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ALF RELOCATION PLAN

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ALF RELOCATION PLAN

16.1 Introduction

This document is intended to be used as a resource in the event of a voluntary or involuntary closing of an assisted living facility (ALF) in Virginia. Localities may develop their own protocols if they choose to do so. Localities are not required to utilize the guidelines set forth in this document.

The guidelines described herein generally apply to ALF closures where there is adequate time to assess residents and ensure that they are transferred to an appropriate location. However, in the event of emergency closings (e.g., fire, natural disaster), each locality is encouraged to develop an emergency protocol when the closure is anticipated to occur within 72 hours or less or if there is an adverse closure. An adverse closure is when conditions such as licensing revocation, owner disengagement, legal action, financial disclosure, action by local Code Enforcement or general funding issues are the results of the facility's closure. This document can be used as a guide, and the locality is strongly encouraged to plan ahead with all agencies in its jurisdiction that could play a role in implementing emergency preparedness procedures or emergency management (e.g., county administrator, police, shelter facilities, transportation, emergency medical services, etc.)

In the case where the facility is under adverse closure, additional information is provided throughout this document. Please be aware that even when families and residents are notified of pending closure there may be some resistance to participate in the relocation process as they may have false assumptions that the situation will be resolved and facility closure avoided. In addition, there may be strong feelings of attachment to the facility as it has been the residents' home, and staff should be sensitive to those feelings.

16.2 Notification of ALF closure

When a decision is made that an ALF will close, the facility is required by the Standards for Licensed Assisted Living Facilities (22 VAC 40-73-40 D) to notify the Department of Social Services (DSS) Division of Licensing Programs (DOLP) no less than 60 days prior to the planned closure or sale date of the intent to close.

When the decision to close is based on a DSS DOLP denial or revocation of the facility's license, the notice of this action will be posted at the facility identifying contacts for relocation questions. A sample notice is included in [Appendix B](#) and can be modified to designate whomever the Team feels may serve as the most appropriate contact source.

The licensing field office staff will immediately notify the appropriate LDSS Director and/or APS Supervisor and the appropriate DARS APS Regional Consultant of the impending closure decision made by a facility or notices of intent to deny or revoke a license.

An ALF, in coordination with residents and or families/representatives, has the primary responsibility for relocating individuals and planning for the closing. The ALF is required by the ALF licensing regulation (22 VAC 40-73-40 E) to notify the residents and their legal representatives and designated contact persons 60 days prior to the planned closure date or as soon as the intent to close is known. If the ALF fails to notify these parties or if this is an emergency relocation, the ALF Relocation Team (Team) will establish and implement a notification process. If not notified by the ALF, individuals residing in the ALF, their legal representatives and contact person(s) will be notified by the Team as soon as possible of the facility's closing. The notifications shall be given both verbally and in writing. A "Sample Notification Letter to Family" is included in [Appendix A](#); this form is optional depending on the closure circumstances.

Despite the requirement to provide residents and families with a 60-day notice, practically speaking the facility may not have the financial ability to operate for 60 days. This situation should be identified as quickly as possible and incorporated into the planning process. There are no specific governmental funds reserved for ALF supplies (e.g. food), staff salaries and essential operating expenses during the facility closure process. Facilities closing under negative or adverse circumstances can be complex in terms of maintaining resident care and business operations and developing safe discharge plans for all residents.

16.3 ALF relocation team

In the event that the ALF fails to be compliant with notification and relocation assistance requirements, the Team may be convened to ensure that residents are transferred to an appropriate alternate setting safely. Though a face-to-face meeting of the Team is preferable, a conference call or other method of communication is appropriate.

Consideration should be given to the resident's and his or her representative's choice of placement to the extent possible. In an emergency relocation, resident safety and well-

being is the first priority. In this case, if the resident is not moved to his or her first choice of placement, arrangements can be made at a later date for a transfer to an alternate preferred setting.

The ALF has the primary responsibility for relocation planning and activities. The involvement of the Team will vary based upon identified local needs, requests for assistance, size of the facility, whether the closing is an emergency situation, and local resource team availability. The primary responsibility of the Team is to ensure that every resident who needs to be relocated is relocated in the most efficient manner and in a way that ensures that his or her safety, choice, and well-being is ensured. In some relocations, the Team may have very little involvement; in others, the Team may be needed to a greater degree to ensure the safety of residents and staff. The Team may also ensure that the appropriate records are available and transferred with the resident at the time of the relocation and that the new locations are documented and shared with the appropriate LDSS so that Auxiliary Grant (AG) payments follow the resident and the AG resident receives his or her personal allowance.

Representatives from the following agencies may be included on the Team:

- ALF staff.
- DSS, DOLP (State and Regional Office).
- DARS APS Division (State and Regional Office).
- Local department of social services (LDSS).
- State and/or local Long-Term Care Ombudsman.
- Community services board (CSB)/behavioral health authority (BHA).
- Area agency on aging (AAA).
- Local Health Department (LHD).
- Note: In adverse action, staff may need special consultation from the LDSS Director, local code enforcement, local government administrator, public or private utilities providers, law enforcement, legal counsel, medical facilities and staff, Disability Determination Services (DDS), Department of Medical Assistance Services (DMAS), and other service providers.

Long-term care contact information is found in the [Appendix C](#) and includes information for regional social services offices, LDSS, licensing offices, other state agencies, AAAs, and community services boards (CSBs), as well as ALF provider organizations.

When it is known that individuals residing in an ALF need to be relocated, and the ALF is not taking charge of the relocations, the Team will begin work as soon as practicable. The Team will communicate as needed to review circumstances and assess needs related to the ALF closing and to clarify roles. A Team Coordinator will be identified (such as the APS Regional Consultant or a Licensing Staff member). Once the Team Coordinator is designated, he or she will delegate tasks to appropriate team members. The team may assist until all residents are safely relocated. In an adverse closure, it is imperative to contact stakeholders as soon as possible to designate a lead agency/team coordinator, establish communication practices, define roles and responsibilities and a method and timeframe for regular updates. If the ALF owner is not engaged, then a community partner agency will need to assume lead responsibility. The lead agency/ team coordinator should remain engaged until all residents are safely relocated and the doors of the facility are permanently closed.

If the resident has a CSB/BHA case manager, that case manager shall take the lead locating an appropriate new placement for that particular resident.

The “Checklist for ALF Relocation Team,” located in [Appendix D](#), may be used to ensure that each step of the relocation process is completed, as well as serving as documentation of actions.

16.4 Funding for relocation

The Team may identify appropriate funding sources for such tasks as arranging transportation and assisting individuals with guardianships. However, even though the LDSS required is required to prorate the AG that follows the resident into a new facility, there may not be funds available to pay another ALF for a partial month or to provide the funds from a personal allowance account.

LDSS may use APS funds (Budget line 895) as available to assist with a resident’s relocation. If the LDSS needs additional 895 funding, the LDSS should contact the APS Division to determine if any additional funding is available. If funding is available, the LDSS may immediately submit a Budget Request. BL 895 funding may be used to address emergency expenses to protect residents from the risk of neglect. The AAA and CSB/BHA may also be considered as funding sources for relocation of residents.

In an adverse ALF closure, the Team may not have access to the facility’s financial information. If this happens, an emergency injunction should be requested by DSS DOLP. An injunction will ensure access to the ALF accounts to keep the facility running during the closure process. The team should collaborate with local city, county, or Commonwealth’s Attorney for legal options.

If there are not enough funds to operate for 60 days, the Team will need to consider options such as:

- Shortening the period for the facility to close.

- Economizing the facility operations, such as shutting down portions of the facility in phases as residents relocate, thereby reducing non-essential expenses.
- Contacting the local government administrator for assistance with a plan to address the facility's utility cut-off notices.
- Consult with area food banks or other crisis response providers to address food shortages.

16.5 Information to be gathered

When an ALF plans to close, the ALF must work with the Team members, as appropriate, to compile the following information. **The ALF has the primary responsibility to gather this information.** If an ALF is uncooperative, then the Team may have to intervene to ensure completion of the necessary tasks.

- Total number and names of individuals residing in the ALF.
- Number and names of residents receiving AG (arranged by locality and FIPS).
- Family members/legal representatives and their contact information.
- Physicians and other service providers and their contact information.
- Number and names of residents receiving CSB/BHA case management services.
- Numbers and names of residents paying privately to reside in the ALF.
- Date last Uniform Assessment Instrument (UAI) was conducted.
- Names and representative payees for residents' Social Security benefits
- Facility operational expenses if facility is under adverse action for financial reasons. See [Appendix H](#) for ALF operating funds checklist.

The "ALF Discharge Summary" located in [Appendix E](#), may be used for each resident needing to relocate to ensure that appropriate information is collected and provided to the new placement. This is helpful guidance but not required.

The ALF staff shall ensure that the records of each resident contain a current UAI; Individualized Service Plan (ISP); mental health screening information/treatment plans, if applicable; physician's orders for medication and/or treatment; payment source information; and information about the resident's family and legal representative. Every record should be complete and up-to-date to the extent possible so that the receiving facility will have as much information as possible on the resident being transferred. The

Team will assist in the process to the extent that ALF is unable to carry out this responsibility.

A Team member maybe appointed to keep the “Resident Tracking Document” updated throughout the relocation. This document is located in [Appendix F](#) and serves as documentation as to where each resident was relocated.

16.6 Notifications to be made

Unless otherwise noted, ALF staff should be the primary source of locating contact information and contacting the following entities that need to know that a resident is being relocated. The Team may assist to the extent necessary.

- All physicians (as well as other health professionals) who follow residents impacted by the closure will be notified of their patients’ relocation. A “Sample Physician Notification Letter” is located in [Appendix G](#). It is the ALF staff’s responsibility to ensure that this notification is made.
- LDSS staff in the locality where the ALF that is closing is located may take the lead to notify LDSS eligibility workers in the new locality of relocations using the “Eligibility Communication Document.” The “Eligibility Communication Document” is located on the [DSS public web site](#).
- The Social Security Administration (SSA) must be notified of the relocation of residents who receive a Supplemental Security Income (SSI) payment, a Social Security Disability Insurance (SSDI) payment or a Social Security retirement payment. The Team may request that an SSA representative be assigned to assist with changes in representative payees if needed.
- If it is believed that residents may require a higher level of care, the local health department may be notified of the closure and the possibility of the need for a nurse to assist with completing Long-Term Care Screenings.
- The LDSS’s attorney may be notified of the closure and the possibility of the need for guardian/conservator petitions or other legal actions.
- Depending on the nature of the closing, appropriate legislators and local elected and public officials may be notified as a courtesy.
- As appropriate, provider organizations may be notified. A listing is found in [Appendix C](#).

16.7 The relocation process

In some cases, family members or resident representatives will take the lead in finding a new ALF or other placement for the individual. The Team may determine which ALFs

may be able to admit individuals who need to relocate; Licensing Program staff may assist with identifying such facilities that may be able to take residents. The Team will provide as much choice and as many alternatives as possible to each resident who needs to relocate. The resident's most recent UAI determines the resident's level of care.

ALF staff and family members and legal representatives should assist the resident with packing his or her belongings, including necessary records, medications, personal account funds, and transportation to the new ALF or other placement. The Team will arrange for and assist with packing and transportation as needed.

If a resident relocates outside of a qualified assessor's jurisdiction (whether it be the LDSS, the AAA, the CSB/BHA, etc.), the current assessor must refer the resident's information to a qualified assessor in the new jurisdiction. If the resident has a CSB/BHA case manager, the case manager shall notify the person in that position in the new locality of residence and provide them the resident's information. The LDSS in the new locality of residence is the assessor of last resort and should be provided the residents' information and new location.

16.8 Responsibilities of the ALF

- In accordance with 22 VAC 40-73-430 D, the ALF shall assist the resident and his legal representative, if any, in the discharge or transfer process. The facility shall:
- Help the resident prepare for relocation, including discussing the resident's destination. Primary responsibility for transporting the resident and his or her possessions rests with the resident or his or her legal representative.
- The ALF administration may wish to conduct a meeting for individuals residing in the facility, as well as their family members, to provide an explanation of why the facility is closing, alternative placements, resident rights, and answers to any questions. This is an optional activity.
- Ensure compliance with licensing standards; ensure the health and safety of all residents; and ensure that all resident care needs are met.
- Prepare a list of all individuals residing in the facility and provide the list to the Team that includes the information in the "Information to Be Gathered" section, as well as any additional information that may be needed.
- Identify each resident's medical condition and service needs, and determine the level of services required to safely accommodate them in an alternative facility or setting.
- Explain the situation to each resident and assure that the resident and his or her responsible party are permitted to exercise an informed choice about where he or she wishes to move.

- Provide each resident with information on alternative care arrangements and a listing of long-term care facilities appropriate to his or her service needs.
- Contact the resident's responsible party, next of kin and/or other personal representatives to notify him or her of the facility's planned closing date and to determine who will take primary responsibility for relocating the individual. (Residents should not be referred to APS for placement purposes unless and until diligent efforts have been made by the ALF and resident's personal representatives and/or other agency staff to find placements).
- Share the resident's information, including the UAI, with the new facility or other placement to ensure continuity of care and services.
- Orient all staff to minimize any trauma associated with the relocation.
- Arrange for adequate and appropriate transportation on the day the resident relocates to the new ALF or other placement.
- Ensure that belongings are packed and arrange for transfer of the belongings.
- Reconcile all personal fund accounts that the ALF may have managed on behalf of residents. Ensure funds are returned to each resident or his or her personal representative.
- Assure that all responsible parties and necessary agencies are notified of the new location and address of each resident who has relocated.

16.9 Suggested agency responsibilities

Please note that these are recommended roles for agencies participating on the Team and are based on past experiences with ALF closings. Relocation efforts will vary among localities. It is suggested that localities tailor this plan according to local needs and resources.

16.9.1 DSS, Division of Licensing Programs

In the event of closure of any ALF, Regional Licensing Staff may act as liaison between the Team and the staff at the ALF. Licensing staff may provide guidance to the facility as to their duties and responsibilities during a closure. Licensing staff will monitor the closure plan and implementation of the plan by the ALF. Licensing staff will keep the Team members apprised of the progress and any problem areas. State Office Licensing Program staff may make ALF directories available to individuals needing to relocate and/or family and other agency staff and will be available to assist with licensing issues and resident and family questions.

16.9.2 DARS APS Regional Consultant

The APS Regional Consultant will provide assistance with the relocation process. The APS Regional Consultant will serve in an advisory capacity to all other relocation team members. The DARS APS Division will support the relocation effort and coordinate all requests for financial assistance associated with the relocation efforts. DARS APS Division staff will be responsible for communicating with the State Long-Term Care Ombudsman and the Department of Medical Assistance Services, as needed.

16.9.3 LDSS (Adult Services (AS) and Eligibility Workers)

LDSS employee(s) will serve on the Team. LDSS staff will take the lead in assisting individuals who are not receiving CSB/BHA services; the CSB/BHA staff shall take the lead in assisting individuals who are receiving CSB/BHA services. Assistance from other LDSS will be arranged by the APS Regional Consultant depending upon the size of the facility and number of individuals needing to be relocated. Designated LDSS AS worker will use the Eligibility Communication Document to notify the individual's LDSS eligibility worker of the individual's relocation to another ALF or other placement. The LDSS AS worker is also responsible for notifying the individual's guardian if the individual moves from the current jurisdiction to another jurisdiction.

The UAI will be used to communicate with other facilities to ensure that the new facility can meet the resident's level of care and service needs. Only qualified assessors employed by public human services agencies may complete the UAI for residents who are receiving an AG. See the Assessment Manuals for private and public pay individuals for complete information regarding ALF assessments using the UAI. Both manuals are located on FUSION.

The LDSS that is responsible for determining a resident's AG eligibility shall be notified of the facility's closing as soon as possible so AG payments can be suspended or held until the relocation is completed. The LDSS AS worker is responsible for informing the appropriate LDSS eligibility worker of the new address of an individual who is receiving AG.

If the ALF is unwilling to do so, LDSS eligibility workers will contact SSA and inform that agency of the changes in addresses of each resident who receives SSI/SSA payments. The receiving facility and LDSS must be notified of each resident who has SSA changes and follow-up to ensure that SSI/SSA and AG checks are properly received at the new address.

If the resident is transferred to a different locality, the family services worker in the locality of the new placement shall be notified in writing of the placement date in order to leave adequate time to schedule the required annual assisted living reassessments.

16.9.4 Community Services Board/Behavioral Health Authority

When a facility has been slated for closure, the CSB/BHA will assume primary responsibility for relocating residents who receive services from the CSB/BHA. Residents receiving private pay mental health services may receive relocation assistance from the CSB/BHA, if staff resources are available. The CSB/BHA will assist in relocating residents who receive private-pay psychiatric services if the psychiatrist is unable to assist in the relocation process. If an individual relocates from the jurisdiction of one CSB/BHA to the jurisdiction of another the original CSB/BHA may maintain all services and supports until the new CSB/BHA assumes responsibility.

16.9.5 Area Agency on Aging (AAA) and Long Term Care Ombudsman

AAA support may be made available if requested, including the assistance of the local long-term care ombudsman. Local long-term care ombudsmen focus on residents' rights, and serve as liaisons between the families and service providers. AAA support may include telephone calls to families and interested persons as necessary, assistance with packing residents' belongings, aging resource information, and transportation. The AAA staff may follow-up with individuals in their new placements if they remain in the AAA's jurisdiction to ensure previous services are continuing. The AAA is also a qualified assessor for ALF residents.

16.10 Equipment/materials needed by team

The following equipment should be available on-site in the event of an ALF closing. The ALF Team Coordinator will determine which members of the team can provide these items.

- List of local ALFs with addresses and telephone numbers
- Statewide directory of ALFs (obtain updated list from Regional Division of Licensing Programs)
- Telephone numbers of relocation team members including home numbers where possible
- Maps of Virginia and of localities
- Blank UAI's available on FUSION
- Eligibility Worker Communication Document available on FUSION

- List of local transportation providers, including local agencies' own transportation system
- ALF's discharge policy/relocation plan

16.11 Additional Considerations for an adverse closure

The team may consider obtaining the following information from the owner/administrator or other sources as needed:

- Why is the facility closing? Are there immediate safety concerns? (**Helpful Hint:** Safety concerns are to be addressed immediately. If emergency evacuation is required, contact local emergency responders, Red Cross, and local city or county administrator to engage a shelter plan).
- Will the owner remain engaged until all residents are safely relocated as required?
- Which residents are receiving Social Security benefits? Where are Social Security benefits being deposited? (**Helpful Hint:** If the checks are being deposited in the facility's/owner's account, the funds will need to be redirected).
- Provide US Postal Service change of address forms for the owner to sign for each resident.
- How are resident funds being managed? Remind the owner that resident personal funds accounts belong to the resident and must be relinquished.
- Is the resident's supply of medication sufficient for the closure period and transition to the new facility? Ask whether leftover medications can be returned to the closing facility's pharmacy.

16.12 Role of law enforcement and other authorities

Financial exploitation and theft concerns committed by ALF staff including the owner or administrator should be reported to APS, Social Security, and local law enforcement for review and possible investigation.

16.13 Appendix A: Sample family/legal representative notification letter

Date

Family Member/Legal Representative

Street Address

City/state/ZIP

RE: (Resident's Name)

Medicaid #:

Dear Family Member:

This letter is in reference to the above-named individual. This individual recently resided at _____ (name of facility, address, city/state/ZIP) that is located in _____ (city/county).

This facility has voluntarily terminated its license/has had its license revoked by the Virginia Department of Social Services, Division of Licensing Programs. In order to provide the best possible services, the above-named individual relocated on _____. This individual now resides at:

ALF/Other

Street Address

City/State/ZIP

Area Code/Telephone Number

We recognize the hardships involved with transfers and that there will be a period of adjustment for all those involved. It is our goal to ensure that ALF providers adhere to quality standards of care, safety, and ethics as they relate to those with whom we entrust their care.

It was determined that the immediate transfer of all residents who had lived at _____ (ALF) was essential to the emotional and physical well-being of all residents. However, if you or your family member, at any point in the future, would like to pursue an alternative placement, you are advised to contact the staff at the facility where your family member currently resides.

If you have any questions, please feel free to contact _____ at _____ (telephone number).

Sincerely,

16.14 Appendix B: Sample Notice to Be Posted (Optional)

ABC Assisted Living Facility is closing. If you have questions regarding the relocation of your loved ones from (name of facility) to another facility or other location, please feel free to call any of the following persons:

[List Relocation Committee contacts and telephone #'s.]

16.15 Appendix C: Contact Information

DEPARTMENT OF SOCIAL SERVICES

801 East Main Street, Richmond, VA 23219
804-726-7000
www.dss.virginia.gov

Regional Licensing Offices

http://www.dss.virginia.gov/files/division/licensing/contacts/dolp_district_adult.pdf

Regional Offices of Social Services

http://www.dss.virginia.gov/division/regional_offices/index.cgi

Local Departments of Social Services

<http://www.dss.virginia.gov/localagency/index.html>

DEPARTMENT FOR AGING AND REHABILITATION SERVICES

Office for Aging Services of the Division of Community Living

1610 Forest Avenue, Suite 100 Henrico, VA 23229
1-800-552-3402; www.vda.virginia.gov

Area Agencies on Aging <https://www.vda.virginia.gov/aaamap.htm>

DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN

8004 Franklin Farms Drive, Henrico, VA 23229
<http://www.elderrightsva.org>

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

1220 Bank Street, Richmond, VA 23219; 804-786-3921
www.dbhds.virginia.gov

List of community services boards (CSBs)

<http://www.dbhds.virginia.gov/community-services-boards-csbs>

DEPARTMENT OF HEALTH

List of local health departments

<http://www.vdh.virginia.gov/local-health-districts/>

PROVIDER ORGANIZATIONS FOR ASSISTED LIVING FACILITIES

Leading Age Virginia

4201 Dominion Blvd., Suite 100, Glen Allen, VA 23060
Telephone: 804-965-5500
www.leadingagevirginia.org

Virginia Health Care Association (VHCA) and Virginia Center for Assisted Living (VCAL)

2112 West Laburnum Avenue, Suite 206, Richmond, VA 23227
Telephone: 804-353-9101
www.vhca.org

Virginia Assisted Living Association (VALA)

P.O. Box 71266, Henrico, VA 23255
Telephone: 804-332-2111
<http://www.valainfo.org/>

16.16 Appendix D: Checklist for ALF Relocation Team

CHECKLIST FOR ALF RELOCATION TEAM

Facility: _____ #AG Residents _____
Date: _____ #Private Pay Residents _____
#CSB Clients _____

Agencies/Staff Involved:

- ___ Convene Relocation Team and determine who Relocation Coordinator shall be.
- ___ Notify residents of the move.
- ___ Notify families/legal representatives of the move.
- ___ Implement relocation plan based on situation (emergency, disaster, planned closure).
- ___ Identify residents who need placements.
- ___ Maintain master record of residents with information regarding their new placement.
- ___ Contact volunteers for packing/transportation assistance.
- ___ Notify eligibility workers/localities where AG checks originate.
- ___ If resident is moving to a different locality, ensure that his or her assessor arranges for new assessor in the new locality. This will usually be the local department of social services or the community services board/behavioral health authority.
- ___ Notify physicians and other service providers who are involved with the residents.
- ___ Ensure that all relevant information is given to the new placement for each resident.
- ___ Document date of completion for each task on tracking document.
- ___ Evaluation (relocation team discusses the relocation process, including what went well and what could have been handled differently).

16.17 Appendix E: ALF Discharge Summary Checklist

ALF DISCHARGE SUMMARY CHECKLIST
(Sample form: use one for each resident (Optional))

Resident Name: _____

Resident Transferred to: _____

New Address: _____

Telephone: _____

Date of Transfer: _____ Mode of Transfer/By Whom? _____

Please date below when the following activities were completed.

_____ Resident notified. (Resident is ___not incapacitated ___incapacitated)

_____ Responsible parties notified.

_____ Attending physician notified.

_____ Notification sent to Eligibility Worker at local department of social services.

_____ Date notification sent. Locality/name of worker/phone no. _____

_____ Resident record prepared for receiving facility.

_____ Personal account closed at current ALF and notice sent.

_____ Virginia UAI current and complete.

_____ All appropriate medications in possession of resident for transfer.

_____ Appropriate insurance cards in possession of resident for transfer.

_____ Notification sent to LDSS where new ALF is located. Date sent: _____

Person Completing Form

Agency /Title

Address/telephone

Date

ALF staff should attach the face sheet in client record to give identifying information regarding the resident to attach to this discharge form. Identifying information will indicate name, Social Security Number, date of birth, level of care, emergency contact or responsible party information, physician information, insurance information and payment source, medical condition, medications and service needs. In addition, have a current copy of UAI, Medical Administration Record, and Physicians' Orders as part of the discharge/transfer package to give to Relocation Coordinator.

16.19 Appendix G: Sample Physican/Health Professional Notification Letter

Date

John Smith, MD
Street Address
City/state/ZIP

RE: (Resident's Name)
Medicaid #:

Dear Dr. Smith:

This letter is in reference to the above-named individual. This individual recently resided at _____ (name of facility, address, city/state/ZIP) that is located in _____ (city/county).

This facility has voluntarily terminated its license/has had its license revoked by the Virginia Department of Social Services, Division of Licensing Programs. In order to provide the best possible services, the above-named individual was relocated on _____. This individual now resides at:

ALF/Other
Street Address
City/State/ZIP
Area Code/Telephone Number

This letter serves as notice to your office since you were listed as the attending physician of record. Please update your records to reflect this information.

If you have any questions, please feel free to contact _____
at _____ (telephone number).

Sincerely,

16.20 Appendix H: ALF Operating Funds Checklist (Adverse Closure)

- Interview the ALF owner to determine operational budget and how much are in reserve to meet operating expenses. (**Helpful hint:** Depending on response, it will determine how long a facility can be open regardless of notice given).
- Calculate facility revenue. This is all income coming to the facility (private pay, AG). This can be located on facility's resident agreements. (**Helpful hint:** Use the current AG rate when calculating, as sometimes the agreements are not updated).
- Calculate staff payroll: This should be calculated as gross pay since taxes will have to be determined later. (**Helpful hint:** It helps if there is an accounting in the records, but if not use the rate of pay x the hours worked. If overtime, calculate at time-and-a half). Gather information from staff if administrator is not available. Verify if they are using a payroll service and any fees for this service.
- Calculate rent/mortgage, and essential utilities (phone, water, electricity, internet, cable, etc.) (**Helpful hint:** Ask if there are any cutoff notices, cut-off dates, and contact information for the utilities).
- Calculate meals expenses. A current average is \$4.95- \$6.00* per meal per day depending on the size of the facility and location. (**Helpful Hints:** Dietary staff can be most helpful as they usually have copies of order forms. Take in consideration utilizing the emergency food supply and perform a basic inventory prior to expense accounting. Develop menus from the food supply and the additional ordered food).
- Calculate essential building supplies expenses. This includes soap, toilet paper, medical supplies, etc. (**Helpful Hint:** Inventory supplies prior to ordering additional supplies. It may be cheaper to buy locally then ordering from commercial vendors).
- Total all of the expenses and subtract this from the total revenues. This will demonstrate whether there are sufficient funds to operate the facility through the month. (**Helpful hint:** Do this budget overview once per month due to changes/adjustments each month).
- Obtain an accounting of recipient's funds as well. Compare resident funds with resident expenses such as pharmacy bills. (**Helpful Hints:** There should be separate accounts for each AG recipient's personal needs allowance. Ask who manages the resident's funds).
- Try to schedule resident moves so the closing facility does not owe the accepting facility money.

*subject to change

16.21 Appendix I: Facility Working Budget (Adverse Action)

Facility: _____ Date: _____

Anticipated Facility Revenues

From: _____ To: _____

I. Revenues	Amount	Schedule
Fees for Care	_____	_____
Fees from other clients/services	_____	_____
Federal Funds	_____	_____
State Funds	_____	_____
Local Funds	_____	_____
Endowments(s)/Trust Fund(s)	_____	_____
Income from Investments	_____	_____
Donations/Solicitations	_____	_____
Other (Specify)	_____	_____
Total Revenue	_____	

Anticipated Facility Expenses

From: _____ **To:** _____

I. Administration	Amount	Schedule
Office Supplies /Equipment	_____	_____
Insurance		
Liability (Premises/Operations)	_____	_____
Liability (Vehicles)	_____	_____
Other (specify type)	_____	_____
Taxes (specify)	_____	_____
Total Administration Expenses	_____	
II. Salaries, Wages, and Benefits		
Salaries and Wages	_____	_____
*FICA (Social Security)	_____	_____
*Health Insurance	_____	_____
*Group Life Insurance	_____	_____
*Employer Retirement Contribution	_____	_____
*Other Benefits (specify)		
Total Salaries, Wages and Benefits Expenses:	_____	

*These expenses typically come out of payroll, but do require facility-matching funds. Check with a professional account to determine what percentage is required for payroll.

Anticipated Facility Expenses (2)

From: _____ To: _____

III. Operations	Amount	Schedule
Food	_____	_____
Rent and Mortgage	_____	_____
Utilities	_____	_____
Maintenance and Repairs (necessary only)	_____	_____
Equipment and Supplies	_____	_____
Laundry and Linens	_____	_____
Motor Vehicles	_____	_____
*Contractual Services (specify)	_____	_____
Other (specify)	_____	_____
Other (specify)	_____	_____
Total Operational Expenses:	_____	

*This may be pest control, dietary services, fire extinguishers, etc.
(Helpful hint: cancel any unnecessary contracts. For needed services, negotiate payments).

TOTAL ANTICIPATED EXPENSES (Combine expenses totals I, II & III): _____

16.22 Appendix J: Long-Term Care Screening Preparation Checklist

LONG-TERM CARE SCREENING PREPARATION CHECKLIST

Items to prepare for community screening team for each resident being screened for long-term care:

Resident Name: _____

Date: _____

- Updated face sheet (resident name, birth date, SSN, responsible party & contact information, medical insurance information, admission date, AG locality, caseworker, etc.)¹
- Monthly income amount: _____
- AG locality: _____
- Current UAI
- Physician(s)' orders with current physical and mental health diagnoses and treatment (physical and mental health therapies, diet, specialist referrals, assistive devices, etc.)
- CSB/Mental Health/ID services provider: _____
- Medication Administration Record (MAR)
- Copies of Power of Attorney, advanced directives, or guardianship documents
- Will need TB screening and medical history and physical within 30 days of nursing facility placement
- Will resident need a Level II screening?

¹ In addition to an updated and accurate face sheet, it is important to make note if resident has special needs such as a complex medical condition, Department of Corrections record, active use of cigarettes or challenging behaviors that may make nursing facility placement difficult.