

CATASTROPHICALLY DISABLED VETERAN EVALUATION

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides:

- a. Current guidance on the process by which a veteran can request, or a facility can initiate, a review and be evaluated for catastrophically disabled (CD) status.
- b. Sample letters for notifying veterans of an outcome of a CD evaluation or the fact that a CD evaluation could not be completed based on the information in the veteran's medical records.
- c. An appeals process and a method to track pertinent data, which allows for an on-going evaluation of the process.

2. BACKGROUND

a. Veterans may receive a CD veteran evaluation at any time. The goal is for the total time between the veteran's request for evaluation and the notification of results not to exceed 35 calendar days (excluding facility-initiated reviews). As set forth in the definition of catastrophically disabled, once a veteran is determined to be catastrophically disabled, the Department of Veterans Affairs (VA) will continue to consider the veteran catastrophically disabled if the veteran would meet the criteria (permanently) if the veteran did not receive treatment.

b. A veteran may meet the initial catastrophically disabled requirement by a:

- (1) Clinical evaluation of the patient's medical records that documents that the patient previously met the permanent criteria and continues to meet such criteria (permanently) or would continue to meet such criteria (permanently) without the continuation of on-going treatment; or
- (2) Current medical examination that documents that the patient meets the criteria and will continue to meet them or would continue to meet such criteria (permanently) without the continuation of on-going treatment.

3. POLICY: It is VHA policy to comply with the Veterans' Health Care Eligibility Reform Act of 1996, Public Law 104-262, requiring VHA to enroll all veteran patients annually based on seven enrollment priority groups. **NOTE:** *Under this law, "veterans who are catastrophically disabled" are to be placed in Priority Group 4. Movement to Priority Group 4 does not change the veteran's current co-payment responsibility.*

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4. ACTION

a. **Request.** When a veteran, or a representative on the veteran's behalf, requests a CD veteran examination, an evaluation will be scheduled and provided. These evaluations must be conducted locally and will:

- (1) Use the definition of a CD veteran in VA regulations, and
- (2) Be uniform across the VHA health care system.

NOTE: To request a CD examination, veterans may call the Health Benefits Service Center, a toll-free number, 1-877-222-VETS (8387), to arrange for an examination or speak with the facility enrollment office or coordinator at their preferred facility.

b. **Evaluation.** The CD veteran evaluation process is as follows (see illustration in Att. B).
NOTE: This process also applies to facility-initiated reviews.

(1) If a call is placed to the Health Benefits Service Center, or a medical center, the Service Center or the medical center will determine the veteran's preferred medical facility for care and transfer the veteran's call to the enrollment office or coordinator at that facility.

(2) The facility enrollment office, or coordinator, will initiate a VA Form 10-0383, Catastrophically Disabled Veteran Evaluation, dated September 1999 (see Att. C), on each veteran requesting evaluation. *NOTE: This process also applies to facility-initiated reviews.* The enrollment office, or coordinator, will obtain available VA clinical records and/or records provided by the veteran and have them reviewed by an appropriate clinician. If sufficient documentation is available from the medical records to determine that the veteran is catastrophically disabled, VA Form 10-0383 is completed, front and back, a recommendation made, and the complete package forwarded to the Chief of Staff, or equivalent clinical representative, for approval or disapproval of the recommendation. *NOTE: It is recommended that this form be printed front-to-back on a single sheet of paper to reduce the chance that the information will be misplaced.*

(3) If sufficient information is not available, the enrollment office, or coordinator, will forward the request for evaluation to the appropriate designated examining area, (e.g., Compensation and Pension (C&P), Physical Medicine and Rehabilitation Service (PM&RS), specialty clinic, primary care provider). The provider evaluating the veteran must be knowledgeable of this directive's requirements, including the definition of CD, found in Attachment A. The provider must also have available the necessary evaluation instruments, i.e., Folstein Mini-Mental State Examination, the Katz Activities of Daily Living (ADL) Instrument, Functional Independence Measure (FIM), and Global Assessment of Functioning (GAF). The examining clinician must complete an assessment using one of the instruments; complete VA Form 10-0383, making a recommendation; and send the entire package (including the completed assessment instrument) through the enrollment office, or coordinator, to the Chief of Staff, or equivalent clinical representative, for final determination.

(4) Appropriate training, training documentation and information dissemination with respect to the catastrophically disabled evaluation process will be maintained at the local facility with appropriate oversight by the Veterans Integrated Service Network (VISN) office.

c. **Determination**

(1) The Chief of Staff, or equivalent clinical representative, will make a final determination based on a review of the basis for the recommendation provided by the reviewing or examining clinician on VA Form 10-0383, the completed assessment instrument, and a review of any available medical records. If the determination is that the veteran is CD, written notification from the VA medical facility Chief of Staff is sent to the veteran (and the veteran's representative). **NOTE:** See Attachment D (for veteran requested evaluation) and Attachment F (for facility-initiated medical record review) for sample letters.

(2) If the determination is that the veteran is not CD, the Chief of Staff, or equivalent clinical representative, will contact the veteran (and the veteran's representative), preferably by telephone, to discuss the decision and answer the veteran's questions. Written notification must also be sent to include: the definition of "catastrophically disabled" (see Att. A), and how the veteran may appeal the decision. **NOTE:** See Attachment E (for a veteran-requested evaluation) when the determination is not CD. See Attachment G (for a facility-initiated medical record review) when a determination cannot be made by a medical record review. All correspondence, including VA Form 10-0383, and any completed assessment tool, must be placed in the veteran's medical record.

d. **Appeal.** A veteran who disagrees with the evaluation decision may appeal it. The veteran has two choices on how to proceed with such an appeal.

(1) The veteran may seek reconsideration at the local level pursuant to Title 38 Code of Federal Regulations (CFR) 17.133 (Reconsideration of Denied Claims for Benefits Administered by VHA). That process is initiated when the veteran (or representative) submits a reconsideration request in writing to the director of the health care facility of jurisdiction within 1 year of the date of the initial decision. However, this particular reconsideration appeals process is not mandatory.

(2) A claimant may instead appeal the evaluation decision directly to the Board of Veterans' Appeals pursuant to Title 38 United States Code (U.S.C.) 7105 by filing a "Notice of Disagreement" with the medical center which has jurisdiction over the veteran's care and forego the VHA reconsideration process.

e. **Capturing Information**

(1) It is important for local facilities to capture all information on VA Form 10-0383, whether by a veteran's initiated request or by a facility's initiated medical record review. Data for every evaluation must be entered, whether veteran initiated or facility initiated, even if it is determined that the veteran is not CD. Facilities should also enter the appropriate data fields into the Veterans Health Information and Technology Architecture (VistA). It is also important for local facilities to capture several critical data elements in order to track the period of time it takes to

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determine the CD evaluation requested by the veteran. The goal is for the total time between the veteran's request for evaluation and the notification of results not to exceed 35 calendar days (excluding facility-initiated reviews).

(2) For an interim period (until VistA is modified to automatically capture these additional fields), local facilities need to maintain a Microsoft Excel spreadsheet capturing the following fields:

- (a) VISN Number.
- (b) Five-digit facility number.
- (c) Facility name.
- (d) Social Security Number of the veteran.
- (e) Date (MM/DD/YY) of veteran initiated request or date of VA facility-initiated review.
- (f) Date (MM/DD/YY) Veteran Notified of Final Determination.

***NOTE:** The VHA Office of Policy and Planning (OPP) sent an Excel spreadsheet template for local use to all Network Directors to collect the preceding data. OPP will periodically ask Network Directors for information on missing dates for veterans identified by the HEC in order to do national analysis and reporting.*

e. **Data.** OPP analyzes the information and provides feedback to facilities and VISNs for review. ***NOTE:** Facilities and VISNs may analyze this completed data, if they wish.* The data consists of:

- (1) Number of total evaluations completed (both by record review and clinical exam).
- (2) Number of evaluations completed by record review that did not require clinical evaluation:
 - (a) Name and frequency of CD veteran diagnosis (checked on VA Form 10-0383) for those approved as CD by record review.
 - (b) Name and frequency of assessment tool (if available by record review and checked on VA Form 10-0383) for those approved as CD.
- (3) Number of evaluations that required clinical evaluation:
 - (a) Name and frequency of CD diagnosis (checked on VA Form 10-0383 after clinical exam) for those approved as CD.
 - (b) Name and frequency of assessment tool used (checked on VA Form 10-0383, after clinical exam) for those approved as CD.

- (c) Name and frequency of assessment tool used to evaluate CD status of those veterans who were denied CD status after clinical exam.
- (4) Total number of veterans approved for CD status by both record review and clinical exam.
- (5) Total number of veterans denied CD status by record review and clinical exam.
- (6) Average time to process a veteran's request from time of application to notification of results.
- (7) Number of veteran-initiated evaluations that took longer than 35 calendar days.

NOTE: VA staff can determine whether a veteran has an Enrollment Priority Group by using the Patient Enrollment Option in the VistA PIMS package, or using the Outpatient Health Summary Option in CPRS. Letters should not be generated to veterans who have a "Not Enrolled" or an "In Process" status.

5. REFERENCES: Public Law 104-262. **NOTE:** VA staff can find additional information concerning the veteran's appeal rights by referencing Title 38 Code of Federal Regulations (CFR). § 17.133 and Title 38 United States Code (U.S.C.) § 7105 and 38 CFR Part 20.

6. FOLLOW-UP RESPONSIBILITY: The Office of Policy and Planning (105), is responsible for the contents of this directive. **NOTE:** For further information concerning policy issues call the Office of Policy and Planning (105) at (202) 273-8934; for clinical evaluation issues and information regarding instruments, criteria, and threshold information contact the VISN Clinical Manager (10N_) or the Office of Patient Care Services (11) at (202) 273-8474; for questions regarding appeals process issues contact the Health Administration Service (10C3) at (202) 273-8308.

7. RESCISSION: VHA Directive 2000-001, is rescinded. This VHA Directive expires April 30, 2006.

S/ by Dennis H. Smith for
Thomas L. Garthwaite, M.D.
Under Secretary for Health

Attachments

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ATTACHMENT A

DEFINITION OF CATASTROPHICALLY DISABLED

1. Catastrophically disabled means to have a permanent severely disabling injury, disorder, or disease that compromises the ability to carry out the activities of daily living (ADL) to such a degree that the individual requires personal or mechanical assistance to leave home or bed or requires constant supervision to avoid physical harm to self or others.
 2. A veteran may meet the initial catastrophically disabled requirement by a:
 - a. Clinical evaluation of the patient's medical records that documents that the patient previously met the criteria set forth in following subparagraphs 3a(1), 3a(2), or 3a(3) and continues to meet such criteria (permanently), or would continue to meet such criteria (permanently) without the continuation of on-going treatment; or
 - b. Current medical examination that documents that the patient meets the criteria set forth in subparagraphs 3a(1), 3a(2), or 3a(3) and will continue to meet them, or would continue to meet such criteria (permanently) without the continuation of on-going treatment.
 3. This definition is met if an individual has been found, by the Chief of Staff (or equivalent clinical official) at the Department of Veterans Affairs (VA) facility where the individual was examined, to have a permanent condition specified in following subparagraphs 3a, 3b, or 3c:
 - a. One of the following permanent diagnoses:
 - (1) Quadriplegia and paraparesis (International Classification of Diseases – 9th edition-Clinical Modification (ICD-9-CM) Code 344.0x: 344.00, 344.01, 344.02, 344.03, 344.04, and 344.09).
 - (2) Paraplegia (ICD-9-CM Code 344.1).
 - (3) Blindness (ICD-9-CM Code 369.4).
 - (4) Persistent vegetative state (ICD-9-CM Code 780.03).
- OR**
- b. A condition resulting from two of the following ICD-9-CM procedure codes, or associated V codes when available, or Current Procedural Terminology (CPT) codes provided the two amputation procedures were not on the same limb:

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- (1) Amputation through hand. (ICD-9-CM Code 84.03, or V Code V49.63, or CPT Code 25927).
- (2) Disarticulation of wrist. (ICD-9-CM Code 84.04,, or V Code V49.64, or CPT Code 25920).
- (3) Amputation through forearm. (ICD-9-CM Code 84.05, or V Code V49.65, or CPT Codes 25900 and 25905).
- (4) Disarticulation of forearm. (ICD-9-CM Code 84.05, or V Code V49.66, or CPT Codes 25900 and 25905).
- (5) Amputation or disarticulation through elbow. (ICD-9-CM Code 84.06, or V Code V49.66, or CPT Code 24999).
- (6) Amputation through humerus. (ICD-9-CM Code 84.07, or V Code V49.66, or CPT Codes 24900 and 24920).
- (7) Shoulder disarticulation. (ICD-9-CM Code 84.08, or V Code V49.67, or CPT Code 23920).
- (8) Forequarter amputation. (ICD-9-CM Code 84.09, or CPT Code 23900; there isn't a V Code).
- (9) Lower limb amputation not otherwise specified. (ICD-9-CM Code 84.10, or V Code V49.70, or CPT Codes 27880 and 27882).
- (10) Amputation of great toe. (ICD-9-CM Code 84.11, or V Code V49.71 or see CPT Codes 28810, 28820) **NOTE:** *The CPT codes do not delineate the "great" toe as does ICD-9-CM so a medical review of the record is needed to confirm the amputation was of the great toe.*
- (11) Amputation through foot. (ICD-9-CM Code 84.12, or V Code V49.73, or CPT Codes 28800 and 28805).
- (12) Disarticulation of ankle. (ICD-9-CM Code 84.13, or V Code V49.74 , or CPT Code 27889).
- (13) Amputation through malleoli. (ICD-9-CM Code 84.14, or V Code V49.75, or CPT Code 27888).
- (14) Other amputation below knee. (ICD-9-CM Code 84.15, or V Code V49.75, or CPT Codes 27880 and 27882).

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(15) Disarticulation of knee. (ICD-9-CM Code 84.16, or V Code V49.76, or CPT Code 27598).

(16) Above knee amputation. (ICD-9-CM Code 84.17, or V Code V49.76, or CPT Code 27598).

(17) Disarticulation of hip. (ICD-9-CM Code 84.18, or V Code V49.77, or CPT Code 27295).

(18) Hindquarter amputation. (ICD-9-CM Code 84.19, or CPT Code 27290; there isn't a V Code).

OR

c. One of the following permanent conditions:

(1) Dependent in three or more ADLs; i.e., eating, dressing, bathing, toileting, transferring, incontinence of bowel and/or bladder, with at least three of the dependencies being permanent with a score of 1, using the Katz scale. **NOTE:** *The Katz Index of ADL assigns a maximum of 18 points across all six ADLs. The most dependent rating on each ADL is a 1, and an intermediate functional limitation is a rating of 2, with independence rated as 3. To be catastrophically disabled, the veteran must have a rating of 1 on a minimum of three permanent ADLs. For example, a veteran dependent in all ADLs would have a total Katz score of 6. Similarly, a veteran dependent in three ADLs and needing less assistance in three other ADLs would score 9.*

(2) A score of 10 or lower using the Folstein Mini-Mental State Examination (MMSE). **NOTE:** *The MMSE has a maximum assignment of 30 points across eleven measures. A score of less than 10 is consistent with severe cognitive impairment. To qualify for catastrophically disabled status, there must be documentation in addition to the MMSE score of 10 or lower, showing that the patient has a permanent cognitive impairment. To show that the impairment is permanent, the reversible causes of cognitive impairment should be ruled out. A common example is a delirious patient who may score very badly on the MMSE, but improve once the source of delirium is treated. It is also important for evaluators to remember that a low MMSE score by itself is not diagnostic (i.e., it is not specifically diagnostic of dementia), but it is an indication of cognitive impairment that warrants further evaluation.*

(3) A score of 2 or lower on at least four of the thirteen motor items using the Functional Independence Measure (FIM). **NOTE:** *The FIM contains eighteen measures in six domains. The thirteen motor items are in four domains: self-care; sphincter control; transfers; and locomotion. The scores across all these domains range from needing a helper because of complete dependence (score of 1 for total assistance and a score of 2 for maximal assistance), with intermediate scores 3 through 5 for modified independence, to scores 6 or 7 when no helper is needed. To be catastrophically*

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disabled, the veteran must have a score of 2 or lower on at least four permanent conditions of the thirteen motor items using the FIM.

(4) A score of 30 or lower using the Global Assessment of Functioning (GAF).

NOTE: *The GAF is taken directly from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), p. 32, except that VHA only includes scores from 1 to 100, excluding 0 (insufficient information).*

(a) GAF is a 100-point scale divided into ten defined levels, with higher scores indicating a higher overall level of functioning. For example, the Description of the GAF level 21 to 30 is as follows: “Behavior is considerably influenced by delusions or hallucination or serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) or inability to function in almost all areas (e.g., stays in bed all day, no job, home or friends).”

(b) GAF is to be used only to reflect psychological, social, and occupational functioning. Impairment in functioning due to physical illness or environmental limitations are not to be taken into consideration in using this scale. The scale rates both functioning and, particularly in the higher ratings, the severity of symptoms due to a mental disorder. Use of the GAF for documenting catastrophically disabled may be only done in the context of a mental disorder considered to be of a permanent nature. For example, a patient with a serious suicidal attempt might well rate a score under 30, but generally within a few days or weeks will return to a much higher level both symptomatically and functionally.

4. References

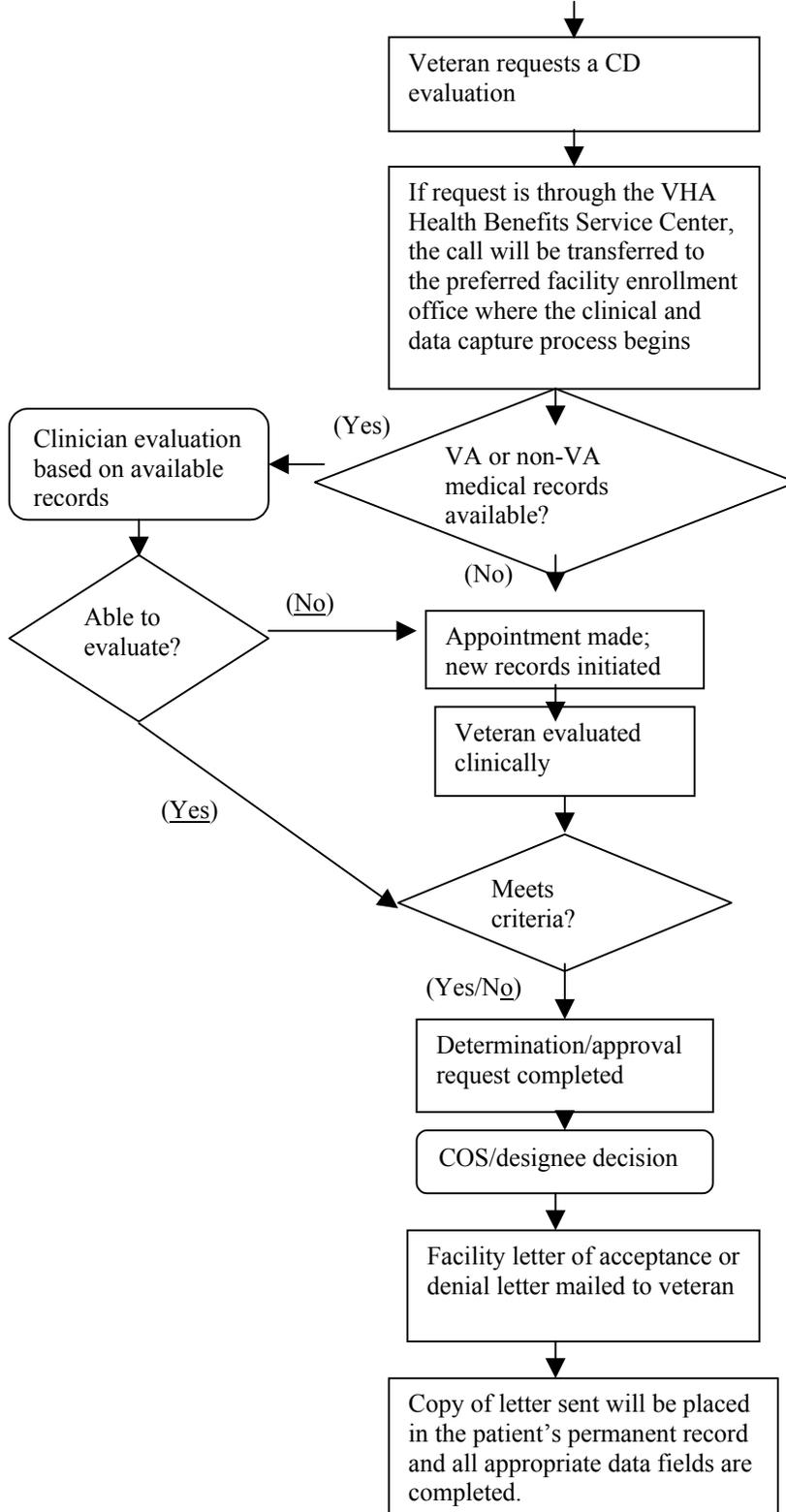
a. Katz S, Downs TD, Cash HR, et al. “Progress in the Development of the Index of ADL,” The Gerontologist 1970; Part I:20.

b. Juva K., Sulkava R., Erkinjuntti T., et al. “Staging the Severity of Dementia: Comparison of Clinical (CDR, DSM III-R), Functional (ADL, IADL) and Cognitive (MMSE) Scales,” Acta Neurologica Scandinavica. 1994; 90:293.

c. Folstein MF, Folstein S, McHugh PR. “Mini-mental State: A Practical Method for Grading the Cognitive State of Patients for the Clinician,” Journal of Psychiatric Research. 1975;12:189.

ATTACHMENT B

CATASTROPHICALLY DISABLED EVALUATION PROCESS
(35 CALENDAR DAYS)



ATTACHMENT C

**VA FORM 10-0383, CATASTROPHICALLY DISABLED VETERAN
EVALUATION**

Below is an embedded copy of VA Form 10-0383. This form can also be found on the Veterans Health Administration (VHA) Forms Intranet at <http://vaww.va.gov/forms/medical/searchlist.asp>. This is to be used for local reproduction. Since this is a low use form, it will not be stocked by the Forms and Publications Depot.



10-0383.pdf

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ATTACHMENT D

**VETERAN REQUESTED CATASTROPHICALLY DISABLED (CD)
EVALUATION**

**SAMPLE OF WRITTEN NOTIFICATION FOR A VETERAN
WHO IS DETERMINED TO BE CD**

***NOTE:** If the Catastrophically Disabled (CD) determination is that the veteran is CD, written notification of the outcome will be sent to the veteran from the Department of Veterans Affairs (VA) health care facility Chief of Staff using the letter sample in Attachment D.*

(Date)

(Name)

(Address)

(City, State, Zip Code)

Dear _____

The recent review you requested of medical records and/or a catastrophically disabled examination shows that you meet the definition of a catastrophically disabled veteran for Department of Veterans Affairs (VA) health care purposes. Based on this determination, your enrollment priority group should change to Priority Group 4. Official notification of any changes in your priority group will be sent in a separate letter.

Veterans enrolled in Priority Group 4 are eligible for all needed services included in the Medical Benefits Package. Veterans previously subject to co-payments will still be required to agree to pay those co-payments after moving to Priority Group 4. If you have any questions, feel free to call the enrollment office at _____ (phone number) _____ [or the appropriate locally designated office].

Sincerely yours,

(Signature)
VA Health Care Facility Chief of Staff

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ATTACHMENT E

**VETERAN REQUESTED CATASTROPHICALLY DISABLED (CD)
EVALUATION**

**SAMPLE OF WRITTEN NOTIFICATION FOR A VETERAN
WHOSE ENROLLMENT PRIORITY IS NOT CD**

***NOTE:** If the Catastrophically Disabled (CD) determination is that the veteran is **not CD**, written notification of the outcome will be sent to the veteran from the Department of Veterans Affairs (VA) health care facility Chief of Staff using the letter sample in Attachment E.*

(Date)

(Name)

(Address)

(City, State, Zip Code)

Dear _____

You recently requested a medical record review and/or a catastrophically disabled examination to determine if you meet the criteria to be classified as a catastrophically disabled veteran for Department of Veterans Affairs (VA) health care purposes.

A thorough review was conducted by the VA medical facility located at _____ (address) _____ and the determination has been made that you do not meet the criteria to be classified as catastrophically disabled. I reviewed your medical records and your most recent catastrophically disabled examination results. Based upon this review I have confirmed that you do not meet the criteria of a catastrophically disabled veteran for the following reasons:

[This letter must contain both the reasons for the decision and a summary of the evidence considered by VA.]

If you disagree with this decision, you may appeal it. You may choose one or both of the following options.

- a. You may seek reconsideration of this decision. Your written request for reconsideration should be addressed to the VA health care facility Director, _____ . Your request for reconsideration must be postmarked or received within 1 year of the date of this letter. The request for reconsideration should be addressed to _____ ; and/or,

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- b. You may appeal the decision to the Board of Veterans' Appeals. As part of this process, you will have a right to a personal hearing and the right to representation. To appeal to the Board, you or your representative need to express your dissatisfaction or disagreement with this decision in a written communication to the VA health care facility (a Notice of Disagreement). Your notice of disagreement must be postmarked or received not later than one year after the date of this letter and should be addressed to _____. The enclosed VA Form 4107, Notice of Procedural and Appellate Rights, is included for your review.

We regret that a more favorable decision could not be reached concerning your request for catastrophically disabled status. If you have any questions, feel free to call the enrollment office or your VA health care provider at _____ (phone number) _____ [or the appropriate locally designated office].

Sincerely yours,

(Signature)
VA Health Care Facility Chief of Staff

Enclosure

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ATTACHMENT F

FACILITY INITIATED MEDICAL RECORD REVIEW

**SAMPLE OF WRITTEN NOTIFICATION FOR A VETERAN
WHOSE ENROLLMENT PRIORITY
CHANGES TO CATASTROPHICALLY DISABLED**

***NOTE:** If the Catastrophically Disabled (CD) determination is that the veteran is CD, written notification of the outcome will be sent to the veteran from the Department of Veterans Affairs (VA) health care facility Chief of Staff using the letter sample in Attachment F.*

(Date)

(Name)

(Address)

(City, State, Zip Code)

Dear _____

A recent review of your medical records and/or a catastrophically disabled examination shows that you meet the definition of a catastrophically disabled veteran for Department of Veterans Affairs (VA) health care purposes. Based on this determination, your enrollment priority group should change to Priority Group 4. Official notification of any changes to your priority group will be sent in a separate letter.

Veterans enrolled in Priority Group 4 are eligible for all needed services included in the Medical Benefits Package. Veterans previously subject to co-payments will still be required to agree to pay those co-payments after moving to Priority Group 4. If you have any questions, feel free to call the enrollment office or your VA health care provider at _____(phone number)_____ [or the appropriate locally designated office].

Sincerely yours,

_____(Signature)_____
VA Health Care Facility Chief of Staff

ATTACHMENT G

FACILITY INITIATED MEDICAL RECORD REVIEW

SAMPLE OF WRITTEN NOTIFICATION FOR A VETERAN
WHEN A CATASTROPHICALLY DISABLED (CD) DETERMINATION
CANNOT BE MADE BASED UPON A MEDICAL RECORD REVIEW
(FOR VETERANS WITH A KNOWN PRIORITY GROUP)

NOTE: If the Catastrophically Disabled (CD) determination for a veteran who has an Enrollment Priority Group cannot be made based on a medical record review, written notification of the outcome will be sent to the veteran from the Department of Veterans Affairs (VA) health care facility Chief of Staff using the letter sample in Attachment G. The letter encourages the veteran to schedule an appointment for a CD examination in order to complete the CD evaluation process.

(Date)

(Name)

(Address)

(City, State, Zip Code)

Dear _____

Our facility has recently completed a medical record review to determine if you meet the criteria to be classified as catastrophically disabled for Department of Veterans Affairs (VA) health care purposes. Based on the current information in your medical record, we are not able to complete our catastrophically disabled determination.

If you feel that you may qualify for catastrophically disabled status, we would encourage you to contact our enrollment office [or the appropriate locally designated office] for more information and to schedule an appointment for a catastrophically disabled examination at _____ (phone number) _____.

Sincerely yours,

(Signature)
VA Health Care Facility Chief of Staff