

Division of Licensing and
Protection 103 South Main
Street, Ladd Hall Waterbury
VT 05671-2306
<http://www.dlp.vermont.gov>
Voice/TTY (802) - 871-3317
To Report Adult Abuse: 800-564-1612
(802)-871-3318

Greetings:

Thank you for your interest in Assisted Living Residence licensure. Issuance of a license is based on compliance with Assisted Living Residence Licensing Regulations and Residential Care Home Licensing Regulations. Prior to purchasing, constructing, renovating or changing levels please review the enclosed Regulations carefully. These can also be accessed on line at the Division of Licensing and Protection's (DLP) web site: <http://www.dlp.vermont.gov>. To locate the Regulations click on Care Facility Regulations in the left hand column, scroll down until you see the applicable facility type.

Should you decide to pursue licensure; the following steps need to be completed:

1. Complete the enclosed application and tax form and return the originals to this office with a copy of the applicable environmental/zoning permits, and a floor plan of your proposed facility illustrating the locations, sizes of rooms, exits and stairways.
2. You must provide three (3) letters of reference from unrelated persons that address the applicant's character and ability to run the facility. You must also submit the manager's name and their qualifications that meet the qualifications for the manager of the home outlined in Regulation 4.13.d.
3. Submit for review and approval a copy of each of the following:
 - a. Admission agreement (see attached sample),
 - b. Grievance procedure,
 - c. Discharge notice (see sample of mandated discharge notice),
 - d. Medication administration procedures, including procedures for handling controlled substances,
 - e. A copy of your emergency plan, that includes evacuation and sheltering in place.
 - f. A copy of the policies and procedures the facility is responsible for developing, revising and maintaining, that govern all aspects of the facility's operation.

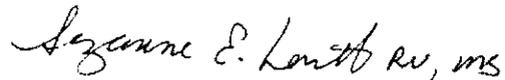
4. In addition to Department of Disabilities, Aging and Independent Living requirements noted above, no license can be granted until all required permits are obtained. You need to contact:
 - a. Permit Specialist with Department of Environmental Conservation, Environmental Assistance Office, Permit Assistance in order to coordinate with the appropriate regional office regarding their permitting process. **To contact the correct permit specialist, please see the enclosed maps.** Contact the permit specialist that covers the town that your anticipated facility is located.
 - b. Division of Fire Safety to obtain a Certificate of Occupancy. Please refer to enclosed map for the district office that covers the area your anticipated facility is located.
 - c. Division of Healthcare Administration at 802-828-2918 to request a Jurisdictional Determination related to your proposed project.
5. The following background checks must be completed on all current and future staff of the facility:
 - a. Criminal Record Checks -- Contact the Vermont Criminal Information Center at (802) 244-8727 for information regarding setting up the criminal record check process.
 - b. Child Abuse Registry Checks – The Department of Children & Families process is outlined on their web site: http://dcf.vermont.gov/child_protection_registry.
 - c. Adult Abuse Registry Checks -- Contact our office at (802) 871-3331 for information regarding setting up the adult abuse record check process.
 - d. Federally Excluded Individuals/Entities – Go to the Federal Department of Health and Human Services Office of Inspector General's web site at www.oig.hhs.gov regarding the on-line search for excluded individuals.
6. To be in compliance with the Americans with Disabilities Act, each facility must be accessible to and functional for physically handicapped residents, personnel and members of the public. For more information, contact the ADA information line at 1-800-949-4232 or www.adaptenv.org.

We have included other materials in this packet to provide assistance as you proceed with licensure. The materials include a sample admission agreement including language used for ACCS participants and other information on the ACCS program.

Once all required information has been submitted, reviewed and approved, you will be contacted to arrange an initial licensure visit.

Please feel free to contact me at (802) 871- 3333 or email me at frances.keeler@state.vt.us with any questions or additional information you might need.

Sincerely,



Suzanne Leavitt, RN
Assistant Director
State Survey Agency Director

Enclosures: License Application
1 Tax Form
Permit Specialist Flyer & District Maps
Public Safety Division Fire Safety Map
Background Check Policy
Draft Admission Agreement
Mandated Discharge Notice Example
Controlled Substances in the USA
Current ALR and RCH Licensing Regulations



VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

http://www.dail.vermont.gov

Voice/TTY: (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax: (802) 871-3318

For DLP office use only

Initial & date for approval

LICENSE APPLICATION/REAPPLICATION

I. IDENTIFYING INFORMATION

▶ FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

▶ FEDERAL TAX IDENTIFICATION NUMBER: _____

Type of license applied for:

Assisted Living Residence: # of Units: _____ Maximum Occupancy: _____

Home for the Terminally Ill: # of Beds: _____

Residential Care Home: Level III or IV (circle one) # of Beds: _____

Therapeutic Community Residence: # of Beds: _____

▶ Does the facility have a **DESIGNATED SPECIAL CARE UNIT**? YES NO
If YES, what type is it? _____ How many beds/units? _____

Name of Facility: _____

Mailing Address: _____

Physical Address: _____

Licensee: _____

Facility Telephone #: _____ Facility Fax #: _____

Facility E-mail: _____

Name of Administrator, Manager, or Director (phone and E-mail if it differs from above):

Are you listed as the Administrator, Manager or Director on any **OTHER** license? YES NO
(circle one)

If YES, name the **OTHER** facility _____

II. **PERSONNEL** (For all facilities as applicable)

Name of Director of Nursing or Registered Nurse/Agency providing medication delegation:

Name of Registered Nurse: _____ License #: _____

Name of Agency (if applicable): _____

Address: _____

Telephone #: _____ E-mail: _____

III. **CRIMINAL RECORD AND ABUSE REGISTRY CHECKS**

Answer the following questions by circling YES or NO. If YES, list the names and addresses of the individuals under each question.

A. Has any individual or organization owning or having more than 5% or more controlling interest in the facility been convicted of a criminal offense or had a substantiation of abuse, neglect or exploitation? YES NO

Name: _____

Address: _____

B. Are there any directors, officers or employees of the home who have had a substantiated complaint of abuse, neglect or exploitation? YES NO

Name: _____

Address: _____

C. Have Criminal Record Checks plus Adult and Child Abuse Registry Checks been completed on all staff, including the Administrator/Manager/Director? YES NO

IV. OWNERSHIP

- A. List names and addresses for individuals or organizations having direct ownership or controlling interest in the business. Attach a separate page if needed.

Name: _____ Contact information (address, phone and e-mail): _____

- B. Is the facility a non-profit? YES NO

- C. Type of business (check one):

Partnership Corporation Sole Owner Other (describe)

If corporation is checked, then list names and addresses of the Directors.
Attach a separate page if needed.

Name: _____ Contact information (address, phone and e-mail): _____

V. FOR ALL APPLICANTS – Please answer the following questions.

- A. Does the facility currently carry Workers' Compensation Insurance? YES NO
If yes, please attach proof of current coverage. (Please check the expiration date.) (This is generally a one-page document with "Certificate of Liability Insurance" written at the top of the page.)

If no, please provide an explanation on a separate sheet.

- B. Is the facility registered with the Vermont Secretary of State's office? YES NO
If yes, under what name: _____

VI. FOR REAPPLICATION ONLY - Answer the following questions by circling YES or NO. Fill in the additional information if applicable.

- A. **For RCH only**, what is the total number of residents currently residing in the home with Level of Care Variances? _____

- B. **For RCH and ALR only**, are you currently enrolled in the Enhanced Residential Care (ERC) Program? YES NO
If yes, how many residents are currently receiving the ERC benefit? _____
- C. Has there been a change of ownership or control in the past year? YES NO
 If yes, give date of change _____
- D. Do you anticipate any change of ownership or control within the next year? YES NO
 If yes, give date of change _____
- E. Do you anticipate filing for bankruptcy within the next year? YES NO
 If yes, give date of change _____
- F. Is the facility operated by a management company, or leased in whole or part by another organization? YES NO
 If yes, name of company/organization _____
- G. Has there been a change in Administrator/Manager/Director within the past year? YES NO
If yes, give date of change _____
 Name of new Administrator/Manager/Director: _____
- H. Have you increased your bed capacity within the past year? YES NO
 If yes, give date of change _____
 Number of current beds: _____ # of prior beds: _____ Current census: _____
- I. Has the nature of services been expanded or any changes anticipated (such as adult day care, senior meals site, etc.)? YES NO
 If yes, please describe:

VII. REFERENCES *(For initial application only)*

Please provide three (3) letters of reference from unrelated persons. Acceptable references will address the applicant's ability to run the facility and the applicant's character.

VIII. PERMITS *(For initial application or request for increased licensed capacity, submit the following):*

- A. Written evidence of compliance with local zoning codes or a statement signed by official representatives of the city, town or village clerk that zoning codes have not been adopted in the community.
- B. Written evidence of compliance from Environmental Conservation in regard to water and sewage systems.

IX. BUILDING PLANS *(For initial application, new construction and/or request for increased licensed capacity)*

Building plans/blueprints must be submitted to the Department of Public Safety, Division of Fire Safety in your district. Address and phone numbers are included with initial application packet. Floor plans must be submitted to Division of Licensing and Protection (not blueprints).

ADMISSION AGREEMENT WORKSHEET

1. Rate
 Daily, weekly, monthly
2. Description of services covered and how provided
 Personal care
 Nursing services
 Laundry
 Transportation
 Toiletries
3. All applicable financial issues
 Policy re: d/c or transfer when financial status changes
 Deposit, if any and purpose
 Refunds
4. Transfer and discharge rights
 Right to appeal
 Right to participate in decision
 Right to receive adequate notice
5. ACCS agreement
 Services
 Room and board rate
 PNA
 Provider agreement to accept RIB and Medicaid as sole payment

DRAFT ADMISSION AGREEMENT

This is an agreement between (resident) and (home). The purpose of this agreement is to explain what services the home provides, how they are paid for, and what the rights and responsibilities of each resident are.

I. Services

(Home) is licensed by the State of Vermont as a residential care home and as such may provide room, board, personal care, general supervision and medication management, but not full time nursing care. How much of each of these services (Home) provides is outlined below.

The State of Vermont regulates most of the services provided in a residential care home. The regulations contain much more detail about how care must be provided. You may ask the manager to see a copy of those regulations if you wish.

- a. Room. Under this agreement, you will be provided with a (private) (semiprivate) (multi-bed) room. You may bring personal possessions with you to the home as space permits, unless the possessions infringe on the rights of others or create a fire or safety hazard. If you need to move to another room during your stay here, this agreement may have to be revised if the charge for that room is different.

We will hold your room for you if you are temporarily in the hospital and are expected to return here. (If your facility has a different policy, state that here.)

We also will do your personal laundry unless you ask otherwise. We will provide you with clean bed and bath linens.

- b. Board. You will be provided with three attractive and satisfying meals, in accordance with state regulations and dietary standards, and with consideration of your dietary needs.

We offer snacks before bed and in between meals.

We (do or do not) offer therapeutic diets if ordered by the physician.

- c. Personal Care. Personal care here, as long as your needs do not exceed what we are licensed to provide, includes:

List what personal care services your home is willing and able to provide, for example, some or all of the following. Indicate what you or your staff will do, and what you will request that Home Health do through a variance.

- Assistance with bathing and personal hygiene including assistance with shaving, combing hair, brushing teeth, shampooing, cutting hair.
- Assistance with eating, such as cutting food.
- Assistance with toileting, including transferring on and off the toilet, incontinence care.

- Assistance with dressing.
- Assistance with movement, including assistance with walking, transporting by wheelchair, transferring from bed to chair.

d. General supervision. General supervision here includes:

List the types of general supervision your home is willing to provide here, for example, all of some of the following:

- Assistance in arranging necessary appointments.
- Assistance in obtaining personal needs, including shopping for you if necessary.
- Assistance in obtaining medication, such as getting them from the pharmacy.
- Assistance in keeping on a chosen schedule by reminding you about meal times, etc.
- Monitoring your activities to prevent harm to you.
- Assistance with managing your finances, if you request us to in writing. Finances are described in more detail below.

e. Transportation. State regulations provides that you are entitled to up to four trips per month of up to twenty miles round trip, at no cost to you, for any activity, including medical appointments. After twenty miles for any trip, or after four trips per month, we will charge you _____ (usually the state reimbursement rate for mileage - \$.36 per mile) per mile.

If you are eligible for Medicaid, after the fourth trip of the month, we will attempt to utilize available Medicaid transportation if appropriate. Medicaid transportation is available only for necessary medical appointments.

f. Nursing Care. State regulations prohibit us from providing full time nursing care, except in limited situations. We offer the following types of services, (directly) or (through the local Home Health Agency).

- Availability of a nurse. We have a nurse available _____ hours each week. To review assessments of each resident, oversee the administration of medications, and coordinate care with the physicians. We will call on our nurse as necessary if a resident's condition warrants it. Including if you become ill, need a change in your doctor's orders, or if your ability to care for your self appears to be deteriorating.

ALT (We do not have a nurse available. If you require any services of a nurse, we will have to discharge you to another more appropriate setting).

- Hands on nursing care. If you require hands on care by a nurse, such as changing a dressing or catheter or receiving an injection, such care will be provided.

ALT (by our nurse as part of this agreement and at no extra charge)/

ALT (by a Nurse from the local Home Health Agency and covered by Medicare or Medicaid, if you are eligible, just as if you were in your own home or apartment).

ALT (we do not offer hands on nursing care. Should you need such care, we will have to discharge you to another more appropriate setting).

- We work with the local Home Health Agency to offer Hospice services to residents who are terminally ill to allow them to remain here if they wish.

ALT (if you become terminally ill and require more care, we will have to discharge you to another more appropriate setting).

g. Medication management. State regulations require that we determine if you are capable of self administering your medications.

- ALT (in order to remain here you will have to be able to direct the administration of your medications, if you become unable to do so, we will have to discharge you to a more appropriate setting).
- ALT (we offer both assistance with and administration of medications, as long as you are able to direct the administration of your medications in accordance with state regulation, we will provide you with necessary assistance such as reminding you of medication times or helping you take a medication).

If you are not able, or when you are no longer able, to direct your administration of medications, we will administer them for you. We will do this by:

- ALT (having our nurse administer them).
- ALT (having our staff administer them under the direction of our nurse, at no additional cost to you).
- ALT (having our staff administer them under the direction of the local Home Health Agency nurses at no additional cost to you if you are eligible for Medicaid or Medicare. If you are not eligible for Medicare or Medicaid for this service, the Home health Agency will charge you, on a sliding scale basis, separately from the charges in this agreement.)

h. Personal needs. We provide the following personal needs items as part of the monthly charge. All others you desire will have to be purchased by you. For residents who are eligible for SSI, the personal needs funds available are discussed in the next section of this agreement.

We provide: (List those items you provide here, for example)

- Toilet paper, toothpaste, soap, shampoo, combs, brushes, powder, others.

II. Charges and Finances

- a. The monthly charge for room, board and alls services is _____ and is due _____.
- b. Non-payment of charges will be cause for discharge in accordance with state regulations. For non-payment we may discharge you after 14 days notice, or less if we can locate another placement to which you agree.
 - ALT- We do not accept SSI (Supplemental Security Income) payment level.
- c. It shall not be considered non-payment if you exhaust your funds and can no longer pay for private rate but must rely on SSI (Supplemental Security Income).
 - ALT In that case, however we will give you thirty days written notice of discharge. We will assist you in finding another placement, but the responsibility for finding such a placement is yours.
- d. If you ask us to in writing we will assist you in managing your finances to the extent you desire. We cannot be a guardian nor have power of attorney for a resident. However, we may be representative payee for purposes of receiving you Social Security or SSI check if you ask that we do so.
 - ALT we do not assist with managing residents' finances. If you require assistance with your finances, you must obtain that assistance from someone or an entity outside the home.
 - ALT if we manage your finances, we will provide you with at least a quarterly accounting of you income, expenditure and balance of your account (s). If we are holding money for you, we will keep a record of each transaction we conduct for you.
- e. If you are required to leave this home, either because we discharge you involuntarily or because of a change in your condition which makes it impossible to remain here, we will provide you with a refund for payment made for days care not provided. Such refund will be provided within 15 days of discharge.
- f. Personal needs allowance, residents who are eligible for SSI shall be allowed to keep, before paying the monthly charge to the home; \$45 for their personal needs.

III. Rights and Responsibilities

- a. Each resident retains all his or her civil rights while residing here. Furthermore, state regulations list specific rights of all residents of residential care homes. That list is attached to this agreement, and other copies are available on request. We will explain these rights before or at the time of admission.

b. If you are not satisfied with services or conditions in the home, we want you to tell us about it so we can try to resolve the concern. Our grievance procedure is attached.

(Such rules as quiet after certain hours, participation in fire drills, having pets, use of the telephone, etc. should be listed here or perhaps listed on a separate sheet).

IV. The undersigned agree to abide by the terms of this agreement and in accordance with the regulations for residential care homes set forth by the State of Vermont.

You may terminate this agreement voluntarily with 30 days written notice. If you discharge yourself voluntarily without providing 30 days written notice to us, we are not obligated to provide you with any refund.

If there are any subsequent changes to the terms of this agreement, such as a change in the monthly charge, we will notify you in writing 30 days in advance of the change.

Signed _____ Date _____
Resident or Authorized legal Representative

Signed _____ Date _____
Owner/Manager

ENROLLING AS A MEDICAID ACCS PROVIDER

To enroll as a Medicaid Provider, complete the following steps:

- 1) Contact Electronic Data Systems (EDS) Provider Enrollment department (Margaret Dorsey) at 802-879-4450. Request a provider enrollment form (Office of VT Health Access (OVHA) Provider Identification Record).
 - If you are going to bill electronically, request an Electronic Claims Submission Agreement for you to complete and return.
- 2) Once you receive the enrollment form, complete and return to EDS. Put "ACCS" in large letters at the top of the form.
 - If applicable, complete and return the agreement for electronic claims submission.
- 3) You will receive an ACCS billing manual and a letter with your assigned ACCS Medicaid Provider billing number.
 - If applicable, you will receive the software, instructions and a submitter ID for electronic claims submission.
- 4) Read through all materials. Contact EDS (provider services) for additional support and training.
 - If you need additional support for electronic claims submission, contact EDS for assistance.

Provider enrollment is completed annually. If there is a gap in time between re-enrollment you will not be able to bill during that time.

In order to submit a Medicaid claim you must:

- Provide ACCS services to a resident who requires the ACCS services and has been accepted into the ACCS program through a Resident Admission Agreement.
- Verify that the resident is Medicaid ACCS eligible.
- ICD-9 diagnosis code (your local Home Health Agency or the resident's physician can assist you with obtaining such information).
- The revenue code for Assistive Community Care Services Program (HWU)

Note: Medicaid is only billed after the service has been provided. Claims submitted 6 months or later after the date of service will not be paid.

ACCS Services Definitions
As approved by H.C.F.A. and published in
PATH Policy Bulletin No. 99-12FP M781.2

Case Management: To assist beneficiaries in gaining access to needed medical, social and other services. In addition to the coordination of activities required to link client/family to services specified in the beneficiary's plan of care, consultation to providers and support person(s).

Assistance with the performance of Activities of Daily Living: Assistance with meals, dressing, movement, bathing, grooming, or other personal needs. The term activities of daily living is equivalent to the term personal care in the Residential Care Home Licensing Regulations.

Medication Assistance Monitoring and Administration: Those activities defined and described in the Vermont Residential Care Home Licensing Regulations adopted 10/7/93 at 2.2b, 2.2a, and 5.9 (see pages 3 and 25-31).

24-hour On-site Assistive Therapy: Activities, techniques or methods designed to improve cognitive skills or modify behavior. Assistive therapy is furnished in consultation with a licensed professional, such as a registered or practical nurse, physician, psychologist, mental health counselor, clinical social worker, qualified mental retardation professional (QMRP), or special educator.

Restorative Nursing: Services, which promote and maintain function, that are defined in the resident's service plan and may be provided in a group setting.

Nursing Assessment: Completion of initial and periodic re-assessment of the resident, and other skilled professional nursing activities which include evaluation and monitoring of resident health conditions and care planning interventions to meet a resident's needs at the times specified by the Vermont Residential Care Home Licensing Regulations for Level III residential care homes.

Health Monitoring: Resident observation and appropriate reporting or follow-up action by residential care home staff, in accordance with the Residential Care Home Licensing Regulations adopted 10/7/1993.

Routine Nursing Tasks: Tasks performed by trained personal care or nursing staff with oversight from a licensed registered nurse in accordance with the Vermont Residential Care Home Licensing Regulations adopted 10/7/1993 and the Vermont Nurse Practice Act. Assistive Community Care Services reimbursement is not designed to compensate for care which requires a variance under the Vermont Residential Care Home Licensing Regulations adopted 10/7/1993, or which cannot be performed while meeting the needs of the total resident population of a home.

LEVEL III ACCS APPLICATION FORM

Name of Care Home: _____	Date: _____
Address: _____	
Name of Person Completing Form: _____	
Position: _____	Telephone Number: _____

It is the intention of above named residential care home to enroll as a Level III Assistive Community Care Services Provider.

The home *proposes* a date of _____ to begin ACCS participation. *(Note this date is not a guarantee that participation will be approved or begin on this date. This date must include, at a minimum, a time frame that allows for a 30 day notice to residents).*

Number of current residents who are Medicaid eligible: _____

Complete and return this form along with the following:

- Resident Admission Agreement with ACCS language
- Amended Policies and Procedures

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Send packet to:

Department of Disabilities, Aging & Independent Living
Division of Licensing & Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05641-2306

ASSISTIVE COMMUNITY CARE SERVICES PROGRAM ADMISSION AGREEMENT LANGUAGE REQUIREMENTS

ACCS AGREEMENTS FOR SERVICES. All ACCS providers must incorporate the following ACCS language into their resident admission agreement for those residents participating in ACCS.

Agreements must state the following terms:

(The home) agrees to serve you under the Medicaid Assistive Community Care Services (ACCS) program as long as you are verified ACCS eligible and need Level III Residential Care Home Services.

For residents who are ACCS eligible without meeting a spend-down:

For as long as you are verified ACCS eligible you will be responsible for paying (the home) directly for your room, board, shopping and transportation (as defined in the Residential Care Home Licensing Regulations) at the rate of \$_____ per month. You will retain a Personal Needs Allowance of at least \$_____ month.

For residents that become ACCS eligible through a spend-down:

If you must meet a spend-down to become ACCS eligible, you are responsible to pay (the home) at the private rate of \$_____ per day/month (\$_____ for care, \$_____ for room, board, shopping & transportation) until the spend-down has been met. This rate will be in effect whenever you are in a spend-down situation. This rate will pay for your room, board, shopping, transportation, and care services. Once the spend-down has been met (the home) will bill the Medicaid ACCS program for your care services and you will be responsible for paying your room and board payment of \$_____ per month.

- For as long as you maintain ACCS eligibility (The home) will bill the Medicaid ACCS program for your Level III care services covered by the program at the daily rate established by the Medicaid program. The home will bill the Medicaid ACCS Program at this rate for each day of service provided to you. As of the date of this agreement, that rate is \$_____ per day. A day of service is a day on which you are ACCS eligible, reside at the home, and have not been absent for the entire 24 hour day or admitted to another facility. Under the terms of the Medicaid ACCS program, the home may not ask or require you or anyone else to pay the home for days you are absent from the home.
- Covered services are the following services, up to the Level III level of care: help with activities of daily living; medication assistance, monitoring, and administration; 24 hour on-site assistive therapy; restorative nursing; nursing assessment; health monitoring; case management; and routine nursing tasks. These service terms are equivalent to terms included in the Residential Care Home licensing regulations.
- (The home) agrees that your room, board, shopping and transportation payment, plus the funds (the home) receives from the Medicaid ACCS program will be the sole and complete payment to (the home) for required services except in the following (2) two instances. First, if your care needs increase to the point where you qualify for nursing home care the home may increase its daily rate if the home can adequately meet your needs. Second, if your financial situation changes and you are required to meet a Medicaid spend-down that involves the ACCS program, the home reserves the right to charge its customary rates during the spend-down period.

If you choose to customize the ACCS language you must submit a copy of the agreement to the Division of Licensing and Protection for review and approval. Agreements shall include the following requirements:

- The room, board, shopping and transportation rate for an ACCS resident may not exceed _____ per month (as of 1/1/06 it is \$603.00 per month);
- The personal needs allowance must be at least \$47.66 for an ACCS resident;
- List the ACCS services,
- The home may not require additional payment to supplement the room and board payment and Medicaid reimbursement for residents need the level III services. The home may not require payment for care on days that the resident is absent from the home.
- **Note:** For residents you serve under agreements with the Division of Vocational Rehabilitation's Traumatic Brain Injury Waiver, or with the Department of Developmental and Mental Health Services, higher personal spending money may also be required. Consult these programs for guidance.

Optional Provisions:

In addition to required language, agreements may state:

- The home may require the resident to immediately inform them if there is a change in the resident's Medicaid or ACCS status.
- The home and resident may enter into voluntary agreements for services not required by the Vermont Residential Care Home Licensing Regulations or the ACCS program. These agreements must be documented in the resident agreement according to the requirements of the RCH regulations.

Resident Name:
Address:

Date:

Resident Representative:
Address:

[Discharge/Transfer] Notice

Dear :

This letter is to notify you that we intend to [discharge/transfer] you from this home/your room on [date]. The specific reasons for your [discharge/transfer] are:

You have the right to appeal the decision of discharge/transfer. You have the right to remain in the home/your room until there is a final decision on your appeal. To appeal, you must complete the following steps:

- 1. You or your legal representative must inform the Manager or the State Survey Agency Director, Suzanne Leavitt that you wish to appeal this discharge/transfer notice. You can make this request verbally or in writing to:**

**Suzanne Leavitt, State Survey Agency Director
Division of Licensing & Protection
103 South Main Street
Waterbury, VT 05671-1601
Telephone: (802) 871-3317**

- 2. You must request the appeal within 10 business days from the date you received this notice.**
- 3. At the time you request the appeal, you or your legal representative must provide material or information to the State Survey Agency Director explaining why you disagree with the proposed discharge/transfer.**
- 4. The State Survey Agency Director or a designee will make a decision within eight business days of your request to appeal this discharge/transfer.**

5. If you do not understand this letter or if you need help requesting an appeal, you can contact the Long Term Ombudsman, Disability Right's Vermont or the Vermont Senior Citizen's Law Project. Please let me/home manager know if you need assistance contacting one of these agencies.

If you do not wish to appeal this notice, you do not need to take any further action. I/Manager will inform you of the next steps to proceed with the discharge/transfer.

You do not have to leave the home/your room until the date specified in the first paragraph of this letter.

Please let me/Manager know if you have any questions.

Sincerely,

Manager/Owner

Cc: (all applicable parties)

**Division of Licensing and Protection
May 2009**

**Variations for Criminal Backgrounds
Nursing Homes and Residential Care Homes**

Refer to State of Vermont Licensing and Operating Rules for Nursing Homes Section 3.17
Freedom from Restraints and Abuse or
State of Vermont Residential Care Home Licensing Regulations Section 5.11.c

The decision regarding whether or not to seek a variance is voluntary on the part of the facility. You may decide not to employ the person. It is up to you, but if you do, you need to seek and obtain a variance.

Required documentation to submit to DLP

1. A letter from the facility administrator requesting the variance that describes the offence(s) and the reasons why the facility is seeking to employ the individual. Include the duties and hours of the prospective employee.
2. A copy of the criminal background check that contains the description of the offense and when it occurred.
3. A brief statement from the prospective employee that describes the offense and the reasons why the person wishes to be employed.

Please note that the variance is granted to the facility and not the individual. Please do not encourage the prospective employee to contact DLP on his/her own. The variance may be reviewed or revised by DLP at any time.

REGIONAL OFFICES

DEPARTMENT OF ENVIRONMENTAL CONSERVATION (DEC) DISTRICT ENVIRONMENTAL COMMISSIONS (ACT 250)

DISTRICTS 1, 8 & 9

450 Asa Bloomer State Office Bldg
Merchants Row,
Rutland, VT 05701-8903

DEC Permit Specialist.....	786-5907
DEC Wastewater Program.....	786-5900
Act 250 (Dist #1 & 8).....	786-5920
Act 250 (Dist #9).....	879-5614
DEC River Management.....	371-8342
DEC Wetlands.....	885-8851

DISTRICTS 2 & 3

100 Mineral St., Ste #303
Springfield, VT 05156

DEC Permit Specialist.....	885-8858
DEC Wastewater Program.....	885-8956
Act 250 (Dist #2).....	885-8846 or 885-8848
Act 250 (Dist #3).....	885-8843
DEC River Management.....	345-3518
DEC Wetlands.....	885-8851

DISTRICTS 4 & 6

111 West Street
Essex Junction, VT 05452

DEC Permit Specialist.....	879-5676
DEC Wastewater Program (Dist #4 & 6).....	879-5656
Act 250 (Dist #4 & 6).....	879-5614
DEC River Management.....	777-5328
DEC Wetlands.....	879-2396

DISTRICTS 3A & 5

5 Parry Street, Suite 8D
Barre, VT 05641-4282

DEC Permit Specialist.....	476-8195
DEC Wastewater Program.....	476-0190
Act 250 (Dist #3 & 3A).....	885-8843
Act 250 (Dist #5).....	476-0185
DEC River Management.....	279-1143
DEC Wetlands (Dist #3A).....	885-8851
DEC Wetlands (Dist #5).....	338-4823

DISTRICT 7

1229 Portland St., Ste 201
St. Johnsbury, VT 05819

DEC Permit Specialist (Tues).....	751-8127
DEC Wastewater Program.....	751-0130
Act 250.....	751-0120
DEC River Management.....	751-0129
DEC Wetlands.....	338-4823



3A* NOTE:
For towns in District 3A, contact the Springfield Office for Act 250 Permits. For Water Supply, Wastewater Disposal and Subdivision Approval, District 3A must contact the Barre Office.

9* NOTE:
For towns in District 9, contact the Essex Junction Office for Act 250 Permits. For Water Supply, Wastewater Disposal and Subdivision Approval, District 9 must contact the Rutland Office.

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Make your first call the right one, contact a Permit Specialist

The goal of the Permit Assistance Specialist is to take the mystery, anxiety, and frustration out of the permit process for businesses and the public. The Specialists give you advice about state permits required for your project and help you find the on-line resources and staff who can help you obtain your permit. To provide the best service, they are located in 5 regional offices. See the map.

A Specialist can prepare a Project Review Sheet (PRS), as a road map to other state permits you may need. Knowing all of the permits required before you begin your project can prevent costly delays, saving you time and money.

The PRS can be developed as a preliminary jurisdictional review for the client's use only. Even though this information is not strictly confidential, we have rarely had an outside request for the information.

Annually the Specialists provide businesses and Vermonters with...

- Over 5,000 contacts providing permit information
- 2,500 project specific permit determinations

The Permit Assistance Program is part of the Environmental Assistance Office, a non-regulatory branch of the Vermont Department of Environmental Conservation. EAO also operates a Small Business Compliance Assistance Program that can help existing businesses evaluate their compliance with environmental regulations during a confidential site visit. This is important if you are selling, financing, or expanding your business. Please call (800) 974-9559.



VERMONT
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Environmental Assistance Office

*Agency of
Natural
Resources*

Do You Need A State Permit?



Ask A Permit Specialist

rev. 5/12

PERMIT ASSISTANCE

PERMIT SPECIALISTS are available in the Regional Offices to answer your questions about the permit process. The Permit Specialist will advise you about needed state permits and will prepare a *Project Review Sheet (PRS)*.

The *Project Review Sheet* is a preliminary determination of not only environmental permits, but any state permits your project may need. It lists the agencies and departments and provides contact information.

To quickly locate the Permit Specialist serving your area, use the map on this brochure or the Permit Specialist locator at:

www.anr.state.vt.us/dec/ead/pa/index.htm

THE PERMIT HANDBOOK is a reference book that explains most of the state permit programs with summaries of permits, required fees, and contact persons within specific programs. The *Permit Handbook* is available:

- 1. On the Internet at:
www.anr.state.vt.us/dec/permit_hb/index.htm
- 2. or obtain further information by contacting the Permit Assistance Program at 477-3101.

PERMIT INFORMATION SUMMARY PAGE contains a listing of all Department of Environmental Conservation (DEC) permit programs with links to application forms, instructions and other permitting information. The Permit Information Summary Page is available on the Internet at:

www.anr.state.vt.us/dec/permits.htm

COMPLIANCE ASSISTANCE is also available to Vermont small businesses and municipalities. To request assistance call:

(800) 974-9559

DEC PERMITS

Wastewater System & Potable Water Supply Permits

A Wastewater System and Potable Water Supply Permit may be required for:

- Subdivision of land.
- Construction, modifications, or changes in use of buildings and structures such as:
 - apartments (1 or more)
 - duplexes
 - second dwelling on a lot
 - repair shops
 - churches, schools
 - day cares
 - stores, offices
 - lodging
 - food service
 - beauty parlors
 - municipal buildings
 - health care
 - mobile home parks
 - campgrounds

Contact the Regional Office Wastewater Program for more information (*see map*).

Other Department of Environmental Conservation Permitting Programs

- Public water systems.
(800) 823-6500 or (802) 241-3400
- Industrial process air emissions, open burning.
(888) 520-4879 or (802) 241-3840
- Wastewater discharge permits, floor drains.
(802) 654-0831
- Wetlands.
(for regional office numbers see map, over)
(802) 338-4835
- Stormwater disposal.
(802) 338-4835
- River Management.
(for regional office numbers see River Mgmt. on map, over)
(802) 338-4835
- Waste transfer stations, recycling, composting.
(802) 241-3444
- Hazardous waste handling, storage, burning waste oil.
(802) 241-3888
- Salvage Yards.
(802) 595-5740

ACT 250

In addition to the DEC permits described to the left, an Act 250 permit may also be required for projects such as those listed below.

Act 250, Vermont's development and control law, is administered by nine District Environmental Commissions, comprised of citizens appointed by the Governor, and supported by staff (District Coordinators) in five Regional Offices (*see map*).

- Construction for commercial purposes depending upon the size of the tract of land and the town in which it is located.
- The construction of 10 or more housing units, including mobile-home parks, within 5 years.
- The subdivision of land into 10 or more lots of any size within 5 years.
- The subdivision of land into six or more lots, within 5 years, in a town which does not have both permanent zoning and subdivision regulations.
- Construction that would substantially change or expand a pre-1970 "grandfathered" development that would require a permit if built today.
- Construction for a governmental purpose which disturbs more than 10 acres, or is part of a larger project that will involve more than 10 acres of land.
- Construction of a support structure, 50 feet tall or higher, primarily for communication or broadcast purposes.
- Construction, including forestry or farming, above 2,500 feet in elevation.
- Contact Act 250 at Regional Offices (*see map*).

ADDITIONAL CONTACTS

DEPARTMENT OF PUBLIC SAFETY

Construction permit for fire prevention, electrical wiring, plumbing, and ADA access for public buildings. Operating permit for boilers and pressure vessels (i.e. LP gas storage).

Barre.....479-4434
Williston.....879-2300
Springfield.....865-8883
Rutland.....786-5867

DEPARTMENT OF HEALTH

Food, lodging, bakeries, children's camps, asbestos and lead control programs.

(802) 863-7220

DEPARTMENT OF AGRICULTURE

Greenhouses, Golf Courses, Large Farms, Pesticides, Gas Pumps, Scales, Milk Processing, Poultry Processing, Slaughterhouses, Animal Shelters/Kennels, & Retail Sales of Milk, Meat, Poultry, & Pesticides.....828-2430

AGENCY OF TRANSPORTATION

Construction within a state highway right-of-way (i.e. driveways).....828-2653
Off premise signs.....828-2651

AGENCY OF HUMAN SERVICES

Child care facilities.....(800) 649-2642
Nursing & other care homes.....871-3317

SECRETARY OF STATE

Business registration.....828-2386
Professional regulation.....(888) 287-5006

DEPARTMENT OF TAXES

Telephone: 828-2551 Fax: 828-5787

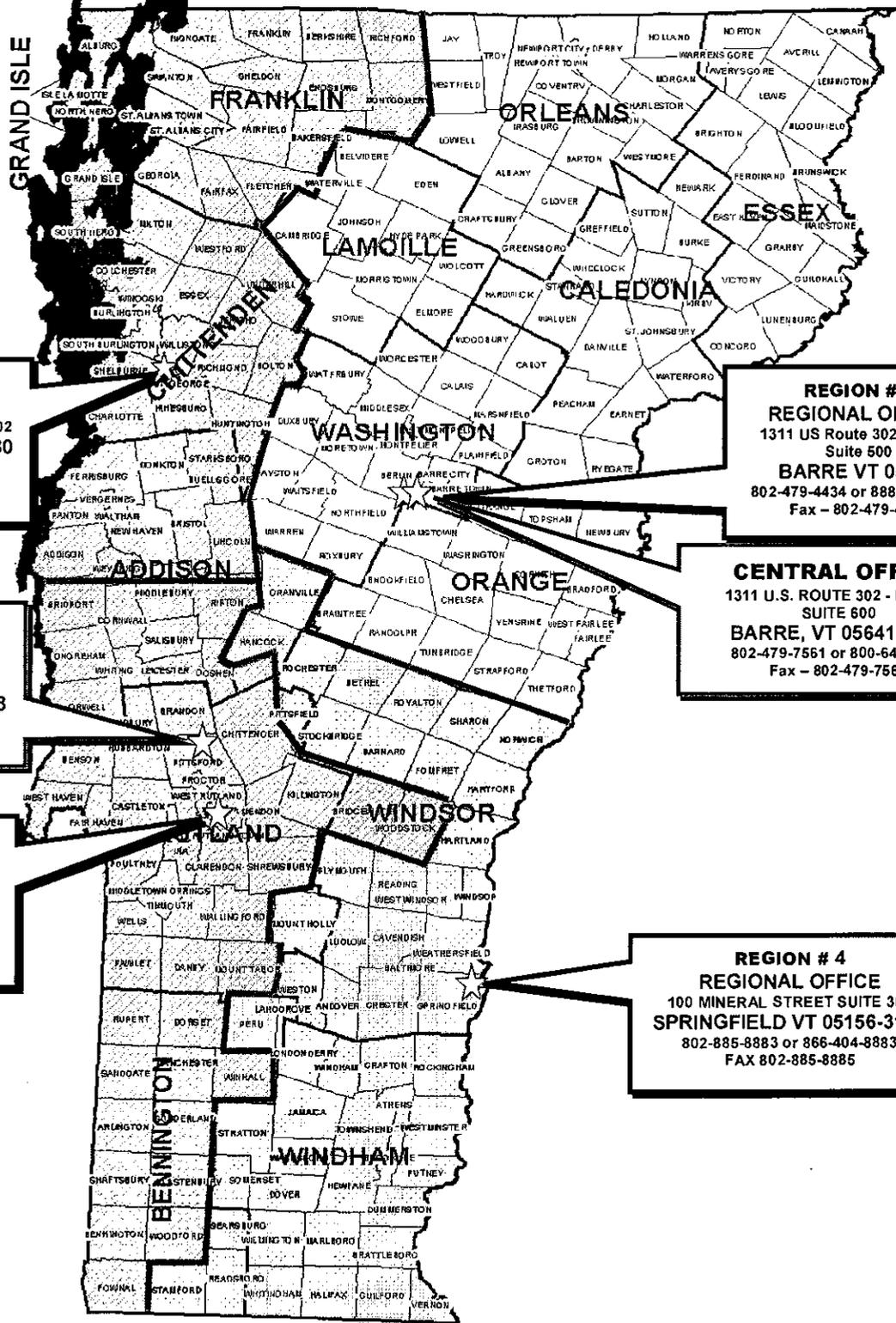
This is not intended to be a complete listing of all state regulatory programs. Please contact the agencies listed for additional information on any project you pursue.



STATE OF VERMONT DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY
 OFFICE OF THE STATE FIRE MARSHAL AND THE STATE FIRE ACADEMY



Regional Offices Coverage Areas



REGION # 1
REGIONAL OFFICE
 372 HURRICANE LANE SUITE 102
 WILLISTON VT 05495-2080
 802-879-2300 or 800-366-8325
 FAX - 802-879-2312

REGION # 2
REGIONAL OFFICE
 1311 US Route 302 - Berlin
 Suite 500
 BARRE VT 05641
 802-479-4434 or 888-870-7888
 Fax - 802-479-4446

CENTRAL OFFICE
 1311 U.S. ROUTE 302 - BERLIN
 SUITE 600
 BARRE, VT 05641-2351
 802-479-7561 or 800-640-2106
 Fax - 802-479-7562

VERMONT STATE
FIRE ACADEMY
 317 ACADEMY ROAD
 PITTSFORD VT 05763-9358
 802-483-2755 or 800-615-3473
 FAX - 802-483-2454

REGION # 3
REGIONAL OFFICE
 56 HDWE STREET
 BUILDING A - SUITE 200
 RUTLAND VT 05701
 802-786-5867 or 888-370-4834
 FAX - 802-786-5872

REGION # 4
REGIONAL OFFICE
 100 MINERAL STREET SUITE 307
 SPRINGFIELD VT 05156-3168
 802-885-8883 or 866-404-8883
 FAX 802-885-8885

Controlled Substances in the United States

Controlled substances Act – United States

The U.S. Federal controlled Substances Act of 1970 places drugs controlled by the Act into five categories or schedules based on their potential to cause psychological and/or physical dependence as well as on their potential for abuse. The schedules are defined as follows:

Schedule I [C-I]: Includes substances for which there is a high abuse potential and no current approved medical use (e.g., heroin, marijuana, LSD, other hallucinogens, certain opiates and opium derivatives).

Schedule II [C-II]: Includes drugs that have a high ability to produce physical or psychological dependence and for which there is a current approved or acceptable medical use (e.g., narcotics, certain CNS stimulants).

Schedule III [C-III]: Includes drugs for which there is less potential for abuse than drugs in Schedule II and for which there is a current approved medical use and moderate dependence liability. Certain drugs in this category are preparation containing limited quantities of codeine and nonbarbituate sedatives. Anabolic steroids are classified in Schedule III.

Schedule IV [C-IV]: Includes drugs for which there is less abuse potential than for Schedule III, for which there is a current approved medical use, and that have limited dependence liability.

Schedule V [C-V]: Drugs in this category consist mainly of preparation containing limited amounts of certain narcotic drugs for use as antitussives and antidiarrheals. Federal law provides that limited quantities of these drugs (e.g., codeine) may be bought without a prescription by an individual at least 18 years of age if allowed under state statutes. The product must be purchased from a pharmacist, who must keep appropriate records. However, state laws vary, and in many states such products require a prescription.

Note: Generally prescriptions for Schedule II (high abuse potential) drugs cannot be transmitted over the phone and they cannot be refilled. Prescriptions for Schedule III, IV, and V drugs may be refilled up to five times within 6 months, schedule II drugs are not necessarily “stronger than drugs in Schedules III, IV or V; schedule II drugs are classified as such due to their high abuse potential.

Drug	Schedule	Drug	Schedule
Alprazolam	IV	Methylphenidate HCl	II
Amphetamine Sulfate	II	Methyltestosterone	III
Aprobarbital	III	Midazolam	IV
Benzphetamine HCl	III	Morphine Sulphate	II
Buprenorphine HCl	V	Nandrolone Decanoate	III
Butabarbital Sodium	III	Opium	II
Butorphanol Tartarate	IV	Oxandrolone	III
Chloral Hydrate	IV	Oxazepam	IV
Chlordiazepoxide	IV	Oxycodone HCl	II
Clonazepam	IV	Oxymetholone	III
Clorazepate Dipotassium	IV	Oxymorphone HCl	II
Codeine	II	Paraldehyde	IV
Dexmethylphenidate HCl	II	Paregoric	III
Dextroamphetamine Sulfate	II	Pemoline	IV
Diazepam	IV	Pentazocine	IV
Diethylpropion HCl	IV	Pentobarbital Sodium	
Estazolam	IV		PO II
Ethchlorvynol	IV		Rectal III
Fentanyl	II	Phendimetrazine Tartrate	III
Fluoxymesterone	III	Phenobarbital	IV
Flurazepam HCl	IV	Phentermine HCl	IV
Glutethimide	II	Propoxyphene	IV
Halazepam	IV	Quazepam	IV
Hydrocodone	Not available alone (usually C-II in combination drugs)	Secobarbital Sodium	II
Hydromorphone HCl	II	Sibutramine HCl	IV
Levomethadyl Acetate HCl	II	Stanozolol	III
Levorphanol Tartrate	II	Sufentanil Citrate	IV
Lorazepam	IV	Temazepam	IV
Meperidine HCl	II	Testosterone (all forms)	III
Mephobarbital	IV	Triazolam	IV
Meprobamate	IV	Zalephon	IV
Methadone HCl	II	Zolpidem Tartrate	IV
Methamphetamine HCl	II		

**Residential Care Home
Menu Planning Guide**

Facility: _____ Week/Year: _____

Food Group		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Meal Date								
Meat/Equivalent: 4-5 oz. cooked portion/day	1. 2. 3.							
Fruit: ½ cup: 2-4 servings/day	1. 2. 3. 4.							
Vegetable: ½ cup: 3-5 servings/day	1. 2. 3. 4. 5.							
Bread/Cereal/Rice/Pasta/ Equivalent: 6-11 servings/day	1. 2. 3. 4. 5. 6.							
Milk: 8 oz. or equivalent: 3 servings/day	1. 2. 3.							
Vitamin C: one/day								
Vitamin A: every other day								

Please note that mixed dishes such as casseroles, stews can be served by incorporating the meal plan components.