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## COMBAT VETERAN INTAKE PROCESSING AND SOFTWARE IMPLEMENTATION

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive provides guidance on the implementation of interim software supporting identification of veterans who served in combat during a period of war after the Gulf War or against a hostile force during a period of hostilities after November 11, 1998, and for the establishment of a facility Combat Veteran Point of Contact and Case Manager.

### 2. BACKGROUND

a. Title 38, United States Code (U.S.C.), Section 1710(e)(1)(D) authorizes the Department of Veterans Affairs (VA) to furnish needed hospital care, medical services, and nursing home care to combat veterans who served in combat during a period of war after the Gulf War or against a hostile force during a period of hostilities after November 11, 1998, for 2 years after discharge from the military for any illness except those which VHA finds resulted from a cause other than such combat service. However, care and services that the Under Secretary for Health finds resulted from causes other than such combat service may be provided on a "co-pay required" basis based upon the veteran's enrollment in the VA health care system. VA established standards for determining when care is potentially related to combat service in VHA Directive 2002-049. In general, clinicians should apply this broad treatment authority when providing services to combat veterans consistent with the requirements found in subparagraph 4.e of this directive and the exceptions established by the Under Secretary for Health.

b. To qualify under this authority, veterans must have served on active duty in a theater of combat operations during a period of war after the Gulf War or in combat against a hostile force during a period of hostilities after November 11, 1998. Title 38 U.S.C. Section 1710(e)(1)(D) specifically incorporates the definition of "hostilities" that is found in 38 U.S.C. 1712A(a)(2)(B) relating to VA's authority to provide readjustment counseling. There, "hostilities" is defined as an armed conflict in which the members of the Armed Forces are subjected to danger comparable to the danger to which members of the Armed Forces have been subjected in combat with enemy armed forces during a period of war, as determined by the Secretary of Veterans Affairs in consultation with the Secretary of Defense. To determine whether a period of hostilities is within the scope of this special authority, VA relies upon the same citation and criterion used to determine eligibility for VA Readjustment Counseling Service.

c. This statutory 2-year period also allows for the collection of basic health information to aid in the evaluation of specific health questions such as difficult-to-explain illnesses; and provides such combat veterans with time to seek disability ratings for their conditions.

d. A series of patches to be released concurrently, implement the first phase of software in support of identifying combat veteran eligibility. This phase of software implements a field in

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Veterans Health Information Systems and Technology Architecture (VistA) that identifies combat veterans' eligibility and establishes reports to assist in precluding these veterans from being billed for care potentially associated with their combat service.

e. VHA is collaborating with the Department of Defense (DOD) and their Military Treatment Facilities (MTFs) to seamlessly transfer the health care of returning combat veterans from MTFs to VHA facilities. Each VHA facility designates a Point of Contact to work closely with the VHA social workers serving as VHA-DOD Liaisons detailed to MTFs to ensure this seamless transition and transfer of care. While this initiative pertains primarily to military personnel returning from Afghanistan (Operation Enduring Freedom) and Iraq (Operation Iraqi Freedom), it also includes active duty military personnel returning from other combat assignments.

**3. POLICY:** It is VHA policy that veterans who served in combat operations during a period of war after the Gulf War or in combat against a hostile force during a period of hostilities after November 11, 1998, and who do not qualify for comparable or higher enrollment status based upon other eligibility factors, be enrolled in priority category 6 for care authorized under section 1710(e)(1)(D) and furnished needed hospital care, medical services, and nursing home care for a 2-year period following their discharge or release from military service, notwithstanding that there is insufficient medical evidence to conclude that such condition is attributable to such service. *NOTE: Veterans enrolled in enrollment priority group 6 are not subject to co-payments for care provided under this special treatment authority.*

**4. ACTION:** Each VA medical center Director is responsible for ensuring that:

a. VistA patches included with DG\_53\_P528.KID are installed within 30 days of release. Patches included in the Kernel Installation and Distribution System (KIDS) build are: EAS\*1.0\*36, SD\*5.3\*305, and DG\*5.3\*528. The IB patch, IB\*2.0\*234, must be installed once the KIDS install has successfully completed. *NOTE: The software establishes a new Combat Veteran Eligibility End Date field in VistA. This field is automatically populated when the veteran's last Service Separation Date and at least one of the following combat service dates are after November 11, 1998: Somalia, Persian Gulf, Yugoslavia or the generic Combat field. In order to determine Combat Veteran eligibility, the veteran's last Service Separation Date must be precise, meaning that it contains a month, day, and year. The combat service dates do not have to be precise, but it must be clear that the veteran had at least 1 day of combat service after November 11, 1998. If the veteran qualifies as a Combat Veteran, the Combat Veteran Eligibility End Date must be calculated as 2 years after the veteran's last Service Separation Date. At this time, Combat Veteran eligibility status information must be stored locally in the VistA system.*

(1) Integrated Billing reports have been provided to assist facility staff in identifying when inpatient or outpatient care has been provided a veteran with Combat Veteran eligibility. Facility staff must review the treatment notes for indication of whether the care was related to service and cancel medical care co-payment bills as appropriate.

(2) A bulletin or email will be sent to a new mail group, IB COMBAT VET RX COPAY, when a prescription co-payment charge is generated for a veteran with Combat Veteran status. These charges must be reviewed and cancelled if determined that the prescription is for a condition that is potentially related to combat service and is not for a condition found by VHA to have resulted from a cause other than such service. Each site must determine the appropriate staff members responsible for researching and/or canceling these charges and include them in the mail group.

(3) As the software is not currently available to correctly assign veterans with Combat Veteran eligibility to Priority Group 6, these veterans may be placed in a Priority 8e or 8g and inappropriately denied enrollment. Facility staffs are encouraged to proactively review the "Combat Veteran Changed Report" to identify these Combat Veteran eligible veterans and offer an appointment or waiting list assignment if desired. This should occur on a monthly basis.

(4) A clinical reminder within Computerized Patient Record System (CPRS) will be released as a separate patch and provide a template for VA providers to use to screen patients with Combat Veteran status eligibility for unique infectious diseases, psychological conditions, and other health problems that may be related to this hazardous deployment. *NOTE: Further enhancement to the CPRS and billing software is anticipated in February or March of 2004. This enhancement will include a checkout question that will enable providers to identify when care and/or medications provided a patient with Combat Veteran status are for a condition potentially related to service. Additional functionality released at that time will automatically preclude billing for care or medications potentially related to the veteran's service. A future release, to assign the veteran to Priority Group 6 and to share the combat veteran eligibility status information, is also planned.*

b. Intake or eligibility personnel at each medical center make sure that combat veterans are properly enrolled for VA health care benefits. To assist with the enrollment process, the Chief Business Office has itemized the steps that intake personnel should follow to determine the eligibility of a veteran as a combat veteran in Attachment A. Attachment B provides a script to assist Intake or eligibility personnel in identifying combat veterans during face-to-face interviews with patients, and in follow-up to mail-in or web applications.

c. In the absence of proof of combat service, intake or eligibility staff provides benefit of the doubt to the veteran and accepts the veteran's claim of combat service as prima facie evidence and enter the combat service information in VistA. While evidence of combat service is not required to obtain access to care, intake or eligibility staff must take steps to confirm the veteran's combat service. Intake or eligibility staff asks the veteran to provide a copy of evidence supporting their combat service. If the veteran is unable to provide this evidence, intake or eligibility staff are to request VA Regional Office assistance in confirming the veteran's combat service dates and location by completing a VA Form 7131 Exchange of Beneficiary Information and Request for Administrative and Adjudicative Action. Subsequently, if the veteran's claim of combat service is not supported, intake or eligibility personnel should take appropriate action to correct the veteran's eligibility for care and enrollment.

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d. Combat veterans are referred to the facility's designated Combat Veteran Case Manager to ensure post-combat needs are effectively met.

e. A report, "Potential Combat Veteran Status Eligible Veterans" is produced during the initial seeding process listing veterans who may potentially qualify as Combat Veteran status eligible, but who could not be assigned that status due to missing or imprecise service information. The records for veterans on this report must be reviewed and corrected.

f. Combat veterans requesting VA health care are scheduled for an initial appointment with a primary care provider on a priority basis taking into consideration their perceived clinical need. Providers must document in treatment notes when care is provided for a condition potentially related to the veteran's combat service. Combat veterans are exempt from co-payment requirements for such care. Conditions not to be considered potentially related to the veteran's combat service include, but are not limited to, care for common colds, injuries from accidents that happened after discharge from active duty, and disorders that existed before joining the military.

g. Staff is designated as a Combat Veteran Point of Contact (POC) and clinically-trained staff is designated to serve as Combat Veteran Case Manager(s) (typically either a social worker or a nurse). *NOTE: A description of Combat Veteran Case Manager(s) responsibilities is provided in Attachment C.* The VHA POC may be facility enrollment coordinator, transfer coordinator, lead intake or registration staff, social workers, nurses, or other appropriate staff with the authority to make decisions on transfer of care.

h. The medical center director will be responsible for reporting the names and telephone numbers of the Combat Veteran POCs and the Case Manager(s) are reported to the Veterans Integrated Service Network (VISN) Director. *NOTE: VISN staffs maintain a listing of these personnel within their networks.*

**5. REFERENCES:** VHA Directive 2002-049, Combat Veterans are Eligible for Medical Services for 2-years After Separation from Military Service Notwithstanding Lack of Evidence for Service Connection, dated September 11, 2002.

**6. FOLLOW-UP RESPONSIBILITY:** The Chief Business Officer (16) is responsible for the content of this Directive. Questions may be addressed to 202-254-0320.

**7. RESCISSIONS:** None. This VHA Directive expires September 30, 2007.

S/ Jacquelyn Vassanelli for  
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Under Secretary for Health

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**ATTACHMENT A**

**SIX SPECIFIC STEPS TO DETERMINE THE ELIGIBILITY OF A VETERAN  
AS A COMBAT VETERAN.**

**1. STEP 1. ESTABLISH THAT THE INDIVIDUAL MEETS THE QUALIFICATIONS  
FOR CARE AS A VETERAN**

a. Veterans must have active duty service in military, naval or air service and a discharge or release from active military service under other than dishonorable conditions. In addition, the following veterans must have completed 24 continuous months of active military service, or the full period for which such person was called or ordered to active duty, whichever is shorter:

(1) Former enlisted persons whose first term of active duty began after September 7, 1980;  
or

(2) Former enlisted persons who originally signed up under a delayed entry program on or before September 7, 1980, and who subsequently entered active duty after that date; or

(3) Former commissioned officers and warrant officers whose first term of active duty began after October 16, 1981; or

(4) Any other person (officers as well as enlisted) who entered on active duty after October 16, 1981, and who had not previously completed at least 24 months of continuous active duty service or had been discharged or released from active duty under Title 10 United States Code (U.S.C.) Section 1171.

b. The minimum active-duty service requirements do not apply to:

(1) Reservists who were called to Active Duty and who completed the term for which they were called, and who were granted an other than dishonorable discharge; or

(2) National Guard members who were called to Active Duty by federal executive order, and who completed the term for which they were called, and who were granted an other than dishonorable discharge, or

(3) Veterans requesting a benefit for or in connection with a service-connected condition or disability; or

(4) Veterans who were discharged or released from active duty under 10 U.S.C. Section 1171 or Section 1173; or

(5) Veterans who were discharged or released from active duty for a disability incurred or aggravated in line of duty; or

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(6) Veterans who have been determined by VA to have compensable-service connected conditions.

b. Enter the veteran's military service information in Screen 6 of Veterans Health Information Systems and Technology Architecture (VistA)'s "Register a Patient" option. Software released in conjunction with this Directive requires a complete Service Separation Date (month, day, year) in order to assign a combat veteran status; therefore, enter complete dates whenever possible.

### **2. STEP 2. ESTABLISH THE VETERAN'S COMBAT VETERAN STATUS**

a. If the veteran was discharged from active military, naval or air service after November 11, 1998, determine if the veteran served in a theater of combat operations or in combat against a hostile force during a period of hostilities after November 11, 1998. Ask the veteran the following questions:

(1) Did you serve on active duty in a combat theatre such as Iraq, Afghanistan, Kosovo, other?

(2) What are the dates of your combat service?

(3) Where did you serve in combat?

b. Veteran's claiming at least 1 day of combat service during a period of hostilities after November 11, 1998, will be provided priority access to enrollment and VA health care benefits for a 2-year period following separation from military service. Staff will provide benefit of the doubt to the veteran and accept the veteran's claim as prima facie evidence that such service occurred.

c. Enter the veteran's combat service information in Screen 6 of "Register a Patient" option.

### **3. STEP 3. CONFIRM VETERAN'S COMBAT STATUS**

a. While evidence of combat service is not required to obtain access to care, intake staff will proceed with confirmation of the veteran's combat service. Ask the veteran to provide proof of service in:

(1) Somalia; or

(2) Yugoslavia; or

(3) Kosovo; or

(4) Afganistan; or

(5) Persian Gulf (Southwest Asia).

b. If the veteran is unable to provide this evidence, you will request VA Regional Office assistance in confirming combat service dates and location by completing a VA Form 7131 Exchange of Beneficiary Information and Request for Administrative and Adjudicative Action. If combat service is not substantiated, appropriate action needs to be taken to correct the veteran's eligibility for care and enrollment.

#### **4. STEP 4. ESTABLISH THE VETERAN'S DESIRE FOR AN APPOINTMENT**

Combat veterans requesting VA health care will be scheduled an initial appointment with a primary care provider, on a priority basis within the context of their clinical needs. Ask the veteran the following questions:

- (1) Do you wish to make an appointment with a primary care provider?
- (2) When would you like your appointment?
- (3) Do you feel that you have an urgent health care problem today?

#### **5. STEP 5. ESTABLISH WHETHER VETERAN SHOULD FILE A CLAIM FOR DISABILITY COMPENSATION**

a. Ask the veteran:

(1) Do you have a condition that you believe is related to your military service? If no, proceed with Step 6. If yes, ask the veteran the following question:

- (2) Have you applied for VA compensation benefits?

b. If the veteran has a condition believed to be related to military service but has not yet applied for compensation benefits, provide the veteran a VA Form 21-526, Veteran's Application for Compensation and/or Pension, and the address of the appropriate VA Regional Office for submission of the form.

#### **6. STEP 6. REFERRAL TO COMBAT VETERAN CASE MANAGER**

If the veteran meets the criteria for a Combat Veteran, refer the veteran to the facility designated Combat Veteran Case Manager.

ATTACHMENT B

SAMPLE INTAKE OR REGISTRATION SCRIPT FOR COMBAT VETERANS

Intake or Registration Staff:	Hello. How can I help you?
Veteran:	I'm applying for enrollment in the VA health care system. I was recently discharged from the military and I brought my DD214 with me today. (Or, "I am applying for enrollment and I don't have any paperwork from the military")
Intake or Registration Staff:	I'll need to ask you for some personal information and will enter it and your military service information into our system. <b>NOTE:</b> <i>Intake staff needs to use established procedures to enter verified military information in the Veterans Health Information Systems and Technology Architecture (VistA).</i>
Intake or Registration Staff:	I see you were discharged within the past 24 months. (Or, "please tell me when you were discharged from the military") Did you serve in combat?
Veteran:	Yes, I served in <combat location> from <date> to <date>.
Intake or Registration Staff:	I'll enter your combat service information into the system. As a Combat Veteran, you are eligible for enrollment in Priority Group 6 and will not be charged co-payments for care of conditions that may be related to your military service for 24 months following discharge from the military.
Intake or Registration Staff:	Could you provide us documentation from the military of your combat service? If not, I will ask our local Department of Veterans Affairs (VA) Regional Office to confirm your combat service.
Veteran:	<i>Veteran responds</i>
Intake or Registration Staff:	Do you wish to make an appointment with a primary care provider? Do you feel you have an urgent health care problem today?
	<i>Veteran responds</i>
Intake or Registration Staff:	<i>If veteran is requesting VA health care, schedule an initial appointment with a primary care provider on a priority basis, within the context of the veteran's clinical needs.</i>
Intake or Registration Staff:	Do you have a condition that you believe is related to your military service? Have you already applied for VA disability compensation benefits?
Veteran:	<i>Veteran responds</i>

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Intake or Registration Staff:	<i>If veteran has a condition believed to be related to military service but has not yet applied for compensation benefits, provide the veteran a VA Form 21-526, Veteran's Application for Compensation and/or Pension, and the address of the appropriate VA Regional Office for submission of the form.</i>
Intake or Registration Staff:	Thank you for choosing to enroll in the VA health care system. We have designated a Combat Veteran Case Manager, if you have no questions, I'll refer to you to that person now.

**ATTACHMENT C**

**VHA COORDINATION AND CASE MANAGEMENT**

1. Each VHA facility must designate a Point of Contact (POC) and a clinically trained Combat Veteran Care Manager. These designated staff work with the Veterans Health Administration (VHA)-Department of Defense (DOD) Liaison social workers assigned to Military Treatment Facilities (MTFs), including Brooke, Eisenhower and Walter Reed Army Medical Centers and the National Naval Medical Center at Bethesda. The VHA Points of Contact may be facility transfer coordinators, Medical Administration staff, social workers, nurses, or other appropriate staff with the authority to make decisions on transfer of care. Each VHA facility must have a clinically-trained Combat Veteran Case Manager, typically either a social worker or a nurse.

**2. Roles and Functions of VHA POC**

a. The principal role of the VHA facility POC is to receive and expedite referrals and transfers of care from the VA-DOD Liaison and to ensure that the appropriate linkage is made for the requested clinical follow-up services. *NOTE: Given the importance of this patient population, significant efforts must be made to expedite the transfer of care and provision of the VHA health care services identified.*

b. In addition, the POC confirms that returning combat veterans are enrolled at the treating VHA facility and arranges for assignment to a primary care provider; the POC:

(1) Coordinates completion of applications for VA health care benefits and other paperwork necessary for treatment.

(2) Ensures the transfer of the military medical record from the referring MTF and coordinates completion of all necessary paperwork for the transfer of care, including application for VHA medical benefits.

(3) Coordinates the initial transfer of care activities (i.e., arranging for an inpatient bed, ensuring that outpatient appointments have been made, ensuring the provision for necessary Durable Medical Equipment and prosthetic devices and supplies, etc.)

(4) Documents all activity in the Computerized Patient Record System (CPRS).

(5) Alerts the VHA facility clinical case manager of the impending transfer of care of all returning combat veterans.

(6) Immediately alert the appropriate Veterans Benefit Administration (VBA) Case Manager to the combat veteran's transfer.

**3. Roles and Functions of VHA Combat Veteran Case Managers**

a. The principal role of VA medical center's Combat Veteran Case Manager(s) is to provide ongoing case management services to returning combat veterans and their families over the course of time that VHA health care services are being provided.

b. The Case Manager makes contact with the combat veteran prior to transfer of health care from the MTF providing the name, the phone number, and the role of the Case Manager. The Case Manager makes similar contact with the combat veteran's immediate family and determines whether any family members will accompany the veteran. **NOTE:** *If family members accompany the veteran or visit during an inpatient stay, the case manager will assist in arranging lodging, either in a VHA Fisher House or in the local community.*

c. In addition, the Case manager:

(1) Works closely with the combat veteran's interdisciplinary treatment team to ensure good communication and treatment planning.

(2) Requests the VHA provider to contact the combat veteran's DOD provider at the MTF to discuss transfer of medical care.

(3) Communicates and collaborates closely with the VBA Case Manager and assists VBA in making contact with the veteran.

(4) Makes referrals to community agencies for services not provided by VA

(5) Coordinates all the care and services provided to the combat veteran by the VA and by non-VA agencies from the initial point of contact until the combat veteran no longer requires services.

(6) Identifies mental health treatment needs and readjustment counseling needs and make referrals as appropriate to the VHA facility Mental Health program and/or to the local Vet Center.

(7) Communicates regularly with the MTF that referred the veteran.

(8) If the combat veteran is admitted to the VHA facility, actively participates in discharge planning involving the veteran and family, and keeping the MTF updated.