

Idaho Division of Veterans Services

Idaho State Veterans Homes' Nursing Care Handbook



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WELCOME!

The Idaho Division of Veterans Services and the Idaho Veterans Affairs Commission welcome you to the Idaho State Veterans Home. We hope you find your stay here comfortable and enjoyable.

Specific rules, policies, and procedures have been established by the Idaho Division of Veterans Services and the Idaho State Veterans Homes to operate the Homes in a manner that will provide a desirable living environment. Each resident is expected to abide with these rules, policies, and procedures and conduct him or herself in a manner that is not offensive to others.

This handbook is designed to help you understand the Idaho State Veterans Home. The handbook contains the rules, policies and procedures applicable to residents and describes the services available to residents. These descriptions are provided for the convenience of residents. In the event of any inconsistency between the information found in the handbook and the rules, policies, or procedures, then the applicable rule, policy, or procedure prevails over the descriptions in this handbook. Otherwise, residents are expected to comply with the requirements explained in this handbook.

You are invited to discuss concerns you may have about the Idaho State Veterans Home and its operations with the Home Administrator or Home staff. We hope your stay with us is a pleasant experience.

The Idaho State Veterans Home – Boise

[Idaho's first State Veterans Home, known as the](#) "Old Soldiers Home," formally opened in Boise in May 1895 on the grounds that are now part of Veterans Memorial State Park. It was eventually replaced by a new facility on the current property, which was dedicated in November 1966. Nearly 60 years after this 1966 rebuild, the Boise Veterans Home is preparing for a long-awaited transformation with the construction of a new four-story, state-of-the-art facility. The groundbreaking for the new Home was held in October 2025.

Situated on a sprawling, tree-lined campus at the base of the beautiful Boise foothills, the Boise Veterans Home provides a quiet, peaceful setting just a few convenient miles from the heart of downtown Boise.

The facility offers a 122-bed skilled nursing care unit including a special care unit for veterans with Alzheimer's disease or related memory care conditions. Each room is individualized to provide residents with maximum privacy, and all have windows and individually controlled heating and air conditioning. The facility features skilled and restorative therapy department, a spacious dining room, pleasant common areas, a large, covered patio and courtyards. Services available to residents include extensive activity programs, onsite veteran and social services, and transportation to medical appointments.

The Idaho State Veterans Home – Lewiston

Established in 1994 the Lewiston Veterans Home was built on the philosophy of supporting the hardworking, rural values of our clients. Our professional staff take pride in being there to assist residents with a full range of financial, social, spiritual and skilled nursing care needs. Our North Idaho Veteran's service organizations provide generous support to the Home.

The Idaho State Veterans Home – Pocatello

Built on property leased by Idaho State University, the Pocatello Veterans Home provides residents with a beautiful hilltop view of the City of Pocatello just a short two miles away. This 66-bed skilled nursing facility offers a large therapy room, activity room, a chapel, multiple lounge areas with big screen televisions, pool tables, a canteen and a dining room. There is also a covered patio, a gazebo, and rose gardens that residents may plant and tend to.

The Idaho State Veterans Home – Post Falls

The Post Falls Veterans Home was dedicated on November 11, 2022.

It is a 64-bed skilled nursing facility which has a centralized community center, chapel, therapy room, dining room, sports club with big screen televisions, multiple common areas, and a Bistro. The facility also includes a common food preparation area, a laundry facility, maintenance supply areas, a covered pickup and drop-off area, and parking for 90 vehicles.

Mission Statement

We are dedicated to serving Idaho's veterans and their families by providing superior advocacy, excellent assistance with benefits and education, high quality long-term care, and respectful interment services in a dignified final resting place.

Vision Statement

The Idaho State Veterans Home is "Caring for America's Heroes." We provide superior long-term care and enhanced quality of life for all Idaho State Veterans Home residents. We operate with efficiency, innovation and adaptability.

Admission to Nursing Care

Nursing Care Eligibility Requirements

The eligibility requirements for nursing care at the Idaho State Veterans Home are set forth in Title 66, Chapter 9, Idaho Code, and Idaho administrative rule IDAPA 21.01.01. Attached hereto this Handbook is the agency's *IDAPA 21.01.01 - Rules Governing Admission, Residency, and Maintenance Charges in Idaho State Veterans Homes and Division of Veterans Services Administrative Procedure*, and by this reference incorporated herein.

Applicants may be peacetime or wartime veterans and spouses of eligible veterans, with wartime veterans retaining priority admission status. Applicants must have been discharged under honorable conditions. In addition, applicants must be unemployable as a result of age, illness, or disability. Effective July 1, 2000, applicants must apply for and become eligible for Medicaid benefits or must pay the established maximum monthly nursing care charge.

The Idaho State Veterans Homes are Medicare and Medicaid certified facilities. The following is a summary of

these eligibility requirements. To be eligible for residency in nursing care, applicants must meet the following criteria:

1. Applicants may be peacetime or wartime veterans, and their spouses, with wartime veterans receiving priority admission status. The total service time must be at least 90 days, with an honorable discharge. A copy of the Veteran's discharge papers (DD-214) must be provided with the application. If the discharge papers are unavailable, a copy can be requested through the Department of Veterans Affairs. We will assist with the request.
2. Applicants must apply for (or already be in receipt of) a VA pension, and Aid and Attendance. We will assist with the pension application
3. Applicants must either be eligible and apply for Medicaid benefits, or pay the current maximum monthly charge. Please include with the application a copy of the Veteran's Medicare card, private insurance cards, Social Security card, and Medicaid card. We welcome applicants who may not be Medicaid approved yet, and we will assist them with the application process.
4. Spouses or widows of veterans will need to provide proof of marriage when they apply.
5. Veterans may be admitted without regard to their financial status.

Nursing Care Resident Room Assignments

The Home assigns residents to rooms based upon considerations such as the extent of the resident's disability, age of the resident, the resident's likes and dislikes, the level of care received by the resident, and the availability of rooms. Although the Post Falls Home has all private rooms, the majority of the rooms at the other 3 Homes (Boise, Lewiston and Pocatello) are currently semi-private and share toilet facilities with the adjoining room. Private rooms are located nearer the nursing station and are reserved for isolation and observation purposes, or for the more critically ill. Residents are encouraged to decorate their room with personal items to make it as homelike as possible. Storage space for clothing and other personal items is provided in each room. Permission to add or remove room furnishings must be granted by the Home Administrator or his/her designee. Families are encouraged to take excess personal items and larger items such as suitcases with them as storage is limited. Upon discharge from the facility, family is asked to remove personal items within thirty (30) days from discharge. Because there is no storage space available, no items will be put into long-term storage.

A room assignment need not be permanent, and every effort will be made to make the arrangements satisfactory. Residents may request room reassessments by contacting the Social Services Department. The Idaho State Veterans Homes will make room reassessments on a case-by-case basis.

Services Available to Nursing Care Residents

Medical and Nursing Services

As a resident of the Idaho State Veterans Home, residents' general medical care will be provided, within the facility, by a duly credentialed physician on the Idaho State Veterans Homes' contracted medical staff unless the resident notifies the facility he/she has arranged for a different physician to supervise his/her care. Physicians are always on call for emergencies.

Residents will be assigned one of the facility's staff physicians at the time of admission. If residents need to contact their physician, at any time, we recommend they inform the on-duty nurse. The on-duty nurses will assist in contacting the physician. For urgent medical needs, the household nurse will automatically contact the resident's physician. For other matters, the household nurse will contact the physician on behalf of the resident through our non-urgent communication procedures. If you wish to contact your physician by other means, please discuss the matter with the physician at your next visit. Your on-duty nurse can be reached at the numbers listed below:

Boise Home 1-West Nursing Unit 208-780-1664 2-West Nursing Unit 208-780-1674 1-East Nursing Unit 208-780-1684	Lewiston Home Nursing Unit 208-750-3645 Nursing Unit 208-750-3600
Pocatello Home Nursing Unit 208-235-7848 Nursing Unit 208-235-7800	Post Falls Home Nursing Unit 208-415-3466 Nursing Unit 208-415-3457 Nursing Unit 208-415-3463 Nursing Unit 208-415-3460

Professionally licensed staff trained in geriatrics will provide twenty-four (24) hour nursing care. Each Home always has licensed nursing staff on duty, as well as a full complement of certified nurse aides. Medications will be provided through our contract pharmacy. Physical, speech, and occupational therapy services are available when ordered by the physician.

Social Services

Social workers are available to assist residents and applicants with admission and discharge planning. They provide individual and family counseling and advocate for residents' non-medical problems. During the admission process, the social worker will provide information to nursing staff about the residents' social history and family situation. This information will assist staff in recognizing each resident as a unique individual. Social workers make daily rounds of the facility, providing support, assistance and counseling as needed.

The Social Services Department is dedicated to assisting residents and their family members in dealing with the multitude of details related to their stay. Each resident has a social worker to assist him or her to obtain and maintain the highest practical level of function. Being accessible to promote the highest level of communication is the key to quality care. Please do not hesitate to contact the Idaho State Veterans Home social services staff.

Religious Services

The Chaplain is available upon request to all residents and to residents' families. Office hours are posted outside of the chapel. The Chaplain is also available whenever an emergency exists. In an emergency, the Idaho State Veterans Home nursing and social services staff will assist residents by contacting the Chaplain. The Chaplain provides pastoral counseling, Bible study, and assistance with funeral arrangements. The Chaplain holds weekly Protestant services while local congregations provide Catholic and LDS services. Residents are encouraged to attend any and all religious activities that are of interest. Please feel free to contact the Chaplain about any concerns including arranging for specific church services.

Veteran Service Officers

The Office of Veterans Advocacy (OVA), a part of the Division of Veterans Services, aids Veterans and their families with problems or questions relating to veterans' benefits.

To make an appointment, please call the relevant number listed below or you may ask a member from the social services or nursing staff to assist in scheduling a meeting.

Boise – located on site, contact 208-780-1392

Lewiston – located at 2604 16th Ave, contact 208-748-7663

Pocatello – located on site, contact 208-244-3873

Post Falls – located on site, contact 208-415-3480

Food Services

Our dining room offers an array of tasty and healthy foods. Menus are varied and change with each season. While we encourage residents to eat in the dining room, meals can be brought to the household or resident room if ordered by nursing staff. It is preferred that tableware remains in the dining area; however, residents may take fresh fruit with them to be eaten later. We do ask that residents store any perishable food kept in their room in a sealed container.

Dietary: Menus are posted throughout the facility, and most special diets can be accommodated. During the admission process, a Registered Dietitian or the Dietary Services Manager will visit with the resident. Along with a resident's personal preferences and his/her physician's orders, an individual diet that is both appetizing and healthful will be developed.

Pantry: Each nursing care unit has a pantry near the nursing station. This enables our nursing staff to serve snacks, beverages and sandwiches as needed for special dietary plans.

Snacks: Snacks are available on a 24-hour basis. Please contact the nursing station if a nutritious snack is desired.

Family Meals: One guest may eat with residents once a month free of charge. There will be a \$2.00 per meal charge for any additional meals. Meal tickets may be purchased from the vending machine located in the Home. In all cases, residents or visitors should notify the dietary or nursing staff as early as possible of extra meals that are needed. This is especially important during the holiday season. Problems with the meal ticket machine should be directed to the Business Office.

Canteen/Bistro: For the convenience of residents and staff, the Idaho Veterans Assistance League operates an on-site Canteen/Bistro. Volunteers from veterans' organization or from the community are welcome to assist by contacting the Idaho State Veterans Home Volunteer Services Department. Confections, toiletries, and a variety of snack foods are available at reasonable prices. There are also vending machines in this area. We require that all beverages in the facility, except those consumed in the canteen or the dining room, have a cover to prevent spillage.

Activities and Recreation

Recreational and social activities are vital to residents' social, physical and emotional well-being. By offering a variety of activities, the Idaho State Veterans Home encourages residents to continue associating with groups, develop new interests or continue old ones, and maintain physical fitness. To facilitate resident participation in activities, residents will be interviewed soon after admission to determine their recreation and activity preferences. Group and individual activities are offered on a daily basis, and a schedule of activities and events is posted or displayed within the households. Exercise and walking groups, birthday and holiday parties, fishing trips, musical events, field trips, barbecues, bingo, movies and out-of-facility meals are just a few of the activities available.

Recreation Areas: Recreation areas are available for resident use. The recreation areas offer cribbage boards, card tables, and an assortment of paperback books and popular magazines for residents. Some recreation areas are furnished with comfortable sofas and chairs and are well lit for reading.

Reading Materials: Reading Materials are available in common areas and the activities department can assist residents with requesting books from the local library.

Videos: Some videos/movies are available for residents to request and the activities department can assist residents with obtaining these videos if needed.

Arts and Crafts: The Activities Department has leather kits, ceramics supplies, and other arts and crafts items available for resident use.

Televisions: Televisions are provided throughout the Idaho State Veterans Home for resident use.

Computers: Computers may be available for resident use. Please check with the Activity team for further information. Residents must follow the Idaho State Veterans Home requirements for computer use. The Idaho State Veterans Home may limit the times, length of use, and availability of internet access, when necessary.

Internet Access: The Idaho State Veterans Home provides complimentary internet access for residents through designated in-room ports and Wi-Fi available throughout the building. This service is intended for normal, occasional personal use such as web browsing, email, and typical phone or computer activity. Internet usage that involves continuous high-volume data transmission, constant streaming, or any activity that consumes significantly more bandwidth than standard personal use will require the resident to assume responsibility for the cost of the additional data usage or, alternatively, to obtain a personal network provider or hotspot. If resident needs assistance with connecting to the internet or has questions regarding usage, please notify a member of the Home team. They will coordinate with local technical support as needed.

Telephones

A telephone will be provided to each resident in their room.. A resident may contact the nursing staff or his/her social worker if assistance is needed in placing a telephone call. In addition to the resident phone, family members may contact the nursing station by using the main switchboard number listed below at any time.

Boise Home 208-780-1600	Lewiston Home 208-750-3600
Pocatello Home 208-235-7800	Post Falls Home 208-415-3430

Cable Television Services

Basic cable television services will be provided to each resident in their room. If a resident wishes to purchase expanded cable television through the State Veterans Home Cable Television Contractor, they will be responsible for the cost of the upgrade as well as the month-to-month charge over and above the basic cable price. If a resident desires to change rooms, he/she will be responsible for any costs incurred in transferring the expanded cable services. If nursing staff believes it is in the best interest of the resident to change rooms, the Idaho State Veterans Home may be responsible for those costs. The cable contractor must perform all installations or other work on cable television.

If residents wish to have expanded cable brought into their room, Social Services are available to assist residents in arranging services.

Mail

An outgoing US Post Office mailbox is in the front lobby of the Idaho State Veterans Home. Incoming mail will be delivered to residents' rooms on a regular basis. Stationary supplies are available through the Activities Department upon request. If residents require assistance in writing a letter, or reading incoming correspondence, please don't hesitate to ask a member of the activity or social work services staff for help.

The mailing addresses of the Idaho State Veterans Home are:

Idaho State Veterans Home – Boise 320 Collins Road Boise, Idaho 83702	Idaho State Veterans Home – Lewiston 821 21st Avenue Lewiston, ID 83501
Idaho State Veterans Home – Pocatello 1957 Alvin Ricken Drive Pocatello, ID 83201	Idaho State Veterans Home – Post Falls 590 S Pleasant View Rd 101 Post Falls, ID 83854

Discharged residents should provide a forwarding address to the business office or social services staff.

Transportation

Transportation to medical appointments will be provided by the Idaho State Veterans Home. Activities staff and/or volunteers may, if available when requested, provide residents with transportation for banking and other local individual transportation needs. Out-of-town transportation is not available. The operation or storage of privately-owned motor vehicles on the Idaho State Veterans Home property by nursing care residents is prohibited.

Barber and Beautician

Barber and beautician services are available to residents at the Idaho State Veterans Home barbershop for a nominal charge. The scheduled hours of service are posted next to the shop.

Laundry Services

The Idaho State Veterans Home launders linens, towels and clothing for residents. Laundry service is provided at no cost to the resident. Staff will label residents' personal clothing with his/her name to help prevent loss, misplaced items, confusion, etc. Nursing staff will gather personal clothing that is to be sent to the laundry and will return the laundered items to each resident's room. If preferred, residents may choose to have family do their laundry. When residents receive new clothing, please give the item to nursing staff so that it can be labeled and inventoried prior to being worn. If residents have items that need dry cleaning or special care, it is recommended that they be sent out (at the resident's expense). The Idaho State Veterans Home will take reasonable care in protecting residents' personal property within its control from loss or damage. The resident is also responsible to take steps necessary to protect from damage or loss to personal property, including but not limited to, clothing, sensory aids, dentures, or prosthetic devices.

Volunteer Services

Volunteer programs at the Idaho State Veterans Home provide a variety of services as well as an opportunity for residents to serve as volunteers. Some of the services provided by volunteers include sponsoring card parties and bingo, operating the canteen, writing letters for and visiting with residents, and maintaining the library and clothing room. The American Legion Auxiliary volunteers provide an annual Christmas Gift Shop where residents may select (at no charge) gifts for family members. Many service organizations, such as the DAV, VFW, and IVAL, sponsor recreation program prizes in the form of canteen coupons for our recreation programs including bingo and card parties. Local Organizations also provide birthday cakes for every veteran resident. The Idaho State Veterans Home volunteers are dedicated to meeting the needs of Idaho's veterans and improving the world in which they live. Residents who wish to volunteer or who have a need a volunteer can assist with should contact the Volunteers Services Coordinator.

Resident and Family Meetings

The Idaho State Veterans Home will host resident or family groups when requested. A resident or family group is defined as a group that has the right to meet in the facility with families of other residents in the facility to:

- Discuss and offer suggestions about facility policy and procedures affecting resident care, treatment, and quality of life;
- Support each other;
- Plan resident and family activities;
- Participate in educational activities; or
- For any other purpose.

Upon request, the Idaho State Veterans Home will:

- Provide a private meeting space
- Provide a designated staff person responsible for aiding and responding to written requests that result from group meetings.

Resident Council

Residents of the Idaho State Veterans Home are invited to participate in the monthly Resident Council meetings. While the Idaho State Veterans Home takes pride in providing the best possible care to our residents, we know there is always room for improvement. The Resident Council represents residents by assisting the Idaho State Veterans Home with its resident complaint processes, communicating resident concerns to the Idaho State Veterans Home, participating in the resolution of problems, and/or making suggestions. In addition, it provides management with an opportunity to explain administrative procedures and announce future plans and activities. Select Home staff (e.g. the Home Administrator and social services personnel) attend the meetings by the authorization and request of the Council. Other staff members may also be invited to attend from time to time.

Additionally, there is a suggestion box located in the main hallway. Residents, family members, visitors, volunteers, and staff are encouraged to offer suggestions on any subject that would assist us in providing better service to our veterans.

Security

For the safety and security of the residents, employees, and visitors, the Idaho State Veterans Homes have the following security measures:

- Security Cameras have been installed in common areas and outside, but never in areas where privacy would normally be expected, to provide additional measures in the assurance that the Home is providing and maintaining a safe and secure environment for employees, visitors, and the residents living in the Home. Recorded camera footage will only be used to investigate a concern or to learn more about an incident where the footage could assist in improving the quality of services the Home provides to residents, employees, and visitors
- Roam Alert monitoring system is for the protection of our residents who are at high risk for wandering or becoming lost outside the building. Residents considered to be at risk may be required to have their pictures posted at the alarming doors and may be further required to wear an electronic signal bracelet. This system is generally a passive one, sounding an alarm, when a resident wearing a bracelet, comes within range of the monitoring device. A signal is also sent to the nursing floors to alert staff. This system will automatically disable in times of emergency to allow safe evacuation of the Idaho State Veterans Home.
- We strongly suggest that residents do not bring in any valuable personal belongings, especially those of heirloom significance, and that these remain with family members. If residents choose to keep valuables at the Home, please keep them properly stored or in the locked drawer in the resident's room. The Idaho State Veterans Home will take reasonable care in protecting residents' personal property within its control from loss or damage. The resident is also responsible to take steps necessary to protect from damage or loss to personal property, including but not limited to, clothing,

- sensory aids, dentures, or prosthetic devices.
- Weapons including, but not limited to, firearms, ammunition, straight razors and knives with two (2) edged blades or blades longer than three (3) inches are not allowed.

Personal Camera Surveillance Policy

It is the practice of this facility to protect and facilitate a resident's right to privacy, dignity, and safety. The facility recognizes that residents and/or their families may wish to use video or audio monitoring devices to promote peace of mind and enhance transparency. The installation and use of any recording or monitoring device within a resident's room must be conducted in compliance with the facility's formal procedure and approval process, attached hereto and titled, *Camera Surveillance Procedure*.

As part of the attached *Camera Surveillance Procedure*, it should also be noted that the resident will be responsible for all costs and maintenance associated with the use of any personal video or audio device, including internet access. The facility's procedure regarding internet use for personal monitoring devices differs from resident *Internet Access* (as previously described above) for the use of cell phones or personal computers because of the operational, bandwidth, and privacy implications. While occasional personal browsing on a computer/laptop or phone use is low-impact and part of normal resident amenities, 24/7 video/audio monitoring requires continuous, high-volume data transmission. This constant streaming consumes significantly more bandwidth and can interfere with the performance of the facility's Wi-Fi, impacting the services available to all other resident users as well as the performance of important facility devices, which support essential clinical, safety, and operational systems. In addition, most personal monitoring cameras connect through third-party cloud services or open network ports that the facility cannot control or secure. This creates a potential privacy and data security risk for the resident. Requiring families who wish to operate a camera to provide or pay for their own dedicated internet connection or hotspot helps protect the integrity of the facility's network and maintain compliance with privacy and confidentiality standards. This requirement further ensures fairness, preserves system reliability, and helps protect all residents' rights to privacy and security while still supporting families' ability to use monitoring technology responsibly.

Grievances and Lost & Missing Items

A resident, his or her representative, family member, visitor or advocate may file a verbal or written suggestion/grievance concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, noncompliance with advance directives requirements and requests for information regarding returning to the community. The Idaho State Veterans Home posts contact information for the Bureau of Facility Standards, Medicare and Medicaid, the regional Ombudsman, and others. Grievance forms and contacts are located on all resident household neighborhoods. It is the procedure of this facility that we do not take total responsibility of all missing or damaged personal resident items to include dentures but will determine responsibility on a case-by-case basis. Once a thorough investigation is completed, a determination will be made as to the responsibility of replacing the missing or damaged item lies with the facility or the resident. This facility will make reasonable efforts to safeguard resident's property and assist with searching or replacing missing or damaged personal items.

Financial Information

Resident Accounts

At admission, the resident or the resident's responsible party is given the option to place a minimum amount in the resident account, making it available for the resident's use. Any funds greater than \$50 will be deposited in an interest-bearing account (Resident Trust account) that is separate from any of the facility's operating accounts. All interest earned on the resident account will be credited to the account. Funds less than \$50 may not earn interest. Residents whose stay is paid by Medicare A will have all trust funds in an interest-bearing account if the balance is greater than \$100.

Funds will be available to residents in the Business Office during normal business hours (Monday through Friday, 8:00 a.m. until 5:00 p.m.), and at the nursing station before 8:00 am and after 5:00 p.m. weekdays and all day on weekends and holidays.

Residents will be provided with a quarterly statement of their Resident Trust account showing the activity in the account during the quarter. Residents may also request a statement of their account balance at any time. In the event of death, any funds remaining in the resident's account at the Idaho State Veterans Home will be applied to outstanding bills incurred by the resident. All money remaining in the account after that deduction is made will be held until the resident's will has been probated or legal authorization to dispense funds has been received.

Billing

Residents must either apply for and become eligible for Medicaid benefits or must pay the maximum monthly nursing care charge as it may be established from time to time, and any medication and ancillary charges. Eligibility for Medicaid benefits is determined entirely by the Idaho Department of Health and Welfare and its agents. Those who cannot, or choose not to, qualify for Medicaid shall be required to pay for services in full from payment sources other than Medicaid.

The Idaho State Veterans Home will bill residents at the current maximum charge plus ancillary charges as described in the *Informational Handouts* attached hereto (plus the VA per diem rate for non-veteran residents) until Medicaid eligibility is determined. If the resident is determined to be eligible for Medicaid, adjustments to charges will be made based upon the information supplied by Medicaid. The Idaho State Veterans Home is also a Medicare A provider. If the resident meets the necessary eligibility requirements for a skilled nursing stay, Medicare A will be billed for the care provided. Therapy services covered under both Medicare A and Medicare B will also be billed according to eligibility. A co-pay may be charged to the resident for these services. A representative for the Idaho State Veterans Home will contact the resident or responsible party regarding any additional charges that may be incurred.

Residents may be billed by other providers, or the Home, for services including but not limited to dental, physician visits, laboratory/x-ray, medications, wound care and other specialty care services or equipment prescribed by their physician.

Attached hereto are the *Informational Handouts* for each payor source which contains a list of services provided

in the State Veterans Homes. Current handouts, containing any revisions, are also posted for all residents in the Business Office and copy may be obtained upon request. Please note these handouts may not be all inclusive and should a resident have any questions they can contact the Home's Financial Specialist for clarification or further information. For additional information, also see below sections titled, *Medicare Information Handout*, *Medicaid Informational Handout*, *Private-Pay Informational Handout*, and *Service Connected 70%-100% Informational Handout*.

The current monthly charges and any change to the maximum charge will also be posted in the Idaho State Veterans Home Business Office thirty (30) days before the new charge goes into effect. Pursuant to IDAPA 21.01.01.950.02 of the *Idaho Division of Governing Admission, Residency, and Maintenance Charges in Idaho State Veterans Homes and Division of Veterans Services Administrative Procedure*, residents can be discharged from the Home for refusal or failure to pay established maintenance charges or related expenses.

NOTICE: Residents may be eligible for benefits payable under either the Medicare or the state Medicaid program. The Idaho State Veterans Home does not guarantee that residents will be eligible for or be granted benefits under either the Medicare or Medicaid program.

Asset Tracking & Lost Equipment Procedure

Facility-owned medical equipment may include asset-tracking technology to ensure availability, maintenance and loss prevention (e.g., facility -owned oxygen concentrators, portable cylinders, wheelchairs, lifts, durable medical equipment, etc.). To ensure appropriate management, tracking, and retrieval of facility-owned medical equipment while protecting resident rights in accordance with 42 CFR §483.10. Placement of a tracking device on facility-owned equipment does not impact resident rights. Tracking is used only for equipment location and inventory control. Tracking devices do not monitor or identify resident movement and contain no resident-identifiable information. This device will not be used to log the residents' movements. In addition, no resident-identifiable data will be tied to the tracking technology. Additionally, residents are not financially responsible for facility-owned equipment that is lost, misplaced, or damaged during normal use or routine care.

The facility may not bill a resident for lost items unless all of the following apply:

- The item was clearly identified in writing as assigned to the resident;
- The resident knowingly accepted responsibility for the item in the admission agreement; and
- The facility determines the loss was due to intentional misuse, destruction, or refusal to return, not confusion, impairment, or accident.

Absent these criteria, the facility absorbs replacement costs as part of normal operations.

If equipment leaves the facility with a resident or representative, staff may contact them to arrange return and it is their responsibility to return the item. This communication must be respectful, non-coercive, and consistent with resident rights.

Direct Deposit

The U.S Department of the Treasury will pay all federal benefit and non-tax payments electronically. Residents

who receive federal benefit payments from the Social Security Administration, U.S. Department of Veterans Affairs, Railroad Retirement Board, Office of Personnel Management or Department of Labor (Black Lung), must choose an electronic payment option. Idaho State Veterans Home residents can choose to conveniently receive their payments by direct deposit to their Resident Trust account at the Idaho State Veterans Home or choose to receive payment by direct deposit to a bank or credit union of their choice, or to a Direct Express Debit MasterCard® card account. If a resident does not choose an electronic form for payment at the time they apply for federal benefits they will receive their payment via the Direct Express® card so they will not experience any interruption in payment.

At this time, the Idaho State Veterans Home cannot process payment utilizing the Direct Express® debit card. A resident choosing this option would be required to withdrawal funds from their account and pay their bill at the Idaho State Veterans Home with cash or a money order/cashier's check.

For more information and/or assistance, please contact the Business Office.

What is Medicare?

The Medicare program is a federal health insurance program for those over the age of 65 and for certain disabled Americans. Medicare coverage is separated into two broad categories called Hospital Insurance (Part A) and Medical Insurance (Part B). The program is administered by the Health Care Financing Administration of the Department of Health and Human Services.

What Kinds of Services Does Medicare Cover?

Hospital Insurance (Part A) helps to pay for:

- Inpatient hospital care
- Inpatient care in a Medicare-approved skilled nursing facility following a hospital stay
- Home health care
- Hospice care

Medical Insurance (Part B) helps to pay for:

- Doctors' services
- Outpatient hospital services
- Durable medical equipment
- Diagnostic tests
- Ambulance services
- Several other medical services not covered by Hospital Insurance

Who is Eligible for Medicare?

Hospital Insurance- You may be eligible for Hospital Insurance if:

- You are 65 or older and you receive or are qualified to receive benefits under the Social Security or Railroad Retirement system; or
- You are 65 and you or your spouse had Medicare-covered government employment, or
- You receive continuing dialysis for permanent kidney failure or if you have had a kidney transplant.

Medical Insurance- You may be eligible for Medical Insurance if:

- You are 65 or older; or you are eligible for Hospital Insurance.

How Do I Enroll in Medicare?

You may find out more about your eligibility and how to apply for Medicare by calling 1-800-447-8477, or 208-367-0333.

What is Medicaid?

Medicaid helps people pay for medical care. Medicaid pays for medical services which protect your health. Medicaid is administered by state government.

What Kinds of Services Does Medicaid Cover?

Medicaid coverage varies from state to state and covers a wide range of health care services which may include inpatient and outpatient hospital services, skilled nursing care in certified facilities, physician services, laboratory services, radiology services and a variety of therapies (physical, occupational, speech, etc.). Medicaid may also help to pay for expenses not covered by the federally funded Medicare program.

Who is Eligible for Medicaid?

You may be eligible for Medicaid in Idaho if you meet income and resource requirements and are:

- Aged 65 or older
- Child in a foster care home
- Child receiving adoption assistance
- Blind or disabled
- Pregnant women
- Child under age 18
- Qualified alien
- Receive Aid to Families with Dependent Children (AFDC)
- Receive Supplementary Security Income (SSI)
- Meet the other state eligibility criteria
- Member of family with dependent children

How Do I Find Out How to Apply for Medicaid?

Contact the resident's Social Worker or the Business Office within the Idaho State Veterans Home or contact Medicaid directly at 208-334-6776.

Medicare Informational Handout

Attached hereto this Handbook is the agency's *Informational Handout- Medicare* and by this reference incorporated herein. This is an informational list of services provided in the Idaho State Veterans Home and the payment source for each. Please note this handout may not be all inclusive and if you have questions about any of these services or who pays them, please contact the Idaho State Veterans Home's Financial Specialist for clarification or further information. Current handouts, containing any revisions, are also posted for all residents in the Business Office and copy may be obtained upon request.

Medicaid Informational Handout

Attached hereto this Handbook is the agency's *Informational Handout- Medicaid* and by this reference incorporated herein. This is an informational list of services provided in the Idaho State Veterans Home and the payment source for each. Please note this handout may not be all inclusive and if you have questions about any of these services or who pays them, please contact the Idaho State Veterans Home's Financial Specialist for clarification or further information. Current handouts, containing any revisions, are also posted for all residents in the Business Office and copy may be obtained upon request.

Private Pay Informational Handout

Attached hereto this Handbook is the agency's *Informational Handout- Private Pay* and by this reference incorporated herein. This is an informational list of services provided in the Idaho State Veterans Home and the payment source for each. Please note this handout may not be all inclusive and if you have questions about any of these services or who pays them, please contact the Idaho State Veterans Home's Financial Specialist for clarification or further information. Current handouts, containing any revisions, are also posted for all residents in the Business Office and copy may be obtained upon request.

Service Connected 70%-100% Informational Handout

Attached hereto this Handbook is **the agency's** *Informational Handout- Service Connected 70%-100%* and by this reference incorporated herein. In accordance with Public law 109-461 the Department of Veterans Affairs will pay the cost of care for certain veterans that reside in a state Veterans home. This is an informational list concerning eligibility, the services provided at the Idaho State Veterans Home and the payment source for each. Please note this handout **may not be** all inclusive and if you have questions about any of these services or who pays them, please contact the Idaho State Veterans Home's **Financial Specialist** for clarification or further information. Current handouts, containing any revisions, are also posted for all residents in the Business Office and copy may be obtained upon request.

Nursing Care Resident Requirements

Resident Rules, Policies, and Procedures

The Idaho State Veterans Home provides nursing care residents with housing, care, and the rights set forth in the Resident Bill of Rights Policy. In exchange, the Idaho State Veterans Home requires that residents behave in

accordance with the Rules found at IDAPA 21.01.01 and the policies, procedures, and any order or directive of the Home Administrator.

Attached hereto this Handbook is the agency's *IDAPA 21.01.01 – Rules Governing Admission, Residency, and Maintenance Charges in Idaho State Veterans Homes and Division of Veterans Services Administrative Procedure*, and by this reference incorporated herein. Copies of the policies and procedures are identified throughout this Nursing Care Handbook. The Social Services Department and the Home Administrator of the Idaho State Veterans Home are available to answer any questions residents may have regarding the Rules, policies, or procedures.

Resident Bill of Rights

As a resident of the Idaho State Veterans Home, residents have the right to a dignified existence, self-determination, and communication with and access to people inside and outside the facility. The Idaho State Veterans Home protects and promotes the rights of each resident, including each of the following:

A. Exercise of Rights

1. The resident has a right to exercise his or her rights as a resident of the facility and as a citizen or resident of the US.
2. The resident has a right to be free of interference, coercion, discrimination and reprisal from the facility management in exercising his or her rights
3. The resident has a right to freedom from chemical or physical restraint.
4. In the case of a resident determined incompetent under the laws of a state by a court of jurisdiction, the rights of the resident are exercised by the person appointed under the state law to act on the resident's behalf.
5. In the case of a resident who has not been adjudged incompetent by the state court, any legal surrogate designated in accordance with state law may exercise the resident's rights to the extent provided by the state law.

B. Notice of Rights and Services

1. The resident will be informed both orally and in writing (in a language that the resident understands) of his or her rights and all rules and regulations governing resident conduct and responsibilities during their stay at the facility. Such notification must be made prior to or upon admission.
2. The resident or legal representative has the right:
 - i. Upon an oral or written request, to access all records pertaining to the resident within 24 hours (excluding weekends and holidays).
 - ii. After receipt of records for inspection, to purchase after receipt at a cost not to exceed the community standard, photocopies of the records or any portion of them within 2 working days of advance notice to facility management.
3. The right to be fully informed in a language that he or she can understand of his or her total health status.
4. The resident has the right to refuse treatment and to refuse to be involved in experimental research.

5. The resident has the right to be informed at the time of admission and periodically during the resident's stay of services available in the facility and of charges for those services to be billed to the resident.
6. The resident has a right to be furnished with a written description of his/her legal rights to include:
 - i. A description of the manner of protecting personal funds
 - ii. A description of the requirements and procedures for establishing Medicaid eligibility including the right to request an eligibility assessment to determine the extent of the couple's non-exempt resources and establish the community spouse's equitable share of resources for their personal needs.
 - iii. Residents will be informed of the items and resources covered by Medicaid for which they won't be charged. They will be informed of the items and services for which they may be charged and of the cost of those services. They will be informed of when charges are made for all of the above services.
 - iv. A posting of names, addresses, and telephone numbers of all state client advocacy groups such as the State Survey and Licensing Board, the State Ombudsman Program, and the Medicaid Fraud Control Unit.
 - v. A statement that the resident may file a complaint with any of the above advocacy groups regarding abuse, neglect, exploitation, and misappropriation of funds.
7. The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.
8. The resident or his/her representative if he/she is incapacitated has the right to receive written information about his or her health care including the right to formulate advanced directives, and the right to accept or refuse medical or surgical treatment. The facility can provide the resident or his/her representative with a written description of the facility policy to implement advanced directives.
9. The resident has a right to be informed of the name and way of contacting the primary physician responsible for his or her care.
10. The resident, legal representative, interested family member, and physician will be notified/consulted regarding the following changes:
 - i. An accident involving the resident which results in injury and has the potential for requiring physician's intervention;
 - ii. A significant change in the resident's physical, mental, or psychosocial status;
 - iii. A need to alter treatment significantly;
 - iv. A decision to transfer or discharge the resident from the facility;
 - v. The facility management must also promptly notify the resident and/ or legal representative of a change in room or roommate assignment. (The facility should attempt to adapt room arrangements to accommodate resident's preferences, desires, and needs.)
 - vi. A change in resident rights under state or federal regulations. Receipt of such must be documented in writing.
 - vii. The facility must record and update the address and phone number of the resident's legal representative or interested family member.

- C. Protection of Resident Funds:
 - 1. The resident has the right to manage his or her financial affairs, and the facility management may not require residents to deposit their personal funds with the facility.
 - 2. Upon written authorization of a resident, the facility management must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility.
 - 3. The resident has a right to receive interest on all funds in excess of \$50 in the resident's trust account and will receive a quarterly accounting of the funds in his or her trust account. Upon the resident's death the trust account will have a final accounting of funds which will be distributed to the individual or probate jurisdiction administering the resident's estate. The facility must purchase a surety bond or provide assurance of security of all personal funds deposited with the facility.
 - 4. The resident has a right to receive a list of services not covered by Medicare/Medicaid or the facility, which will be billed to the resident.
- D. Free Choice
 - 1. The resident has the right to choose a personal attending physician.
 - 2. The resident has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being.
 - 3. The resident has the right, unless determined incompetent or otherwise determined to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.
- E. Privacy and Confidentiality
 - 1. Residents have a right to personal privacy in their accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups.
 - 2. Except in the case of transport to another health care facility or record release as required by law, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.
- F. Grievances
 - 1. The resident has the right to voice grievances without discrimination or reprisal. Residents may voice grievances with respect to treatment received and not received. Grievance forms are located on each floor.
 - 2. The resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.
- G. Examination of Survey Results
 - 1. The resident has the right to examine the results of the most recent survey of the facility conducted by Federal, State or VA surveyors. The facility management must make the results available for examination in a place readily accessible to residents and must post a notice of their availability.
 - 2. The resident has the right to receive information from agencies acting as clinical advocates and be afforded the opportunity to contact these agencies.
- H. Work
 - 1. The resident has the right to refuse to perform services for the facility.
 - 2. The resident has the right to perform services for the facility, if he or she chooses when:
 - i. The facility has documented the need or desire for work in the plan of care;

- ii. The care plan specifies the nature of the services performed and whether the services are voluntary or paid;
 - iii. Compensation for paid services is at or above prevailing rates;
 - iv. The resident agrees to the work arrangement in the plan of care.
- I. Mail - The resident has the right to privacy in written communications, including the right to:
 - 1. Send and promptly receive mail that is unopened, with the following exceptions:
 - i. With the resident's signed consent on the Financial Statement of Understanding the Idaho State Veterans Home staff may open incoming mail relative to finance, appointments or miscellaneous information from the VA and/or Social Security offices for the duration of the resident's stay in Home. The resident has the right to revoke the consent at any time. Or,
 - ii. The resident has requested the facility (Home Administrator) be payee representative/financial fiduciary and has signed documentation reflecting this decision. Or
 - iii. The resident requires assistance from Social Services and/or Activities with their mail.
 - 2. Have access to stationary, postage, and writing implements at the resident's own expense.
(See Mail section, page 6)
- J. Access and Visitation Rights
 - 1. The resident has the right to be visited by:
 - i. Any representative of the Under Secretary for Health;
 - ii. Any representative of the State;
 - iii. Physicians of the resident's choice;
 - iv. The State long-term care ombudsman;
 - v. Immediate family or other relatives of the resident subject to the resident's right to deny or withdraw consent at any time;
 - vi. Agency responsible for protection or advocacy for developmentally disabled or mentally ill individuals; and
 - vii. All who are visiting are subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time.
 - 2. The facility management must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the
 - 3. resident, subject to the resident's right to deny or withdraw consent at any time.
 - 4. The facility management must allow representatives of the State Ombudsman Program to examine a resident's clinical records with the permission of the resident or the resident's legal representative, subject to State law.
- K. Telephone
 - The resident has the right to reasonable access to use a telephone where calls can be made without being overheard.
- L. Personal Property
 - The resident has the right to retain and use personal possessions, including furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.
- M. Married Couples
 - The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.

N. Roommate

The resident has the right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement.

O. Self-Administration of Drugs

The resident has the right to self-administer drugs if the interdisciplinary team has determined that this practice is safe.

P. Admission, Transfer and Discharge Rights

1. Transfer and discharge includes movement of a resident to a placement out of the facility. Transfer is defined as return anticipated. Discharge is defined as return not anticipated.
2. The resident has the right to refuse a facility initiated transfer or discharge unless:
 - i. transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the nursing home;
 - ii. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the nursing home; The safety of individuals in the facility is endangered; The health of individuals in the facility would otherwise be endangered; The resident has failed, after reasonable and appropriate notice to pay for a stay at the facility;
 - iii. The nursing home ceases to operate.
 - iv. The resident has a right to refuse transfer to another room in the facility.
3. Documentation – When a facility discharges or transfers a resident, the primary physician must document in the resident's chart.
4. Notice before transfer
 - i. For a resident who is being transferred, the facility must issue the resident or resident representative a written Notice of Transfer. This notice must include the reason(s) for the transfer in a language and manner they understand;
 - ii. Record the reasons in the chart.
 - iii. Scan copy of the Transfer of Notice into the chart then send original with resident or resident representative
 - iv. Send a copy of the Transfer Notice to the Ombudsman
5. Notice before discharge
 - i. The notice must be made at least 30 days before transfer or discharge except when:
 - a. The safety of individuals in the facility would be endangered;
 - b. The health of individuals in the facility would be otherwise endangered;
 - c. The resident's health improves sufficiently so they no longer require services provided by the nursing home;
 - d. The resident's needs cannot be met in the nursing home.
 - ii. Contents of the notice – The written notice must include the following:
 - a. The reason for discharge;
 - b. The effective date of discharge;
 - c. The location to which the resident is discharged;
 - d. A statement that the resident has the right to appeal the action to the State official designated by the State; and

- e. The name, address, and telephone number of the State Long Term Care Ombudsman.
- 6. Orientation for transfer or discharge – A member of the facility management will provide sufficient preparation to ensure safe and orderly transfer or discharge from the facility.
- 7. Notice of bed-hold policy and readmission – Before a resident is transferred the facility management will provide written information regarding the length of the bed-hold policy during which the resident may return to the facility.
- 8. Permitting resident to return to facility – The facility must establish and follow a written policy under which a resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident:
 - i. Requires the services provided by the facility; and
 - ii. Is eligible for Medicaid nursing facility services.
- 9. The facility management maintains identical policies regarding transfer and discharge and service provision to all individuals regardless of the payment source.
- 10. Admissions policy for payment – The facility must not require a third party to guarantee payment to the facility as a condition of admission; however, it may require an individual who has legal access to the resident's income to pay the facility from the resident's income or resources. The facility must not require residents to waive their right to Medicare or Medicaid. The facility will not discriminate against individuals entitled to Medicaid.

Q. Resident Behavior and Facility Practices.

- 1. The resident has the right to be free of any chemical or physical restraints imposed for restraint purposes of discipline or convenience and not required to treat the resident's medical symptoms.
 - i. A chemical restraint is the inappropriate use of psychotropic drugs to manage or control behavior.
 - ii. A physical restraint is any method of physically restraining a person's movement, physical activity, or access to his/her body.
- 2. The resident has the right to be free of physical, mental, sexual, and verbal abuse or neglect, exploitation, corporal punishment, or involuntary seclusion, and any physical or chemical restraint not required to treat the resident's symptoms.
 - i. Mental abuse includes humiliation, harassment, and threats of punishment or deprivation.
 - ii. Physical abuse includes hitting, slapping, pinching, or kicking.
 - iii. Sexual abuse includes sexual harassment, coercion, and assault.
 - iv. Neglect is any impaired quality of life because of the absence of minimal services or resources to meet basic needs (food, hydration, clothing, medical care and good hygiene).
 - v. Involuntary seclusion is separation from other residents or from the resident's room against his/her will or the will of their legal representative.
 - vi. Exploitation means taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion.
- 3. Staff treatment of Residents
 - i. The facility must develop and implement written policies and procedures that prohibit

mistreatment, neglect, abuse, exploitation, and misappropriation of resident property.

- ii. The facility management must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with Federal and State Law. The facility management must have evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse.

R. **Quality of Life**

A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.

1. **Dignity**

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

2. **Self-determination and participation**

The resident has the right to:

- i. Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care;
- ii. Interact with members of the community both inside and outside the facility; and
- iii. Make choices about aspects of his or her life in the facility that is significant to the resident.

3. **Participation in resident and family groups.**

- i. A resident has the right to organize and participate in resident groups in the facility;
- ii. A resident's family has the right to meet in the facility with the families of other residents in the facility;
- iii. The facility must provide a resident or family group, if one exists, with private space;
- iv. Staff or visitors may attend the meetings at the group's invitation;
- v. The facility must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings;
- vi. When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.

4. **Participation in other activities.**

A resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility.

5. **Accommodation of needs.** A resident has the right to:

- i. Reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered; and
- ii. Receive notice before the resident's room or roommate in the facility is changed.

Resident Responsibilities

It is the responsibility of the resident/responsible parties to:

- 1. Cooperate in the completion of all admission documents or to designate a person of his/her choice to receive such information and sign appropriately.

2. To provide the Home with any existing legal documents drafted prior to admission regarding: guardianship, health care directives, requests and power of attorney to manage finances, and copies of Medicare/secondary insurance cards.
3. To meet with the social worker in receiving information related to Advance Directives and to participate in a psychosocial history and assessment.
4. To provide complete and accurate information about present complaints; past illnesses and hospitalization; medications and other health matters to the best of his/her knowledge.
5. To report any unexpected changes in his/her condition to their physician, member of the Idaho State Veterans Home's nursing staff, or their social worker.
6. To inform the Idaho State Veterans Home of his/her wish for laundry service to be provided by family or by the facility.
7. To pay all fees and charges described in the admission agreement, in a timely manner, and to work cooperatively with the Business Office with regard to finances.
8. To be mindful and considerate of the rights of fellow residents.
9. To coordinate bed-hold arrangements (for medical and personal need) through the Social Services Department or the Business Office. When a hospitalization occurs, the patient and family will receive a written notice of the bed-hold policy and overall agreement should be made with the Social Services Department or Business Office within twenty-four (24) hours or the first working day after the weekend.
10. To bring concerns and problems to the proper source.

Freedom from Abuse, Neglect, Mistreatment & Exploitation Policy & Procedures

Attached hereto this Handbook is the agency's *Freedom from Abuse, Neglect, & Exploitation Policy*, and by this reference incorporated herein.

Bed-Hold Policy

When a resident goes to the hospital or temporarily leaves the facility for any reason and wishes to come back to the same room, the resident/legal representative may request the facility hold the resident's room and bed until the resident returns. Except as otherwise approved by the Home Administrator, the transfer of a resident to a hospital or other care facility is a voluntary discharge unless the resident or legal representative requests a bed hold under this policy.

Attached hereto this Handbook is the agency's *Idaho State Veterans Home Bed Hold Policy*, and by this reference incorporated herein.

Passes and Leaves

Idaho State Veterans Home residents may request passes or leaves from the facility. All passes and leaves must be approved in advance by the physician or their designee. For brief periods (up to 16 hours), resident must notify nursing staff prior to the planned outing (preferably the day before) so any needed medications can be prepared. As residents leave, please sign-out in the notebook at the nursing station, and sign-in when the resident returns.

Passes (up to 96 hours) may be granted if prior arrangements have been made. Leaves (for more than 96 hours) are unusual and require special exception by the Home Administrator. Residents receiving Medicaid benefits may be granted leaves of 72 hours. Social services will provide assistance with these requests.

Attached hereto this Handbook is the agency's Idaho State Veterans Home Bed Hold Policy, and by this reference incorporated herein.

Guest Visitation Policy

Visitors are welcome and encouraged at the Idaho State Veterans Home. For the safety of residents and visitors, all visitors must wear a visitor's badge and sign in at the visitors' concierge desk at the front entrance upon arrival and departure.

Residents should make every reasonable effort to ensure that the resident and his/ her visitors do not disturb other residents during visits. The canteen/bistro and the common areas within the Home or around the nursing station are available for meeting with visitors. In addition, residents may use their rooms to meet with visitors if the meeting does not disturb the resident's roommate, if applicable.

While the Home has no scheduled visiting hours, it is recommended that visiting hours are between 10:00 a.m. and 8:00 p.m.; however, guests, in particular family and clergy, will be accommodated at any time. Residents may not have overnight visitors unless prior authorization is received from the Home Administrator or his/her designee. If privacy is needed during any visits, please contact the licensed nurse or social worker located on the nursing unit.

Pet Therapy/Visitation Policy

Periodically, volunteers or staff may bring certified therapy animals (and/or those approved by the Home Administrator) into the home to provide companionship and therapy to residents.

Although residents are not allowed to have personal pets living in the facility, relatives and friends of residents are encouraged to bring a pet in to visit residents through the Idaho State Veterans Home pet visitation program.

Through this program, current pet vaccination records must be provided to the facility Activities Department prior to visitation, and for the safety of all others all animals must be always kept on a leash and under the control of the trainer.

In addition, the presence of pets shall not interfere with the health and rights of other individuals (i.e. noise, odor, allergies and interference with the free movement of individuals about the facility). Pets will not be allowed in food preparation or storage areas or any other area if their presence would pose a significant risk to residents, staff or visitors. More specifically, animals are not allowed in the kitchen, dining room, and canteen areas.

Service Animals: In areas that are not used for food preparation, service animals that are controlled by an employee or visitor with a disability may be allowed in the guest sitting/standing areas (i.e. dining and canteen areas), as long as a health or safety hazard will not result from the presences or activities of a service animal.

Any question or concerns related to this policy should be addressed with the Social Services and Human Resources Departments.

Resident Fire, Safety, and Emergency Procedures

The Idaho State Veterans Home is specially equipped for resident safety. It features modern equipment, including automatic fire doors, fire location indicator, and sprinkler systems. There are exits within each nursing care neighborhood household. Quarterly fire drills are conducted, and the employees are well trained to ensure resident safety.

Residents must comply with staff directives regarding emergencies and safety requirements. Emergencies include fire alarms and orders to evacuate the Idaho State Veterans Home. Safety requirements include prohibitions on the use of heaters or cooking equipment in resident rooms. Residents must follow established fire and emergency procedures.

Combustible/Flammable Materials Policy

Residents are prohibited from storing flammable or combustible materials on Idaho State Veterans Home grounds. Flammable or combustible materials include, but are not limited to, the following items: gasoline, any type of paint or thinner, pressurized aerosol cans containing flammable substances, or any other product where the original container warns that the contents are flammable or explosive. If you have any questions as to whether a product is combustible or flammable, check with the Maintenance Operations Supervisor.

Appliances and Extension Cords

Due to fire and safety concerns, appliances that have motors or produce heat must not be used in resident rooms unless prior approval is received in writing from the Home Administrator. Extension cords are not allowed. Power strips with circuit breakers must be 3-wire, UL-approved models inspected by the Maintenance Operations Supervisor prior to use.

Tobacco and/or Smoke-Free Facility Policy

The Home is responsible for providing a safe, healthy, and clean environment for all residents, staff, and visitors. To support the well-being of everyone on our campus, and in accordance with fire and life safety standards under the CMS Life Safety Code, the facility is designated as either a tobacco and/or a smoke-free campus. This policy applies to all tobacco or smoking products, including but not limited to cigarettes, cigars, pipes, electronic cigarettes, and vaping devices. All current residents admitted, and who smoked, on or before July 1, 2023 are grandfathered as prior smokers and may continue to smoke only in the designated smoking area and only in accordance with their individualized smoking assessment and care plan, as required by federal regulations and the facility's responsibility to ensure safe storage, supervision, and control of smoking materials. Absolutely no smoking on campus, outside designed smoking area, is allowed. Some residents, who were grandfathered, will be allowed to smoke only with supervision. For the safety of all others, residents shall not give tobacco or smoking products, matches, or lighters to other residents. All residents admitted after July 1, 2023 are prohibited from smoking on campus. For residents who do not abide by the tobacco and/or smoke-free facility

policy, or their smoking assessment and care plan, infractions will be documented in their medical record, and they may be discharged from the facility.

Advance Directive Information

It is the policy of the Idaho State Veterans Home to inform and provide written information concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. Residents will not be discriminated against, nor will the provision of care be conditioned on whether an advance directive has been executed.

Written information explaining advance directives and resident rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment, and the right to formulate advance directives is available to residents. Please contact the Social Services Department should you desire any assistance or additional information about advance directives and the right to accept or refuse medical or surgical treatment.

Medication Policy

Medications of any type, even non-prescription, cannot be kept in the possession of any resident either on their person or in their rooms unless approved by their physician. Any and all self-administered medications/supplements must have the proper assessment prior to use. If a resident wishes to use a non-prescription medication, they can request nursing staff to place it in the medication cart for safekeeping.

Influenza Vaccine

It is facility practice that all residents be offered the influenza vaccine annually. We recommend all residents receive the vaccine unless it is medically contraindicated due to allergy or other medical reason.

The facility practice is that residents and/or their legal representative receive the current CDC vaccine information statement (VIS) and consent to the vaccine prior to administration of vaccine. The information statement allows residents and/or their legal representative to be fully informed about risk and benefits of the vaccine.

The current VIS and consent form will be provided to the resident or their legal representative annually prior to the flu season. Consents must be signed and retained in the medical record before vaccine can be administered.

If residents or their legal representative have questions, please contact the Infection Control Nurse at:

Boise Home 208-780-1792	Lewiston Home 208-750-3657
Pocatello Home 208-235-7843	Post Falls Home 208-415-3473

Pneumococcal Vaccine

It is facility practice that all residents be offered the pneumococcal vaccine on admit. We recommend all residents receive the pneumococcal vaccine, unless they have a documented vaccine received at age 65 years or older, or unless it is medically contraindicated due to allergy or other medical reason.

If the resident has a documented pneumococcal vaccine, then a 2nd (booster) immunization is recommended 5 years following the initial vaccine. If the resident has already had 2 documented vaccines 5 years apart then no further vaccine is recommended.

The facility practice is that residents and/or their legal representative receive the current CDC vaccine information statement (VIS) and consent to the vaccine prior to administration of vaccine. The information statement allows residents and/or their legal representative to be fully informed about risk and benefits of the vaccine.

The current VIS and consent form will be provided to the resident or their legal representative on admit and prior to the 2nd vaccine. Consents must be signed and retained in the medical record before vaccine can be administered.

If residents or their legal representative have questions, please contact the Infection Control Nurse at:

Boise Home 208-780-1792	Lewiston Home 208-750-3657
Pocatello Home 208-235-7843	Post Falls Home 208-415-3473

Tetanus-Diphtheria-Pertussis (Tdap)

It is facility practice that all residents be offered the Tetanus, Diphtheria and Pertussis (Tdap) vaccine on admit. We recommend all residents receive the vaccine unless it is medically contraindicated due to allergy or other medical reason.

The facility practice is that residents and/or their legal representative receive the current CDC vaccine information statement (VIS) and consent to the vaccine prior to administration of vaccine.

The current VIS and consent form will be provided to the resident or their legal representative on admit. Consents must be signed and retained in the medical record before vaccine can be administered.

If the resident or their legal representative have questions, please contact the Infection Control Nurse at:

Boise Home 208-780-1792	Lewiston Home 208-750-3657
Pocatello Home 208-235-7843	Post Falls Home 208-415-3473

Use and Storage of Food Brought in by Family or Visitors

It is the right of the residents of this facility to have food brought in by family or other visitors; however, the food must be handled in a way to ensure the safety of the resident.

Policy Explanation and Compliance Guidelines:

1. Family members or other visitors may bring the resident food of their choosing.
2. All food items that are already prepared by the family or visitor brought in must be labeled with resident's name, contents and discard date (three days after delivery).
 - a. The facility may refrigerate labeled and dated prepared items in the pantry refrigerator.
 - b. The prepared food must be in a sealed disposable container or bag that has not been in the resident's room.
 - c. The prepared food must be consumed by the resident within 3 days.
 - d. If not consumed within 3 days, food will be thrown away by facility staff.
 - e. Items placed in the freezer must be labeled with the resident's name and a discard date of no more than 30 days after opening.
 - f. Condiments may be kept until the expiration date or 3 months after opening whichever is first.
 - g. Refrigerator temperatures will be obtained daily to ensure it is between 34 to 40 degrees.
 - h. No alcohol or staff food can be stored in pantry refrigerator.
 - i. The facility will not be responsible for maintaining any reusable items.
3. All food items brought in that are manufactured and does not require refrigeration, may be kept in the resident room inside an air-tight container that is provided by the resident.
4. It is the responsibility of the resident and/or resident representative to maintain said container and items in the container.
5. All items not maintained are subjected to being thrown away if not removed by the resident and/or resident representative.
6. Any suspicious or obviously contaminated food will be discarded after verbally notifying the resident or responsible party at the discretion of the staff.
7. If any part of this policy is not followed, the facility reserves the right to protect others by not allowing food items to be brought into the facility for a resident.
8. The facility staff will assist residents in accessing and consuming food that is brought in by resident and family or visitors if the resident is not able to do so on their own.
9. If the food item is to be served hot, staff will assist with reheating to >165 degrees (one time only) in the facility microwave oven just prior to serving following safe handling instructions posted.
10. Food preparation and cleaning will follow food safety guidelines.

Notice of Privacy Practices

Attached hereto this Handbook is the Homes' *Notice of Privacy Practices* and by this reference incorporated herein. This Notice describes how medical information about residents may be used and disclosed, as well as how residents can obtain access to their medical information. *Please review it carefully.*

Resident Transfer and Discharge

A resident can be transferred or discharged, for a period to be determined by the Home Administrator, for the basis set forth IDAPA 21.01.01. The Home Administrator will provide notice of transfer or discharge and the opportunity to appeal a transfer or discharge in accordance with IDAPA 21.01.01.

The basis for discharge may include, but are not limited to, immediate discharge upon the determination by the Home Administrator that an emergency exists and discharge in accordance with the Rules for the following:

- Possession of wine, beer, liquor, or controlled substance without a valid prescription;
- Possession of a lethal weapon;
- Excessive or habitual intoxication;
- Disturbing the peace;
- Striking or threatening another person;
- Willful destruction or wrongful appropriation of state or another person's property;
- Commission of a felony;
- Abusive language or gestures or intentional assault or battery;
- Failure to comply with or persistent violations of the Rules, Policies, or Procedures;
- Refusal or failure to pay established charges;
- Any pattern of behavior that infringes upon the rights of another person; or
- Unauthorized absences from the Idaho State Veterans Home.

Idaho Veterans Cemetery Information

The eligibility requirements for burial at the Idaho State Veterans Cemeteries in Boise and Blackfoot mirror the National Veterans Cemetery eligibility requirements regarding veterans, spouses and eligible dependents. There is no requirement to be a resident of the state of Idaho.

In summary:

1. Only veterans discharged from active duty under conditions other than dishonorable may be buried at the cemetery. There is no residency requirement for the Idaho State Veterans Cemeteries.
2. A copy of a DD-214 (or other suitable honorable discharge paperwork may be accepted) must accompany the pre-registration or application for interment. If no military discharge documentation is available, the family can request that paperwork directly from the Veterans Administration using VA form 180 "Request Pertaining to Military Records." If the family of a deceased veteran needs the veteran's DD-214, please make a request with the Release of Information (ROI) at the Boise VA Medical Center. The ROI can be reached

at 208-422-1010 or 208-422-1225.

Please make sure that pre-registration and interment forms are filled out completely and include all supporting documentation.

3. If the veteran's spouse is to be buried at an Idaho State Veterans Cemetery, a copy of the legal marriage certificate must also accompany the pre-registration or interment form.
4. There is no choice of plots or specific location at the cemetery. Veterans and/or spouses can choose one of three types of interment for cremation. Choices for cremation include urn placement in the Columbaria Niche area, direct burial of the urn, and for families choosing to scatter the remains of an eligible veteran or spouse the cemetery offers a scattering garden in the cemetery.
5. Casket burials are available on the lower and upper levels of the Boise Cemetery. Casket burial in the upper section of the Boise cemetery requires an additional one-time fee for either the veteran or the spouse. This additional cost is for placement of the casket vault. Casket vaults are already placed throughout the lower section of the Boise cemetery so no additional charges apply to those seeking a lower level interment
6. The VA provides a plot allowance, which changes annually on October 1st of each year, for the veteran's interment only. Payment for non-veteran spouses is due at the date of interment.
7. The cost for preparation of remains, casket, transportation, other ceremonies or cremation is not included in the cost of interment at the Idaho State Veterans Cemeteries and must be paid for by the family to the provider who supplies these services.
8. A committal shelter is provided as there are no grave side services allowed. This shelter is allowed for the military honors or a short presentation to honor the veteran / spouse and that time is limited to 30 minutes.
9. Military Honors Ceremony must be applied for at the Veterans Cemeteries a minimum of three (3) days in advance of committal. Honors for Veterans include TAPS, Flag fold, and presentation. Veterans who retired from the service, or had 20 or more years of military service, or who died while on active duty may also receive a rifle salute.

Veterans are entitled to a plot allowance benefit. The Idaho State Veterans Cemeteries do not collect this benefit from the family at the date of the veteran's interment. However, the full cost for a spouse or dependent interment will be collected on the date of interment. Because the costs for services at the Idaho State Veterans Cemeteries are subject to the annual changes by the Department of Veterans Affairs and the State of Idaho, it is recommended that you contact the cemeteries staff for current rates and additional information.

For further information and application forms, please call the Boise Idaho State Veterans Cemetery Office at (208) 780-1340 or the Blackfoot State Veterans Cemetery at 208-701-7161, or access the application online at <http://www.veterans.idaho.gov/cemeteries>.

Questions and Concerns

Questions and/or concerns regarding medical issues should first be brought to the Idaho State Veterans Home nursing staff. If these concerns are not fully addressed at this level, you may then speak to the Idaho State Veterans Home Director of Nursing Services, and then to the

resident's primary physician. Financial questions should be brought to the front business office staff, then the Business Office Financial Specialist. The Idaho State Veterans Home Dietary Services Manager is available to address dietary questions. All other questions and concerns should be brought to the attention of the resident's Social Worker. The Home Administrator is also available to address all questions and concerns.

Community Resources

Agency on Aging

State Ombudsman Program (Southwest
district)

Adult Protection Services 125 East
50th Street Garden City, Idaho
83714

(208) 908-4990

State Survey & Certification Agency Bureau of
Facility Standards
3232 Elder Street
Boise, Idaho 83705
(208) 334-6626

Department of Health & Welfare 450 West
State Street
Boise, Idaho 83720
(208) 334-5500

Idaho Commission on Aging
(208) 334-3833

National Alliance on Mental
Illness 4696 W. Overland Rd
Suite 272
Boise, Idaho 83705-2864
(208) 376-4304

State Advocacy for Developmentally
Disabled Idaho Council on
Developmental Disabilities 700 West
State Street
Boise, Idaho 83702
(208) 334-2178

Co-Ad, Inc., Disability Rights in
Idaho 4477 West Emerald
Suite B-100 Boise, ID 83706-
2066
(208) 336-5353

Idaho Care Line (community
info/referral) (800) 926-2588

Attachments

IDAPA 21.01.01 – Rules Governing Admission, Residency, and Maintenance Charges in Idaho State Veterans Homes and Division of Veterans Services Administrative Procedure

Informational Handout – Medicaid

Informational Handout – Medicare

Informational Handout – Private Pay

Informational Handout – Service Connected 70%-100%

Camera Surveillance Procedure & Consent Form

Freedom from Abuse, Neglect, Mistreatment &and Exploitation Policy & Procedure

Bed Hold Policy

HIPAA Notice of Privacy Practices

IDAPA 21.01.01 – Rules Governing Admission, Residency, and Maintenance Charges in Idaho State Veterans Homes and Division of Veterans Services Administrative Procedure

IDAPA 21 – DIVISION OF VETERANS SERVICES

Central Support Office

21.01.01 – Rules Governing Admission, Residency, and Maintenance Charges in Idaho State Veterans Homes and Division of Veterans Services Administrative Procedure

Who does this rule apply to?

Veterans and spouses who wish to reside in an Idaho State Veterans Home and those who are already residents.

What is the purpose of this rule?

This rule establishes governing requirements for admission to Idaho State Veterans Homes and establishes governing charges for residency.

What is the legal authority for the agency to promulgate this rule?

This rule implements the following statutes passed by the Idaho Legislature:

Soldiers and Sailors -

Division of Veterans Services — Veterans Affairs Commission:

- [Section 65-202, Idaho Code](#) – Powers and Duties
- [Section 65-204, Idaho Code](#) – Rules – Employment of Assistants

State Charitable Institutions -

Idaho Veterans' Home:

- [Section 66-907, Idaho Code](#) – Admissions to and Charges for Residence at Homes

Who do I contact for more information on this rule?

Kevin Wallior

8:00 AM – 5:00 PM

351 Collins Road

Boise, ID 83702

Phone: (208) 780-1300

Fax: (208) 780-1301

Email: kevin.wallior@veterans.idaho.gov

www.veterans.idaho.gov

Zero-Based Regulation Review – 2025 for Rulemaking and 2026 Legislative Review

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**21.01.01 – RULES GOVERNING ADMISSION, RESIDENCY, AND MAINTENANCE
CHARGES IN IDAHO STATE VETERANS HOMES AND DIVISION OF
VETERANS SERVICES ADMINISTRATIVE PROCEDURE**

000. LEGAL AUTHORITY.

The Administrator of the Division of Veterans Services with the advice of the Veterans Affairs Commission is authorized by the Idaho Legislature to establish rules governing requirements for admission to Idaho State Veterans Homes and to establish rules governing charges for residency, pursuant to Sections 65-202, 65-204 and 66-907, Idaho Code. (3-23-22)

001. TITLE AND SCOPE.

01. Title. These rules are titled IDAPA 21.01.01, “Rules Governing Admission, Residency, and Maintenance Charges in Idaho State Veterans Homes and Division of Veterans Services Administrative Procedure.” (3-23-22)

02. Scope. These rules contain provisions for determining eligibility for admission and for establishing charges for residency in Idaho State Veterans Homes, together with rules of administrative procedure before the Idaho Veterans Affairs Commission. (3-23-22)

002. POLICY.

Through the facilities and services available at Idaho State Veterans Homes, the Division of Veterans Services will provide necessary care for honorably discharged eligible veterans. No applicant will be denied admission on the basis of sex, race, color, age, political or religious opinion or affiliation, national origin, or lack of income, nor will any care or other benefit at a Home be provided in a manner, place, or quality different than that provided for other residents with comparable disabilities and circumstances. However, if residents are financially able to do so, they must contribute to the cost of their care, with allowances made for retention of funds for their personal needs. (3-23-22)

003. INCORPORATION BY REFERENCE.

01. Incorporated Documents. These rules incorporate by reference: (3-23-22)

a. 5 U.S.C. Section 2108(1) dated October 7, 2015. (3-23-22)

b. 38 CFR Part 51, Subpart A, B, C, D, and E dated December 28, 2018. (3-23-22)

02. Document Availability. Copies are available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402-0001. (3-23-22)

004. -- 009. (RESERVED)

010. DEFINITIONS.

For the purposes of the rules contained in this Chapter, the following terms are used as defined: (3-23-22)

01. Applicant. A person who has expressed interest in applying for residency in an Idaho State Veterans Home. (3-23-22)

02. Asset. Real or personal property that is owned in whole or in part by an applicant or resident, including stocks, bonds, goods, rights of action, evidences of debt, and cash or money that is not income. Insurance payments or monetary compensation for loss of or damage to an asset is an asset. Income not expended in the calendar month received is an asset beginning on the first day of the next calendar month. (3-23-22)

03. Bona Fide Resident. A person who maintains a principal or primary home or place of abode in the state of Idaho coupled with the present intent to remain at that home or abode and return to it after any period of absence pursuant to Section 66-901, Idaho Code. (3-23-22)

04. Commission. The Idaho Veterans Affairs Commission. (3-23-22)

05. Division. Division of Veterans Services in the Idaho Department of Self Governing Agencies. (3-23-22)

06. Division Administrator. The Administrator of the Division of Veterans Services in the Department

of Self Governing Agencies, or his designee. The chief officer of the Division of Veterans Services. (3-23-22)

07. Home Administrator. Administrator of an Idaho State Veterans Home. The chief officer of each respective Veterans Home. (3-23-22)

08. Home. An Idaho State Veterans Home. (3-23-22)

09. Idaho State Veterans Home. Pursuant to Section 66-901, Idaho Code, a Home for eligible veterans. (3-23-22)

10. Income. Money received from any source including wages, tips, commissions, private pension and retirement payments, social security benefits, unemployment compensation, veterans assistance benefits, and gifts. (3-23-22)

11. Legal Dependents. The mother, father, spouse, or minor children of an applicant or a resident who, by reason of insufficient financial resources, or non-minor children who because of disease, handicap or disability, must have financial support from the applicant or resident in order to maintain themselves. (3-23-22)

12. Liquid Assets. Those assets which are cash or can be liquidated for cash within a reasonable period of time including, but not limited to, money market certificates, certificates of deposit, stocks and bonds, and some tax shelter investments. (3-23-22)

13. Maintenance Charge. A charge made for care and residence at an Idaho State Veterans Home, based upon the current established rate. (3-23-22)

14. Net Income. That income used to compute charges after allowable deductions have been made. (3-23-22)

15. Resident. A person who is a resident of an Idaho State Veterans Home. (3-23-22)

16. Spouse. The husband or wife, under a marriage recognized by Title 32, Idaho Code, of a veteran or the widow or widower of a veteran under a marriage recognized by Title 32, Idaho Code. (3-23-22)

17. VA. United States Department of Veterans Affairs. (3-23-22)

18. Veteran. Has the meaning established in Section 65-203, Idaho Code. The separation or discharge considered under this definition means the conditions of the most recent separation or discharge from military service. (3-23-22)

011. -- 049. (RESERVED)

050. ADMINISTRATIVE POWERS.

The Home Administrator has full authority in the management of a Home, subject to review by the Division Administrator and Commission. A Home Administrator can, in the execution of his duties, delegate certain responsibilities to his staff. When requested by the Division Administrator, the Home Administrator will attend regular and special meetings of the Commission. (3-23-22)

01. Representative Powers. The Division Administrator is authorized to represent the Commission in all official transactions between the Homes and other departments of Idaho state government. (3-23-22)

02. Investigation Powers. Upon receipt of an application for residency and for the duration of residency of any resident, the Division is authorized to conduct an investigation to determine the total value of the property and assets of the applicant/resident to determine his ability to pay maintenance charges established in this Chapter pursuant to Section 66-907, Idaho Code. (3-23-22)

03. Inspection Powers. Inspection of the rooms and facilities of a Home, as well as of the dress and appearance of all residents, can be conducted at any time by the Home Administrator. (3-23-22)

04. Emergency Powers. In an emergency, the Home Administrator is authorized to use his judgment in matters not specifically covered by a statute, order, rule, or policy. (3-23-22)

051. -- 074. (RESERVED)

075. ADMINISTRATIVE DUTIES.

The Home Administrator will enforce all orders and rules and implement all policies of the Division in the administration of a Home. (3-23-22)

01. Management of Records. The Home Administrator must maintain accurate fiscal and resident records. (3-23-22)

a. Nursing care records. Records relating to each nursing care resident of a Home will be kept in accordance with Idaho Department of Health and Welfare Rules, IDAPA 16.03.02, "Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities in Idaho," and VA Rules 38 CFR Part 51; Subpart A, B, C, and D dated December 28, 2018. (3-23-22)

b. Residential and domiciliary care records. Records relating to each residential care resident of a Home will be kept in accordance with VA Rules 38 CFR Part 51; Subpart A, B, C, and E dated December 28, 2018. (3-23-22)

02. Response to Complaints. The Home Administrator will respond in writing to any written and signed complaint made by a resident pursuant to Section 300 of these rules. (3-23-22)

076. -- 099. (RESERVED)

100. ELIGIBILITY REQUIREMENTS.

Applicants and residents must satisfy the following requirements: (3-23-22)

01. Veterans or Eligible Spouse. (3-23-22)

a. Nursing Care. Applicants for and residents of nursing care must be a veteran or the spouse of a veteran who is eligible for admission to a Home. The death of a veteran shall not disqualify a resident spouse if the veteran was eligible for admission to a Home at the time of death. (3-23-22)

b. Residential Care and Domiciliary Care. Applicants for and residents of residential care and domiciliary care must be a veteran. A Home will not grant spouses admission for residential care or domiciliary care. (3-23-22)

02. Idaho Residency. The applicant must be a bona fide resident of the state of Idaho at the time of admission to a Home. (3-23-22)

03. Incompetent Applicants. Applicants and residents who are incompetent must provide copies of a legally sufficient guardianship or power of attorney. (3-23-22)

04. Necessity of Services. Applicants and residents must meet the requirements for the level of care for which they apply or are receiving. At the request of the Home, residents must provide recertification of their need for services from a VA physician or a physician currently licensed by the Idaho Board of Medicine to practice medicine or surgery in the state of Idaho. (3-23-22)

a. Nursing Care. To be eligible to receive nursing care in a Home, applicants must be referred by a VA physician or a physician currently licensed by the Idaho Board of Medicine to practice medicine or surgery in the state of Idaho. (3-23-22)

b. Residential and Domiciliary Care. Each applicant must submit to a physical examination performed by a licensed physician and meet the physical limitation requirements for residential care and domiciliary care.

Applicants and residents must be unable to earn a living and have no adequate means of support due to wounds, old age, or physical or mental disabilities. However, each residential care and domiciliary care resident must ambulate independently or with the aid of a wheelchair, walker, or similar device and be capable of performing at the time of admission, and for the duration of his residency, all of the following with minimal assistance: (3-23-22)

- i. Making his bed daily; (3-23-22)
- ii. Maintaining his room in a neat and orderly manner at all times; (3-23-22)
- iii. Keeping all clothing clean through proper laundering; (3-23-22)
- iv. Observing cleanliness in person, dress and living habits and dressing himself; (3-23-22)
- v. Bathing or showering frequently; (3-23-22)
- vi. Shaving daily or keeping his mustache or beard neatly groomed; (3-23-22)
- vii. Proceeding to and returning from the dining room and feeding himself; (3-23-22)
- viii. Securing medical attention on an ambulatory basis and managing medications; (3-23-22)
- ix. Maintaining voluntary control over body eliminations or control by use of an appropriate prosthesis; and (3-23-22)
- x. Making rational decisions as to his desire to remain or leave the Home. (3-23-22)

05. Placement Restriction. A Home shall not accept applicants or continue to extend care to residents for whom the facility does not have the capability or services to provide an appropriate level of care. (3-23-22)

06. Financial Statement. Each applicant must file a signed, dated statement with the Home Administrator containing a report of income from all sources and a report of all liquid assets which will be used to determine the amount of the maintenance charge which is required in accordance with Section 66-907, Idaho Code, and these rules. (3-23-22)

07. Social Security Benefits. If eligible for Social Security benefits, the applicants and residents and their spouses must apply for those benefits unless waived by the Home Administrator. (3-23-22)

08. Medicare Coverage. If eligible for Medicare, the applicants and residents must elect to participate, unless participation is waived by the Home Administrator. (3-23-22)

09. Income Limitation. (3-23-22)

a. Nursing Care. None. (3-23-22)

b. Residential and Domiciliary Care. An applicant whose total monthly net income, at the time of his application for residency, exceeds the current maximum annual rate of VA pension for a single veteran pursuant to Public Law 95588 divided by twelve (12) cannot be admitted unless granted a waiver by the Home Administrator. This waiver must include a statement from a VA Medical Center physician indicating the veteran is in "need of continuing medical care." (3-23-22)

10. VA Pension -- Nursing Care. Unless waived by the Home Administrator, a wartime veteran, as defined in 5 U.S.C. Section 2108, who is a nursing care applicant or resident must be eligible for, apply for, or be in receipt of a VA disability pension in accordance with Public Law 95588. Such waivers may be considered only when the applicant or resident has signed a statement that he is able to defray the necessary expenses of the medical care for which he is applying or receiving and arrangements are made to secure medical services not provided by the VA. (3-23-22)

11. Agreements for Behavior and Care Needs. The Homes may require that applicants or residents enter into agreements concerning the applicant or resident's behavior or care needs while residing in the Home. The resident's failure to perform these agreements is a basis for discharge from the Home. (3-23-22)

12. Limit on Admission of Spouses. Unless waived in writing by the Division Administrator, a Home shall not accept spouses for admission if the Home's residency is at ninety-five percent (95%) or more of capacity. Homes shall not admit a spouse if the number of spouses residing in the home will exceed twenty-five percent (25%) of the residents of the Home following admission of the applicant. (3-23-22)

101. -- 149. (RESERVED)

150. APPLICATION PROCEDURE.

01. Submission of Application. An application may be submitted to the administrative offices of a Home on a form from the Division. (3-23-22)

02. Application Processing. Completed applications will be processed no later than three (3) working days from receipt. (3-23-22)

03. Waiting List. An applicant who is approved for admission for whom a vacancy does not exist will be placed on a waiting list and accepted on a first come, first served basis dependent on the Home's ability to provide a level of care consistent with the needs of the applicant. The Home Administrator may award "priority status" to prospective Home residents resulting in their names being placed near the top of the Home waiting list, provided they have completed all preadmission requirements and meet one (1) or more of the following criteria: (3-23-22)

a. Veterans who served during any war or conflict officially engaged in by the government of the United States. (3-23-22)

b. Previous residents of Homes who have been discharged for therapeutic treatment or to live in a lesser level of care or in an independent setting and whose discharge plan indicates a readmission priority. (3-23-22)

c. Current Home residents who demonstrate a need for a level of care provided by a Home and who would benefit from maintaining a stable environment. (3-23-22)

d. Receive special consideration as per the request of the medical director because of his desire to provide a very specific continuum of care. (3-23-22)

04. Provision If Application Rejected. An applicant whose application has been rejected and who feels he meets the eligibility requirements can request a hearing in accordance with the procedures specified in Section 982, et seq., of these rules. (3-23-22)

151. -- 199. (RESERVED)

200. DENIAL OF ADMISSION.

Admission may be denied to an otherwise eligible applicant for any reason for which an admitted resident could be involuntarily discharged. (4-6-23)

202. ACKNOWLEDGMENT OF CONDITIONS LEADING TO DISCHARGE.

Upon admission to a Home, each resident will be advised in writing of the conditions under which immediate discharge will occur, as specified in Section 350 of these rules. Each resident must acknowledge receipt of this information by signature, and that acknowledgment will be a permanent part of each resident's file. (3-23-22)

203. -- 299. (RESERVED)

300. CONDUCT OF RESIDENTS.

Each resident must comply with applicable rules in this Chapter and with any order or directive of the Home Administrator. All complaints made by the residents concerning food, quarters, ill treatment, neglect, abusive

language, or other violations of any rule or standard applicable to the Home, or complaints against the operation of a Home may be made either verbally or in writing to the Home Administrator. (3-23-22)

01. No Operation of Motor Vehicles by Nursing Care Residents. The operation or storage of privately owned motor vehicles by nursing care residents is prohibited on Home property. (3-23-22)

02. Operation of Motor Vehicles by Domiciliary and Residential Care Residents. Each authorized domiciliary and residential care resident who drives a motor vehicle onto the grounds of a Home must adhere to the following: (3-23-22)

- a.** Requirements: (3-23-22)
 - i. Possess a valid driver's license; (3-23-22)
 - ii. Have a current motor vehicle registration; (3-23-22)
 - iii. Operator is insured against liability and property damage in accordance with Idaho law; and (3-23-22)
 - iv. Park only in assigned spaces. (3-23-22)

b. Prohibitions. Nonoperable motor vehicles and motor vehicle repairs are not permitted on the grounds of a Home. (3-23-22)

03. Housekeeping. (3-23-22)

- a.** Housekeeping services for nursing care residents shall be provided by the Home. (3-23-22)
- b.** Each residential and domiciliary care resident must adhere to the following requirements (residential care residents may need minimal assistance): (3-23-22)
 - i. Making his bed daily; (3-23-22)
 - ii. Maintaining his room in a neat and orderly manner at all times; and (3-23-22)
 - iii. Assuring that all clothing is appropriately marked, stored and kept clean through proper laundering. (3-23-22)
- c.** All residents are prohibited from: (3-23-22)
 - i. Washing clothes or other articles which present a health or safety hazard in resident rooms or bathrooms; (3-23-22)
 - ii. Using electrical devices, including televisions, radios, recorders, and shavers, until they have been certified by Home maintenance staff as being safe for use; (3-23-22)
 - iii. Entering the kitchen, laundry, shop or mechanical spaces without permission; and (3-23-22)
 - iv. Interfering or tampering with the heating, refrigeration or air conditioning systems, televisions, lighting, appliances, plumbing, or mechanical equipment at the Home without authorization. (3-23-22)

04. Personal Conduct. Each resident must adhere to the following: (3-23-22)

- a.** Requirements: (3-23-22)
 - i. Observing cleanliness in person, dress and in living habits; (3-23-22)

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- ii. Bathing or showering frequently; (3-23-22)
- iii. Observing the smoking policies of a Home; and (3-23-22)
- iv. Residential and domiciliary care residents must retire to a recreation area or utilize an individual bed light if desiring to read between 10 p.m. and 6:30 a.m. during which time all room overhead lights are turned off. (3-23-22)
- b.** Prohibitions:
 - i. Creating a disturbance or using intoxicating beverages or nonprescribed controlled substances in the buildings or on the grounds (unless prescribed by a physician); (3-23-22)
 - ii. Marking or writing on the walls of a building, or damaging the grounds or any other property; (3-23-22)
 - iii. Using profanity or exhibiting vulgar behavior in the Home or in any other public place; (3-23-22)
 - iv. Becoming involved in quarrels, persistent dissension or criticism of others; (3-23-22)
 - v. Lending money to, or borrowing money from, another resident or an employee of the Home; (3-23-22)
 - vi. Smoking in an unauthorized area; (3-23-22)
 - vii. Taking food (other than fresh fruit for consumption within a reasonable time period), condiments, dishes or utensils from the dining room; (3-23-22)
 - viii. Cooking or using heating devices in residents' rooms or other unauthorized areas; and (3-23-22)
 - ix. Storing flammable or combustible material including, but not limited to, gasoline, butane, solvents, and acetone on Home grounds. (3-23-22)

301. -- 349. (RESERVED)

350. TRANSFER AND DISCHARGE OF RESIDENTS.

A resident can be transferred or discharged, for a period to be determined by the Home Administrator, for the bases set forth in Section 350 of these rules. The Home Administrator will provide notice of transfer or discharge and the opportunity to appeal a transfer or discharge in accordance with Section 980 of these rules. (3-23-22)

01. Emergency Discharge or Transfer. Upon determination by the Home Administrator that an emergency exists, a resident may be immediately discharged or transferred. (3-23-22)

02. General Discharge or Transfer. If the Home Administrator determines that one (1) or more of the following is present or has occurred, the resident may be discharged or transferred from the Home: (3-23-22)

- a.** Possession of a lethal weapon of any kind by the resident on Division property; possession of wine, beer, or liquor by the resident on Division property; or possession of a controlled substance or medication by the resident, unless prescribed by the resident's physician; (3-23-22)
- b.** Excessive or habitual intoxication; (3-23-22)
- c.** Willfully destroys or wrongfully appropriates state or another person's property; (3-23-22)
- d.** Failure to comply with the rules of this Chapter or a written directive of the Home Administrator or the Division Administrator; (3-23-22)

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- e. Financial conditions set forth in Section 950 of these rules are present; (3-23-22)
- f. Engages in a pattern of behavior that infringes upon the rights of another person; (3-23-22)
- g. Unauthorized absences from the Home in excess of those permitted by Section 352 of these rules; (3-23-22)
- h. Endangers the safety, wellbeing, or health of the resident or other persons or disrupts the peace of the home; (3-23-22)
- i. The resident is required by law to register as a sex offender. Should it be determined by the Home that it must provide resources in excess of those provided to other residents to ensure the safety of the resident or other persons; (3-23-22)
- j. The resident does not meet the requirements and limitations set forth in Section 100 of these rules. (3-23-22)

03. Discharge or Transfer During Absence. A resident who is absent from the Home may be discharged or transferred due to one (1) or more of the following: (3-23-22)

- a. The Home will not have the capability or services to provide an appropriate level of care to the resident upon the resident's return to the Home; (3-23-22)
- b. The resident has not returned to the Home from an absence prior to the expiration of the bed hold period established by a third party payer paying more than half of the resident's maintenance charges; (3-23-22)
- c. The resident ceases to pay the resident's maintenance charges or a bed hold charge applicable to an absence. (3-23-22)

04. Voluntary Transfer or Discharge. A resident may be transferred or discharged at any time upon voluntary consent of the resident. (3-23-22)

351. (RESERVED)

352. UNAUTHORIZED ABSENCES -- RESIDENTIAL AND DOMICILIARY CARE.

01. Unauthorized Absences Prohibited. For residential and domiciliary care residents, no more than three (3) unauthorized absences may be accumulated in a thirty (30) day period. If more than three (3) unauthorized absences are accumulated, the resident may be discharged for a period of thirty (30) days. (3-23-22)

02. Yearly Maximum. The maximum number of unauthorized absences allowable in a one (1) year period is twelve (12). Any resident who exceeds twelve (12) unauthorized absences in one (1) year may be discharged for a period of up to one (1) year. (3-23-22)

03. Readmission Requirements. Residents discharged for unauthorized absences must reapply for admission and are subject to the same restrictions and conditions as other applicants. (3-23-22)

353. -- 850. (RESERVED)

851. AVAILABLE SERVICES.

The Division will make available the following services. (3-23-22)

01. Residential and Domiciliary Care. The Division will make available the services listed below for residential and domiciliary care residents: (3-23-22)

- a. Barber/Beauty Shop. (3-23-22)

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b. Chaplain.	(3-23-22)
c. Dietary.	(3-23-22)
d. Laundry.	(3-23-22)
e. Nursing (limited).	(3-23-22)
f. Referral.	(3-23-22)
g. Social Work.	(3-23-22)
h. Therapeutic Recreation.	(3-23-22)
i. Limited Transportation.	(3-23-22)
02. Nursing Care. In addition to the services listed in Subsection 851.01, the Division will make available the services listed below for nursing care residents:	(3-23-22)
a. Dental Hygiene.	(3-23-22)
b. Lab.	(3-23-22)
c. Nursing (Skilled).	(3-23-22)
d. Pharmaceutical.	(3-23-22)
e. Physical Therapy.	(3-23-22)
f. Physician.	(3-23-22)
g. Speech Therapy.	(3-23-22)
h. X-Ray.	(3-23-22)

852. -- 879. (RESERVED)

880. FINANCIAL CONDITION OF APPLICANTS/RESIDENTS.

Each applicant/resident or his legal representative must submit a signed and dated financial statement to the Home Administrator on which his income and liquid assets from all sources are reported. The statement must also indicate whether the applicant/resident is responsible for the support of any legal dependent who should be considered in fixing the amount of monthly charges. If changes occur in the applicant's/resident's income or liquid assets, it is the applicant's/resident's responsibility to submit an accurate financial statement immediately. (3-23-22)

01. Investigation of Financial Condition. The Division is authorized to investigate the financial condition of applicants/residents to determine their ability to pay maintenance charges. An applicant/resident may need to provide a power of attorney or a release of information to the Home Administrator in order to assist in investigating his financial condition and to aid in securing any benefits for which he may be eligible. (3-23-22)

02. Retroactive Income. In the event an applicant/resident is awarded retroactive income from any source, he is responsible to report this award to the Home Administrator and to pay his maintenance charge retroactive to the effective date of income. (3-23-22)

881. -- 914. (RESERVED)

915. MAINTENANCE CHARGES.

Upon becoming a resident of a Home, each resident is liable for the payment of a maintenance charge as well as

expenses for supplies, medication, equipment, and services (other than basic services for the assigned level of care) that are not provided or paid for by VA, Medicaid, Medicare, or other insurance unless otherwise determined by the Home Administrator. Residents living in a Home for any part of a month must pay for each day, based on the actual number of days in the month, at that fraction of their total charge. Refusal or failure to pay the established maintenance charge or related expenses is cause for discharge from the Home. (3-23-22)

01. Nursing Care Charges. Charges shall be computed, based on payment source to include VA, Medicaid, Medicare, or full cost of care. (3-23-22)

02. Residential and Domiciliary Care Charges. Charges will be computed, based on the following factors: (3-23-22)

- a.** If the resident has an income, those items used to compute the charge will include: (3-23-22)
 - i. Social Security benefits; (3-23-22)
 - ii. Retirement benefits; (3-23-22)
 - iii. Income from annuities; (3-23-22)
 - iv. Insurance benefits; (3-23-22)
 - v. Rental from property; (3-23-22)
 - vi. Farm income; (3-23-22)
 - vii. VA pensions or compensations; (3-23-22)
 - viii. Tax refunds; and (3-23-22)
 - ix. Income from any and all other sources. (3-23-22)

b. If the resident is single, incompetent, and has liquid assets in excess of one thousand five hundred dollars (\$1,500), he will be assessed the current maximum charge until those assets are reduced to less than one thousand five hundred dollars (\$1,500). (3-23-22)

c. If the resident is single, competent, and has liquid assets in excess of fifteen hundred dollars (\$1,500), he will be assessed the current maximum charge until those assets are reduced to less than fifteen hundred dollars (\$1,500). (3-23-22)

d. Joint income will be used in computing charges for married persons. If the resident has dependents who rely upon him for financial support, the amount of liquid assets will not be drawn upon after they have declined to a level of five thousand dollars (\$5,000). (3-23-22)

e. Residential Care. After allowable deductions, a resident will be assessed a fee of seventy-five percent (75%) of the remaining portion of his net monthly income up to the maximum charge. The maximum monthly maintenance charge shall be seventy-five percent (75%) of the current maximum annual rate of VA pension for a single veteran pursuant to Public Law 95-588 divided by twelve (12). (3-23-22)

f. Domiciliary Care. After allowable deductions, a resident will be assessed a fee of sixty percent (60%) of the remaining portion of his net monthly income up to the maximum charge. The maximum monthly maintenance charge shall be sixty percent (60%) of the current maximum annual rate of VA pension for a single veteran pursuant to Public Law 95-588 divided by twelve (12). (3-23-22)

03. Exclusions from Income or Payment for Residential and Domiciliary Care. The only exclusions in computing monthly charges will be: (3-23-22)

a. Those funds which a resident receives from the sale of hobby/craft items constructed and sold as part of a Home occupational therapy program; or (3-23-22)

b. Those unusual expenses specified below, which are incurred after the resident's admission to a Home and are approved by the Home Administrator, up to a maximum monthly allowance which is established pursuant to Section 916 of these rules: (3-23-22)

i. Prosthetic, orthopedic, and paraplegic appliances; (3-23-22)

ii. Sensory aids; (3-23-22)

iii. Wheelchairs; (3-23-22)

iv. Therapy services; (3-23-22)

v. Hospital, medical, surgical expenses and bills for prescription drugs incurred and paid by the individual in the current month and documented by a paid receipt. (3-23-22)

c. Reasonable medical insurance premiums, as paid, with documentation of payment. Other insurance premiums are excluded from consideration; or (3-23-22)

d. An allowance established pursuant to Section 916 of these rules for retention by a resident for personal needs; (3-23-22)

e. That amount necessary for a resident of a Home to contribute to the support of a legal dependent where proof of actual payment is documented. A monthly allowance will be established for a spouse or additional dependents pursuant to Section 916 of these rules. (These allowances take into consideration housing and utility costs.) (3-23-22)

04. Income Eligibility Limits. (3-23-22)

a. Nursing Care. None. (3-23-22)

b. Residential and Domiciliary Care. A resident's total monthly net income, from all sources, may not exceed the current maximum annual rate of VA pension for a single veteran pursuant to Public Law 95-588 divided by twelve (12) unless waived by the Home Administrator in accordance with Subsection 100.08 of these rules. (3-23-22)

c. While in residence at a Home, a domiciliary resident may seek outside employment and receive income so that his total monthly net income from all sources will exceed the current maximum annual rate of VA pension for a single veteran pursuant to Public Law 95-588 divided by twelve (12) for a one-month transitional period. At the end of this one-month transitional period, the resident will be discharged. (3-23-22)

05. Continued Eligibility. (3-23-22)

a. Nursing Care. A resident may continue to be eligible for residency in a Home, regardless of income changes, if the conditions defined in Subsection 100.09 of these rules continue to be met. (3-23-22)

b. Residential and Domiciliary Care. If a resident's net monthly income exceeds the income eligibility limit after admission to the Home, the resident may appeal to the Home Administrator for a waiver of the income eligibility limit which may be granted for good cause. Consideration for good cause must include "need for continuing medical care" as documented by a VA Medical Center physician. (3-23-22)

06. Payment Schedule. Maintenance charges are due the first of each month and must be paid in full by the resident or guardian on or before the tenth day of the month. Payments may be made either by cash or by check, and a receipt will be issued. (3-23-22)

07. Security Deposit. A deposit of one hundred dollars (\$100) will be required by domiciliary and residential care residents upon admission to a Home, unless waived by the Home Administrator. This deposit will be held until the resident leaves. Any debts or liabilities on behalf of the resident will be offset against this deposit at that time. After payment of any debts or liabilities, the remaining balance of the deposit will be returned to the outgoing resident. (3-23-22)

08. Leave of Absence or Hospitalization. Residents receiving Medicaid, Medicare, or VA per diem will be charged for leave of absence or hospitalization in accordance with Medicaid, Medicare, and VA requirements. The Home will not reduce charges for leave of absence or hospitalization of residents not qualifying for Medicaid, Medicare, or VA payment for such absence and each day will count as if the resident were present at a Home. Unless waived by the Home Administrator or prohibited by law, the Home will charge residents receiving Medicaid, Medicare, or VA per diem the current VA per diem rate for each absent day of a leave of absence or hospitalization in excess of the period eligible for payment by Medicaid, Medicare, or the VA. (3-23-22)

09. Medicaid Eligibility. All nursing care residents, including re-admitted residents must either apply for or become eligible for Medicaid benefits, or must pay the maximum monthly charge as it may be established from time to time. Eligibility for Medicaid benefits is determined entirely by the Idaho Department of Health and Welfare and its agents. Residents who cannot, or choose not to, qualify for Medicaid are required to pay for services in full from other than Medicaid funds. Care and services for those residents who are Medicaid eligible will be billed to and paid by Medicaid. Residents eligible for Medicaid will be assessed a fee equal to the resident's liability as determined by Medicaid. (3-23-22)

916. MONTHLY CHARGES AND ALLOWANCES.

01. Nursing Care. Pursuant to Section 66-907, Idaho Code, maximum monthly charges are established by the Division Administrator with the advice of the Commission. A schedule of charges will be available in the business office of each Home. Charges will be reviewed from time to time by the Division Administrator and the Commission. (3-23-22)

a. Changes to Charges. Members of the public may comment on proposed changes at meetings of the Commission when changes are considered. (3-23-22)

b. Notification and Posting. When changes are made to charges, residents or their families or sponsors will receive written notification and changes will be posted in the business office of each Home a minimum of thirty (30) days prior to the effective date of the change. (3-23-22)

02. Residential and Domiciliary Care. Pursuant to Section 66-907, Idaho Code, maximum monthly charges and allowances are established by the Division Administrator with the advice of the Commission. A schedule of charges and allowances will be available in the business office of the Homes. Allowances will be reviewed from time to time by the Division Administrator and the Commission. (3-23-22)

a. Changes to Charges and Allowances. Pursuant to Paragraphs 915.02.e. and 915.02.f. of these rules, monthly charges for residential and domiciliary care will be adjusted automatically when a change is made to the current maximum annual rate of VA pension for a single veteran pursuant to Public Law 95-588 divided by twelve (12). Relative to monthly allowances, members of the public may comment on proposed changes at meetings of the Commission when changes are considered. (3-23-22)

b. Notification and Posting of Changes to Allowances. When changes are made to allowances, residents or their families or sponsors will receive written notification, and changes will be posted in the business office of the Veterans Homes directly following notification pursuant to Public Law 95-588. (3-23-22)

917. -- 949. (RESERVED)

950. FINANCIAL GROUNDS FOR REJECTION OR DISCHARGE.

The following circumstances may be considered as grounds for rejection of an application for residency or for revocation of residency and subsequent discharge. (When an application is rejected or a resident discharged, the applicant/resident will be given notification of intended application rejection or discharge, in accordance with the

provisions in Section 982 of these rules.)

(3-23-22)

01. Disposal of Assets. If the Home Administrator determines that an applicant/resident has disposed of assets following or within sixty (60) months preceding initial application for residency, which would have the effect of reducing his maintenance charge, such action can lead to rejection of the application or discharge from a Home. (3-23-22)

02. Failure to Pay Maintenance Charge. Refusal or failure to pay the established maintenance charge can be cause for discharge from a Home. If the resident is so discharged, or leaves a Home voluntarily, the resident will not be eligible for readmission to a Home until all indebtedness to the Home is paid in full, or acceptable arrangements have been made with the Home Administrator for repayment. (3-23-22)

03. Failure to Pay for Services. (3-23-22)

a. Residents who are excluded from receiving free services from a VA Medical Center may elect to purchase such services through a sharing agreement or contract between a Home and a VA Medical Center or an outside provider when such sharing agreement or contract exists. In those cases where sharing agreement or contract costs are borne by a Home, the resident must reimburse the Home for the costs of services provided. (3-23-22)

b. Failure to reimburse a Home or a service provider within ten (10) days after receipt of a bill for services provided under a sharing agreement or contract may result in a resident's discharge from the Home. (3-23-22)

951. -- 979. (RESERVED)

980. NOTICE OF RESIDENT TRANSFER OR DISCHARGE AND NOTICE OF DENIAL OF AN APPLICATION FOR RESIDENCY.

The Home Administrator or his designee must notify the applicant or resident of any action to be taken regarding rejection of an application or involuntary transfer or discharge from a Home. The Home does not need to provide notice of voluntary transfer or discharge pursuant to Subsection 350.04 of these rules. (4-6-23)

01. Form of Notice. Notices of denial of application or ineligibility for residency; transfer; or discharge must be in writing. (4-6-23)

02. Content of Notice of Transfer or Discharge. The notice must state the following: (3-23-22)

a. The reason for the impending action and a reference to the pertinent rules under which the action is being brought or decision has been made; (3-23-22)

b. The effective date of the action; (3-23-22)

c. The location to which the resident is transferred or discharge, which is established for Nursing Care transfers and discharges only; (3-23-22)

d. The applicant's or resident's right to request a hearing according to the deadlines in Section 982 of these rules; and (4-6-23)

e. The procedure for requesting a hearing, as provided in Subsection 982.02 of these rules. (3-23-22)

f. The name, address, and telephone number of the State long term care ombudsman; (3-23-22)

g. The name, address, and telephone number of the State Disability Rights agency responsible for the protection and advocacy for those residents with developmental disabilities or mental illness. (3-23-22)

03. Notification Deadlines. Notice shall be provided to the applicant or resident according to the following deadlines: (4-6-23)

a. Denial of application or findings of ineligibility. Notice of a denial of application or findings of ineligibility for residency must be mailed to the applicant within three (3) working days after receipt of the completed application citing the reasons for rejection. (4-6-23)

b. Domiciliary Care. Discharge or transfer notices to residents receiving Domiciliary Care must be sent to the resident three (3) days prior to the intended effective date of the action, except under the conditions noted in Subsections 350.01, 350.03 and 350.04 of these rules. (4-6-23)

c. Residential Care. Discharge or transfer notices to residents receiving Residential Care must be sent to the resident fifteen (15) days prior to the intended effective date of the action, except under the conditions noted in Subsections 350.01, 350.03 and 350.04 of these rules. (4-6-23)

d. Nursing Care. Residents receiving Nursing Care must receive notice as follows: (4-6-23)

i. Notices of general discharge or transfer pursuant to Subsection 350.02 of these rules must be sent to the resident thirty (30) days prior to the intended effective date of the action. (3-23-22)

ii. Notices of emergency discharge or transfer pursuant to Subsection 350.01 of these rules must be sent to the resident as soon as practical. (3-23-22)

iii. Notices of discharge or transfer during absence pursuant to Subsection 350.03 of these rules must be sent to the resident within three (3) working days of the Home's determination to transfer or discharge. (4-6-23)

iv. Notice of discharge or transfer for unauthorized absences pursuant to Paragraph 350.02.g. of these rules must be sent to the resident within three (3) days of the last unauthorized absence establishing a basis for discharge. (4-6-23)

981. APPEAL PROCEDURE.

Upon notification to a resident of transfer or discharge from a Home by the Home Administrator, the resident may request a hearing in accordance with the provisions in Section 982, "Provisions for Contested Cases," of these rules. Any additional violation of Home rules by a resident while on notice of transfer or discharge will be treated independent of any pending appeal. (3-23-22)

982. PROVISIONS FOR CONTESTED CASES.

01. Hearing Rights. Residents and applicants have the following rights to a hearing: (3-23-22)

a. If a resident of a Home is notified of transfer or discharge, the resident will be afforded an opportunity for a hearing. A resident of a Home must attempt to resolve the bases stated on the notice of action through verbal discussions with the Home Administrator or his designee prior to submission of a written request for a hearing. A resident will not be afforded an opportunity for a hearing based upon a voluntary transfer or discharge under Subsection 350.04 of these rules. (3-23-22)

b. If an application for residency in a Home is rejected, the applicant may request a hearing. (3-23-22)

02. Requesting a Hearing for Nursing Care. A request for a hearing from a nursing care resident for residency in a Home must be submitted to the Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. Requests for appeal should be received by the Idaho Department of Health and Welfare before thirty (30) days have passed in order to stop the discharge or transfer before it occurs. (4-6-23)

03. Requesting a Hearing for Residential and Domiciliary Care. (3-23-22)

a. A request for a hearing from a resident for residential and domiciliary care residency in a Home must be submitted through the Home Administrator to the Division Administrator for possible resolution or the scheduling of a hearing. A resident's request must contain a description of what effort he has taken to satisfy the requirements of Paragraph 982.01.a. of these rules. (3-23-22)

- b.** A request for a hearing must be in writing and signed by the applicant/resident. (3-23-22)
- c.** A request for a hearing must be submitted within three (3) days of receipt of the written notice of action or denial. (3-23-22)
- d.** Pending a hearing, benefits will be continued or held in abeyance as follows: (3-23-22)
 - i.** Benefits for domiciliary care, residential care, and nursing care residents will not be continued when the transfer or discharge is an emergency discharge under Subsection 350.01 of these rules or a discharge for unauthorized absences under Paragraph 350.02.g. of these rules. If the hearing request is made before the effective date of action and within three (3) days of receipt of the notice, no action will be taken by the Home Administrator on a general discharge under Subsection 350.02 of these rules, except Paragraph 350.02.g., or a transfer under Subsection 350.03 of these rules pending receipt of the final order. (3-23-22)
 - e.** The Division Administrator will not accept a request for a hearing from a voluntary transfer or discharge pursuant to Subsection 350.04 of these rules. (3-23-22)

04. Public Inspection. All final decisions and orders of the Commission must be maintained by the Division Administrator and made available for public inspection after service on the parties. (3-23-22)

983. -- 999. (RESERVED)

Informational Handout – Medicaid

Idaho Division of Veterans Services ~ Idaho State Veterans Homes Informational Handout – Medicaid

The following is an informational list of services provided in State Veterans Homes and the payment source for each. Our objective is to "Care for America's Heroes." If you have questions about any of these services or who pays them, please contact the Home's Financial Specialist for clarification or further information.

Boise 208-780-1600 Pocatello 208-235-7800 Lewiston 208-750-3600 Post Falls 208-415-3430

Services Included in Monthly Nursing Care Charges

If applying for Medicaid, the Medicaid application must be made as soon as possible. You will receive a billing for all charges incurred until we receive authorization to bill Medicaid. While the application is pending, the only amount you are required to pay the Idaho State Veterans Home is your monthly income less forty dollars (\$40) for personal expenses. Veteran's personal expense amount is ninety dollars (\$90). If you have a health insurance premium (Medicare Supplement etc.) you may also deduct that amount before you make your payment. If you have other expenses you think might be deductible, you may want to discuss them with your Medicaid Eligibility Worker.

- Medical supplies
- Oxygen
- Personal Care Items (hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush and toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, wash cloths, hospital gowns, over the counter drugs, hair and nail hygiene services, and bathing assistance)
- Physician Ordered Equipment (with the exception of motorized wheelchairs)
- Room and bed maintenance
- Nursing Services
- Restorative Nursing Services
- Medically Related Social Services
- Laundry Services
- Dietary Services including special foods and meals, including medically prescribed supplements, ordered by the resident's physician
- Activities Program
- Telephone (local telephone calls)
- Television (Basic cable TV programming)
- Hospice services elected by the resident and paid for by Medicaid under a state plan

Services Ordered by the Physician will be Covered but Billed Directly to Medicare/Medicaid by the Vendor of Service

- Pharmaceuticals, IV Therapy Supplies
- Lab and X-Ray Services
- Physical, Occupational and Speech Therapy Services
- Ambulance Services (if determined a medical necessity)

Items & Services Charged to All Residents if Requested

- Telephone (Long distance telephone calls), including cell phones
- Television/radio (Resident billed directly for enhanced TV programming by third party vendor), personal computers or other electronic devices
- Personal Items (including clothing, candy, reading materials, special request items for cosmetic & grooming, etc.)
- Haircuts & permanents
- Dry cleaning
- Special requests for flowers & plants or gifts purchased on behalf of a resident
- Social events/entertainment outside the scope of the activity program
- Specially prepared/alternative food and meals requested (instead of what is generally prepared for the facility)
- Internet Access requiring high-volume data transmission or streaming (greater than standard personal use)

Revised 11/18/2025

Informational Handout – Medicare

Idaho Division of Veterans Services ~ Idaho State Veterans Homes Informational Handout – Medicare

The following is an informational list of services provided in State Veterans Homes and the payment source for each. Our objective is to "Care for America's Heroes." If you have questions about any of these services or who pays them, please contact the Home's Financial Specialist for clarification or further information.

Boise 208-780-1600 Pocatello 208-235-7800 Lewiston 208-750-3600 Post Falls 208-415-3430

Services that are Included are Pursuant to Consolidated Billing Guidelines for Benefit Periods of Medicare Qualified Stays:

- Routine Personal Care Items ((hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush and toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, wash cloths, hospital gowns, over the counter drugs, hair and nail hygiene services, and bathing assistance)
- Skilled Nursing Services
- Laundry Services
- Dietary Services including special foods and meals, including medically prescribed supplements, ordered by the resident's physician
- Telephone (local telephone calls)
- Television (Basic cable TV programming)
- Medical supplies
- Room and bed maintenance
- Pharmacy, IV Therapy Supplies,
- Respiratory Therapy and Oxygen Supplies
- Medical Equipment
- Lab and X-ray Services
- Physical, Occupational, and Speech Therapy
- Medically Related Social Services
- Hospice services elected by the resident and paid for under the Medicare Hospice Benefit

Items & Services Charged to All Residents if Requested

- Telephone (Long Distance telephone calls), including cell phones
- Television/radio (Resident billed directly for enhanced TV programming by third party vendor), personal computer or other electronic devices
- Personal Items (including clothing, candy, reading materials, special request items for cosmetic & grooming, etc.)
- Haircuts & permanents
- Dry cleaning
- Special requests for flowers & plants or gifts purchased on behalf of a resident
- Social events/entertainment outside the scope of the activity program
- Specially prepared/alternative food and meals requested (instead of what is generally prepared for the facility)
- Ambulance services (not deemed a medical necessity, to/from doctor's appointments, or transfer to another facility)
- Internet Access requiring high-volume data transmission or streaming (greater than standard personal use)

Revised 11/18/2025

Informational Handout – Private Pay

Idaho Division of Veterans Services ~ Idaho State Veterans Homes Informational Handout – Private Pay

The following is an informational list of services provided in State Veterans Homes and the payment source for each. Our objective is to "Care for America's Heroes." If you have questions about any of these services or who pays them, please contact the Home's Financial Specialist for clarification or further information.

Boise 208-780-1600 Pocatello 208-235-7800 Lewiston 208-750-3600 Post Falls 208-415-3430

Services Included in Monthly Nursing Care Charges

- Personal Care Items (routine hair hygiene supplies, bath soap, razor, shaving cream, toothbrush and toothpaste, denture cleaner, dental floss, general-use moisturizing lotion, tissues, cotton balls, cotton swabs, towels, wash cloths (other than disposable), hospital gowns, hair and nail hygiene services, and bathing assistance.)
- Nursing Services
- Laundry Services
- Incontinent supplies
- Medical supplies
- Medical Equipment (i.e. air mattresses or special beds)
- Respiratory Therapy and Oxygen Equipment and Supplies
- Dietary Services including special foods and meals, including medically prescribed supplements, ordered by the resident's physician
- Activity Program
- Room and Bed Maintenance
- Medically Related Social Services
- Telephone (local telephone calls)
- Television (Basic cable TV programming)

Ancillary Items Charged to Private-Pay Residents - Some Items May be Covered by Supplemental Insurances, i.e. Long-Term Care Insurance, Medicare Part D, Medicare Part B, Private Insurance and/or U.S. Department of Veterans Affairs. If Applicable - All Deductible and Co-Insurance Amounts will be Charged Accordingly.

- Pharmacy and OTC drugs—billed as utilized
- IV Therapy and Supplies
- Lab & X-ray Services
- Physical, Occupational and Speech Therapy Services
- Ambulance Services
- Dental
- Wound Care

Items & Services Charged to All Residents if Requested

- Telephone (Long distance telephone calls) including cell phone
- Television/radio, (Resident billed directly for enhanced TV programming by third party vendor), personal computer or other electronic device.
- Personal Items (including clothing, candy, reading materials, special request items for cosmetic & grooming, etc.)
- Haircuts & permanents
- Dry cleaning
- Special requests for flowers & plants or gifts purchased on behalf of a resident
- Social events/entertainment outside the scope of the activity program
- Specially prepared/alternative food and meals requested (instead of what is generally prepared for the facility)
- Internet Access requiring high-volume data transmission or streaming (greater than standard personal use)

Revised 11/18/2025

Informational Handout – Service Connected 70% - 100%

Idaho Division of Veterans Services ~ Idaho State Veterans Homes Informational Handout – Service Connected 70%-100%

In accordance with Public law 109-461 the Department of Veterans Affairs will pay the cost of care for certain veterans that reside in a State Veteran's Home. To qualify, the veteran must meet one of the following criteria:

- be in need of nursing home care for a VA adjudicated service-connected disability
- have a rating of 70% service-connected disability and need nursing home care
- have a rating of total disability based on individual un-employability and be in need of nursing home care

The following is an informational list of services provided in State Veterans Homes and the payment source for each. Our objective is to "Care for America's Heroes." If you have questions about any of these services or who pays them, please contact the Home's Financial Specialist for clarification or further information.

Boise 208-780-1600 Pocatello 208-235-7800 Lewiston 208-750-3600 Post Falls 208-415-3430

Service Covered by the Department of Veterans Affairs for 70-100% Service-Connected Individuals.

- Personal Care Items (routine hair hygiene supplies, bath soap, razor, shaving cream, toothbrush and toothpaste, denture cleaner, dental floss, general-use moisturizing lotion, tissues, cotton balls, cotton swabs, towels, wash cloths (other than disposable), hospital gowns, hair and nail hygiene services, and bathing assistance.)
- Nursing Services
- Laundry Services
- Dietary Services including special foods and meals, including medically prescribed supplements, ordered by the resident's physician
- Activity Program
- Telephone (local telephone calls)
- Television (Basic cable TV programming)
- Room and bed maintenance
- Incontinent supplies
- Medical supplies
- Medically Related Social Services
- Pharmacy and OTC drugs*
- IV Therapy and Supplies*
- Medical Equipment (i.e. air mattresses or special beds)*
- Lab & X-ray Services*
- Physical, Occupational and Speech Therapy Services*
- Respiratory Therapy and Oxygen Equipment and Supplies*
- In-house primary care Physician Services *

***These services must be medically necessary as ordered by a physician.**

If a resident requires services outside of the Home's scope of services, the resident must arrange for the payment of such costs through appropriate third parties.

Items & Services Charged to All Residents if Requested

- Telephone (Long distance telephone calls) including cell phone
- Television/radio, (Resident billed directly for enhanced TV programming by third party vendor), personal computer or other electronic device.
- Personal Items (including clothing, candy, reading materials, special request items for cosmetic & grooming, etc.)
- Haircuts & permanents
- Dry cleaning
- Special requests for flowers & plants or gifts purchased on behalf of a resident
- Social events/entertainment outside the scope of the activity program
- Specially prepared/alternative food and meals requested (instead of what is generally prepared for the facility)
- Internet Access requiring high-volume data transmission or streaming (greater than standard personal use)

Revised 11/18/2025

Camera Surveillance Procedure

Purpose:

This procedure is implemented in accordance with 42 CFR §483.10 (Resident Rights) and applicable state regulations governing electronic monitoring in long-term care facilities.

It is the practice of this facility to protect and facilitate a resident's right to privacy, dignity, and safety. The facility recognizes that residents and/or their families may wish to use video monitoring devices to promote peace of mind and enhance transparency. The installation and use of any recording or monitoring device within a resident's room must be conducted in compliance with the facility's formal approval process.

No camera or monitoring device may be installed, activated, or used within the facility without prior written notification to, and consent from, the Home Administrator.

Procedure:

1. **Notification and Consent**
 - a. The resident who wishes to install a camera or other video or audio monitoring device must submit a formal written request using the facility's Camera/Monitoring Notification and Consent Form.
 - b. When a resident cannot consent for themselves, a legally authorized representative must provide it on their behalf. The facility will require legal documentation proving this authority. Without this formal designation, a close family member may not have the legal standing to approve the installation.
 - c. The notification must include:
 - i. The make, model, and type of camera/device.
 - ii. The intended purpose for the surveillance device.
 - iii. The intended placement and viewing area within the resident's room.
 - iv. Identification of individuals who will have access to the recordings or live feed.
 - v. Where recordings will be stored (e.g., cloud, SD card) and the retention period.
 - vi. What network device is to be hosted on.

The facility administration must review and approve the request prior to installation.

2. **Camera Placement and Privacy**
 - a. Cameras must be placed in a visible, open location. Hidden or disguised cameras (e.g., cameras in clocks, smoke detectors, or other concealed devices) are prohibited.
 - b. The camera's view must be limited to the resident's personal space only and must not capture areas used by roommates, visitors, or staff beyond what is necessary for care observation.
 - c. Cameras shall not be placed in restrooms, bathing areas, or other locations where residents or others have a reasonable expectation of privacy. Facility staff reserve the right to temporarily adjust or move the camera when performing cleaning, maintenance, or care activities that require access to the surrounding area, ensuring it is returned to its original position afterward. In doing so, staff will make all reasonable attempts to not damage the device with any adjustments or movement, however in the event of damage, the facility nor employee will be liable for any damage.
 - d. In the event that a monitoring device presents a fire hazard, interferes with care delivery, or violates privacy laws, staff may need to move the device, documenting the reason and staff will notify the resident or representative.
3. **Access to Recordings**
 - a. As part of the consent process, the resident or their representative must agree to grant the facility access to view and obtain recordings in the event of an allegation or complaint involving the resident, family member, visitor, or staff member.

This access ensures that all allegations of abuse, neglect, or misconduct can be thoroughly and fairly investigated.

4. Resident and Roommate Consent (*if applicable*)

- a. If the resident shares a room, written consent must also be obtained from the roommate or their authorized representative prior to installation.
- b. The roommate has the right to decline the use of a camera if they feel it infringes upon their privacy.
- c. A roommate or resident may withdraw consent at any time, at which point monitoring must cease immediately and the device be removed.
- d. Should a roommate consent, the roommate has the right to request the deletion of any recordings when they are the subject of the audio/visual recording or to turn the device off at any time for privacy.

5. Responsibilities

- a. The facility will provide residents and families with this policy and the required consent form upon admission or upon request.
- b. The facility will maintain a record of all approved monitoring devices, including their placement and authorization documentation.
- c. Prior to activation, the facility's maintenance department shall inspect the device for electrical safety, proper installation, and compliance with infection control and fire safety requirements.
- d. The facility reserves the right to discontinue or remove any monitoring device that does not comply with this policy or that interferes with the privacy, safety, or operations of the facility.
- e. The resident will be responsible for all costs and maintenance associated with the use of any personal video or audio device, including internet access. The facility, and all its associated staff and contractors, will not be responsible for the purchase, activation, installation maintenance, repair, operation, deactivation and removal of the monitoring device.
- f. It is recommended that by the facility that all sensitive data traveling to and from the device be encrypted during transmission. The facility shall not be held responsible or liable for any information or privacy breaches related to unauthorized access or criminal use from cyber attackers, hackers, or intruders who gain access to the video or audio footage from the device. The facility shall not be held responsible for any privacy breached as a result of information being used and/or shared by the resident or their representative.
- g. In the event of a suspected cyber breach, the resident or representative must immediately notify the Administrator. The facility will document the event, assist in containment, and notify affected individuals as required by law.
- h. The resident and/or representative agrees to indemnify, defend, and hold harmless the facility, its employees, volunteers, and agents from and against any and all claims, liability, loss, damages, costs, settlements, attorneys' fees, and suits whatsoever caused by, arising out of, or in connection with Resident's acts or omissions related to the use of the recording device or Resident's failure to comply with any state or federal statute, law, regulation, or rule.

6. Compliance

- a. Failure to follow this policy may result in removal of the device and possible reporting to the appropriate regulatory authorities.

7. Acknowledgment

- a. All residents or their legal representatives must sign the facility's Camera Surveillance Consent Form, acknowledging understanding and agreement with the terms outlined in this policy.

Camera Surveillance Consent Form

Facility Name: _____
Resident Name: _____
Room Number: _____
Date: _____

This form provides formal notification and consent for the installation and use of a video monitoring device within a resident's room. The goal is to support transparency and peace of mind while ensuring the resident's privacy, dignity, and rights are protected.

No recording or monitoring device may be installed or used without the prior knowledge and written approval of the facility's administration.

1. Resident/Representative Information

- Resident Name: _____
- Resident Representative (if applicable): _____
- Relationship to Resident: _____
- Phone Number: _____
- Email: _____

2. Device Information

- Type of Device (camera, webcam, etc.): _____
- Make/Model: _____
- Placement Location in Room: _____
(Must be visible and not disguised. Hidden or concealed cameras are prohibited.)
- Power Source (battery/electrical): _____
- Network device is to be hosted on (if applicable) _____

3. Intended Use

- Audio and video recording
- Video only (no audio)
- Live monitoring only (no recording saved)

Purpose for Use: _____

Individuals who will have access to the recordings or live feed:

If applicable, location where recordings will be stored (e.g., cloud, SD card) and the retention period:

4. Access to Recordings

The resident or their representative agrees to **provide the facility access** to view or obtain recordings **in the event of an allegation, concern, or complaint** made by any person, including the resident, family, or staff.

5. Privacy and Placement Acknowledgment

- The camera will be installed only in a **visible, open area** of the resident's room.
- The camera **must not** record roommates, restrooms, bathing areas, or any public spaces.
- If the resident shares a room, **written consent from the roommate** (or their representative) is required before installation.
- The facility reserves the right to **temporarily move the device** as needed for cleaning of the device or maintenance of items in close proximities. The facility may also need to temporarily move the device if it presents a fire hazard, interferes with care delivery, or violates privacy laws.

- It is understood that the resident or representative(s) places a recording device at their own risk. The facility shall not be held responsible or liable for any information or privacy breaches related to unauthorized access or criminal use from cyber attackers, hackers, or intruders who gain access to the video or audio footage from the device. In the event of a suspected cyber breach, the resident or representative must immediately notify the Administrator. The facility will document the event, assist in containment, and notify affected individuals as required by law. The facility shall not be held responsible for privacy breaches as a result of this information being used and/or shared by the resident or their representative(s). The resident and/or representative agrees to indemnify, defend, and hold harmless the facility, its employees, volunteers, and agents from and against any and all claims, liability, loss, damages, costs, settlements, attorneys' fees, and suits whatsoever caused by, arising out of, or in connection with Resident's acts or omissions related to the use of the recording device or Resident's failure to comply with any state or federal statute, law, regulation, or rule.

6. Notification and Facility Approval

The resident/representative understands and agrees that:

- The camera may not be installed or used until this form is reviewed and approved by facility administration.
- The facility will maintain documentation of the approved device.
- Unauthorized installation or use of a camera is not permitted and may result in its removal.

7. Roommate Consent (*if applicable*)

Roommate Name: _____

I consent to the use of a monitoring device in this shared room and understand that I may revoke this consent at any time by providing a written statement to have the monitoring device removed.

I do not consent to the use of a monitoring device.

Roommate/Representative Signature: _____

Date: _____

Acknowledgment

By signing this form, the resident or their representative confirms that they have read, understood, and agree to the facility's **Camera Surveillance Consent Procedure**, and that the installation and use of the camera will comply with all applicable facility, state, and federal regulations. All costs associated with the installation and use of the device are the sole responsibility of the resident. Noncompliance with this policy may result in device removal and, if privacy or abuse allegations arise, reporting to the State Survey Agency or other appropriate authorities in accordance with 42 CFR §483.12 (Freedom from Abuse, Neglect, and Exploitation).

Resident or Legal Representative:

Signature: _____

Printed Name: _____

Date: _____

Facility Administrator (or Designee):

Signature: _____

Printed Name: _____

Date: _____

Maintenance Safety Inspection Completed By:

Signature: _____

Printed Name: _____

Date: _____



State of Idaho
DIVISION OF VETERANS SERVICES

**FREEDOM FROM RESIDENT
ABUSE, NEGLECT,
MISTREATMENT &
EXPLOITATION
POLICY & PROCEDURES
IDVS-PO-21-01**

2024

FREEDOM FROM ABUSE, NEGLECT, MISTREATMENT & EXPLOITATION

1. PURPOSE

Each resident at the Idaho Division of Veterans Services, Idaho State Veterans Homes (ISVHs) has the right to be free from verbal, sexual, physical, and mental abuse; neglect; exploitation; mistreatment, including injuries of unknown source; misappropriation of resident property; involuntary seclusion, and crime against a resident. Further, each resident at the ISVHs will be treated with dignity and respect at all times.

The ISVHs follow state and federal guidelines regarding resident care and work in collaboration with the Bureau of Facility Standards, the Veterans' Administration, and local law enforcement to ensure rules and regulations regarding resident care and protection are upheld. State and federal regulations require the ISVHs to report certain events in accordance with 42 CFR § 483.12.

As such, it is the Division's policy and the responsibility of all employees, agents, students, and contractors of the facility (also referenced herein after as to "covered individuals") to immediately protect the resident(s) and report any and all alleged violations related to abuse (physical, mental, sexual and verbal), neglect, mistreatment, injuries of unknown source, misappropriation of resident property, involuntary seclusion, exploitation, and reasonable suspicions of a crime committed against a resident. Reporting requirements to the appropriate officials will be adhered to including reporting to the appropriate law enforcement agency within the time frames established within this policy.

The ISVHs will take all allegations seriously by conducting proper, impartial, and thorough investigations into each alleged violation. Retaliation against an individual who reports any violation of this policy is strictly prohibited.

Compliance with this policy and the procedures within this document are required, and violation of them may lead to disciplinary action, up to and including termination of employment or inability to provide services within the ISVHs.

2. DEFINITIONS

"ABUSE," is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.

"CRIME" is defined by law of the applicable political subdivision where the Idaho State Veterans Home facility is located. The facility must coordinate with local law enforcement entities to determine what actions are considered crimes within their political subdivision. At the very least, examples of situations that would likely be considered crimes in all subdivisions would include but are not limited to physical harm, assault and battery, theft/robbery, drug

diversion for personal use or gain, fraud or forgery, identity theft, murder, manslaughter, rape, and sexual abuse.

"EXPLOITATION" means taking advantage of a resident for personal gain, through the use of manipulation, intimidation, threats, or coercion.

"EXPLOITATION THROUGH PHOTOGRAPHY OR VIDEOS" is the taking and use of photographs or video of residents that the resident (or their representative when they can't make their own decisions) have not granted consent or believes may be demeaning or humiliating. Taking or distributing of any photographs or video recordings of a resident or his/her private space without the resident's or designated representatives, written or verbal consent must not be done by any employees, consultants, contractors, volunteers, or other caregivers at the ISVH. Examples include, but are not limited to, staff taking unauthorized photographs of a resident's room or furnishings (which may or may not include the resident), a resident eating in the dining room, or a resident participating in an activity in the common area. Should a photograph or video recording be taken unintentionally; they must be destroyed unless the resident (or their representative should the resident be unable to consent) provides consent. While residents may give consent for taking of photographs or videos, the use of those photographs must be consistent with the consent and cannot be demeaning or humiliating. Using photographs or video recordings in ways not covered by the consent may be inappropriate. Any photograph(s)/video(s) should ideally be shared with resident or their representative prior to use to make sure they do not find it humiliating or demeaning. Staff must report to their supervisor any unauthorized (or suspected to be unauthorized) taking of photographs or videos as well the sharing of such recordings in any medium.

*Note: written or verbal consent requires the resident to understand the implications of their consent. Also, residents (or their representative if they are unable to consent) may change their consent at any time, which should be documented.

"INJURY OF AN UNKNOWN ORIGIN" are injuries (including but not limited to bruising anywhere on the body, lacerations, sprains, dislocations, or fractured bones) that should be classified in this definition category when both of the following conditions are met:

- The source of the injury was not observed by any person, or the source of the injury could not be explained by the resident; and
- The injury is suspicious because of:
 - The extent of the injury, **or**
 - The location of the injury, **or**
 - The number of injuries observed at one particular point in time, **or**
 - The incidence of injuries over time.

"INVOLUNTARY SECLUSION" means separation of a resident from other residents or from his or her room against the resident's will or the will of the resident's Legal representative. Emergency or short-term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time

as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the residents' needs.

"MENTAL ABUSE" is the use of verbal or nonverbal conduct that causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation. This also involves psychosocial harm including, but not limited to, extreme embarrassment, degradation as a human being, and fear or panic at the thought of the public or unknown persons accessing the information.

"MISTREATMENT" involves inappropriate treatment or exploitation of a resident.

"MISAPPROPRIATION OF RESIDENT PROPERTY" means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.

"NEGLECT" means failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress. Neglect may be the result of a pattern of failures or may be the result of one or more failures involving a covered individual and a resident(s).

"PHYSICAL ABUSE" includes hitting, slapping, pinching, biting, kicking, etc. It also includes controlling behavior through corporal punishment.

"SERIOUS BODILY INJURY" means an injury involving extreme physical pain, substantial risk of death, protracted loss or impairment of the function of a bodily member, organ, or mental faculty, requiring medical intervention such as surgery, hospitalization, or physical rehabilitation, or an injury resulting from criminal sexual abuse.

"SEXUAL ABUSE" is non-consensual sexual contact of any type with a resident.

"VERBAL ABUSE" may be considered a type of mental abuse. Verbal abuse includes the use of oral, written, or gestured communication, or sounds, to residents within hearing distance, regardless of age, ability to comprehend, or disability.

3. SCREENING, TRAINING & PREVENTION

- a. The ISVHs will not employ individuals who have been found guilty of abusing, mistreating, exploiting, or neglecting residents by a court of law or individuals who have had a finding entered into the state Nurse Aide Registry concerning abuse, mistreatment or neglect. The Idaho Board of Nursing will be contacted for information on licensed nursing applicants. The ISVHs will also refrain from employing any individual who has been prohibited from working in a long-term care facility because of failure to report a suspicion of a crime against a resident of another long-term care facility. Further, no person shall be employed at the ISVHs who disclose, is found to have been convicted, or has a withheld judgment as an adult or juvenile of any of the disqualifying offenses as described in IDAPA 16.05.06, "Criminal History and Background Checks." Criminal history checks shall be completed on

all staff employed at the ISVHs per the Division's Criminal History Background Check Procedures.

- b. To ensure residents of the ISVHs will not be subjected to any of the above defined situations (as described under Section 2) by anyone, including but not limited to, facility staff, other residents, consultants, contractors, volunteer staff, family members, friends, visitors, or other individuals, all covered individuals will be educated about this policy as part of their orientation prior to providing services to the residents. Employees are expected to be well informed of the elements of this policy and procedures. As such, it is mandatory that all new employees read this document and that they certify in writing that they have read and are familiar with its content. Contracted entities will also receive a copy of this policy.
- c. Mandatory annual training will also be provided to all employees and in-house contractors at the ISVHs regarding this policy. The content of this training shall include identifying appropriate interventions in dealing with aggressive and/or catastrophic reactions* of residents; the protection and reporting requirements of this policy and the ability to make such reports without the fear or concern of reprisal; recognizing signs of distress in others that may lead to possible abuse; and the definition of what constitutes abuse (physical, mental, sexual and verbal), neglect, mistreatment, injuries of unknown source, misappropriation of resident property, involuntary seclusion, exploitation, and reasonable suspicions of a crime committed against a resident.

* *"catastrophic reactions"* can be defined as reactions or mood changes of the resident. In response to what may seem to be minimal stimuli such as bathing, dressing, toileting, etc., that can be characterized by unusual responses such as weeping, anger, or agitation.

Further, each resident, family member, or responsible party shall be notified in writing at the time of admission about how and to whom any suspected incident or report of abuse, neglect, exploitation, mistreatment, or misappropriation of property may be made. This information shall also include assurances that such reporting may be made without fear of retribution and that full protection shall be provided to the resident who may be the subject of alleged abuse during any investigative process that ensues.

- d. The ISVHs shall post conspicuously in an appropriate location a sign specifying the rights of employees under Section 1150B of the Social Security Act. The ISVHs will also notify covered individuals annually of their individual reporting obligations to comply with this policy and section 1150B (b) of the Act.
- e. Staffing of direct care positions shall meet or exceed state minimums at all times on all shifts. Proper supervision of those staff will include direct observations during the provision of care with special attention given to any inappropriate behavior on the part of the caregiver such as using derogatory language, rough or improper handling, ignoring legitimate requests of residents, ignoring toileting needs, etc.

f. Careful attention will be given to all residents during the assessment and care planning processes for residents who may have special needs because of behaviors such as aggressiveness, catastrophic reactions, self-injury, nonverbal communication, or those who require heavy or total nursing care. These residents are to be viewed as especially vulnerable and deserving ongoing protection.

4. REPORTING REQUIREMENTS

a. Any covered individual who witnesses or suspects abuse (physical, mental, sexual and verbal), neglect, mistreatment, injuries of unknown source, misappropriation of resident property, involuntary seclusion, exploitation, and reasonable suspicions of a crime committed against a resident must ensure the resident(s) is safe and protected from harm, if applicable, and then "immediately"** notify the Home Administrator via telephone or text message.*

If the Home Administrator does not immediately respond, then the following team leaders within the Home's hierarchy need to be contacted via telephone or text message* until verbal contact is made by telephone or a text message* response is returned from one of these team leaders:

- Deputy Home Administrator (Boise only)
- DNS
- RN Manager
- Social Worker

In addition, immediately after notifying the Home Administrator (or team leaders), as described above, the covered individual must also contact their direct supervisor via phone call or text message* concerning the matter. The direct supervisor will then immediately notify the DNS.

* Note: all text messages should be done without providing any PHI in the content of the text messages or in the voicemails.

** "immediately" in the above-described situations means that the covered individual must not wait until the end of a shift before reporting the matter. This notification must be done as soon as the covered individual is made aware of the alleged violation or has a reasonable suspicion of an alleged violation. The covered individual must, however, first ensure the resident(s) is safe and protected from harm, if applicable.

Prior to departing the facility for the day, the covered individual shall also fill out the golden colored form titled, *Suspected Abuse, Neglect, Mistreatment & Exploitation Witness Report*, and provide it to the DNS, RN Manager, Social Worker, Deputy Home Administrator (Boise only) or Home Administrator. This form is located on each nursing unit. All statements must include specific times, places, staff/residents, what was said and by whom, and what was seen, in chronological order. If the incident involved equipment/furnishings/supplies/environmental factors, the statement should also include notations on whether the equipment was properly functioning, where it was located, if the floor was wet or dry, if the room was cluttered, if supplies were not available, and so on.

b. The above-described notifications activate the Abuse Response Team convening, which consist of at least the Home Administrator, Deputy Home Administrator (Boise only), DNS, unit RN Manager, and Social Services Worker. The Home Administrator may determine if additional team members are also needed as part of the Abuse Response Team. Each member of the Abuse Response Team will immediately ensure the facility has provided protection for the identified resident(s), that all members of the Abuse Response Team have been notified, and that this policy and procedures are being followed. The Abuse Response Team must document in writing what information was initially provided to them orally from the person who made the allegation, including the date and time when the report was received. This written documentation should be completed via email by sending the information to the Abuse Response Team and Principal Investigator. This documentation shall also be maintained as supporting evidence as part of the investigation findings.

All alleged violations will be reviewed by the Abuse Response Team to determine if state and federal reporting requirements are necessary as described below.

An alleged violation is defined as a situation or occurrence that is observed by staff, contractor, resident, relative, visitor or others but has not yet been investigated and if verified, could be noncompliance with federal requirements related to mistreatment, exploitation, neglect, or abuse, etc. It can also pertain to more than one resident. In addition, the person making a report (e.g., a resident, family member, visitor, covered employee) to the agency does not have to explicitly characterize the situation as "abuse," "neglect," "mistreatment," "exploitation," "crime," etc., in order to trigger the federal requirements at 42 CFR § 483.12. Rather, if the ISVHs could reasonably conclude that the potential exists for noncompliance with the federal or state requirements related to abuse (physical, mental, sexual, and verbal), neglect, mistreatment, injuries of unknown source, misappropriation of resident property, involuntary seclusion, exploitation, and reasonable suspicions of a crime committed against a resident, then it would be considered to be reportable and require action. For example, if an allegation is made but the resident does not allege abuse, the resident's failure or inability to provide information about the occurrence is immaterial when the abuse may be verified by other supporting evidence. Another example is when a covered individual witnesses an act of abuse but fails to report the alleged violation immediately or at all. The failure of the covered individual to report the matter timely does not support a conclusion that the abuse did not occur, and the facility would still need to meet the reporting requirement.

In some situations, the Abuse Response Team may initially evaluate an occurrence to determine whether it meets the definition of an alleged violation. For example, upon discovery of an injury, the facility must immediately take steps to evaluate whether the injury meets the definition of an "injury of unknown source." Similarly, if a resident states that his/her belongings are missing, the facility may make an initial determination whether the item has been misplaced in the resident's room, in the laundry, or elsewhere before reporting misappropriation of property. Nevertheless, if the alleged violation meets the definition of abuse, neglect, exploitation or mistreatment, the facility should not make an initial determination whether the allegation is credible before reporting the allegation.

c. Once deemed to be reportable by the Abuse Response Team, as described above in Section 4b, the Social Services Worker will report the alleged violation to the Bureau of Facility Standards (BFS) by entering a summary of the allegation, along with the steps they took to immediately protect the resident(s), in the BFS' electronic reporting portal.

This facility reporting requirement must be completed immediately but no later than 2 hours after the allegation is made if the allegation involves ~~actual harm or~~ serious bodily injury, or not later than 24 hours if the events that cause the allegation did not involve abuse and do not result in serious bodily injury.

Bureau of Facility Standards' Reporting Portal www.ltc-portal.com

Bureau of Facility Standards (208) 334-6626

Bureau of Facility Standards' Facsimile (208) 364-1888

Retaliation against any individual who reports an alleged violation under this policy is strictly prohibited.

d. If a reasonable suspicion of a crime against a resident (as previously defined in Section 2 under "Crime") has been reported, the Social Services Worker will report the suspicion to BFS' electronic reporting portal per the prescribed timing identified below.

In addition, the Abuse Response Team will also assist the covered individual in reporting the suspicion of a crime to local law enforcement.

The covered individual and facility reporting requirement for reporting reasonable suspicion of a crime must be completed immediately but no later than 2 hours after forming the suspicion if the suspicion involves serious bodily injury, or not later than 24 hours, if the events that cause the suspicion did not involve serious bodily injury.

Boise City Police Department (208) 377-6790

Lewiston Police Department (208) 746-0171

Pocatello Police Department (208) 234-6100

Post Falls Police Department (208) 773-3517

It is important for all covered individuals to understand that there are also significant federal personal monetary penalties associated with the failure to report a crime. If a covered individual fails to report a crime within the mandated timeframes, the covered individual may be subject to civil money penalties upwards of \$300,000 and the covered individual may be excluded to participate in any federal health care program as defined in section 1128B of the Social Security Act.

Covered individuals can use the facility form to report a suspicion of a crime. This form can be located at the end of this policy and is titled, *Reasonable Suspicion of a Crime Against a Resident Reporting Form*. There, however, is no requirement to use the form. Covered individuals can either report the same incident as a single complaint or multiple individuals

may file a single report that includes information about the suspected crime from each covered individual using the facility form.

After a report is made regarding a particular incident, the original report may be supplemented by additional covered individuals who become aware of the same incident. The supplemental information can be added to the form and must include the name of the additional staff along with the date and time of their awareness of such incident or suspicion of a crime. However, in no way will a single or multiple person report preclude a covered individual from reporting separately. Either a single or joint report will meet the individual's obligation to report.

Retaliation against any individual who lawfully reports a reasonable suspicion of a crime under this policy and section 1150B of the Social Security Act is strictly prohibited.

- e. The Abuse Response Team will verify and ensure that the Medical Director and resident's representative/family have been properly notified of the allegation.
- f. The Home Administrator or his/her designee will notify the Division Deputy Administrator and Quality Improvement Director of the allegation or suspicion as soon as practical and not later than 24 hours after receiving the information.
- g. Upon completion of the investigation, the Administrator or his/her designee is responsible for providing the final investigation report to the Bureau of Facility Standards by submitting it in the BFS' electronic portal no later than 5 working days of the alleged violation or suspicion of a crime.
- h. Failure to report in the required timeframes may result in disciplinary action, up to and including termination of employment or inability to provide services at the ISVHs.
- i. Based on the findings of the investigation, the Abuse Response Team may also determine that the matter needs to be reported to the Idaho Board of Nursing.

Idaho Board of Nursing (208) 334-3110.

5. MONITORING INCIDENT/ACCIDENT REPORTS FOR IDENTIFICATION

- a. All events which warrant reporting via the facility Incident/Accident reporting system shall be tracked so as to be able to identify suspicious events, occurrences, patterns or trends that may constitute abuse or neglect. The Abuse Response Team is responsible for monitoring this tracking system and shall determine when a preponderance of the data indicates that a violation of this policy might have occurred.

6. INVESTIGATION PROCESS

- a. Any employee under investigation for violation of this policy will be removed from the facility and may not work at any Idaho State Veterans Home until the investigation is

completed. Facility employees may be placed on Administrative Leave with Pay from employment pending the results of the investigation for up to thirty (30) days under the provisions of IDAPA 15.04.01.109.02. If necessary, the thirty (30) day suspension period may be extended with written approval from the Administrator of the Idaho Division of Human Resources. If an employee is placed on administrative leave during the investigation, the employee will be notified in writing by the Home Administrator or his/her designee explaining their leave and availability expectations during the investigation process.

- b. Regardless of whether an allegation requires federal or state reporting (e.g. an injury of an unknown source that doesn't meet the definition as described in Section 4b and 2), all allegations related to abuse (physical, mental, sexual and verbal), neglect, mistreatment, injuries of unknown source, misappropriation of resident property, involuntary seclusion, exploitation, and reasonable suspicions of a crime committed against a resident, whether oral or in writing, must be thoroughly investigated by the facility under the direction and oversight of the Abuse Response Team, and in accordance with state and federal law. If determined not reportable to the BFS, the final fact-finding report (e.g., grievance resolution report) will include an explanation as to why it didn't meet the reporting criteria and be maintained and filed with the reportable alleged violations as described below in Section 6l and 6m.
- c. As soon as possible after receiving the report the Abuse Response Team will initiate the investigation process. All interviews should also be conducted as soon as possible following the time the allegation or suspicion was reported. The timing on this is essential in order to improve the accuracy of the investigative findings.
- d. Subject to rights under law, all covered individuals must participate in the investigations and comply with the Division's confidentiality requirements. See IDVS Personnel Policies & Procedures, Sections 3J- Cooperation with Investigations, 3A Confidentiality, and Section 22A and B, Due Process.
- e. The following steps will be utilized to assist in ensuring a proper, thorough, and impartial investigation is completed timely related to any alleged violation:
 - i. If the allegation is related to abuse, neglect, mistreatment, involuntary seclusion, exploitation, misappropriation of resident property, or a reasonable suspicion of a crime then Social Services or designee (as determined by the Abuse Response Team) will take the lead as the Principal Investigator.
 - ii. If the reporting is an observation of an unexplained injury or it is clinically related (e.g., drug diversion for personal use or gain), the RN Manager will take the lead as the Principal Investigator.
 - iii. Any allegations which involve physical harm to a resident will be investigated by the RN Manager in conjunction with the investigation by the unit Social Worker.
 - iv. In the event the unit Social Worker or RN Manager is a witness to the incident, then another unit Social Worker or designee (assigned by the Abuse Response Team) will take the lead in completing the investigation as the Principal Investigator.

- v. The Home Administrator should not be involved in conducting the investigation since he/she is responsible for making decisions related to employee disciplinary actions.
- vi. If the matter is related to an allegation of a crime, it will be investigated by both the facility and local law enforcement.
- vii. Any persons who have first-hand knowledge of the incident must submit a signed and dated written statement to the Principal Investigator before they leave at the end of their shift. All statements must include specific times, places, staff/residents, what was said and by whom, and what was seen, in chronological order. If the incident involved equipment/furnishings/supplies/environmental factors, the written statement should also include notations on whether the equipment was properly functioning, where it was located, where furnishings were located, if the floor was wet or dry, if the room was cluttered, if supplies were not available, etc.
- viii. All written statements provided must also be followed up on by the Principal Investigator personally interviewing these persons to clarify their statement or to review information which might be conflicting to other information obtained. All interviews should conclude with asking the individual if there is anything else they would like to add.
- ix. If no person can be identified as having first-hand knowledge, the Principal Investigator must interview the floor nurse and at least two CNAs on shift at the time of the incident. If a timeframe cannot be determined for when the alleged incident occurred, then staff from each shift must be interviewed.
- x. For an employee who has been placed on paid administrative leave, the Principal Investigator and the employee's supervisor (or designee) will make arrangements to conduct a face-to-face interview at either the ISVH or the Central Support Office conference room.
- xi. Interview questions should be open-ended and not leading and the Principal Investigator should write down exact quotes from persons interviewed.
- xii. All residents involved in any allegation must also be interviewed. To the extent possible, residents with cognitive impairments should also be interviewed. Under no circumstance will the ISVHs dismiss an allegation based on a resident's cognitive level.
- xiii. It is important to note that all injuries to a resident, including those of an unknown origin, will always have a witness (i.e., the person who discovered the injury).
- xiv. For all incidents involving any injury to a resident, a copy of the incident report must also be obtained as evidence and reviewed by the Principal Investigator. The Principal Investigator shall also review any and all incident reports for this resident within the past twelve (12) months to determine if there are any patterns.
- xv. Regarding all resident injuries (to include physical abuse, sexual abuse, and injuries of an unknown origin), a secondary head-to-toe assessment will be conducted and documented by the unit RN Manager.
- xvi. Regarding resident injuries of an unknown origin, the RN Manager will also ensure that sufficient documentation is being charted in the resident's medical file to support why the unexplained injury is a reportable/non reportable incident. Details relevant to injury meeting the definition as described in Section 2 should be charted in the Notes section of the active incident report in PCC.

xvii. For resident injuries of an unknown origin, all covered individuals should be interviewed who potentially may have come into contact with the injured resident from the time the injury was noted back to 72 hours before the injury was noted. Staff must be very specific in what they saw or heard during the time they interacted with the resident. All injuries must be specifically described regarding exact location(s), size, color, etc., and the report must include if first aide or advanced treatment was required.

xviii. The investigation must also include a review of the resident's medical record for any indication whether the alleged violation occurred or if there is a pattern of evidence that may suggest whether the incident occurred. A notation on the residents normal physical/psychological condition, any change in behaviors/pain levels/physical abilities or conditions must also be evaluated and documented as part of the investigation.

f. During the investigation, at least daily, unless more frequent updates are necessary, the Principal Investigator will communicate his/her findings to all members of the Abuse Response Team and the Quality Improvement Director.

g. The Principal Investigator will also utilize the *Investigation Process Checklist form* found in this policy and procedures. Once this checklist is completed, a copy will be sent to the Abuse Response Team and the Quality Improvement Director. This checklist will help ensure that no information is inadvertently omitted.

h. The ISVHs have five (5) working days to conclude the investigation with the allegation either being verified or not verified. The Principal Investigator will formulate a detailed draft investigative report and provide it to the Abuse Response Team and the Quality Improvement Director. Documentation on the investigative report should include key pieces of the investigation findings including but not limited to:

- Details of the activity that was occurring at the date and time of the alleged event.
- The names, titles and statements of staff members working on the unit at the time.
- A review of the environment
- Specifics about the resident, including a head-to-toe assessment; any visible signs or changes in behavior; and disruption to the resident or the resident's room.
- Statements or interviews from the witness, other residents, and the alleged violator.
- The conclusion of the investigation and what preventative measures or corrective actions will be taken, if applicable. If employee disciplinary actions are being contemplated, the concluding statement will have a statement similar to, "Employee will remain on administrative leave while the Home Administrator consults with Human Resources concerning appropriate disciplinary action, which may include up to termination of employment."

The Abuse Response Team and Quality Improvement Director will review this report and, if needed, provide edits and/or follow-up instructions to the Principal Investigator. After following up on any of these actions and/or making the final edits, the Principal Investigator will submit the signed investigation report and any relevant supporting information to

Bureau of Facility Standards via their electronic reporting portal. This will be completed no later than the fifth (5th) day of when the investigation began.

The Home Administrator is responsible for ensuring that the investigation has been completed as described above and that the investigation report was submitted within the prescribed timeframes.

- i. Appropriate preventive measures and corrective action will be taken related to all verified findings.
- j. If at the conclusion of the investigation the alleged violating employee is reinstated to work from administrative leave, the employee will be provided with written notification by the Home Administrator outlining the results of the investigation including training, if any, necessary.
- k. If the investigation findings result in contemplated disciplinary action against an employee, the Home Administrator will consult with the Human Resources team concerning the matter and additional information and interviews may need to be obtained related to the performance concern. IDVS Personal Policies & Procedures, concerning Sections 21-Discipline and 22 A and 22B – Due Process, will be followed.
- l. If the investigation findings do not substantiate the allegation or are not verified, then the investigation will be closed by the Abuse Response Team. All documentation and supporting evidence regarding the investigation will be filed and maintained by the Home Administrator or his/her designee for a minimum of seven (7) years after the investigation is closed and then maintained per ISVH required retention procedures.
- m. If the allegation is verified, then all documentation and supporting evidence related to the investigation will be maintained as an "open" investigation until a corrective action plan has been completed and the matter has been resolved, at which time the investigation file will be filed and maintained by the Home Administrator or his/her designee for a minimum of seven (7) years after the investigation is closed and then maintained per ISVH required resident retention procedures.

11/00; Revised 10/03, 03/11, 09/11, 03/13, 03/15, 02/17, 05/17, 01/18, 06/19, 02/20, 06/21, 06/24

Suspected Abuse, Neglect, Mistreatment, & Exploitation Witness Report

Give Completed form to DNS, Social Worker, or Home Administrator

The first person to suspect abuse, neglect, mistreatment, exploitation, involuntary seclusion, misappropriation of resident property or a crime against a resident, is responsible for notifying the Home Administrator by telephone per IDVS Policy. That person **MUST** contact the Home Administrator, or if unavailable, the next person in the following hierarchy:

- Home Administrator
- DNS
- RN, Manager
- Social Worker

* Refer to your ISVH telephone directory for contact information.

Once leadership has been notified, the initial witness **MUST** then notify their immediate supervisor who will inform the DNS.

This notification **CANNOT** wait until the end of a shift. It **MUST** be done as soon as the initial witness becomes aware of the alleged violation. However, first they **MUST** ensure the safety and protection of the resident or residents.

Reported to Administrator Yes or No Method: In person/phone/text Date/Time Notified: _____

Reported to Direct Supervisor Yes or No _____ Date/Time Notified: _____
Direct Supervisor Name _____

Name of Reporter/Witness: _____

Signature: _____ Date: _____

Reporter/Witness Phone #: _____

Date of Report: _____

Date & Time of Incident: _____

Location of Incident: _____

Resident(s) Involved: _____

Other Individuals Involved: _____
(Including Staff, Contractors, Visitors)

Write a detailed report about the incident. Include the location, what was heard/said, who was involved, any equipment involved. Explain to your best ability what exactly occurred, how it occurred, why it occurred, and list any witnesses that may have seen the incident as well.

REASONABLE SUSPICION OF A CRIME AGAINST A RESIDENT REPORTING FORM

INSTRUCTIONS: Contact and submit this completed form to the Bureau of Facility Standards and local Police Department within 2 hours (if there is serious bodily injury) or 24 hours (if there is not serious bodily injury) of forming a reasonable suspicion that a crime may have been committed against any individual who is a resident of the Idaho State Veterans Home.

IDAHO STATE VETERANS HOMES CONTACT:

Rick Holloway, Home Administrator, 320 Collins Road, Boise, ID 83702	Phone: (208) 780-1600
Mark High, Home Administrator, 821 21st Avenue, Lewiston, ID 83501	Phone: (208) 750-3600
Josiah Dahlstrom, Home Administrator, 1957 Alvin Ricken Drive, Pocatello, ID 83201	Phone: (208) 235-7800
Amber Goodchild, Home Administrator, 590 S Pleasant View Rd, Post Falls, ID 83854	Phone: (208) 415-3430

Reported to the State Survey Agency? Yes <input type="checkbox"/> No <input type="checkbox"/> Date Reported: ____/____ Time: _____	Reported to the Local Law Enforcement? Yes <input type="checkbox"/> No <input type="checkbox"/> Date Reported: ____/____/____ Time: _____ POLICE DEPARTMENT CONTACT: Boise City Police (208) 377-6790 Lewiston Police (208) 746-0171 Pocatello Police (208) 234-6100 Post Falls Police (208) 773-3517 911 – Emergency
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Provide a summary of the suspected crime including the resident name and date of birth, as well as a brief description of the location of the incident and, if available, the names of any individuals involved in the suspected crime. (Attach additional sheets if necessary. No. of pages attached _____)

Resident Name:

Description & Location of Incident:

Was there serious bodily injury as a result of the incident? No YES (must be reported within 2 hours)

INDIVIDUAL(S) REPORTING

THIS REPORT IS MADE BY THE FACILITY ON BEHALF OF ALL COVERED INDIVIDUALS LISTED BELOW.

Name:	Date/time individual became aware of suspected crime	
1.	Date: ____/____/____	Time: _____
2.	Date: ____/____/____	Time: _____
3.	Date: ____/____/____	Time: _____
4.	Date: ____/____/____	Time: _____
5.	Date: ____/____/____	Time: _____
6.	Date: ____/____/____	Time: _____
7.	Date: ____/____/____	Time: _____
8.	Date: ____/____/____	Time: _____

NOTE: This report is required by law where a suspicion a crime has occurred and is in no way an admission by the person(s) submitting the report that a crime has actually occurred.

09/11 Revised: 01/14, 04/16, 05/17, 01/18, 06/21, 06/24

Resident: _____
 BFS Portal ID #: _____

INVESTIGATION PROCESS CHECKLIST

Purpose: To assure proper and immediate reporting and investigating of all alleged violations involving, abuse, neglect, mistreatment, including injuries of unknown source, exploitation, crime against a resident, and misappropriation of resident property as appropriate.

#	Procedure	Complete	Comments
1.	Verify to ensure the resident is safe and protected from harm		
2.	Home Administrator was Immediately notified per Policy.		
3.	Accused employee has been removed from the facility until investigation is complete-If applicable per Policy.		
4.	Other personnel to be notified: <ul style="list-style-type: none"> (a) Director of Nursing Services (b) Social Services (c) RN Manager of corresponding unit (d) VAMC of jurisdiction – If applicable (e) IDVS Deputy Chief – Tracy Schaner (f) IDVS Q.I. Director – Kirsten Gazley (g) Physician / Medical Director (h) Family member / Legal representative (i) Ombudsman – If applicable 		
5.	Report to BFS Portal no later than 2 hours or 24 hours as identified per Policy (Section 4c).		
6.	Report to law Enforcement no later than 2 hours or 24 hours as identified per Policy (Section 4d).		
6.	The Home Administrator will notify the Division Deputy Administrator and Quality Improvement Director no later than 24 hours after receiving the information.		
7.	Suspected Abuse/Neglect/Exploitation Witness Report (gold form) filled out by witness and turned into the DNS, Social Worker, Deputy Home Administrator, or Home Administrator.		
8.	The Abuse Response Team must document in writing via email what information was initially provided to them from the person who made the allegation, including the date and time when the report was received.		
9.	Assign appropriate Principal Investigator determined by the type of allegation made. <i>Refer to Section 6.e of the "Freedom from Resident Abuse, Neglect, Mistreatment & Exploitation Policy and Procedures."</i>		

10.	Signed Interviews/Statements: Any persons who have first-hand knowledge of the incident must submit a signed/dated statement to the Principal Investigator by the end of shift. ** For resident injuries of an unknown origin, all individuals who may have come into contact with the injured resident in the last 72 hours should be interviewed.		
	(a) Alleged abused/neglected resident(s) interviewed per Policy.		
	(b) Floor nurses on unit during time of incident. <i>If a timeframe cannot be determined, nurses from each shift must be interviewed.</i>		
	(c) CNAs on unit during time of incident. <i>If a timeframe cannot be determined, CNAs from each shift must be interviewed.</i>		
	(d) Other residents involved interviewed per Policy - if applicable.		
	(e) Visitors, family, volunteers interviewed per Policy - if applicable.		
	(f) Other staff or contractors interviewed per Policy - if applicable.		
	(g) Alleged violator interviewed per Policy - if applicable.		
11.	Principal Investigator to complete in-person interviews to clarify or expand upon all written statements.		
12.	Head-to-toe Assessment conducted and documented by floor nurse on unit at time of incident- <i>Required for any resident injury</i> per Policy - if applicable.		
13.	A secondary head-to-toe assessment conducted and documented by unit RN manager- <i>Required for any resident injury</i> per Policy - if applicable.		
14.	RN manager to ensure sufficient documentation has been charted in PCC to support why an unexplained injury is reportable/non-reportable incident per Policy - if applicable.		
15.	Submit report of findings to Abuse Response Team and QI Director for review		
16.	Once approved by Abuse Response Team and QI Director, submit to Administrator for review and signature.		
17.	Administrator or his/her designee must submit the final investigation report to BFS no later than 5 working days of the alleged violation or suspicion of a crime.		
18.	Provide HR with copy of finalized report – If applicable.		
19.	File complete - investigation including supporting documentation in secure location per Policy (Section 6).		
Principal Investigator Name:			Date:

01/18 Revised: 06/21

Bed Hold Policy

IDAHO STATE VETERANS HOME BED HOLD POLICY

It is the policy of the Idaho State Veterans Home to provide written information to the residents and/or the resident representative regarding bed-hold practices.

The United States Department of Veterans Affairs (USDVA) currently permits the payment of a per diem amount while holding a veteran resident's bed for up to 10 continuous calendar days of any hospital stay, and for up to 12 days per calendar year, in aggregate, for any therapeutic/voluntary leave, provided the facility maintains 90% occupancy on that day. However, the USDVA policy does not permit the payment of a per diem amount while holding a non-veteran resident's bed. Additionally, Medicare does not permit payments while holding a resident's bed for either therapeutic leave or hospitalization. Medicaid permits payment only for therapeutic home visits under specific conditions, as ordered by the attending physician, and does not cover bed-hold for hospitalization.

Recognizing that the Idaho State Veterans Homes contain both veteran and non-veteran residents with different payor types, resident bed-hold charges will be billed as described below. It is important to note, Pursuant to IDAPA 21.01.01.08, the Home will not reduce the charge for any leave of absence of non-veteran residents, not qualifying for any Medicaid or Medicare benefit payment for such absence, and each day will count as if the residents were present at a Home.

DEFINITIONS

Bed-Hold. Holding or reserving a resident's bed while the resident is absent from the facility for therapeutic or hospitalization.

Therapeutic or Voluntary Leave. Absences for purposes other than hospitalization.

THERAPEUTIC/ VOLUNTARY LEAVE

If a veteran resident takes **more than 12 days** of therapeutic or voluntary leave in a calendar year, and the Home's **daily occupancy rate is 90% or higher**, the following charges will apply:

1. **Days 13–30** – The veteran resident will be billed a daily bed-hold charge equal to the **USDVA per diem rate** in effect at that time.
2. **Day 31 and beyond** – The veteran resident will be billed a daily bed-hold charge equal to the **facility's maximum daily rate** in effect at that time.

If the Home's daily occupancy rate is **less than 90%**, and a veteran resident takes **more than 12 days** of therapeutic or voluntary leave in a calendar year, the veteran resident will be billed a daily bed-hold charge equal to the facility's maximum daily rate in effect at the time beginning on the **31st day and beyond**.

HOSPITAL LEAVE

If a veteran resident takes **more than 10 days** of hospital leave in a calendar year **that is not eligible for USDVA per diem payments**, and the Home's **daily occupancy rate is 90% or higher**, the following charges will apply:

1. **Days 11–30** – The veteran resident will be billed a daily bed-hold charge equal to the **USDVA per diem rate** in effect at that time.
2. **Day 31 and beyond** – The veteran resident will be billed a daily bed-hold charge equal to the **facility's maximum daily rate** in effect at that time.

Notification & Arrangements

- Written notification of this policy is provided upon admission, and reissuance of this notice is provided if this bed-hold policy were to change.
- Additional written notice will be provided at the time the resident is transferred for hospitalization, or scheduled for therapeutic leave. In the event of an emergency transfer of a resident, the facility will provide written notification within 24 hours.
- To request a bed-hold for any leave of absence, contact the **Social Services Department**.
- Final agreements will be arranged with **Social Services** or the **Business Office**.

HIPAA – NOTICE OF PRIVACY PRACTICES

IDVS-PO-17-01-F2B

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of your protected health information in both paper and electronic format, to notify you of our legal duties and privacy practices with respect to your health information, and to notify affected individuals following a breach of unsecured health information. Our duties and your rights are set forth more fully in 45 CFR Part 164. We are required to abide by the terms of our Notice that is currently in effect.

1. Uses and disclosures we may make without written authorization. We may use or disclose your health information for certain purposes without your written authorization, including the following.

Treatment: We may use or disclose your information for purposes of treating you. For example, we may disclose your information to facility and contract staff that are involved in providing treatment to you. We may also disclose information to outside entities performing other services relating to your treatment, (e.g. diagnostic laboratories, hospice, etc.).

Payment: We may use or disclose your information to obtain payment for services provided to you. For example, we may disclose information to your health insurance company or other payers to obtain pre-authorization or payment for treatment.

Healthcare Operations: We may use or disclose your information for certain activities that are necessary to operate our practice and ensure that our residents receive quality care including releasing information to business associates, (e.g. consultants, attorneys, etc.). This information will be used in an effort to continually improve the quality and effectiveness of the health care services we provide.

Other Uses or Disclosures: We may also use or disclose your information for certain other purposes allowed by 45 CFR §164.512 or other applicable laws and regulations, including the following:

- To avoid a serious threat to your health or safety or the health and safety of others.
- As required by state or federal law such as reporting abuse, neglect or certain other events.
- As allowed by workers compensation laws for use in workers compensation proceedings.
- For certain public health activities such as reporting certain diseases.
- For certain public health oversight activities such as audits, investigations, or licensure actions.
- In response to a court order, warrant or subpoena in judicial or administrative proceedings.
- For certain specialized government functions such as the military or correctional institutions.
- Law enforcement purposes as required by law.
- To coroners, funeral directors or organ procurement organizations as necessary to allow them to carry out their duties.

We may not require you to waive your rights under the HIPAA Privacy Rule as a condition of the provision of treatment, payment or health care operations.

2. Disclosures we may make unless you object: Unless you instruct us otherwise, we may disclose your information as described below:

- To a family member, personal representative or other person who is involved in your healthcare or payment for your healthcare. We will limit the disclosure to the information relevant to that person's involvement in your healthcare or payment.
- To maintain our facility directory. If a person asks for you by name, we will only disclose your name and location in our facility. We may also disclose your religious affiliation to clergy.
- To post your name, date and place of birth, marital status, occupation, military status, hobbies, life history and/or hobbies, within the facility. This information, both electronic or paper, can be viewed by residents, staff and visitors.
- To release demographic information such as name, birth date, age, room number to visitors and for social activities at the Home including releasing information to Veterans Service organizations.

3. Uses and disclosures with your written authorization: Other uses and disclosures not described in this Notice will be made only with your written authorization, including most uses or disclosures of psychotherapy notes; for most marketing and/or fundraising purposes; or if we seek to sell your information. You may revoke your authorization by submitting a written notice to the HIPAA Compliance Officer/Coordinator identified below. The revocation will not be effective to the extent we have already taken action in reliance on the authorization.

4. Your rights concerning your protected health information: You have the following rights concerning your health information. To exercise any of these rights, you must submit a written request to the HIPAA Compliance Officer/Coordinator identified below.

- You may request additional restrictions on the use or disclosure of information for treatment, payment or healthcare operations. We are not required to agree to the requested restriction except in the limited situation in which you or someone on your behalf pays for an item or service, and you request that information concerning such an item or service not be disclosed to a health insurer.
- The facility will normally contact you or those involved in your healthcare by telephone or mail. You may request that we contact you by alternative means or at an alternate location. We will accommodate reasonable requests.
- You may inspect or obtain a copy of records that are used to make decisions about your care or payment for your care, including an electronic copy. We may charge you a reasonable cost-based fee for providing the records. We may deny your request under limited circumstances (i.e. if we determine that disclosure may result in harm to you or others).
- You may request that your protected health information be amended. We may deny your request for certain reasons (i.e. if we did not create the record or if we determine that the record is accurate and complete).
- You may receive an accounting of certain disclosures we have made of your protected health information within the last six (6) years from the date of the request. You may receive the first accounting within a 12-month period free of charge. We may charge a reasonable cost-based fee for all subsequent requests during that 12-month period.
- You may obtain a paper copy of this Notice upon request.

5. Changes to this Notice: We reserve the right to change the terms of this Notice at any time, and to make the new Notice effective for all protected health information that we maintain. If we materially change our Notice of Privacy Practices, we will post a copy of the current Notice in a clear and prominent location within the facility such as the entrance lobby or similar location and on the veterans.idaho.gov website. You will be provided a copy of the operative Notice upon request.

6. Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint against us by notifying the Division of Veterans Services HIPAA Compliance Officer. All complaints must be in writing. The facility will not retaliate against you for filing a complaint.

7. Contact Information: If you have any questions about this Notice or if you want to object to or complain about any use or disclosure or exercise any right as explained above, please contact:

Idaho State Veterans Home- Lewiston
HIPAA Compliance Coordinator
Theresa Luna
(208) 750-3641
821 21st Ave. Lewiston, ID 83501
Teresa.Luna@veterans.idaho.gov

Idaho State Veterans Home- Pocatello
HIPAA Compliance Coordinator
Sara Williams
(208) 235-7832
1957 Alvin Ricken Drive Pocatello,
Idaho 83201
Sara.Williams@veterans.idaho.gov

Idaho State Veterans Home- Post Falls
HIPAA Compliance Coordinator
Tina Brothers
(208) 415-3447
590 S. Pleasant View Rd 101 Post Falls,
ID 83854
Tina.Brothers@veterans.idaho.gov

Idaho Division of Veterans Services HIPAA/Privacy Compliance
Officer
Talie Bendixsen, RHIA
(208) 780-1654
320 Collins Road
Boise, ID 83702
Talie.Bendixsen@veterans.idaho.gov

Region X, Office of Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
(800) 368-1019

This notice is effective October 1, 2022