

September 11, 1991

1. Transmitted is a revision to Department of Veterans Affairs, Veterans Health Administration Manual M-1, "Operations," Part I, "Medical Administration Activities," Chapter 12, "Nursing Home Care." Brackets have not been used to indicate the changes.

2. Principal changes are:

- a. Paragraph 12.21: Billing
- b. Paragraph 12.23: Expands responsibilities.
- c. Paragraph 12.24: Amends procedures for initiating a contract.
- d. Paragraph 12.25: Expands concept for contracting.
- e. Paragraph 12.27: Completely revises the sections on the "Evaluation of Nursing Homes" to make them compatible with M-5, part II, chapter 3.
- f. Paragraph 12.30: Due Process
- g. Paragraph 12.34: Describes the responsibilities associated with followup visits by VA staff members.
- h. Paragraph 12.35: Extensions beyond 6 months.
- i. Paragraph 12.41: Billing Discretionary Veterans
- j. Paragraph 12.42-12.44: New Section IV. Respite Care
- k. Old paragraph 12.27: Deleted, "Standards for Intermediate Care Facilities".

3. Filing Instructions

Remove pages

Insert pages

12-i through 12-17

12-i through 12-22

4. RESCISSIONS: M-1, part I, chapter 12, change 1, dated May 8, 1984; M-1, part I, chapter 12, change 2, dated April 24, 1986; and M-1, part I, chapter 12, change 3, dated February 18, 1988.

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for 9/11/91

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RESCISSIONS

The following material is rescinded:

COMPLETE RESCISSIONS

a. Manuals

M-1, part I, chapter 12, dated June 18, 1973
M-1, part I, chapter 12, change 1, dated May 8, 1984
M-1, part I, chapter 12, change 2, dated April 24, 1986
M-1, part I, chapter 12, change 3, dated February 18, 1988

b. Interim Issues

10-73-35
10-74-22
10-75-48
10-81-13
10-82-24
10-82-59
10-88-8

c. VHA Circulars

10-85-20

CHAPTER 12. NURSING HOME CARE

SECTION I. GENERAL

12.01 BASIC AUTHORITY

a. VA Nursing Home Care, 38 CFR 17.47.

b. Community Nursing Home Care, 38 CFR 17.51.

c. Outpatient Care. Veterans in CNHs (community nursing homes) at VA expense may be entitled to outpatient services, supplies and equipment (including prosthetic and similar appliances) in accordance with 38 CFR 17.60, 17.115c and 17.120 through 17.123b. The services, supplies and equipment may be provided only when not normally considered a part of nursing home care at that nursing home, and the nursing home does not customarily furnish them to their nonveteran patients, and such care is not a duplication of those benefits furnished the veterans under nursing home care.

12.02 DEFINITIONS

a. NHC (Nursing Home Care). This term means the accommodation of convalescents or other persons who are not in need of hospital care, but who require nursing care and related medical services. For veterans in VA NHCUs (Nursing Home Care Units), this includes any professionally recommended services, supplies, and equipment. For veterans in CNHs (community nursing homes), this includes room, meals, nursing care, physician visits, emergency dental care, medicines and drugs, minimal laboratory and radiology services, and other special services and supplies normally provided patients requiring NHC.

b. VA NHCU (Nursing Home Care Unit). A specialized nursing facility designed to care for residents who require nursing care and supportive personal care and individual adjustment services. The NHCU may be located in a section of the medical center structure or in a separate building within the medical facility.

c. CNHC (Community Nursing Home Care). Care provided in a CNH which is prescribed by, or performed under the general direction of, persons duly licensed to provide such care. The facility shall be licensed by the State in which it is located and provide physician, nursing, rehabilitative, dietetic, pharmaceutical, laboratory, radiological, social, and spiritual service to the patient.

d. Medical Center. This term, when used in this chapter, applies also to the VA Outpatient Clinics in Honolulu, Hawaii and Anchorage, Alaska.

e. Clinic Director. This term, when used in this chapter, also refers to the Chief, Ambulatory Care Service or ACOS/Ambulatory Care, of a medical center or clinic with fee-basis outpatient authority.

f. OPT Discharge. Patients who complete an episode of treatment as an outpatient, including fee-basis outpatient care, may be given an OPT discharge.

g. NBC (Nonbed-care). An outpatient program to which veterans under commitment and/or for whom the facility is receiving an institutional award may be released from inpatient care. The purpose for placing a patient on NBC is to determine the individual's ability to make a satisfactory adjustment outside the hospital.

h. NBC discharge. Patients whose NBC status is terminated will be given a regular discharge.

i. Regular discharge. Patients who have received an optimum level of care and treatment which results in stabilization of the condition(s) treated and who do not require further hospitalization or NHC are given regular discharges.

j. Irregular discharge. Patients who refuse, neglect, or obstruct examination or reasonable treatment; who refuse to accept transfer; who fail to return from authorized absence, or who leave without approval; or who are found guilty of disorderly conduct are given irregular discharges.

12.03 RELEASES

a. The following types of releases may be used for patients leaving VA inpatient care and entering NHC:

- (1) Regular discharge,
- (2) OPT discharge, and
- (3) NBC discharge.

b. Discharges from NHC are reported in one of the following categories:

- (1) Regular discharge,
- (2) OPT discharge,
- (3) Deaths, and
- (4) NBC.

c. A patient transferred from one VA NHCU to another will be shown as a transfer out.

d. A patient who enters a medical center from CNHC or a VA NHCU is considered absent from NHC for reporting purposes, except as provided for in paragraph 12.38d.

e. Discharges from the CNHC program will be shown on the daily G&L (Gains and Losses) sheet as non-losses.

12.04 OUTPATIENT CARE

a. Patients who satisfy requirements of 38 CFR 17.60(f) may be placed on OPT/NSC (Outpatient Treatment/Nonservice-connected) status (unless eligibility exists under another appropriate paragraph of 38 CFR 17.60) at the time they are released from a VA medical center for care in a CNH, at any time thereafter prior to discharge from the nursing home, or at the termination of contract care, if professionally indicated, without requiring readmission to a VA medical center.

b. Veterans requiring care for SC (service-connected) disabilities and admitted directly to a CNH from their residence may be placed in an outpatient status under 38 CFR 17.60 at the time of admission to the nursing home, at any time thereafter prior

to discharge from the nursing home, or at the termination of contract care.

12.05 INSTITUTIONAL AWARDS AND NBC STATUS

a. An institutional award being paid to a VA medical center Director may be continued when the patient for whom it is being paid is discharged for admission to either a VA NHCU or to a CNH at VA expense. An appropriate statement will be made in the "Remarks" space of VA Form 10-7132 in such a case and a hospital summary along with VA Form 10-7132 will be forwarded to the Adjudication Division.

b. Patients for whom institutional awards are received will be placed on NBC status upon discharge from inpatient care. They will remain on NBC status until appointment of a guardian or fiduciary has been made by the VSD (Veterans Services Division).

12.06 NHC (NURSING HOME CARE) IN STATE HOMES

See M-1, part I, Chapter 3, "State Veterans' Homes."

12.07 ADMISSION OF WOMEN VETERANS

Women veterans who need NHC and satisfy the eligibility requirements for care under 38 CFR 17.47(a), (c) or (d), will not be denied admission to a VA NHCU on the basis of inadequate facilities.

12.08 DEATHS

The provisions of M-1, part I, Chapter 14, "Seriously Ill Patients and Deaths," apply to patients who die while receiving authorized care in a VA NHCU or in a CNH at VA expense. (See par. 12.39 for procedures to follow in CNHs.)

12.09 OTHER ADMINISTRATIVE PROCEDURES

a. Other administrative procedures prescribed in VHA (Veterans Health Administration) manual M-1, part I, chapter 12, for hospital and domiciliary patients are applicable for patients receiving NHC unless otherwise specified in this chapter.

b. A patient treated in a NHCU or CNH is not eligible for increased compensation by virtue of receiving 21 days of care in a nursing home.

12.10 REIMBURSEMENT RATES

CNHs providing skilled nursing care shall receive a per diem rate commensurate with the care and service provided within the contract agreement, not to exceed the annually prescribed rate. Areas of the country that have been approved for a higher maximum per diem rate receive specific notification of such approval.

12.11 PRIORITIES FOR NHC

Eligible persons will be admitted to VA NHCU's and CNH's in the following order:

a. PRIORITY I: Mandatory veterans (formerly Category A). The following are listed in order of priority:

- (1) Any veteran who has a SC disability and who requires NHC for any condition;
 - (2) Any veteran whose discharge or release from the active military, naval, or air service was for a disability incurred or aggravated in the line of duty and who requires NHC for any condition;
 - (3) Any veteran who, but for a suspension pursuant to 38 U.S.C. 351 (or both suspension and the receipt of retired pay), would be entitled to disability compensation, but only to the extent that such veteran's continuing eligibility for such care is provided for in the judgment or settlement described in such section and who requires NHC for any condition;
 - (4) Any veteran who is a former prisoner of war and who requires NHC for any condition;
 - (5) Any veteran who served in Vietnam during the Vietnam era and who may have been exposed to Agent Orange or other toxic substance and who needs care for a condition possibly related to such exposure, and to veterans who were exposed while on active duty to ionizing radiation from nuclear testing or participation in the American occupation of Hiroshima and Nagasaki following World War II and who are in need of NHC for a condition possibly related to such exposure.
 - (6) Any veteran of the Spanish-American War, the Mexican Border Period, or World War I, for any condition that requires NHC; and
 - (7) Any NSC veteran who is in receipt of VA pension or whose income is below the means test threshold amount as defined in M-1, part I, Chapter 4, "Admissions--Hospital and Domiciliary Care."
- b. PRIORITY II: Discretionary veterans (formerly categories B and C). Any NSC veteran eligible for VA hospital care whose income exceeds the means test income threshold amounts if the veteran agrees to pay the applicable copayments for the care rendered by VA.

NOTE: To avoid a hardship, a veteran may be placed in the mandatory category even though their income is above the means test threshold limit as defined in M-1, part I, chapter 4, when clear and convincing evidence indicates that the veteran's projected income for the year following the application for care is substantially below the income for the year preceding the application, and below the mandatory income threshold level.

SECTION II. VA NHC (NURSING HOME CARE UNITS)

12.12 GENERAL

Program policy is found in M-5, part II, chapter 2.

12.13 ADMISSIONS

Admission to a VA NHC may be provided under 38 CFR 17.46a and 17.47 (a), (c), or (d) when:

- a. NHC is determined medically necessary;
- b. The veteran cannot meet self-care criteria for continued care in a VA domiciliary;

- c. The veteran does not require active hospital care; i.e., medical care on a day-to-day basis, frequent clinical monitoring and laboratory studies, or intensive medical care; or
- d. The veteran is not terminally ill with a life expectancy of less than 3 months.

12.14 SCREENING COMMITTEE

- a. A Multidisciplinary Screening Committee will be appointed consisting of the Supervisor, NHCU, a physician responsible for the direct medical care of NHCU patients, a social worker, and other personnel as the facility Director deems appropriate, who will make recommendations for admission. An informal discussion with the professional staff requesting the admission may be desirable in certain cases before arriving at a final decision.
- b. The Screening Committee shall meet as often as necessary to avoid undue delay in considering requests for care.
- c. Applicants who are currently hospitalized or domiciled at the same medical center where the NHCU is located will not be given preference over applicants from other VA medical centers.

12.15 ADMISSION PROCEDURES

- a. Referring medical centers, outpatient clinics, domiciliaries or private physicians:
 - (1) Request for admission to a NHCU will be initiated by the patient's or member's physician and will be supported by sufficient medical findings to show that the veteran meets the requirements of paragraph 12.15. The request shall be supported with VA Forms 10-10 and 10-10m for applicants from the community. Each request will be forwarded to the Chief, Medical Administration Service, for processing.
 - (2) The Chief, Medical Administration Service, will be responsible for review to assure that all necessary requirements have been sufficiently documented.
 - (3) If the medical center has a NHCU, Medical Administration Service personnel will forward the request to the Screening Committee unless it has been determined that the request should be referred for consideration to a NCHU at another VA medical center.
 - (4) If the referring medical center does not have a NHCU, or it has been determined that the patient should be admitted to a NHCU at another VA medical center, the request will be processed in the same manner as an interhospital transfer request. The referring facility must include a copy of the completed VA Form 10-10 and most current eligibility document in addition to the medical information prescribed in chapter 11.
- b. Receiving Hospital. The Chief, Medical Administration Service, is responsible for prompt referral of all requests for NHC to the Screening Committee and for prompt action and notification to all concerned after a decision is made. All necessary arrangements will be coordinated with the Chief, Medical Administration Service, at the referring medical center.

12.16 WAITING LIST

- a. A waiting list will be maintained by Medical Administration Service for admission to the NHCU. The waiting list will be maintained by priorities and by date of application.
- b. Each patient on the waiting list shall be provided with an honest appraisal of the chances for admissions. The patient will remain on the waiting list until admitted, requests removal, or for any other reason the patient would be unable to accept admission.
- c. Individuals on the waiting list will be contacted no less than annually to determine if interest still exists for admission to a VA NHCU.
- d. Selection of patients from the waiting list will be made according to priorities and earliest date of application.

12.17 RELEASE TO A CNH (COMMUNITY NURSING HOME)

When it is in the best interest of the patient and consistent with optimal utilization and management of the NHCU, a patient may be discharged from the NHCU and placed in a contract CNH at VA expense in accordance with paragraph 12.29.

12.18 GAINS AND LOSSES (G&L) SHEET--BED CENSUS

A separate G&L sheet is not required to report gains and losses of NHC patients, but this information will be reported on the regular G&L sheet of the medical center under an appropriate heading. The same heading will be used in the bed census report, and separate totals of hospital, domiciliary, and VA NHCU patients will be shown.

12.19 ABSENCES FROM CARE

- a. VA nursing home patients who require admission to the hospital will be placed on Absent Sick-in-Hospital status and reported as such on the G&L sheet. Patients who remain in the hospital for 30 days or less will be assured a bed in the nursing home unit when released from hospitalization. If hospital care is required beyond 30 days, the patient will be discharged from the nursing home and reported on the G&L sheet as Losses from Absent Sick-in-Hospital.
- b. Provisions in M-1, part I, chapter 10, apply for authorized absences of VA NHCU patients.

12.20 STORAGE OF CLOTHING AND VALUABLES

The provisions of M-1, part VII, chapter 9, apply.

12.21 BILLING

- a. Discretionary veterans (those eligible for NHC under 38 CFR 17.47(d), because they agree to pay a copayment) will be billed \$5.00 for every day the veteran receives NHC, plus a copayment for each 90-day period, or part thereof, in a 365-day period, during which they receive care in a VA NHCU. No more than four copayments may be billed during a 365-day period.

b. The copayment shall be the medicare deductible (see M-1, pt. 1, ch. 4) for the calendar year in which the period of care began. In the case of care in a VA NHCU, but not CNHC, the veteran shall be billed the current nursing home per diem rate listed in M-1, part I, chapter 15, appendix A, until the copayment has been met for the 90-day period. The copayment (amounting to the medicare deductible) shall not be reduced by half as it is for hospital care for the 90-day periods subsequent to the first such period.

c. VA Form 10-0106, Patient's Copayment Record, will be utilized to maintain a written record of the applicable copayment for the medical care rendered to individual veterans.

d. To compute discretionary veteran copayments on VA Form 10-0106, it is necessary to simultaneously track 3 different time periods that are unique for each veteran. These 3-time periods are:

- (1) Three hundred sixty-five calendar days from the veteran's date of application.
- (2) Four 90-day billing cycles.
- (3) Ninety days of actual NHC.

e. Pass and leave days will not be counted toward the 90 days of actual NHC.

f. Bills for medical care rendered to individual Discretionary NSC veterans should be prepared monthly by MAS and forwarded to Fiscal Service for collection activity.

g. For any one episode of NHC the day of admission is counted, but not the day of disposition. The day of departure for any absence of more than 24 hours is not counted in computing hospital or nursing home days. Count the day of the patient's return from absence except when disposition is effected on that day.

SECTION III. CNHC (COMMUNITY NURSING HOME CARE)

12.22 GENERAL

a. NHC may be provided in public or private CNHs at VA expense under the conditions and subject to the limitations prescribed in this section. The VA CNHC Program is designed to assist the veteran and the veteran's family in making the transition from an episode of hospital care, NHC, or domiciliary care to the community. The primary goal of the program is to maintain or restore the veteran to the highest level of health and well-being attainable. It is essential that arrangements for care respond to the veteran's needs at any given point in time and that a flexible long-term plan be initiated prior to placement. For many, placement will represent an interim period of care pending completion of arrangements to return to their own homes, residential care homes, or homes of relatives or friends. Others may need to remain in the nursing home indefinitely. Prior to a patient being placed in a CNH, plans should at least be in the developmental stage for obtaining necessary financial assistance for continuing care following termination of the contract.

b. Consistent with 38 CFR 17.50b, the term VA medical center, as used in this chapter, also means non-VA hospitals and domiciliaries in Alaska and Hawaii.

c. Title 38 CFR Section 17.51 provides for transferring eligible veterans from VA medical centers, nursing homes, or domiciliaries to contract nursing homes when the veteran has attained maximum benefit from an episode of care. In addition, any veteran who has been discharged from a hospital under the direct jurisdiction of VA and who is currently receiving VA Hospital Based Home Care may be placed into a CNH when such care is needed.

d. Volunteers may be assigned to serve VA patients in a CNH when prior coordination has been made with management of the nursing home. Assigned volunteers are subject to the requirements and restrictions on selection and acceptability, and eligible for the services and benefits, applicable to volunteers serving at VA medical centers, according to provisions of M-2, part XVII. Voluntary Service, at the responsible medical facility, will select, orient and assign volunteers to an appropriate service upon request. The utilizing service will provide supervision, evaluation and in-service training of assigned volunteers. Volunteers assigned by VA to CNHs will wear insignia identifying them as volunteers of the VA medical facility. They will be credited in VA Voluntary Service records only with time devoted to serving VA patients and time required to travel between volunteer assignments.

e. Program policy is found in M-5, part II, chapter 3.

12.23 RESPONSIBILITIES

a. Medical center Directors are responsible for designating members of CNH inspection team. As a minimum, the team will consist of a professional nurse, social worker, physician, dietitian, pharmacist, fire safety specialist, contracting officer and a representative from Medical Administration Service. The medical center Director will designate one team member as the coordinator. The function of the team will be to:

- (1) Review inspection findings of other agencies.
- (2) When considered necessary, conduct as a full team or as a partial team, inspections of CNHs.
- (3) Recommend approval, disapproval or termination of contracts.
- (4) Provide guidance in the management of the CNH program.

b. VA has the right and responsibility to assess nursing homes, in order to be an informed purchaser of care. However, it should be clear that in assessing nursing homes, VA does not, in any way, regulate these homes, nor does it provide them with any credentials following completion of a successful assessment.

c. The CNHC Coordinator will:

- (1) Acquire appropriate quality of care inspection reports from regulatory agencies on a timely basis for CNH team review prior to evaluation.
- (2) Schedule review of new homes and annual reevaluations on a timely basis in accordance with paragraph 3.07, M-5, part II, chapter 3.
- (3) Coordinate team action regarding approval, disapproval or termination of patient care contracts.

- (4) Assure appropriate, timely followup of veterans placed in CNH.
 - (5) Develop working relationships with local regulatory and quality assurance agencies, ombudsman and/or complaints offices and assure regular exchange of information with these offices.
 - (6) Conduct, as needed, surveys of the nursing home market, to ensure that the supply of nursing homes under contract is adequate to meet the needs of patients.
 - (7) Provide overall guidance in the management of the CNH Program.
- d. The medical center contracting officer is responsible for negotiating and consummating contracts with CNHs.
 - e. Follow-up of the veteran will normally be the responsibility of the placing facility and will be conducted primarily by Social Work and Nursing Services. Other services are expected to provide consultation to the nursing home in the follow-up process as needed. A written referral will be made to another VA medical center or clinic when the distance to the nursing home or other circumstances make follow-up by the authorizing facility impractical.
 - f. Social Work Service will maintain a correct, up-to-date list of veterans (SC and NSC) outplaced under contract to CNHs. This list will be immediately available in the event of disaster or other incidents. This list will also be available to VA volunteers participating in the nursing home program and to the Chief, Medical Administration Service.

12.24 PROCEDURE FOR INITIATING A CONTRACT

- a. Upon receipt of a request from the nursing home to be included in the VA contract nursing home program, the Chief, Acquisition and Materiel Management Service, or contracting officer, will mail an SF 129, Solicitation Mailing List Application; VA Form 10-1170 and a descriptive cover letter to the applying nursing home.
- b. Contracts should be negotiated at rates which reflect the current market value of NHC in the local community. Nursing homes shall receive a per diem rate commensurate with the care and services provided, not to exceed the approved maximum rate. Certain states or areas of the country have been approved for a higher maximum per diem rate and VA medical facilities in those areas are notified of the higher per diem rate. Medicaid rates provide a general index to prevailing community rates. However, Medicaid rates are generally not all inclusive, and therefore, rates will be negotiated based on Medicaid rates plus a supplemental amount based on historical data of veterans' services and supplies, not normally to exceed 15 percent of Medicaid SNF rate. Where Medicaid rates are not a reliable indicator of actual cost, or where this amount exceeds 15 percent, nursing homes must provide documentation to justify special consideration for higher rates. CNHs providing unusual care and/or services may be considered for higher rates, within the maximum rate, when justified. Requests for an exemption to the maximum per diem rate should be forwarded to the Assistant Chief Medical Director for Geriatrics and Extended Care (114), for review and approval.
- c. After return receipt of the application, an SF 98 and SF 98a, Notice of Intention to Make a Service Contract and Response to Notice, will be sent to the Department of Labor.

d. The contracting officer will notify the team coordinator of the nursing home's intent. An evaluation will be planned according to procedures outlined in paragraph 12.27. On initial inspections, the nursing home will be notified of the prospective time and date. The report of the evaluation, with recommendations, will be forwarded by the CNH team coordinator to the contracting officer. If appropriate, the contract will be completed by the contracting officer. The contracting officer will distribute copies of the contract to Medical Administration Service and Social Work Service and any other concerned services. Medical Administration Service will update information to be included in RCS (Reports Control Symbol) 10-0168, CNH Report.

12.25 CONTRACT OBJECTIVES

a. Contracts will be sought with NF (nursing facilities) for the provision of care which meets VA standards. Every effort will be made to secure contracts to include within the per diem rate, the cost of a room, meals, nursing care, routine medical care as defined in 42 CFR Part 483, drugs, laboratory, X-ray, and other routine services as defined in 42 CFR Part 483. If this is not possible, the contract should specify those services and supplies which are not included in the per diem rate.

b. Contracts negotiated with exceptions will reflect a reduced per diem rate, calculated by decreasing the per diem rate by the estimated daily cost of the excepted items.

c. Items not included in the contract may be provided to veterans eligible for outpatient treatment under 38 CFR 17.60 and defined in M-1, part I, Chapter 17, "Outpatient Care-Staff," and M-1, part I, Chapter 18, "Outpatient Care-Fee." When appropriate, additional care on fee basis must be authorized in advance according to paragraph 12.33.

d. A nursing home must have a contract with only one VA medical center.

e. A supply of medications is often provided to the patient at the beginning of the placement period. This transitional supply of drugs should not exceed a 7 working day supply.

12.26 STANDARDS FOR NURSING FACILITIES

a. The facility shall be licensed or approved by the State in which it is located and it must comply with applicable State and local government regulations. VA standards for NFs will henceforth be the same as those used for the certification of nursing facilities for the Medicare or Medicaid programs except that, for the fire safety criteria, the facility shall meet the requirements of the latest edition of the Life Safety Code (NFPA 101).

b. State approved waivers for NFs are permitted only with the written approval of VA Central Office program officials.

12.27 EVALUATION OF NURSING HOMES

a. Nursing homes will be evaluated prior to consummation of a contract with VA. A current accreditation as a long-term care facility by the JCAHO (Joint Commission on the Accreditation of Healthcare Organizations) may be considered evidence of compliance with VA standards. If the medical center Director chooses to accept this

method of evaluation, an onsite visit to the nursing home must be made by the social worker and nurse only, according to instructions outlined in subparagraph d. If the home is not JCAHO accredited or if the medical center Director chooses not to accept this method of evaluation, the home must be evaluated by one of the methods outlined.

b. If the nursing home has been certified under Medicare or Medicaid, it will have been inspected by the State agency according to the Federal standards. The CNH coordinator will obtain from the State agency, or the Regional Office of the Department of Health and Human Services, a copy of the most recent Form SSA 2567, Statement of Deficiencies and Plan of Correction, prior to evaluation. This document will note any deviation from standards, the nursing home's plan for correction, and any waivers. The CNH evaluation team members will review their appropriate sections of Form SSA 2567 prior to CNH evaluation.

c. If a review of Form SSA 2567 raises questions as to the suitability of the home for the use of VA beneficiaries, appropriate members of VA team, or the entire team, if indicated, will visit the home to resolve the questions, applying the cited 42 CFR standards and documenting the findings. VA team members are encouraged to discuss any particular areas of concern noted on Form SSA 2567, with the appropriate individuals at the agency which conducted the survey.

d. If the review of the Form SSA 2567 is satisfactory or if a current JCAHO accreditation is accepted, no full team inspection is required. A visit will be made to the home by the team social worker and nurse only. The purpose of this visit will be to describe and evaluate:

(1) The quality and level of care provided including staff, quality control programs, training, services, rehabilitation, care management, nutrition and corresponding documentation.

(2) The quality of life in the facility including environment, safety, flexibility to accommodate lifestyle, participation of residents and families, system to assess satisfaction and response to concerns and complaints.

(3) Facility programs to meet the needs of veterans including medical, social and spiritual, and activities to promote self worth and a sense of well being.

(4) Special characteristics and unique programs of facilities.

e. The description and evaluation will be documented and will be used to determine how this facility might best be used to serve the needs of the target veteran population.

f. Based on the evaluation processes, recommendations will be made by the CNH team coordinator to the contracting officer for disposition of the application. If problem areas are noted, the nursing home must be advised of the deficiencies in writing by the contracting officer and given a reasonable amount of time to take corrective action. A contract may be issued while corrective action is being pursued only if it is determined that the health and safety of the veteran will not be compromised in the meantime.

g. The evaluation process will be completed and documented every 12 months and no more than 60 days prior to expiration of the contract. The team coordinator will recommend to the contracting officer continuation of the contract, or continuation

contingent on correction of deficiencies, or termination of the contract each year based on the evaluation process. If a contract is canceled and renegotiated during the year for the purpose of establishing a new per diem rate, it is not necessary to conduct another evaluation so long as the evaluation has been conducted within the required 12 month time limit.

h. When serious deficiencies affect the health or safety of veterans, or in cases of continued uncorrected deficiencies, VA medical centers may consider the following action:

- (1) Suspend placement of veterans to the CNH.
- (2) Remove, transfer veterans under contract from the CNH.
- (3) Not renew the contract.
- (4) Terminate the contract.

NOTE: In order to monitor the quality of inspections conducted by other agencies, VA medical centers may conduct onsite evaluations on a routine sampling basis as determined by the team coordinator. It is the clear intention of VA to minimize unnecessary and redundant Federal inspections of nursing facilities through the processes outlined in this chapter. However, it is emphasized that the VA medical center retains the right and carries the responsibility to conduct an onsite VA evaluation by a full or a partial team at any time it is considered necessary to ensure that quality care is provided to veterans in a safe environment.

i. Nursing homes not certified under 42 CFR Part 483, will be evaluated on site by the following CNH team members: social worker, nurse, dietitian, and fire safety officer, using the standards outlined in 42 CFR. The team physician and clinical pharmacist and any other discipline will be included in the inspection as appropriate. The social worker and nurse members of the team will, in addition to applying standards of 42 CFR Part 483, describe and evaluate the facility according to the principles outlined in subparagraph d.

j. Following completion of the evaluation, findings will be documented and a recommendation will be made by the CNH team coordinator to the contracting officer for disposition of the application.

k. The CNH program coordinator will assure maintenance of communication with regulatory agencies reviewing quality of care. VA medical centers will, on request, make information concerning contract nursing homes available to Federal, State, and local agencies charged with the responsibility of licensing, regulating or inspecting these homes. In addition, VA medical centers will, on their own initiative, make available to these agencies, information about facilities which are found to have significant deficiencies which may threaten the health or safety of residents.

12.28 ELIGIBILITY

a. NHC (Nursing Home Care) for SC Conditions. A veteran who requires NHC for a SC disability may be placed in a contract CNH from a VA facility or directly from the community and is eligible for NHC as long as care is necessary. The determination of need for NHC may be made by a VA or private physician, but in all cases, the decision to admit a SC veteran directly to a CNH must be made by a VA physician.

b. NHC for NSC Conditions. Veterans who have been hospitalized primarily for treatment of their SC disability and require NHC for any disability are entitled to NHC as long as such care is necessary. Continued annual authorizations may be approved until NHC is no longer needed. Veterans who have received nursing home or domiciliary care for their SC conditions are eligible for NHC for NSC conditions for up to 6 months.

c. Patients will not be admitted to a VA medical facility for the sole purpose of transferring them to a CNH. However, beneficiaries hospitalized at VA expense in a non-VA hospital may be transferred to a nearby VA facility for this purpose. Patients receiving authorized care in non-VA hospitals and domiciliaries in Alaska and Hawaii may be placed directly into a CNH for needed care without an episode of care in a VA medical center.

d. Before any otherwise eligible person may be placed in a CNH at VA expense, the person must need NHC for convalescence, rehabilitation, or for a protracted period of time, normally interpreted to mean a minimum of 3 months. Additionally, the person must not have received an irregular discharge from the most recent episode of VA care.

e. The requirements of paragraph 12.35 must be met if care is extended beyond a period of 6 months for a veteran whose hospitalization, VA nursing home or domiciliary care was primarily for treatment of a NSC disability. In addition, the 6-month limitation applies to a veteran admitted to a CNH from VA's HBHC program.

f. Short-term rehospitalization in a VA facility (15 days or less) for diagnostic workup or brief intercurrent illness will not be considered justification for beginning a new 6-month period of eligibility for community NHC. (See par. 12.36e.) Periods of absence from the nursing home for which no VA payment is made will be counted as part of the 6-month period.

g. Patients held in VA facilities under commitment will not be placed in this program unless their behavior and prognosis justify termination of the commitment. In those States where termination of a commitment is not accomplished automatically when the patient is released, the necessary action will be completed prior to or at the time of admission to the CNH.

h. Active duty military patients may be eligible for CNHC. (See par. 12.31.)

i. Any veteran who has been discharged from a hospital under the direct jurisdiction of VA and who is currently receiving hospital based home care may be placed into a contract CNH.

12.29 SELECTION AND MOVEMENT OF PATIENTS

a. Selection of patients for placement in CNHs will normally be made at ward or section level by the patient's physician, nurse and social worker, subject to approval by the Chief of Staff of the facility.

b. Patients will be given the opportunity to choose a nursing home from facilities approved by and available to VA. Listings of local nursing homes will be maintained by each VA facility. Admission to the nursing home will be accomplished promptly following completion of an episode of hospital, nursing home or domiciliary care.

c. VA Form 10-1204, Referral for Community Nursing Home Care, will be prepared by the ward clerk or secretary. The responsibility for providing the necessary information rests with the physician, nurse, social worker, dietitian or other source. The form will be filled out as completely as possible. If additional space is needed for any item, the "Remarks" space may be used or additional information may be furnished separately and attached to the form. When appropriate, forms required by local public assistance agencies will also be completed.

d. If the proposed placement is approved by the Chief of Staff or ACOS, the Chief, Medical Administration Service, or designee, will contact a nursing home official to ascertain availability of a bed unless the social worker has already done so and it is so indicated on VA Form 10-1204. The medical facility will be responsible for complying with any requirements of local governments or regulatory bodies prior to movement of the patient to the nursing home.

e. The original VA Form 10-1204, a copy of VA Form 10-1000, Discharge Summary, and other pertinent documents will be forwarded to the nursing home so that it is available when the patient arrives. A copy will be filed in the veteran's administrative records folder at the medical facility. An additional copy will be reproduced and forwarded to the facility which is to conduct the follow-up, if other than the authorizing facility.

f. VA Form 572, Request for Change of Address/Cancellation of Direct Deposit, will be completed if necessary by Medical Administration personnel prior to departure of the veteran from the medical center. If there are any unresolved questions about other VA benefits, the veteran will be referred to the Veterans Benefits Counselor for interview.

g. Early planning will be initiated to assure that needed dental care or prosthetic or similar appliances are furnished prior to discharge from the VA facility.

h. A nursing home retains the right to refuse to accept any patient when it is anticipated that the cost of the care and services required would exceed the scope of the contract.

12.30 DUE PROCESS

a. If, in the planning process for CNH placement, patients or family, or patient representatives, object to outplacement, they should be made aware that they may present medical information relating to the patient's condition which would prevail against the discharge plan.

b. If patients, family, or patient representatives, wish to present new medical information which would prevail against the discharge plan, they should be given up to 1 week from receipt of notice of the discharge plan, to indicate their intent to present such information. They should be permitted a reasonable length of time to present such material, based on the nature and source of information to be provided, up to a maximum of 7 calendar days.

c. The medical information presented by the patient, representative, or family, should be reviewed by the attending physician, who will decide whether or not to continue discharge planning to a CNH. A decision to proceed with planning will be reviewed by the Chief of Staff. This review function may be delegated to another physician or to a medical review panel.

d. The family should be notified in writing of the decision and, consistent with the medical determination, the normal steps for either discharge planning or for continued hospital care should be followed.

e. If continued hospitalization is indicated, subsequent discharge planning, including CNH placement, may be considered subject to the same due process procedures outlined in subparagraphs a through d.

12.31 ACTIVE DUTY MILITARY

a. An active duty military patient in a VA medical center may be transferred to a contract CNH if maximum hospital benefits have been obtained. The appropriate service branch shall be notified of the transfer.

b. Active duty military patients may be transferred directly from a military hospital to a CNH under VA contract. The service department must assure VA that the subsequent discharge from the service will be other than a bar to VA benefits.

(1) The Director of the VA medical center closest to the home address of the patient, or the address provided by the service hospital, is responsible for all VA actions involved in the transfer. This includes, but is not limited to, liaison with ASMRO (Armed Services Medical Regulating Office), liaison with CNHs, authorization and payment of nursing care, follow-up visits to evaluate patient care, and reimbursement requests to the appropriate service department.

(2) A request for transfer will be initiated by the service hospital through ASMRO to the VA medical center concerned. Requests from ASMRO for bed reservations in a CNH will be given priority processing. Teletype responses to ASMRO will contain the name and address of the CNH, date of bed reservation and the name and telephone number of the VA employee to be contacted in the event the staff at the service hospital wishes to discuss the case prior to the patient's transfer. Once the service hospital has been notified by ASMRO that a bed is available, and transportation arrangements have been made, the VA medical center will be notified of the expected time, mode of transportation and place of arrival. Transportation from place of arrival to the CNH will be provided by VA unless otherwise specified by the service hospital. Such transportation will be provided on a reimbursable basis.

(3) When making a bed reservation, the VA medical center will attempt to make an "on or about" reservation to provided latitude in the arrival date when the patient is transported via MAC (Military Airlift Command). CNHs shall be kept advised by VA of any change in the anticipated arrival of the patient. Admission to the VA medical center will be approved when necessary in order to provide for a smooth transfer to the CNH.

(4) VA Form 10-1204, Referral for Community Nursing Home Care, or an equivalent form from the Department of Defense and a summary of the patient's condition should accompany the patient.

c. At the time of discharge from active duty, an eligibility determination will be made. Based upon the eligibility determination, NHC will be provided in accordance with paragraph 12.28.

d. Reimbursement for care at VA expense will be requested from the appropriate department in accordance with procedures in M-1, part I, chapter 15, while the patient remains on active duty status.

12.32 PROCEDURES IN ALASKA AND HAWAII

The procedures in paragraph 12.29 a through g will be used in Alaska and Hawaii to the extent feasible and appropriate. When applicable, the procedures prescribed for non-VA hospitalization in chapter 21 will be followed.

12.33 AUTHORIZATIONS

a. VA Form 10-7078, Authorization and Invoice for Medical and Hospital Services, will be used by facilities to issue authorizations for NHC. The authorization validity period will be from the initial effective date to "disposition." For those veterans whose hospitalization was primarily for treatment of NSC disabilities, and for others whose need for NHC is for a NSC condition, add "but not later than (insert date--not to exceed 6 months)." Funds will be obligated on VA Form 4-1358, Estimated Miscellaneous Obligation or Change in Obligation, as prescribed in MP-4, part V.

b. Any extension to the original authorization validity period, regardless of the number of days, requires a new VA Form 10-7078.

c. VA Form 10-7078, will be further annotated to authorize additional payment by VA for items of medical care, emergency dental care, drugs, laboratory, X-ray, or other necessary services not included within the per diem rate. The maximum average amount payable per day for such services will be stated, and the cost of any services to be furnished by VA will not exceed the amount by which per diem rate was decreased as provided for in paragraph 12.25b. The total cost of care may not exceed the maximum allowable per diem rate, as published in current directives, except as noted in paragraph 12.25c.

12.34 PLANNING AND FOLLOW-UP

a. Prior to placement in a CNH, consideration will be given to post-contract planning. If there clearly is no viable post-contract plan and the veteran will most likely be returned to the VA medical center, the veteran should not be placed in a CNH. Social Work Service will actively assist the veteran and/or family in planning to assume responsibility for future needs following NHC at VA expense. Benefits and potential benefits, VA and other, will be fully explored and explained to the veteran and/or the family. Appropriate assistance is available from the Veterans Benefits Counselor.

b. Each patient admitted to a CNH will be visited no less frequently than every 30 days by a VA staff member. Observations will be made as to the quality of professional care and need for continuation of NHC. Guidance may be provided to CNH staff in the provision of care for veterans under contract.

c. The social worker will make followup visits as often as necessary to:

- (1) Provide consultation and liaison related to care management and provide patient advocacy.
- (2) Assist the patient and/or family with the social and emotional aspects of the transition to long-term care.
- (3) Address unresolved patient/family concerns/complaints with CNH staff.
- (4) Assist the patient/family in planning for continued care in the nursing home or transition to another level of care in the community, if indicated, and coordinate the application for maximum VA benefits post contract.

(5) Provide consultation to CNH staff related to discharge planning and coordinate referrals to VA medical center services.

d. A nurse will make followup visits at least once every 60 days and more often if necessary to ensure that adequate and safe care is being provided. At time of discharge, patients whose clinical status and nursing requirements put them at risk of frequent readmission to the medical center should be identified and a specific plan be developed for nursing follow-up. The nurse will make visits to:

- (1) Provide consultation and liaison to CNH staff.
- (2) Monitor appropriateness of care.

e. A dietitian will make followup visits as determined necessary to:

- (1) Evaluate the care provided to patients with an identified nutritional problem.
- (2) Provide education and consultation to CNH staff for the purpose of enhancing nutritional care services.

NOTE: It is VA policy to provide followup visits to veterans in CNHs once every 30 days by a VA staff member. A VA nurse will provide a followup visit at least once every 60 days. Depending on the need of the patient, a nurse and social worker may be able to alternate visits on a 30-day interval, with the social worker visiting the patient during one 30-day period and the nurse visiting the patient during the next 30-day period. In other cases, as a function of patient needs, the social worker may need to provide followup services every 30 days, notwithstanding the nurse's visits, as outlined.

f. If plans for continued nursing care at non-VA expense cannot be completed prior to the expiration of the VA authorization, the social worker will continue to offer assistance in planning. If there are valid reasons for continued care at VA expense and the veteran meets the requirements in paragraph 12.35, consideration will be given to extending the period of VA authorized care at the CNH.

g. If plans for continued nursing care at non-VA expense for a veteran whose hospitalization or need for NHC was primarily for treatment of NSC disabilities is feasible, but the veteran and/or family decline to cooperate, the VA authorization will be terminated. Written notification of the pending termination will be made to the veteran and/or family, the CNH and any other interested parties. Termination will be effective 30 days following written notification or at the expiration of the current authorization, whichever comes first.

h. Placement from a VA medical center to a contract nursing home at VA expense may be denied to a veteran seeking care for a NSC condition if it is objectively and realistically determined that an alternative to VA contract care is feasible but the veteran or the veteran's family declines to utilize the alternative. If an alternative arrangement is available to VA care, such as public assistance, and the veteran declines to use this potential benefit, the VA may deny placement at VA expense.

i. Patients remaining in the CNH for an extended period of time (more than 1 year) will be given a comprehensive physical examination no less often than once a year to

determine the need for continued NHC. Such examinations will be done, to the extent practicable, on a staff basis at the VA medical facility nearest the CNH. If this is not feasible, the examination will be done at the nursing home on a fee basis or by a VA physician. The report of examination will be reviewed by the CNH team to determine the need for continued care. A copy of the report of examination will be furnished to the CNH for inclusion in the patient's record.

12.35 EXTENSIONS BEYOND 6 MONTHS

a. Extensions beyond 6 months for veterans whose hospitalization was not primarily for treatment of a SC disability may be authorized in a public or private NHC facility at VA expense when the need for NHC continues to exist and

(1) Arrangements for payment of such care through a public assistance program (such as Medicaid) for which the veteran has applied, have been delayed due to unforeseen eligibility problems which can reasonably be expected to be resolved within the extension period, or

(2) The veteran has made specific arrangements for private payment for such care, and

(a) Such arrangements cannot be effectuated as planned because of unforeseen, unavoidable difficulties, such as a temporary obstacle to liquidation of property, and

(b) Such difficulties can reasonably be expected to be resolved within the extension period, or

(3) The veteran is terminally ill and life expectancy has been medically determined to be less than 6 months.

(4) In no case may an extension under paragraph (1) or (2) of this section exceed 45 days.

12.36 READMISSION TO A MEDICAL CENTER

a. Patients requiring emergency readmission to the hospital, nursing home, or domiciliary will be admitted to an appropriate VA facility immediately, unless this is not feasible because of distance or urgency. Additionally, if a veteran begins to require more than occasional visits by physicians or more than minimal laboratory, X-ray and other services, readmission to a VA facility will be accomplished promptly.

b. Payment for public or private care in a non-VA facility will be made by the facility that authorized placement in the CNH only for those veterans eligible under the appropriate paragraph of 38 CFR 17.50b for hospitalization in a medical emergency and provided the following conditions are met:

(1) VA authorization in each case had been obtained. (This condition will be considered to be met if the request for authorization was received by VA within 72 hours after the date and hour of admission.)

(2) Prompt readmission to a VA or other Federal hospital with which the Secretary contracts is not feasible.

(3) Authorization is limited to the period of care required to meet the emergent need until the veteran can be safely moved to a VA facility.

c. Current statutes now provide necessary authorization for VA to furnish emergency hospital care at VA expense for NSC disabilities of certain female veterans receiving VA contract NHC.

d. Costs will be recorded as "contract hospital" and will be carefully monitored. Those costs will not be paid from funding specifically allocated to facilities for contract hospitalization, rather they will be absorbed into the facility's recurring medical care funds. The only time payment will be made for such care from contract hospitalization funds is when a veteran who is receiving medical services at an independent outpatient clinic, not under the jurisdiction of the VA medical center, requires referral for emergency medical care at a public or private facility.

e. Patients who remain in hospital, nursing home, or domiciliary care beyond 15 days, including the date of admission, will be reported on VA Form 10-7400-4 or VA Form 10-7400-2 in the appropriate column under "Losses of Patients Absent Sick in Hospital." (The patient's return to contract NHC will be under the provisions of a new contract placement.) A patient remaining in the hospital, nursing home, or domiciliary for 15 days or less, and who returns to a contract nursing home, will resume care under the previous period of 6-month eligibility.

12.37 ADDITIONAL CARE

a. The authorizing facility is responsible for the furnishing of care professionally recommended and for which the veteran is eligible under the provisions of paragraph 12.01. For care not provided for by the nursing home in accordance with the terms of the contract, treatment will be furnished on a staff basis, to the extent practicable, at the authorizing medical center or, by prior arrangements, at another VA medical center.

b. When staff care is impracticable, fee care will be authorized by the medical center. Medical centers without fee-basis jurisdiction will authorize such care by issuing VA Form 10-7078, Authorization and Invoice for Medical and Hospital Services. Fee-basis clinics of jurisdiction will authorize such care in accordance with, M-1, part I, chapter 18.

12.38 BILLING AND REPORTING PROCEDURES

a. Nursing homes will be requested to submit invoices to the authorizing facility on their own letterhead at the completion of each month's service.

b. Billings, received from the nursing home, veteran's physician, or other third parties for supplemental services or supplies authorized under paragraph 12.33c may be approved and processed for payment if otherwise in order. Supplemental authorizations will not be issued. The maximum amount allowed for such services may be computed prospectively, based on a period not to exceed 30 days. Care will be exercised, however, to ensure that the maximum will not have been exceeded when NHC is terminated. Cases will be reviewed periodically so that those which will require more than an average of the allowable maximum may be promptly readmitted to a VA facility.

c. Payment may be made for either the first or last day of NHC, but not for both. If the patient is admitted and discharged on the same day, payment will be made for 1 day. (Exception: Payment may be made for both the first and last day of care if the patient is to remain in the same home and financial responsibility for continued maintenance of the patient at the nursing home is to be assumed by another person or agency following termination of VA authorization.)

d. If a contract patient is placed on authorized absence for therapeutic purposes or hospitalized, VA may reimburse the CNH at the authorized per diem rate for reserving the bed for such period of absence not to exceed 48 hours. Reimbursement for similar absences in excess of 48 hours will not be made except when specifically authorized in advance and approved by the Chief, Medical Administration Service. Authorization will not be given and payment will not be approved for reservation of CNH beds beyond 5 days.

12.39 DEATHS

a. When a VA patient under contract in a CNH dies, the utmost assistance will be afforded relatives in arranging a dignified funeral and burial. The provisions of M-1, part I, chapter 14, will apply to patients in CNHs.

b. The nursing home will immediately notify the VA facility which authorized the admission, to assemble, inventory and safeguard the deceased patient's personal effects. The funds, deposits, and effects left by VA patients at the nursing home shall be delivered by the nursing home to the person or persons entitled thereto under the State laws currently governing the nursing home for making disposition of funds and effects of patients, unless the veteran died without leaving a will, heirs, or next of kin. When disposition has been made, the itemized inventory with a notation of the disposition will be immediately forwarded to the VA facility authorizing admission. Should a deceased patient leave no will, heirs, or next of kin, the personal property and funds wherever located vests in and becomes the property of the United States in trust. In these cases, the nursing home will forward an inventory of any such property and funds in its possession to the VA facility and will hold them (except articles of clothing necessary for proper burial) under safeguard until instructions are received from VA.

12.40 NOTIFICATION TO ADJUDICATION DIVISION

a. VA Form 10-7132, Status Change, will be prepared by the VA facility which authorized the admission and furnished to the Adjudication Division in compliance with item 1, part III, of VA Form 10-7131, Exchange of Beneficiary Information and Request for Administrative and Adjudicative Action, to report the discharge of a veteran to a CNH. VA Form 10-7131 will be used to notify adjudication of the direct admission of SC veterans to CNHs. VA Form 10-7131 and VA Form 10-7132 will include the name and address of the nursing home.

b. The VA facility will furnish an additional completed VA Form 10-7132 to the Adjudication Division to report disposition from the nursing home of each patient for whom a copy of VA Form 10-7131 or 10-7132 was submitted as prescribed in subparagraph a. Periods of absence from the nursing home for which no VA payment is made will be reported as prescribed in chapter 6. The Adjudication Division will request any other needed information by submitting VA Form 10-7131 to the authorizing medical center.

12.41 BILLING DISCRETIONARY VETERANS

a. Discretionary veterans (those eligible for NHC under 38 CFR 17.51 who agree to pay a copayment) shall be billed for the copayment in the same amount, and using the same procedure as are used for Discretionary veterans receiving care in VA NHCUs (see par. 12.21) except, they shall be billed the current nursing home per diem rate for the CNH in which they are located until the copayment has been met for each 90-day period.

b. Copayments owed by veterans will not be used to offset CNH bills. The CNH's bill will be paid in full by the VA medical center or OPC authorizing the NHC. A VA Form 10-9014, Statement of Charges for Medical Care, will be issued to the veteran for the copayment.

SECTION IV. RESPITE CARE

12.42 DEFINITION

VA may provide respite care to those veterans eligible to receive care in accordance with 38 CFR 17.47. Respite care means hospital or nursing-home care which:

- a. Is of limited duration;
- b. Is furnished in a VA facility on an intermittent basis to a veteran who is suffering from a chronic illness and who resides primarily at home; and
- c. Is furnished for the purpose of helping the veteran to continue residing primarily at home.
- d. Program policy is found in M-5, part VII.

12.43 POLICY

VA medical centers may provide respite care to eligible veterans up to 30 days in a calendar year. The frequency of the respite care will not exceed once a quarter. There is no specific limit on the number of veterans to whom a medical center may provide respite care. The duration of any one respite care admission will not exceed 14 days. Respite care shall not be provided:

- a. In an ambulatory care program;
- b. In domiciliary beds;
- c. Through contractual agreements; or
- d. In the home (this is not intended to preclude the possibility of developing a program using volunteers and/or community resources to provide intermittent respite in the home).

12.44 ADMISSION GUIDELINES

- a. The veteran must be suffering from a chronic illness and resides primarily at home.
- b. The veteran is determined eligible for hospital or nursing-home care under 38 CFR 17.47. Respite care is a form of hospital or nursing-home care and the same priority scheme will be used for respite care as is used for hospital and NHC. In accordance with 38 CFR 17.49, the Chief Medical Director has established NHC priorities in paragraph 12.11. By way of example, a Mandatory veteran who is in need of respite care has a higher priority for respite admission in either hospital or nursing home over any veteran in eligibility category Discretionary. Also, a "mandatory" veteran who is on the nursing home waiting list has a higher priority for admission to a nursing home over any veteran in eligibility category "discretionary" requiring respite care. A veteran determined to be in the eligibility category "discretionary" is subject to copayment for hospital and/or nursing-home care.

- c. The veteran must be enrolled in and will continue in one of the following VA medical care programs:
 - (1) Post Hospital Care
 - (2) ADHC (Adult Day Health Care)
 - (3) HBHC (Hospital Based Home Care)
 - (4) Outpatient/Fee Basis Care
 - (5) Any other outpatient program where VA staff provide care.
- d. The veteran must be recommended for respite care by a VA treatment team.