRC facility and notify the facility of this revocation.

**5.05 WRITTEN DECISION FOLLOWING A HEARING**

a. The hearing official shall issue a written decision within 20 days of the completion of the hearing. An oral hearing shall be considered completed when the hearing ceases to receive in-person testimony. A paper hearing shall be 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.

b. The hearing official's determination of a CRC facility's noncompliance with VA standards shall be based on the preponderance of the evidence.

c. The written decision shall include:

(1) A statement of the facts; and,

(2) A determination whether the CRC facility complies with the standards in this manual.

d. The written decision may include a determination of the time period the CRC facility shall have to remedy any noncompliance with VA standards before revocation of VA approval occurs.

e. 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.

**5.06 REVOCATION OF VA APPROVAL**

a. If the hearing official determines that the CRC facility does not comply with the standards and that the facility shall not have further time to remedy the noncompliance, the hearing official shall revoke approval of the CRC facility and notify the facility of this revocation.

b. Upon revocation of approval, VA health care personnel shall:

(1) Cease referring veterans to the CRC facility; and,

(2) Notify any veteran residing in the CRC facility of the facility's disapproval and request permission to assist with alternate placement plans. If the veteran has a legal representative, then that person shall be notified and offered assistance with alternate planning.

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c. If the hearing official determines that the CRC facility should be given additional time with which to remedy the noncompliance, the official will 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 shall repeat the procedures in paragraphs 5.01 through 5.06 of this manual.

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**CHAPTER 6. FINANCIAL ARRANGEMENTS**

**6.01 COST OF CRC (COMMUNITY RESIDENTIAL CARE)**

a. The cost of care shall normally cover the following services:

- (1) Room
- (2) Food
- (3) Laundry
- (4) Transportation
- (5) Twenty-four hour supervision, if indicated, and
- (6) Care as defined in the Statement of Need.

b. Payment for the charges of CRC are the responsibility of the veteran and not the responsibility of the United States Government.

c. The resident or an authorized personal representative and a representative of the CRC facility must agree upon the charge and payment procedures for care.

d. All financial arrangements between the facility operator/provider and resident shall be documented in the records.

**6.02 FEES FOR CRC CARE**

a. The charges for CRC must be reasonable and established and approved by the program coordinator in accordance with this paragraph.

b. For residents in a CRC facility as of June 14, 1989, the rates charged for care are pegged to the facility's basic rate for care as of July 31, 1987. Increases in the pegged rate during any subsequent calendar year cannot exceed the annual percentage increase in the National CPI (Consumer Price Index) for that year.

c. Rates for CRC facilities approved after July 31, 1987, shall not exceed 110 percent of the average rate for VA-approved facilities in that state as of March 31, 1987. Increases in this rate during any calendar year cannot exceed the annual percentage increase in the National CPI for that year.

d. The approving official may approve a deviation from the above stated requirements, on the recommendation of the program coordinator, when it is

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determined that the cost of care for the resident will be greater than the average cost of care for other residents or if the resident chooses to pay more for the care provided at a facility which exceeds VA standards. Requests for a deviation may be received from a CRC facility representative, a resident in the facility, an applicant for residency or another interested party.

**NOTE:** *Individual resident's rates will differ from a facility's average rate.*

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**CHAPTER 7. SELECTION, PLACEMENT AND FOLLOW-UP OF RESIDENTS**

**7.01 SELECTION OF POTENTIAL RESIDENTS**

a. Candidates for CRC (Community Residential Care) placement should meet the criteria found in chapter 1, paragraph 1.02a.

b. A completed VA Form 10-2406, Recommendation for Release of Patient to Home Other than His Own, should be submitted.

c. Candidates for CRC placement must have sufficient resources to meet the cost of care and other incidental needs.

d. Veterans must be capable of self preservation in case of emergency with minimal assistance. This should be documented in the discharge statement.

e. All potential residents should be medically and psychiatrically stable. They must not be a danger to themselves or others and should demonstrate behavior that is acceptable for community living.

f. All residents must be agreeable to program and house rules and regulations.

**7.02 PLACEMENT OF RESIDENTS**

a. At the time of placement, a discharge statement must be developed and include the following areas:

- (1) Psychosocial assessment
- (2) Rationale for placement
- (3) Statement of needed care

b. The social worker(s) assigned to the CRC Program will assist the patient in the final selection of a CRC facility and arrange for the placement.

c. Pertinent medical and social data will be shared with the provider with the written consent of the veteran or the individual legally empowered to provide such consent for the veteran.

d. The placement process will be fully documented in the veteran's medical file.

e. Placements made by one medical center into another medical center's program will be coordinated through the follow-up medical center. All arrangements will be made prior to placement.

**7.03 FOLLOW-UP**

a. The program coordinator will assure that each resident and provider is visited at least monthly by a VA health care professional. Residents who have special needs should be seen more frequently as determined in their statements of needed care, or as their care needs change. Other team members, particularly nursing, should also visit the residents or CRC facilities as needed, or in conjunction with a special needs situation.

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b. Veterans in the program will receive an annual physical examination in accordance with the provisions of M-1, part I, chapter 17.

c. Veterans in the program will be maintained on an appropriate Outpatient Status.

d. All veterans in the CRC Program will be granted expeditious readmission to the followup VA medical center when necessary, subject to the individual veteran's priority for care.

e. All followup visits require documentation of visit and appropriate statistical accounting.

**7.04 DISCHARGE FROM CRC Program**

a. Veterans will be discharged from the CRC Program under the following conditions, discussed in greater detail in subparagraphs b., c., and d.:

- (1) Transfer to another level of care
- (2) Voluntary Discharge
- (3) Successful Placement
- (4) Death

b. The appropriate VA staff member will record in the patient treatment file the type of discharge and relevant information.

c. A 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.

d. A successful placement discharge occurs when the veteran has become integrated into the home and the community to the degree that a new set of social supports have replaced the monitoring activities of VA staff. Recommendations for a successful placement discharge will be initiated by the program coordinator in consultation with other team members. A review of the veteran's need for continued monitoring should occur annually in conjunction with the annual physical examination, described in paragraph 7.03b.

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**CHAPTER 8. PROVIDER EDUCATION**

**8.01 PROVIDER KNOWLEDGE AND SKILL**

a. In order to meet the needs of veteran residents, each VA (Department of Veterans Affairs) medical center will train providers or assure that the providers have knowledge and skills in the following areas:

- (1) Provision of personal care, specific to activities of daily living
- (2) Medication management
- (3) Crisis management and rehospitalization 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) Local and State laws and ordinances
- (9) Fire and safety procedures

b. Ongoing training will be provided. Documentation of the training should be kept in the facility record.

c. At a minimum, annual provider education programs will be held in order to assure the quality of skills acquired by the provider and to address additional issues as needed.

d. Consultation from medical center staff will be made available at all times.

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**CHAPTER 9. AVAILABILITY OF INFORMATION, STAFFING,  
RECORDS AND REPORTING SYSTEMS**

**9.01 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 (Community Residential Care) facilities.

**9.02 STAFFING GUIDANCE**

a. The ratio of CRC residents to one FTEE direct follow-up staff (exclusive of inspection team members and consultants) may range from 30 to 50 depending on the nature of the program. Factors which may influence the ratio are:

- (1) Turnover rate of residents.
- (2) Nature of residents' problems.
- (3) Distance of CRC's from medical center.
- (4) Number of veterans per CRC facility.
- (5) Availability of VA and non-VA supportive services.
- (6) Number of individual CRC facilities under supervision.

**9.03 RECORDS**

a. Procedures for recording in the patient treatment record, including the outpatient file, will be consistent with requirements for outpatient care recording.

b. Statistical accounting will be completed for each personal contact with the residents.

c. The program coordinator will maintain a file on each CRC facility. The file will contain:

- (1) Residential care home program provider application (VA Form 10-2407).
- (2) Social Work evaluation statement.
- (3) Inspection reports.

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- (4) All correspondence relating to the facility.
- (5) All material relating to any hearing and decision.

**9.04 REPORTING SYSTEM**

a. AMIS Segments 257 and 258 will be prepared and submitted in accordance with MP-6, part VI, supplement No. 1.2.

b. The CRC Facilities Report, RCS 10-0173 (old RCS 18-8) will also be prepared and submitted. Instructions follow in Appendix 9A.

**INSTRUCTIONS FOR RESIDENTIAL CARE FACILITIES REPORT, RCS 10-0173**

**1. RESIDENTIAL CARE FACILITIES REPORT, RCS 10-0173 (OLD RCS 18-8)**

The following instructions are for the preparation of the Residential Care Facilities Report, RCS 10-0173. The report provides information to VA Central Office about CRC (Community Residential Care) facilities approved by VA. It is the only source of data about individual CRC facilities and is used for program management, special analyses as well as answering inquiries from Members of Congress and other interested people.

**2. INSTRUCTIONS**

(a) The data required will be reported on VA Form 10-5502, Residential Care Program Code Sheet. Forms will be available from the VA Forms and Publication Depot. Instructions for preparing the form are provided in Paragraph #3 of this appendix.

(b) Each health care facility, including independent outpatient clinics, will report, on a quarterly basis, information regarding the CRC facilities in which there are veterans who were placed during the current or prior quarters. CRC facilities with no veterans during the reporting period, but which are approved for placement of veterans, will also be reported.

(c) The information contained in the form will be sent electronically to the Austin DPC (Data Processing Center) and are due at the DPC by the 10th work day of the month following the end of the quarter.

(d) Each medical center has a designated coordinator for this report. The coordinator will assure the accuracy and timeliness of the report. The coordinator will assure that any errors are corrected within established timetables, the last day in the month following the end of the quarter. Changes in coordinators should be report to Central Office, Extended Care Service (145A), by letter or teletype.

(e) Each VA facility will receive a report of the CRC facilities where VA has veterans placed, or is approved for placement of veterans, location, bed capacity, number of veterans remaining at the end of the quarter, average daily census, average monthly rate, date of last assessment, number of homes for veterans only, and number of homes licensed by the State, with Regional and systemwide totals.

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3. CODING INSTRUCTIONS FOR VA FORM 10-5502, RESIDENTIAL CARE PROGRAM REPORT  
CODE SHEET

<u>Number</u>	<u>Item</u>	<u>Coding Instructions</u>
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1.	<b>Three Digit Station Number</b>	Enter in the blocks the three digit number for the VA medical center reporting the home (Columns 1-3) (Refer to Consolidated Address Bulletin 1-D). Slash all zeros.
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<u>Number</u>	<u>Item</u>	<u>Coding Instructions</u>
2.	<b>Addition</b>	If the CRC home is a home in which veterans have not previously been placed, enter an "A" in the block (Column 4). Leave the block blank, if the home is not a new addition this reporting period.
3.	<b>Name of CRC facility or Name of Proprietor facility.</b>	Enter the complete name of the CRC facility. The name of the proprietor may be used if the home has no other formal name. Begin with the left most block (Columns 5-29). If the name is composed of two or more words, skip a block between each word or initial. Abbreviations may be necessary for many of the names. Where abbreviations are used, it is necessary to skip blocks between each word except that Residential Care Home may be abbreviated RCH and Residential Care Home, Incorporated, may be abbreviated RCHI with no empty blocks between the letters.
	Bethesda Residential Care Home	
	B E T H E S D A R C H	
	Mrs. T. L. Suggs Residential Care Home, Inc.	
	M R S T L S U G G S R C H I	
4.	<b>Name of City in which CRC facility is located</b>	Enter the complete name of the city where the CRC facility is located, starting with the left most block (Columns 30-44). If the name is composed of two or more words, skip a block between each word. Abbreviations will be necessary for many of the names; however, proper names should not be abbreviated. Where abbreviations are used it is necessary to skip blocks between each word.

**EXAMPLES:**

Bonneville

B O O N E V I L L E

Fort Harrison

F O R T H A R R I S O N

<u>Number</u>	<u>Item</u>	<u>Coding Instructions</u>
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5. **State in which CRC facility** Enter the two-letter abbreviation for the state in which the CRC facility is located (Column 45-46). (Refer to MP-1, pt. II, ch. 6, App. G).

6. **Date of Last Assessment** Enter the month, day and year of the last inspection of the home by a VA team (Column 47-52). If the month or day is less than two digits each, prefix the number with a zero. Slash all zeros.

**EXAMPLE:**

1/23/90

0 1 2 3 9 0

7. **Licensed by State** Enter the letter "Y" in the block (Column 53) if the home is licensed by the State. If the State does not require licensing for this size or type of home, enter the letter "N".

8. **Number of Veterans Remaining** Enter the number of veterans remaining in the CRC facility on the last day of the quarter (Column 54-56). Precede numbers of less than three digits with zeros. Slash all zeros.

9. **Number of Days of Care** Enter the total number of days of care provided veterans during the period (Columns 57-61). The number of days of care will be the sum of the total number of days each veteran is in the program during the reporting period. If the total number of days of care is less than five digits, prefix the number with zeros. Slash all zeros.

10. **Number of Beds** Enter the total number of beds in CRC facility (Columns 62-64) on the last day of the quarter. If the number is less than three digits, prefix the number with zeros. Slash all zeros.

**EXAMPLES:**

11 beds 0 1 1

4 beds 0 0 4

<u>Number</u>	<u>Item</u>	<u>Coding Instructions</u>
---------------	-------------	----------------------------

11. Home for Veterans Only If the home is for veterans only enter the letter "Y" in the block (Column 65). If the home takes both veterans and non-veterans enter the letter "N" in the block.

12. **Average Monthly Rate** Enter the average monthly rate paid by the individual evetran for residential care (Columns 66-69). This will be calculated by dividing the sum of the rates for all veterans in the home by the number of veterans in the home on the last day of the quarter. Round to the nearest dollar. If no rate is established for this reporting period enter zeros. Slash all zeros.

**EXAMPLE:**

Rate	\$585.58	0586
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13.

**Reserved**

Column 70-80 reserved for future use.