

Appendix G

RELOCATION GUIDELINES COMMUNITY RESIDENTIAL CARE FACILITY (CRCF) RESIDENTS

PURPOSE: The following guidelines are provided for agencies to assist residents of community residential care facilities (CRCF) in relocating when the CRCF closes (these guidelines do not apply in emergency and imminent danger closures). These agencies are the Department of Health and Environmental Control (DHEC), the Department of Health and Human Services (DHHS), the Department of Social Services (DSS), the Department of Mental Health (DMH), and the Department of Disabilities and Special needs (DDSN) and the State Long Term Care Ombudsman. The guidelines were developed to enhance communication, provide a coordinated response in relocation situations and to outline the duties and responsibilities of agencies in meeting the needs of these vulnerable adults. This protocol does not replace agencies' internal policies and procedures for addressing the needs of residents in emergency and imminent danger situations. It provides for interagency communication and a coordinated response when residents need assistance to be moved.

These guidelines have been put into place in an effort to ensure that the rights of the residents, including the right to free, informed choice of placement and to be fully informed in matters concerning them, are protected.

NOTE: In all relocation situations, it is the professional ethical and moral responsibility of agency staff 1) to assume responsibility and to take actions to protect residents when problem situations are encountered in CRCFs; 2) to assist any resident of a CRCF whether the resident was placed by an agency involved, by the resident him/herself or with assistance from another source; and 3) to assist any resident regardless of the resident's income or payment source for residential care. It is the responsibility of staff to protect and to meet the needs of all vulnerable adult residents and to be supported by their agencies in carrying out their professional ethical and moral responsibilities. Further, agencies placing clients in CRCFs should place only in facilities that are licensed and in good standing as defined by DHEC's Division of Health Licensing.

These relocation guidelines should be utilized in conjunction with the closure, notification of closure or potential closure of a CRCF by an owner/operator, when circumstances may exist which could jeopardize the health and well-being of residents, when financial circumstances exist which may place residents at risk of relocation or at any other time an agency believes it may be in the best interests of residents to move. (These guidelines do not replace those guidelines which apply in cases of facility violations or licensing violations/problems.)

PROCEDURES: A **Relocation Oversight Committee (ROC)** will be established and will be comprised of the State Long Term Care Ombudsman; DHHS Optional State Supplementation (OSS) program representative, Community Long Term Care (CLTC) program representative,

Integrated Personal Care (IPC) program representative and Medicaid eligibility program representative; DHEC Division of Health Licensing (DHL) representative; DMH and DDSN representatives; and representatives from the DSS state office for adult protective services. A **Relocation Team** to conduct the resident relocation activities will be established by the Relocation Oversight Committee and will be led by the State or Regional Long Term Care Ombudsman.

The Relocation Oversight Committee (ROC) may be convened in the following circumstances:

1. DHEC may convene the ROC upon notification that a CRCF is to be or may be closed;
2. Any of the other agencies upon notification that a CRCF is to be or may be closed;
3. The ROC will be convened in either a face to face meeting or via telephone conference when notified that DHEC has sent a letter indicating that a facility with more than 15 residents is no longer in good standing with DHEC and/or when any member of the committee or staff has received notification that a facility with more than 15 residents may be closed.
4. DHHS OSS staff when a facility's OSS participation has been terminated or when OSS holds the check or funds for some other reason;
5. State Long Term Care Ombudsman upon notification that a CRCF is to be or may be closed;
6. Any agency when circumstances may exist which could jeopardize the health and well-being of residents or financial circumstances exist which may place residents at risk of relocation.

The Relocation Oversight Committee (ROC) will develop a checklist of activities to be completed and identify appropriate agency assignments. Agency assignments should include the following:

- The Relocation Team should meet with the administrator of the facility as soon as possible to outline/remind the administrator of her/his responsibilities to residents in terms of care and relocation, the existence and purpose of the ROC and team, etc.
- Determination of OSS status: DHHS
- Direct contact with residents and residents' families: sponsoring agencies (DMH, DDSN, DSS, and Ombudsman)
- Determine if on-site coordination is required and notify the ROC so the ROC can agree upon an on-site lead agency and plan;
- Determine if ROC should be asked to form an emergency team; creation of an emergency team may be triggered by 1) the size of facility balanced by the experience and/or good performance of administrator (15 or more residents alert will go to ROC); 2) conditions of facility and/or staffing; 3) diagnosis and/or care needs of residents (ex. number with mental illness, number meeting nursing home level of care, etc.); 4) OSS/Category 85 residents; 5) number of residents without family supports, responsible parties or other supports; 6) if facility is experiencing change in ownership, operational control or financial difficulties which could cause confusion in management to the extent it affects daily operations; 7) history of administrator (licensure history, experience of agencies with

administrator over time, etc.); 8) law enforcement has been called to the facility; 9) any other situation or condition which could severely impact the health and/or safety or violate the rights of the residents. ROC will convene either face-to-face or via conference call to decide if emergency team should be formed; person/agency recommending emergency team shall be allowed to present basis for team. If ROC decides not to form an emergency team at that time, it may reconsider this decision at any time, especially if conditions at the facility worsen. Likewise, if a team is formed and it becomes apparent that a team is not needed, it can be disbanded by the ROC. The emergency team will provide on-going reports back to ROC. The emergency team will consist of agencies with residents in the facility, the Ombudsman, DHHS, P&A and DSS. Leadership of the team will rotate by the percentage of involvement of an agency (number of residents served) or payment source or combination thereof or number of residents in need of level of care determinations or who lack family supports or responsible parties.

- Notify local law enforcement that the facility may or is closing, if appropriate;
- Verify appropriateness of placement, referrals for level of care assessment for nursing home or other care options: Relocation Team
- Notify Protection and Advocacy for People with Disabilities to protect the rights of resident: Relocation Team or sponsor
- File appropriate complaints, regarding problems at the facility or with the administrator with LLR;
- Complete assessment for level of care determination: CLTC
- Develop a check list to ensure that the resident satisfies all requirements (ex. Medical exams/tests such as tuberculin screening or physical examinations, Medicare coverage, etc.) and has all information needed (ex. personal needs allowance records, representative payee, etc.) for relocation or transfer: sponsor and Relocation Team
- Assist in finding services at neighboring facilities: sponsor and Relocation Team
- Assist with inventory, packing and transfer of residents' belongings: sponsor and Relocation Team
- Assure that no resident is moved out of state (especially a SC Medicaid recipient) unless there is a comprehensive explanation of the repercussions which may be encountered in regards to transfer of Medicaid, service providers, etc.
- Ensure appropriate transfer of residents' medical records, medications, Medicaid cards, etc., to new facility: sponsor and Relocation Team
- Assist in coordinating residents' transportation to the new facility: sponsor and Relocation Team
- Notify the Social Security Administration concerning the actions taken for transferring residents. The notification will include the name and address of the facility and its administrator, a list of residents to be moved, and the addresses of the new facilities. The Social Security Administration will notify the facility to officially instruct the facility administrator to forward the resident's SSA/SSI checks, refunds, etc., to the client's new location/facility. When facility operators fail to forward residents' funds, the State Long Term Care Ombudsman should report to law enforcement; DHEC Division of Health Licensing; Department of Labor, Licensing and Regulation, Board of Long Term Health

Care Administrators; the Social Security Administration; and the State Attorney General's Office: Ombudsman

- The Ombudsman or the sponsoring agency will follow-up with each resident after the relocation is complete and will notify the Relocation Team or Committee if there are problems or concerns with the new placement.
- Protection and Advocacy will convene the Relocation Oversight Committee after relocation if Protection and Advocacy believes there are problems or concerns with the relocation or the new placement of any of the residents.

The protocol for the relocation of residents will be determined on a case-by-case basis. The protocol will consist of the following:

- The regional Long Term Care Ombudsman will obtain a complete onsite census of the facility with a face sheet that reflects responsible party and the address and telephone of the responsible party, and will ensure that the Relocation Team receives the census and face sheet. Confidential information concerning residents, such as full name, Medicaid number and other identifying information will not be shared via email.
- The Relocation Team or the resident's sponsor will ensure that the family and/or the responsible party are informed of the resident's relocation rights and status. This communication will be made via letter form. *NOTE:* Regardless of case status, the county DSS office that placed a client in a facility in another county is responsible for that client and will provide assistance with relocation and meeting the client's needs.
- The Relocation Team will be responsible for assisting residents with no agency sponsor in choice of appropriate and desired placement.
- An on-site visit may be made by members of the Relocation Team.
- Any time there is need for immediate action, a member of the Relocation Team may contact DHEC and any other appropriate agency for assistance. Any member of the Relocation Team may also notify the Relocation Oversight Committee or request that the Relocation Oversight Committee be reconvened.
- Any agency which helps in the relocation of a resident will notify the Relocation Oversight Committee as each resident is moved and will provide the new address and phone number for each resident so that appropriate follow-up may be done (including ensuring that all property and benefits of the resident have moved with the resident).

When appropriate, all state agencies will notify their divisions/departments and subordinate entities, and may also notify their counterparts in surrounding states, of actions taken or closures so that those entities or states will not refer clients to the facility from which residents were relocated. Agencies are also encouraged to notify hospitals and/or other entities or persons who make referrals or placements to the facility in question.

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Approved by Adult Protection Coordinating Council August 20, 2007

Approved by all agencies November 19, 2007

ASSESSMENT TOOL
Community Residential Care Facility

I. IDENTIFYING DATA

CRCF Name: _____ **Date:** ____/____/____

Address: _____ **Time:** __:__ - __:__

Administrator: _____ **# Residents:** _____

Completed by: _____ **Agency:** _____

II. OVERVIEW

The Community Residential Care Facility (CRCF) Assessment Tool has been developed for the CRCF Relocation Oversight Committee to be used to identify a potential crisis situation in a community residential care facility. When brought to the attention of the administrator [or person in charge] if any of these situations are not being immediately acted upon, *professional judgment* must be used in determining whether there is imminent threat.

- ✓ Not an adequate supply of food on hand to meet the needs of the residents
- ✓ No electricity, telephone, fire system, and/or other utilities in operation
- ✓ Lack of proper administration of medications to include adequate supply of medications in stock
- ✓ Lack of adequate staffing on all shifts
- ✓ Evidence of immediate fire/health/safety hazards
- ✓ Evidence of abuse and/or neglect and/or exploitation
- ✓ Evidence of serious physical plant problems
- ✓ Evidence of insect and/or rodent infestation
- ✓ Residents with unmet skilled nursing level needs

If it is determined that an imminent threat exists, the following agencies must be notified immediately:

- Local Law Enforcement
- Department of Health and Environmental Control, Division of Health Licensing
- State Long Term Care Ombudsman
- CRCF Relocation Oversight Committee

III. NOTIFICATIONS

Specify the actions taken to notify the applicable agencies. Include the agency, staff person contacted, telephone number, date/time, a summary of actions to be taken, and any needed follow-up.

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