MEDICAL FOSTER HOMES – FAQ

OVERVIEW

What is a medical foster home?

A MFH is an adult foster home combined with a VA interdisciplinary home care team, such as VA HBPC or SCI-HC, to provide non-institutional long-term care for Veterans who are unable to live independently and prefer a family setting. As such, a MFH is a form of CRC for the more medically complex and disabled Veterans, and is generally distinguished from other CRC homes by the following:

1) The home is owned or rented by the MFH caregiver;
2) The MFH caregiver lives in the MFH and provides personal care and supervision;
3) There are not more than three residents receiving care in the MFH, including both Veterans and non-Veterans; and
4) Veteran MFH residents are enrolled in a VA HBPC or SCI-HC Program.

Which Veterans are eligible for VA medical foster homes?

MFH targets Veterans who meet the following eligibility criteria for CRC, which includes:

1) At the time of referral to MFH, the Veteran is receiving VA medical services on an outpatient basis; in a VA medical center, domiciliary, or nursing home care; or has received such care or services within the preceding 12 months.
2) The Veteran meets the nursing home level of care and prefers a non-institutional setting for long-term care, but does not need nursing home or hospital care if a MFH is available.
3) The Veteran is unable to safely live independently due to functional, cognitive, or psychosocial impairment.
4) The Veteran's family is not able to provide needed monitoring, supervision, and personal assistance.

Additional target population criteria for MFH includes the Veteran:

1) Having complex medical conditions requiring care from a VA interdisciplinary home care team and accept care from this home care team.
2) Having care needs that can be met by the MFH and the VA interdisciplinary home care team.
3) Not being effectively managed solely by routine clinic-based care, as evidenced by one or more factors:
    a. Impaired mobility due to disability or functional limitations.
    b. Inability to cope with clinic environment due to cognitive, physical, or psychosocial impairment.
    c. Need for frequent coordinated interventions from multiple disciplines.
    d. Recurrent hospitalizations or urgent care episodes.

What support does VHA provide to the MFH Caregiver and Veteran?

They provide support of the interdisciplinary home care team, respite, DME, medications, caregiver training, etc.

How often are the MFH's re-inspected?

Per the CRC and the MFH handbooks, the homes are re inspected yearly and anytime MFH Coordinator or home care team member makes a visit to the home, one must be aware of the rules and regulations and one must be vigilant.

Are these homes licensed?

These homes meet the appropriate state and local licensing regulations and fire codes, where applicable.

ADMISSION OF VETERAN

How long does it take to place a Veteran in a Medical Foster Home?

It depends on the individual situation from three days to two weeks in some cases, depending on the capacity of the home care program. Sometimes Veterans get evaluated for MFH and they go to a community nursing home for 21 days of rehabilitation. They can be placed after completion of rehab.

Are there any requirements for placement of a Veteran in a Medical Foster Home? Are there Veterans that cannot be accepted in a Medical Foster Care Home?

There should be a screening interview process. It must include interviews with the prospective Veteran, the Veteran's family, prior care providers, and social worker/case manager as appropriate. The interview should also include as necessary, any physician, nurse practitioner, registered nurse, pharmacist, therapist or mental health or other health care professional involved in the care of the Veteran. HBPC/SCI staff must be involved in the assessment of Veteran as Veteran needs to meet criteria for HBPC or SCI home care programs.

Veterans that do not meet the criteria for HBPC and SCI Homecare cannot be accepted into MFH. Other factors include history of aggressive behavior, wandering and some severe psychiatric problems are situations in which the Veteran may not be a proper candidate for MFH. It is recommended that the Veteran with a history of psychiatric admissions is cleared by the Mental Health for placement in a MFH.

What documentation is needed before and after placement into the Medical Foster Care Program?

Before: Medical records: history and physical, medication profile, labs, consultations, chest x-rays. Any other required forms that are used by the specific VAH for referral to long term care. If Veteran is hospitalized: Discharge summary should be obtained as soon as is available. Veteran should be evaluated by HBPC/SCI teams as soon as possible.

After: Administrative MFH forms, VA release of information should be completed annually for MFH and any other community agency involved with the care of the Veteran.

How many residents should be placed in a given home?

When placing Veterans one should consider the personalities of Veteran/caregiver and the complexity of the Veteran's health, in addition to the capacity of the caregiver (e.g., prior experience, support service availability). Per the MFH Handbook, it is recommended that there are three or fewer residents (Veteran and non-Veteran) receiving care. There should be no more than two residents per able bodied caregiver at any given time, and no more than one bed bound resident per home.

FUNDING

Who is responsible for the cost of the medical foster home care?

Payment for the costs related to the MFH is the responsibility of the Veteran and not of the VA. These costs shall be reflected in the MFH Agreement, which is to be co-signed by the Veteran and the MFC caregiver and approved by the MFH Coordinator

Should caregivers be allowed to manage the Veteran funds?

No. It is strongly recommended that a family member or an appointed fiduciary handle the funds if the Veteran is unable to do so. In cases where there are no relatives that can manage the funds, it is recommended that a payee be established through VBA, so that there is some oversight of the payee arrangement.

How do you appeal to the Service-Connected Veteran in Community Nursing Homes or Community Living Centers, where the care is fully paid by the VA, to consider Medical Foster Care using the Veteran's own funds?

The following are areas that should be discussed:

1) Home type environment vs. nursing home
2) One to one care, less residents
3) Home cooked meals
4) May be able to have a private room
5) If physically able will participate in outings with family (trips to the store, comm. activities, etc.
6) Flexibility in daily routine

MFH CAREGIVERS

How are caregivers going to be trained to ensure they provide the appropriate level of care to medically complicated Veterans?

The CRC manual is specific about caregiver education. It prescribes that the in order to meet the needs of Veterans, each VA facility must train CRC providers a minimum of twice annually, or encourage them to obtain knowledge and skills in the following areas:

1) Provision of personal care specific to ADL.
2) Medication management.
3) Crisis management and re-hospitalization procedures.
4) Provision of supportive and emotional care.
5) Nutrition and proper food preparation, distribution, and storage.
6) Activity and program planning.
7) Applicable VA policies.
8) Protecting the Veteran's privacy and confidentiality.
9) Local and State laws and ordinances.
10) Fire and safety procedures.
11) Diversity and ethics training
12) Personal boundaries.
13) Conflict of interest.

This education is provided to (1) ensure the quality of skills acquired by the provider and/or operator and (2) to address additional issues.

The education of the MFH caregivers regarding the specific care needs and treatment of each Veteran will be the responsibility of the interdisciplinary home care teams.

What is a MFH caregiver required to furnish to the resident?

MFH caregivers provide three nutritious meals per day, taking into account any dietary restrictions a Veteran may have. Caregivers also provide a clean, comfortable room for the Veteran, supplied with bed, dresser, nightstand, lamp, and chair. Veterans must also have access to a bathroom, laundry facilities, and adequate privacy. Caregivers are required to monitor the Veteran's overall functioning and may need to supervise or

assist the Veteran with some of his or her activities. Caregivers are also expected to assist with transportation to and from medical and/or mental health appointments, and monitor the Veteran's medications.

MFH QUALITY OVERSIGHT

How are Veterans monitored for early recognition of abuse or neglect?

1) Within 24 hours of placement: MFH Coordinator or PSA contacts the MFH to check on the Veteran and the MFH caregiver. The MFH caregiver is asked if he or she received adequate instructions regarding Veteran's medical condition and his/her care needs.
2) Within two weeks of placement: MFH Coordinator makes a home visit to evaluate adjustment of caregiver and Veteran.
3) Monthly: Unannounced visits by MFH Coordinator to:

    a) Observe for abuse/neglect. Veterans are offered immediate removal if their health or welfare is in danger.
    b) Determine if the MFH caregiver leaves the Veteran without adequate supervision.
    c) Observe for caregiver stress (may need to encourage respite or request caregiver to hire assistance for relief.
    d) Observe for conflicts between or among any of the involved parties: Veterans, MFH caregiver, family members (Veteran's or the caregiver's), friends, and VA staff.
    e) Encourage the MFH caregiver, the Veteran, family, or surrogate to seek help from the MFH Coordinator to resolve conflicts and address problems that arise in the home.
    f) Monitor for financial issues: inadequate, late, or no payments; complaints about rate amounts or changes; concerns relating to vacancies and decreased income, etc.
    g) Discuss potential violations of the written agreement between the Veteran and the MFH caregiver and assist Veteran in selecting and moving to another MFH if the situation persists.
    h) Reeducate the Veteran and the MFH caregiver as needed about each other's rights and responsibilities.
    i) Explore the Veteran's ongoing adjustment to the MFH environment and to the MFH caregiver.
    j) Communicate all instructions or information, both verbally and in writing, to the Veteran, MFH caregivers, families, and surrogate.
    k) Ensure compliance with all program regulations.

How often are Medical Foster Care Veterans seen by the MFH Coordinator?

The MFH coordinator should visit the Veteran at least once a month. Veteran will be visited by HBPC/SCI home care teams according to their established treatment plans or earlier if medically necessary.

If there are adjustment problems in the medical foster care home, can the Veteran be transferred to another Medical Foster Care Home?

If there are adjustment problems in the medical foster care home, and after the Coordinator mediates and assesses that nothing is going to change, the Coordinator should assist Veteran or surrogate in writing a letter giving a 30 day notice unless there is concern that necessitates immediate removal.

What action does the Coordinator take if the Veteran asks to be removed from the Home?

Discuss situation with both Veteran and caregiver. If Veteran final decision is to be moved, MFH coordinator will assist with securing another MFH or community facility bed after discussing situation with prospective caregiver. If immediate move is necessary, the required 30 days notice in the agreement will be discussed with Veteran and caregiver. If not, the Veteran will adhere to the 30 day policy.