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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
- (5) Getting in and out of bed
- (6) Doing laundry
- (7) Cleaning room

(8) Managing money

(9) Shopping

(10) Using public transportation

- (11) Writing letters
- (12) Making telephone calls
- (13) Obtaining appointments
- (14) 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:
 - (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.

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.