

# **Residential Care Home (RCH)**

## **Uniform Disclosure: What You Need To Know**

The purpose of this document is to provide you with information about Residential Care Homes (RCHs). Part I answers some general questions. Part II gives you more specific information.

### **Part I - General Information**

#### **What is Residential Care?**

RCHs are licensed by the Vermont Department of Disabilities, Aging and Independent Living's Division of Licensing and Protection. In general, RCHs provide care to persons unable to live wholly independently but not in need of the level of care and services provided in a nursing home. Toward that end, the rules governing RCHs are designed to foster personal independence on the part of residents and a home-like environment in the homes. However, through approved variances and Vermont Medicaid waiver programs, many RCHs now house numerous residents who require nursing home level of care, and the rules are also designed to ensure additional protections and services for those residents at nursing home level of care who reside in Vermont's RCHs.

RCHs are licensed as either Level IV or Level III. Both levels must provide room and board, assistance with personal care, general supervision and/or medication management. Level III homes also must provide the additional service of nursing overview. Some RCHs have approved Special Care Units for residents with dementia, which is indicated on their license.

#### **If I move to an RCH, will I be able to “age in place” or stay here forever?**

Unlike ALRs (Assisted Living Residences) the rules for RCHs do not expect or explicitly allow for aging in place. However, there are many homes that will work with the State to provide care to residents who have or develop nursing home level of care needs, allowing for aging in place on a case by case basis. This process uses variances, which are reviewed by, and granted or denied by, the State licensing agency. Variances are not guaranteed, and may be reviewed or revoked at any time due to quality of care or other issues. Also, you may need more care than the RCH can provide or that you can afford. Rate increases may affect whether the RCH is affordable for you.

#### **Are there some individuals who require too much care for a RCH?**

Yes. The RCH cannot admit or retain individuals who meet level of care eligibility for nursing home admission, or who otherwise have care needs which exceed what the home is able to safely and appropriately provide, without an approved variance. The RCH cannot admit or retain a resident who requires intravenous therapy; use of a ventilator; daily catheter irrigation; feeding tubes; care of stage III or IV pressure ulcers; or suctioning, without an approved variance. Sterile dressings are permitted without a variance, but only if the service is provided by a registered nurse or a licensed practical nurse. Variances are voluntary and can only be requested by the RCH if they have the capacity and qualified staff to provide the necessary care and services.

RCH rules allow for involuntary discharges of residents when one of the following criteria is met (even when a variance is in place): the resident's care needs exceed those which the home is licensed or approved through a variance to provide; the home is unable to meet the resident's assessed needs; the resident presents a threat to the resident's self or the welfare of other residents or staff; the discharge or transfer is ordered by a court; or the resident has failed to pay monthly charges for room, board and care in accordance with the admission agreement.

## **What services must the RCH provide?**

RCHs must offer the following services:

- ✓ Three (3) meals a day, including special diets ordered by a physician
- ✓ Snacks and beverages between meals
- ✓ Transportation - (4 trips/month up to 20 miles for each round trip)
- ✓ Medication assistance and administration
- ✓ Coordinated health care services
- ✓ Nursing overview (level III – provided by an RN)
- ✓ Assistance with personal care including bathing, dressing, meals/eating, toileting, grooming, walking and transferring from bed to a wheelchair
- ✓ Housekeeping
- ✓ Linen and personal laundry
- ✓ Homes that are approved for Medicaid (ACCS) participation are also required to provide, at no additional cost: case management, assistive therapy, and restorative nursing.

## **Will RCHs provide additional services?**

That varies from home to home. Some RCHs offer optional services such as additional housekeeping, internet access, cable TV, WiFi, special outings, case management services or assistance paying your bills. The RCH may include these services in their monthly rate, or you may have to pay an additional amount for these services. Some RCHs may also provide additional services if your care needs increase. In addition to the services that all RCHs must provide under the law listed above, a RCH will list the services it can provide and the fee, if applicable, on its admission agreement.

## **How much does a RCH cost?**

RCHs set their own rates. Rates will vary from home to home. They can also vary within each RCH depending on the services that you receive or the size of your room. Even though you agree upon a certain rate when you move into the RCH, the RCH can increase its rates any time as long as you receive 90 days written notice in advance of the increase (30 days if the payor source is Medicaid).

## **How do I pay for a RCH?**

Generally, people use their income (social security, pension, dividends) or assets (savings, stock, retirement funds) to pay for the RCH. Some RCHs participate in the Medicaid program (referred to as Assistive Community Care Services/ACCS in the rules) or in state or federal housing programs. For individuals who qualify, these programs may cover all or a portion of the cost of the RCH.

## **Who staffs the RCH?**

Unlike nursing homes, there is no minimum staffing requirement in a RCH, unless the RCH chooses to care for nursing home level of care residents, but the RCH must always have sufficient staff to provide necessary care and maintain a safe and healthy environment. RCHs must have a registered nurse (RN) on staff or on contract to consult with other RCH staff about your health concerns and to coordinate and consult with community health care providers. RCHs must also have a person on duty and in charge at all times. If the RCH has more than 15 residents, there must be a staff person awake at all times. If the RCH cares for 6 or more residents who qualify for nursing home level of care, they must have 2 caregivers on duty 24/7, as well as a nurse available 24/7. The RN must be onsite for 1 hour each week per resident who requires nursing home level of care. Unlike nursing homes, staff that provide personal care and administer medications to residents do not have to be licensed.

## **How can I be sure that I will receive quality care?**

State regulations require all RCHs to provide quality care. The RCH must work with you to develop and maintain a care plan that assesses your individual care needs. The Division of Licensing and Protection (DLP) conducts annual inspections to ensure that RCHs are providing quality care. DLP will also investigate specific complaints it receives about care and services. The Vermont Long Term Care Ombudsman Project, a special project of Vermont Legal Aid, Inc., and Disability Rights Vermont (DRVT) are also available to help you with any concerns you have about care, services or quality of life in the RCH.

## **Can I be discharged from the RCH or transferred to another unit within the RCH?**

Yes, but only for the reasons stated above.

You must receive written notice 30 days prior to any discharge from the RCH and 72 hours prior to a transfer within the RCH. You have the right to challenge or appeal the proposed move. The notice will tell you how to do this. If you need assistance contact DLP, LTC Ombudsman or DRVT.

## **What should I do before I sign a RCH admission agreement?**

Be sure to get a copy of the agreement and read it carefully. If you have questions about specific provisions, ask the RCH to explain them to you. If you change any terms of the agreement, be sure that both you and a facility representative initial the change. You may wish to ask a lawyer to review the agreement. You may be eligible for legal services through the Vermont Senior Citizens Law Project. Or, you can get advice from the LTC Ombudsman or your local Area Agency on Aging (only if over 60). Although the Division of Licensing and Protection (DLP) does not require providers to use a specific admission agreement, you should contact DLP if you think the agreement contains any unfair or illegal provisions.

## **Why is the admission agreement so important?**

The admission agreement will determine what services you receive and how much they cost. This contract will have a direct impact on your care and your quality of life. It could determine if you can bring your cat with you, if your son can have a cigarette when he comes to visit or if you can have a glass of wine with your niece when she graduates from college. Transportation limits may require that you choose your trips. For example, whether you will be able to go to church AND your reading group every week. And it will determine if you can stay at the RCH if your care needs or financial situation changes.

### **IMPORTANT TELEPHONE NUMBERS**

<b>Division of Licensing and Protection</b>	<b>(802) 241-0480</b>
<b>Vermont Ombudsman Project</b>	<b>(800) 889-2047</b>
<b>Disability Rights Vermont</b>	<b>(802) 229-1355</b>
<b>Agency on Aging, Senior Help Line</b>	<b>(800) 642-5119</b>
<b>VT Elder Law Project</b>	<b>(800) 889-2047</b>

**PART II**  
**Residential Care Home (RCH)**  
**UNIFORM CONSUMER DISCLOSURE STATEMENT**

RCH Name: Mayo Residential Care

Address: 610 Water Street, Northfield, VT 05663

Website and/or email: https://mayohc.org

Telephone Number: (802) 485-3168 Number of beds: 44

Manager: Raequel Gordon, LPN

RCH Owner: Board of Trustees

Date this disclosure statement was completed/revised: April 14<sup>th</sup>, 2025

**A. Policies/Programs. Does the RCH-**

1. Participate in the Assistive Community Care Services (ACCS) program (Medicaid)?  
☒ Yes   ☐ No
2. Limit the number of residents it will retain through ACCS?  
☒ Yes   ☐ No
3. Participate in Enhanced Residential Care (ERC) waiver program (Medicaid)?  
☒ Yes   ☐ No
4. Limit the number of ERC residents?  
☒ Yes   ☐ No
5. Participate in federal or state housing or other subsidy programs?  
☐ Yes   ☒ No
6. Retain residents with care needs beyond scope of mandatory RCH services?  
☒ Yes   ☐ No
7. Require you to disclose personal financial information upon admission?  
☒ Yes   ☐ No
8. Allow smoking? ☐ Yes   ☒ No   If yes, are there restrictions? \_\_\_\_\_
9. Allow pets? ☐ Yes   ☒ No   If yes, are there restrictions? \_\_\_\_\_
10. Have a dementia or other special unit? ☐ Yes   ☒ No, type: \_\_\_\_\_
11. Have any variances from the state for room size, building features, etc.?  
☐ Yes   ☒ No   List: \_\_\_\_\_
12. Have a floating license program? Yes ☒ No
13. Serve as a senior meal site or adult day care site? Yes ☒ No

## B. Additional Charges (For example, Deposits or Fees)

	<u>Additional Charge?</u>		<u>Refundable?</u>	
1. Application	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Security/Damage	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. Cleaning	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Pet	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Smoking	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Keys	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## C. Pharmacy Services

1. Does the RCH have a specific arrangement with a pharmacy for obtaining medications? ☒ Yes ☐ No Name of Pharmacy: Health Direct

*Note: If the consumer requires medication administration and chooses the RCH's pharmacy, it is included in the basic rate.*

2. If the consumer chooses a different pharmacy and the consumer requires medication administration, is there a charge to arrange for pharmacy services?

☐ Yes ☒ No If so, how much? \_\_\_\_\_

## D. Room Rate

1. Private Room: Rate: \$225 / \$240 Per: Day
2. Semi-private Room: Rate: \_\_\_\_\_ Per: \_\_\_\_\_

Rates are subject to change, with written advanced notice, as required by the rules. Below, describe rate changes due to increased care needs and describe the situations in which changes could occur to the rate (attach additional pages if needed).

45 minutes of hands-on care per 24 hours is accounted for in the daily rate. Additional time above 45 minutes is charged at a rate of \$33 per hour or \$8.25 per 15 minutes.

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**E. Staffing Information:**

Registered Nurse on-site:

☐ part time or ☒ full time

If part time, number of hours per week on average: \_\_\_\_\_

Licensed Practical Nurse on site:

☐ part time or ☐ full time

If part time, number of hours per week on average: \_\_\_\_\_

Dedicated Activities Staff:

☐ Yes ☐ No**F. Optional Services/Amenities\*:**

1 = Included in rate

2 = Available at extra cost

3 = Will arrange for service with outside provider

4 = Not available

Transportation (beyond the four 20-mile round trips)	1	2	3	4
Money Management	1	2	3	4
Health care supplies	1	2	3	4
Personal toiletries	1	2	3	4
Personal telephone	1	2	3	4
Cable TV	1	2	3	4
Internet access	1	2	3	4
Additional housekeeping	1	2	3	4
Salon services	1	2	3	4
Special social outings	1	2	3	4
Newspaper	1	2	3	4
Garage or parking space	1	2	3	4
Guest meals	1	2	3	4



Air conditioning *Central air in common areas*	1	2	3	4
Emergency call system in resident rooms	1	2	3	4
Emergency call system in resident bathrooms	1	2	3	4
Use of specialized safety equipment (such as Bed alarms, motion alarms, door sensors, etc.)	1	2	3	4
Garden/outdoor activity spaces	1	2	3	4
Guest accommodations (meals, overnight)	1	2	3	4

### **Nursing and Direct Care Service\*:**

Individualized monitoring for wandering or exit-seeking behavior	1	2	3	4
Prepared to manage challenging behaviors (Specify)_____	1	2	3	4
Restorative nursing (related to OT/PT/SLP needs)	1	2	3	4
Wound care: complex	1	2	3	4
Diabetic care: complex (Use of sliding scale insulin)	1	2	3	4
Respiratory Care (examples: oxygen use and monitoring, respiratory equipment such as CPAP, etc.)	1	2	3	4
Dialysis including transportation and coordination of care	1	2	3	4
Integrative Health Services (examples include acupuncture, aromatherapy, massage, etc.)	1	2	3	4
Indwelling or intermittent urinary catheter care; emptying and bag changes, replacement, etc.	1	2	3	4
Suprapubic catheter care, Ostomy care	1	2	3	4
Arrangements for and coordination with hospice care	1	2	3	4
Assistance with bowel and bladder control, devices, and training	1	2	3	4

programs				
One-to-One staffing for special circumstances	1	2	3	4
Transfers with assist of two staff	1	2	3	4
Transfers utilizing mechanical lift equipment (such as, sit-to-stand lifts, Hoyer lifts, pads for lifting, etc.)	1	2	3	4
Social worker services available or can be arranged	1	2	3	4

### Meals and Dietary\*:

Alternate meal location, if residents choose to eat in their room	1	2	3	4
Dietitian or Nutritionist Services	1	2	3	4
Feeding assistance for residents with complicated eating problems (thickened liquids, modified texture diet, etc.)	1	2	3	4
Special nontherapeutic diets (kosher, vegetarian, etc.)	1	2	3	4

\*Please note that regulations prohibit additional charges for covered services for residents utilizing ACCS/Medicaid benefits and/or Choices for Care.

### G. Further Facility information:

Elevator or mechanical stair lift system for resident use	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Fully sprinklered building	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Designated smoking area outside	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Private in room bathrooms	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Common bathrooms	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Whirlpool/tub for baths	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Security cameras in common spaces	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Emergency generator(s) for outages	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No