

**Manual M-2, Professional Services. Part XIX, Extended Care Service (Domiciliary)**

**Chapter 2, General Administration (Paragraphs 2.01 through 2.08)**

This document includes:

Title page and title page verso for M-2, Part XIX, dated **May 15, 1970**

Contents page for M-2, Part XIX, dated **May 15, 1970**

Text for Chapter 2, dated **May 15, 1970**

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PART XIX

**M-2**

VETERANS ADMINISTRATION  
DEPARTMENT OF MEDICINE AND SURGERY MANUAL

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# PROFESSIONAL SERVICES

*Rescission 11/93  
pending incorporation  
in M-5, Part I*



PART NINETEEN  
EXTENDED CARE SERVICE  
(DOMICILIARY)

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WASHINGTON, D.C. 20420

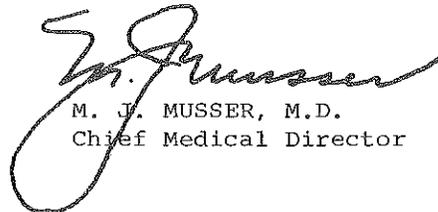
MAY 15, 1970

M-2, Part XIX

Department of Medicine and Surgery  
Veterans Administration  
Washington, D.C. 20420

May 15, 1970

Part XIX, "Extended Care Service (Domiciliary)," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is published for the compliance of all concerned.



M. J. MUSSER, M.D.  
Chief Medical Director

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## CHAPTER 2. GENERAL ADMINISTRATION

### 2.01 ORGANIZATION OF DOMICILIARY

a. The position title, Chief, Domiciliary Operations, will designate the individual responsible to the Center Director; Director, Domiciliary;<sup>1/</sup> or Domiciliary Director<sup>2/</sup> as appropriate for the conduct of the domiciliary program. The position titles, Chief, Domiciliary Medical Service, and Chief, Restoration Program, will designate other leadership positions.

b. The Chief, Domiciliary Operations, will be responsible for the administrative aspects of a comprehensive therapeutic program of care for patient-members. He will collaborate with the Chief of Staff, and Assistant Station Director, in coordinating services for the efficient operation of the domiciliary program.

c. The following will be performed at the section level:

- (1) Assure compliance with current health, safety and sanitation directives as they pertain to the living space, storage areas, dayrooms and other aspects of patient-member quarters.
- (2) Providing living accommodations including items and services authorized.
- (3) Assist in the directing and modifying of individual patient-members' behavior for the general welfare of all patient-members.
- (4) Prepare a daily census for all patient-members assigned to the section.

d. Resources of the station and community will be used to their fullest extent in support of domiciliary care, consistent with State or Federal laws, regulations and budgetary capability.

e. Additional station directives and instructions consistent with DM&S policy will be issued as required.

### 2.02 PATIENT-MEMBERS

a. Veterans receiving domiciliary care will be designated patient-members.

b. Patient-members will reside in organizational units designated as sections or special programs. These sections must constitute a therapeutic environment in which patient-members can receive maximum results from professional medical and restorative efforts.

c. Living areas for patient-members will be under the supervision of an employee or a patient-member approved by the Chief, Domiciliary Operations, and designated as a treatment, program, or section leader. Additional patient-members may be used to operate the section and to supplement treatment and care.

### 2.03 EMPLOYEE AND PATIENT-MEMBER RELATIONS

a. Employees will not accept gifts, compensation for services or bequests from patient-members. Exceptions may be requested under the provisions of VA Regulation 811(D).

b. Employees will not lend, borrow, hold money, or engage in any type of personal business transaction with patient-members.

c. Patient-members will not perform any personal service for employees.

<sup>1/</sup> Director, Domiciliary--VA Domiciliary, White City, Oregon.

<sup>2/</sup> Domiciliary Director--VA Center, Los Angeles, California.

**2.04 WILLS AND OTHER LEGAL TRANSACTIONS FOR PATIENT-MEMBERS**

See M-1, part I, paragraph 1J.05.

**2.05 ILLEGAL DETENTION**

A patient-member will be detained in domiciliary care against his will only when he is in a physical or emotional condition which would endanger himself or others, or he is intoxicated. These conditions are of an emergency nature and must be resolved expeditiously by administrative and/or medical action.

**2.06 CONTINUITY OF SERVICES**

a. The Center Director will provide the necessary medical care, including provision for emergency treatment of patient-members at all hours.

b. Section level coverage will be provided on a 24-hour basis.

**2.07 BUILDING MANAGEMENT**

The Building Management Division will be responsible for establishing and maintaining the level of housekeeping and sanitary operations consistent with existing guidelines.

**2.08 REPORTING**

Statistical reporting and accounting will be in accordance with MP-6, part VI, supplement No. 1.2, chapter 21.

II 10-80-35  
July 29, 1980

TELEGRAPHIC MESSAGE

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NAME MYRLA SMITH	PHONE NUMBER 3692	

THIS SPACE FOR USE OF COMMUNICATION UNIT

MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)

TO:

DIRECTORS, SELECTED MEDICAL CENTERS, AND DOMICILIARY

00/ THIS IS INTERIM ISSUE 10-80-35

A. BASIC ADMINISTRATIVE ISSUE AFFECTED: M-2, PART XIX,

B. OTHER ~~ISSUES~~ ISSUES AFFECTED: IIs 10-79-33 AND 10-79-48

C. REASON FOR ISSUE: TO EXTEND RESCISSION DATES OF IIs 10-79-33/<sup>S</sup>10-79-48<sup>AND</sup>  
PENDING INCORPORATION IN A MANUAL.

D. TEXT OF ISSUE: THE RESCISSION DATES OF IIs 10-79-33 AND 10-79-48  
ARE EXTENDED UNTIL AUGUST 30, 1981.

E. RESCISSION: THIS INTERIM ISSUE WILL NOT BE CONFIRMED WITH A  
PRINTED COPY AND IS RESCINDED AUGUST 30, 1981. 181/10

*Ronald B. Thompson*  
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II 10-79-48

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TO:  
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00/THIS IS INTERIM ISSUE 10-79-48

A. BASIC ADMINISTRATIVE ISSUE AFFECTED: M-2, PART XIX

B. OTHER ISSUES AFFECTED: INTERIM ISSUE 10-79-33

C. REASON FOR ISSUE: TO REMIND SELECTED MEDICAL CENTERS AND DOMICILIARIES TO REPORT ON ANY RESEARCH ACTIVITIES TAKING PLACE AT THE DOMICILIARIES THROUGH THE ANNUAL NARRATIVE REPORT FOR DOMICILIARY PROGRAM, RCS 18-7

D. TEXT OF ISSUE: II 10-79-33, PARAGRAPH D4:  
INSERT A NEW SUBPARAGRAPH "L. RESEARCH," AND CHANGE EXISTING SUBPARAGRAPH "L" TO "M."

E. RESCISSION: THIS ISSUE IS RESCINDED AUGUST 30, 1980, AND WILL NOT BE CONFIRMED BY PRINTED ISSUE. 181/10

*1981 By 2010-80-35*

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*OB Thompson*  
*JAF G*  
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II 10-79-33  
August 30, 1979

NAME OF AGENCY <b>VACO WASH D C</b>	PRECEDENCE ACTION: <b>R</b> INFO:	SECURITY CLASSIFICATION
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**TO:**  
DIRECTORS, SELECTED MEDICAL CENTERS AND DOMICILIARY  
(SEE ATTACHED LIST)

00/ THIS IS INTERIM ISSUE 10-79-33

A. BASIC ADMINISTRATIVE ISSUE AFFECTED: M-2, PART XIX

B. OTHER ISSUES AFFECTED: NONE

C. REASON FOR ISSUE: TO ESTABLISH ANNUAL NARRATIVE REPORT FOR  
DOMICILIARY PROGRAM, RCS 18-7

D. TEXT OF ISSUE:

1. BACKGROUND. CURRENTLY THE OFFICE OF EXTENDED CARE IN VACO HAS NO SYSTEMATIZED METHOD OF LEARNING ABOUT PROGRAM CHANGES AND DEVELOPMENTS IN THE DOMICILIARY PROGRAM. NO OTHER REPORT PROVIDES INFORMATION REGARDING MAJOR PROGRAM ELEMENTS THAT HAVE ADMINISTRATIVE, PROFESSIONAL, OR BUDGETARY SIGNIFICANCE ON THE PROGRAM.

2. REPORT, RCS 18-7

A. THE ANNUAL NARRATIVE REPORT WILL BE PREPARED BY THE CHIEF, DOMICILIARY OPERATIONS, IN COORDINATION WITH PROFESSIONAL AND ADMINISTRATIVE SERVICES PROVIDING PROGRAM AND STAFF SUPPORT TO THE DOMICILIARY. THE REPORT WILL BE PREPARED IN TRIPLICATE ON LETTER-SIZE

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**TO:**

PAPER, DATED AND IDENTIFIED BY THE MEDICAL CENTER'S OR DOMICILIARY'S NAME AND THE REPORT CONTROL SYMBOL, RCS 18-7  
 INFORMATION CONTAINED IN THE REPORT WILL BE CONCISE AND BRIEF, NOT TO EXCEED THREE TYPEWRITTEN PAGES, EXCLUSIVE OF ATTACHMENTS.

B. THE REPORT WILL BE PREPARED ANNUALLY AT THE CLOSE OF THE FISCAL YEAR.

3. THE NARRATIVE REPORT IS THE REPORT OF THE CHIEF, DOMICILIARY OPERATIONS. THE ORIGINAL AND ONE COPY WILL BE FORWARDED THROUGH THE ASSISTANT DIRECTOR, CHIEF OF STAFF, AND THE MEDICAL CENTER OR DOMICILIARY DIRECTOR; EACH OF WHOM MAY COMMENT ON ANY MATERIAL IN THE REPORT BY ENDORSEMENT. THE REPORT IS TO REACH CENTRAL OFFICE WITHIN 15 WORKING DAYS AFTER THE CLOSE OF THE FISCAL YEAR.

REPORTS WILL BE ADDRESSED TO THE ACMD FOR EXTENDED CARE THROUGH THE APPROPRIATE REGIONAL MEDICAL DIRECTOR (10BA \_\_\_/181).

4. ONLY SIGNIFICANT DEVELOPMENTS OR CHANGES NEED TO BE REPORTED. THE REPORT WILL INCLUDE A COPY OF THE TABLE OF ORGANIZATION AND FUNCTIONAL CHART IN DOMICILIARY OPERATIONS AND A LISTING OF PROFESSIONAL STAFF ASSIGNED TO THE DOMICILIARY

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**TO:**  
PROGRAM, IF THERE HAVE BEEN CHANGES IN CEILINGS OR PROGRAMS, AND  
WILL FOCUS ON PROGRESS IN DOMICILIARY TREATMENT PROGRAMS. REPORT  
SHOULD BE ORGANIZED IN RELATION TO THREE TYPES OF DOMICILIARY RESIDENTS  
AS DESCRIBED IN CHAPTER 1, M-2, PART XIX, AND INCLUDE REFERENCE TO  
AREAS OUTLINED BELOW:

- A. PSYCHOSOCIAL
- B. ALCOHOLISM
- C. DISCHARGE PLANNING AND COMMUNITY OUTPLACEMENT
- D. BEHAVIORAL COUNSELLING
- E. MEDICINE, SURGERY, AND NEUROLOGY
- F. VOCATIONAL REHABILITATION
- G. THERAPEUTIC PLANNING BOARD
- H. USE OF COMMUNITY RESOURCES
- I. QUALITY OF LIFE
- J. RESIDENT COUNCIL
- K. SOCIALIZATION
- L. RESEARCH
- M. REMARKS

*BY III 10-79-48*

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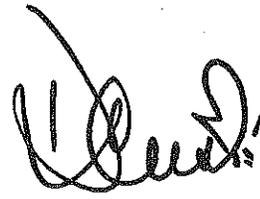
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TO:

5. SPECIAL PROJECTS, INNOVATIVE PROGRAM DEVELOPMENTS OR PROBLEMS  
 NOT REPORTED UNDER 4 SHOULD BE INCLUDED.

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