

October 25, 1993

1. Transmitted is revision to Department of Veterans Affairs, Veterans Health Administration Manual M-1, "Operations," Part I, "Medical Administration Activities," Chapter 16, "Outpatient Services - Staff" formerly entitled "Outpatient Care--General."
2. Principal changes are:
 - a. The combining of Chapters 16, 17 and 30 into one chapter.
 - (1) Information contained in M-1, Part I, Chapter 17, "Outpatient Care--Staff" has been incorporated into this revised Chapter 16. Chapter 17 is eliminated.
 - (2) Information contained in M-1, Part I, Chapter 30, "Home Health Services," has been incorporated into this revised Chapter 16. Chapter 30 is eliminated.
 - b. Chapter 16 renamed to "Outpatient Services--Staff."
 - c. A new requirement has been added under Section II for the completion of quarterly time studies reviewing the waiting time between a patient's scheduled appointment time and the actual time seen by a physician. This inclusion meets an Inspector General's recommendation which was concurred with by VHA.
 - d. Former Section X has been deleted and subsequent sections renumbered.
 - e. New Section IV has been added addressing:
 - (1) Priority for care,
 - (2) Priority eligibility groupings for outpatient care, and
 - (3) Inclusion of counseling for sexual trauma as required by Public Law 102-585, Veterans' Health Care Act of 1992.
 - f. Section X, Readjustment Counseling, is revised to address major changes and to comply with existing regulations.
 - g. Section XV, Hospital Based Home Care, is revised to address major changes and to comply with existing regulations.
 - h. Section XVII is changed to indicate new increases in monetary awards for Home Improvement and Structural Alterations Program as required by Public Law 102-405, Veterans' Medical Programs Amendments Act of 1992.
 - i. New Section XVIII is added addressing lodging policies and procedures. This information was previously contained in M-1, Part I, Chapter 1.
 - j. Appendix 16A is amended to reflect:
 - (1) Changes in definitions for the Decentralized Hospital Computer Program generated Outpatient Statistical Record and provides a new definition for a collateral.

(2) Full reporting of outpatient statistics and all references to the 20 percent Outpatient Sample are deleted.

(3) Expanded veteran eligibility codes to report percentage of service connection.

k. Editorial changes are disbursed throughout the chapter to incorporate change from Administration to Department; change from Administrator to Secretary; and, changes from category designations to mandatory or discretionary designations.

3. Filing Instructions

Remove pages

16-i through 16-iii
16-1 through 16-21

Insert pages

16-i through 16-v
16-1 through 16-46
16A-1 through 16C-1

4. RESCISSIONS: M-1, Part I, Chapter 16, dated August 20, 1982, and changes 1 through 5; Chapter 17, dated October 7, 1982, and changes 1 through 6, and change 8 (Change 7 was never published.); and M-1, Part I, Chapter 30, dated May 26, 1981, Sections I and II, including changes 1, 2, and 4.

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RESCISSIONS

The following material is rescinded:

Manuals

M-1, Part I, Chapter 16, dated August 20, 1982, and changes 1 through 5.

M-1, Part I, Chapter 17, dated October 7, 1982, and changes 1 through 6, and change 8 (Change 7 was never published).

M-1, Part I, Chapter 30, dated May 26, 1981, Sections I and II including changes 1, 2, and 4.

CHAPTER 16. OUTPATIENT SERVICES--STAFF

SECTION I. GENERAL

16.01 PURPOSE

This chapter identifies and defines the range of Veterans Health Administration (VHA) Outpatient Services; it addresses eligibility, readjustment counseling, special programs as the Home Improvements and Structural Alterations Program, and Title 38 Vocational Programs.

16.02 DEFINITIONS

- a. Outpatient. A person receiving medical services at a Department of Veterans Affairs (VA) health care facility or provided by VA facility personnel who has not been assigned a hospital, domiciliary or nursing home care bed at a VA health care facility or at a community or other Federal hospital at VA expense.
- b. Clinic Director. Includes Associate Chief of Staff for Ambulatory Care, Chief Medical Officer (CMO), Chief Ambulatory Care Section, or where neither of these positions exists, the physician who has been delegated responsibility for clinical ambulatory care activities.
- c. Chief, Medical Administration Service (MAS). Refers to the Chief, MAS, in a VA medical center and the Chief Medical Administration Officer in an independent VA outpatient clinic.
- d. "Members of the immediate family." The term "members of the immediate family" as used in this issue refers to the veteran's spouse, son, daughter, parent or other person considered part of the family unit who either lives in the same household or who provides assistance to the veteran on a daily basis. This term also refers to persons who bear the same relationship to Civilian Health and Medical Program - Department of Veterans Affairs (CHAMPVA) beneficiaries when such beneficiaries are receiving care or treatment in VA health care facilities under 38 Code of Federal Regulations (CFR) 17.54.
- e. Clinic. As used in this chapter, "clinic" means all VA health care facilities with outpatient services.
- f. Physically Separated VA Outpatient Clinic. Refers to any independent VA outpatient clinic or VA outpatient clinic-satellite, which because of its remote location from its managing or supporting VA medical center (that is, location is in a different city, miles away) and its lack of appropriate staff or facilities may obtain outpatient diagnostic services on a fee or contract basis.
- g. Contract facility. A "contract facility" which provides a treatment or rehabilitation program for alcohol and/or drug dependence treatment, is defined as a community-based, peer-group oriented, nonresidential or residential facility which provides supportive services for persons involved in a recovery process.
- h. Adjunct. Adjunct treatment is the treatment of an intercurrent disorder (excluding dental) which, although not service-connected (SC), is medically determined to be associated with and aggravating a disability from a disease or injury for which the veteran is entitled to receive treatment under the authority of 38 CFR 17.60.

16.03 APPLICATION PROCEDURES

a. Requests for medical treatment will be made by the veteran, by a physician or other representative on behalf of the veteran using VA Form 10-10, Application for Medical Benefits, or by letter, telegram or telephone. Requests by telephone, and action taken thereon, will be properly recorded on VA Form 10-2829, Telephonic Authorization, or other appropriate document, and signed by the person processing the request.

b. All applicants for VA medical care will complete VA Form 10-10, and, when applicable, VA Form 10-10F, Financial Worksheet, and VA Form 10-10i, Insurance Information. Applications for medical treatment will be given prompt attention. In non-emergent cases these forms will be completed prior to the veteran receiving a medical evaluation. Action will be completed on applications received by mail within an average of 2 working days. Applicants who appear in person will be given a medical examination promptly to determine need for care. After the examination of the applicant, or evaluation of a mailed in application, the veteran will be informed of the action taken on the application.

c. Applicants appearing acutely ill will be taken directly to an examining room, and administrative details will be accomplished later.

d. If the applicant is present at the clinic, the applicant will be informed in person regarding eligibility for outpatient treatment. If the applicant is not present at the clinic, the applicant will be informed in writing regarding action taken on the application.

e. In no instance will an applicant, who applied for care in person and has been determined to be eligible, be dismissed without being referred to and seen by a physician, on the day of application. An applicant who has been determined not to be eligible for care will be informed of the billing procedure and charges which will be forthcoming. The ineligible applicant will then be seen by a physician, that day, if they so desire. Billing will be initiated in accordance with M-1, Part I, Chapter 15, Charges and Payments for Medical Care.

f. Preparation of a formal application for outpatient treatment (OPT) is not necessary when treatment has been recommended following a period of hospitalization. VA Form 10-1000, Discharge Summary, will include recommendations for treatment.

16.04 ELIGIBILITY CRITERIA

a. The following outpatient care eligibility criteria were established under Public Law 100-322, Veterans' Benefits and Services Act of 1988, and will be followed in determining levels of care:

(1) VA shall (mandatory) furnish outpatient care without limitation:

(a) To a veteran for a SC disability, and

(b) To a veteran rated 50 percent or more SC for treatment of any disability, or

(c) For a veteran receiving compensation under 38 United States Code (U.S.C.) Section 1151.

(2) VA shall (mandatory) furnish outpatient care, but only on pre-hospitalization, post-hospitalization, or to obviate hospitalization basis:

(a) To any 30 percent or 40 percent SC disabled veteran; and

(b) To any veteran whose annual income does not exceed the maximum applicable rate of pension for a veteran in need of regular Aid and Attendance (A&A). Increases for dependents will be calculated in the same manner as calculated for means test dependents. Figures are based on pension rates as established each calendar year.

(3) VA may (discretionary) furnish outpatient care without limitation (for any disability) to:

(a) Former Prisoners of War (POW's);

(b) World War I (WWI) veterans and Mexican Border Period veterans; and

(c) A&A, or housebound pension recipients.

(4) VA may (discretionary) furnish outpatient care on a pre-, post-, or obviate hospitalization basis to any other veterans eligible for hospital care under 38 U.S.C. Section 1710:

(a) Veterans rated less than 30 percent SC.

(b) Veterans exposed to a toxic substance (Vietnam), radiation (World War II (WWII)), or environmental contaminants (Persian Gulf).

(c) Veterans whose income exceeds the maximum applicable rate of pension for a veteran in need of regular aid and attendance but which is less than the Means Test threshold.

(d) Veterans whose Means Testing indicates their income exceeds the established threshold, subject to copayment.

b. The distinction between "shall" and "may" furnish can be interpreted as a difference between entitlement and eligibility. Veterans whose eligibility for care under the provision "may furnish" are eligible; however, the Secretary of Veterans Affairs has discretion not to furnish care. If the Secretary elects not to furnish care, the lowest priority groups will be the first to be denied care.

16.05 ELIGIBILITY DETERMINATION

a. Legal eligibility for treatment will be determined by appropriate administrative personnel assigned this function. Determinations of legal eligibility will be made using all available resources i.e, Department of Defense (DD) Form 214, Certificate of Release or Discharge from Active Duty, information contained in the Consolidated Health Record (CHR), claim folder, Hospital Inquiry (HINQ) System or documented VA information provided by the veteran. If eligibility cannot be established on the basis of documentation in existing records, the application or its equivalent will be reviewed by appropriate medical administrative personnel to establish eligibility. Medical need for

care will be determined by a VA physician. This determination includes consideration for adjunct treatment when required. A determination on whether treatment will be rendered at a VA clinic or by a fee-basis physician will be made at this time. If legal eligibility cannot be immediately established through whatever resources are available at the time, only emergency treatment will be authorized, subject to reimbursement of treatment cost if legal eligibility is not subsequently established.

b. The veteran will be informed of eligibility for requested treatment and treatment authorized when appropriate. The veteran will be informed in person, if present, and an appropriate notation made in the file. If the veteran is not present in the clinic, notification will be as follows:

(1) Eligible. The veteran will be informed by letter, or other suitable means.

(2) Ineligible. If the applicant is ineligible, an individually typed letter with an adequate explanation signed by the Chief, MAS, or designee, will be mailed to the veteran. An extra copy of the letter will be sent to the veteran for forwarding to the person or service representative having their power of attorney. The application and copies of related correspondence will be filed in the applicant's CHR which exist at the facility. If records do not exist, action will be taken to establish a medical records folder (Type II) into which the material will be filed. (See M-1, Pt. I, Ch. 5.)

c. Determination and verification of eligibility for patients requiring care, or when the location of their claims file is unknown, will be made by utilizing HINQ.

d. When claims file location is known and the need to determine and verify eligibility is not urgent, VA Form 10-7131, Exchange of Beneficiary Information and Request for Administrative and Adjudicative Action, or Automated Medical Information Exchange (AMIE) equivalent may be used. If the information received from HINQ is not sufficient to make an eligibility determination, the required information will be requested by submission of a VA Form 10-7131, or AMIE equivalent.

e. For employee veterans, type "Employee" in capital letters, after the veteran's name on VA Form 10-7131, or AMIE equivalent.

16.06 ACTION TAKEN ON RECEIPT OF COMPLETED VA FORM 10-7131

When VA Form 10-7131, or AMIE equivalent, with part II completed is received, eligibility will be confirmed. The form along with the rating sheet, if provided, will be filed in the veteran's CHR. If no records exist, a medical record folder (Type II) will be established and referred to appropriate elements for any action necessary.

16.07 SUBSEQUENT VERIFICATION OF ELIGIBILITY

a. Once eligibility for treatment of a SC condition has been established, VA Form 10-7131, or AMIE equivalent, will be used to verify the veteran's SC status only when there is reason to believe the eligibility status may have changed.

b. The eligibility of persons participating in a rehabilitation program under 38 U.S.C. Chapter 31 will be verified by a Vocational Rehabilitation Specialist or Counseling

Psychologist in Veterans Benefits Administration (VBA)) any time such veteran requests or is referred to a VA health care facility for treatment. It will be verified any time there is reason to believe that the veteran's participation in a rehabilitation program may have terminated under the provisions of 38 U.S.C. Chapter 31. Vocational rehabilitation specialists and counseling psychologists in the Vocational Rehabilitation and Counseling (VR&C) Division in VBA use VA Form 28-8861, Request for Medical Services - Chapter 31, for referral purposes. This form should be completed and returned to the VR&C Division when appropriate action has been taken in regard to the referral. If the veteran does not have the form, or it has not otherwise been received, status as a Chapter 31 participant can be verified through contact with the VR&C Division at the regional office.

16.08 SIGNIFICANT CHANGE OF A SC DISABILITY

When a significant change, either of increasing or decreasing severity, is noted of a SC disability, a summary of findings or copies of reports will be forwarded to the appropriate Adjudication Division. These reports will also be made for potential or existing statutory award cases (e.g., amputees, blinded veterans where vision was previously recorded at 5/200 or less in the better eye and an examination now shows a change to a measurably lower acuity, light perception only, anatomical loss, or a measurably higher acuity) even though their disabilities may be already evaluated at 100 percent.

16.09 SPECIAL NOTIFICATION FROM VBA AFFECTING ELIGIBILITY

a. VBA will notify outpatient clinics of jurisdiction when A&A, or Housebound payments (pension cases) are discontinued for any reason. VA Form 20-6560, Notice of Benefit Payment Transaction, or AMIE equivalent, will be used for this purpose and will indicate payment termination and the reason through the following message codes:

(1) Message Code 652B: "A&A Terminated. 19_ Income Over Limit By \$____." Use for termination of A&A payments due to excessive income.

(2) Message Code 652C: "A&A Terminated." Use for termination of A&A payments for any reason other than excessive income.

(3) Message Code 652D: "Housebound terminated." Use for termination of housebound payments for any reason.

b. Upon receipt of these notices, files will be reviewed to determine if the veteran concerned is receiving any medical benefits and if the notice will alter entitlement to such benefits.

16.10 SEVERANCE OF SERVICE CONNECTION

The Adjudication Officer will notify the appropriate VA health care facility of the intention to sever a veteran's service connection. OPT previously authorized may be continued until the effective date of severance. The veteran will not be authorized to commence a new course of therapy or receive outpatient care not previously approved.

16.11 ADJUNCT TREATMENT

The Clinic Director, or professional designee, may authorize adjunct treatment when required even though the basic disability is not being treated at the time. The

consideration is, whether the condition requiring treatment is associated with and aggravating the basic disability and sound accepted medical practice would demand treatment.

16.12 BENEFICIARIES WHO REFUSE HOSPITALIZATION OR BREAK APPOINTMENTS

a. Veterans who refuse recommended hospitalization, or who have been discharged irregularly from a VA medical center will not be refused needed outpatient treatment if they are otherwise legally entitled under 38 CFR 17.60(a) through (d) and (g) through (i). The Clinic Director, or designee, will counsel the veteran verbally or in writing, pointing out the implications of such action on the condition being treated, and encouraging acceptance of recommended care.

b. When a veteran, who is receiving treatment to obviate the need for bed care or on the OPT-Nonservice-connected (NSC) Program following hospitalization, refuses to accept indicated hospitalization, entitlement to treatment under either program will be terminated. Termination of care and discharge will be accomplished ONLY after, and subject to, the concurrence and action of the treating physician as indicated in subparagraph c. An exception to termination of treatment under the OPT-NSC Program may be made in terminal cases or when treatment is required for catastrophic illnesses.

c. If a patient in an OPT program fails to keep a scheduled appointment, the treatment record will be marked "Failed to report (date)." This entry will be made on the progress notes and signed by a member of the staff authorized to document in a medical record. When this entry is signed, the person signing the entry should ensure that there is no urgent need to contact the veteran regarding failure to report.

(1) If contact with the veteran is needed, or an urgent appointment should be scheduled, the record will be referred to the treating physician for action. If there is no need for immediate contact with the veteran, or an urgent appointment, the veteran will be rescheduled at the next available appointment time. The veteran will be sent a notice regarding the next scheduled appointment and informed that breaking an additional appointment will be deemed to be a refusal to accept VA treatment. Thereafter, no further treatment will be furnished until a new application for care is filed, and the veteran has agreed to cooperate by keeping appointments.

(2) Treatment will not be discontinued until the treating physician has reviewed the medical record, signed an order terminating OPT care and written a discharge progress note. Consideration will be given to the veteran's ability to make a rational decision concerning the need for medical care/and or examination. The veteran will be advised if care has been terminated or contacted regarding the need to be seen for medical care and/or examination.

(3) If the veteran has been discharged from OPT-NSC due to failure to keep scheduled appointments and reports for care the veteran will be advised that a new application for care must be completed. The veteran will not be denied care based upon failure to keep previous scheduled appointments.

(4) The records of any patient being followed for a tumor will be referred to the Tumor Board for review and determination of action to be taken.

d. Where an appointment is broken without notice and satisfactory reasons are advanced for breaking the appointment and circumstances were such that notice could not be given, the patient will not be deemed to have refused treatment.

16.13 QUESTIONABLE CASES

Cases of questionable legal eligibility will be referred to the appropriate Regional Director (13_/161B) for interpretation. A statement of the pertinent facts and the question in issue will be submitted.

16.14 COMPENSATION AND PENSION (C&P) EXAMINATIONS AT PENAL INSTITUTIONS

a. The Clinic Director at a clinic of jurisdiction will, on request and when necessary, arrange with appropriate officials at a penal institution for the examination, at VA expense, of individuals confined in such institutions who have filed claims for C&P benefits or who are receiving such benefits. If special examinations are required which cannot be procured at VA expense from the medical staff of the institution, other fee-basis physicians who are able to perform the examination at the penal institution may be authorized to render the service. Examinations for other purposes will not be authorized.

b. OPT will not be provided by the VA at the penal institution except as part of an approved sharing agreement or similar contract between the Penal Institution and the VA medical center.

c. A veteran in the custody of civil authorities or under criminal charges does not forfeit any right to medical benefits from the VA. The veteran may be accepted for care and treatment by VA only when released by an authorized official under circumstances where there is no obligation placed thereby on the VA to exercise custodial restraint or ensure the return of the veteran to custody upon completion of treatment. This does not preclude advising civil authorities of the expected date of discharge when requested.

16.15 PERSONS WHO MAY RECEIVE MEDICAL CARE SUBJECT TO CHARGES

a. As a humanitarian measure, and when the services of private physicians are not feasibly available, outpatient treatment may be furnished to members of the general public brought to a VA facility in a medical emergency. Following emergency treatment, such persons will be referred to private physicians of their choice.

b. Beneficiaries of Other Federal Agencies

(1) Persons retired from military services are eligible for outpatient treatment on the same basis as discharged veterans, including outpatient treatment in VA and in other Federal and non-Federal facilities. Persons retired for disability may not be treated in medical facilities of the uniformed services in the United States as beneficiaries of the VA, except in Alaska and Hawaii. When a military retiree applies for outpatient treatment, first consideration will be as an applicant seeking care as a VA beneficiary. Any military retiree applicant determined to be ineligible as a VA beneficiary may be considered for care on a space available basis as a retiree beneficiary of the military service and provided such care after proper authority is received from the appropriate military jurisdiction.

(2) Beneficiaries of other Federal agencies may be treated when properly authorized by the agencies with which the Secretary has executed an agreement.

c. Emergency treatment of employees (other than as a veteran entitled to outpatient treatment, or as a beneficiary of the Office of Workers' Compensation), may be provided if private services cannot be feasibly obtained. Such emergency treatment

may also be provided to members of employees' families when they are occupying living quarters at a VA facility.

d. Allied Beneficiaries (See M-1, Pt. I, Ch. 24.)

e. Emergency outpatient examination and treatment may be provided to individuals attending national conventions of VA recognized service organizations. Contractual agreements between the VA and such organizations are required. The authority to enter into such contracts is limited to the extent or in the amounts provided by Congress in annual appropriation acts. The agreements must provide for recovery of the cost of providing such medical services to individuals who are not eligible for such care as VA beneficiaries. The Office of the Deputy Assistant Secretary for Acquisition and Materiel Management will provide guidance to the affected facility concerning the implementation of these agreements. However, all resulting contracts will be negotiated by Acquisition and Materiel Management Service at the local facility.

16.16 CHARGES

Charges for medical services provided to persons in paragraph 16.15 will be made as currently prescribed in M-1, Part I, Chapter 15.

16.17 SCHEDULING

a. Patient scheduling systems are required at all VA medical centers and outpatient clinics. The methodology for implementation will be designed subject to individual facility needs as determined by the medical center Director, to minimize patient waiting time and to consolidate patient appointments on the same day whenever possible. Block scheduling systems will not be used.

b. The Decentralized Hospital Computer Program (DHCP) scheduling software package (or its equivalent) will be used for scheduling patient appointments. This DHCP scheduling package will maintain necessary files to support the scheduling activity on-line. This package collects outpatient workload information which is then transmitted to the Austin Automation Center (AAC).

c. Clinic profiles must be established and maintained for each clinic. Clinic profiles will be reviewed annually and updated when required.

d. The Scheduling Activity will schedule examinations, treatments and/or services to insure that, insofar as possible, the patient will receive all pending services during one visit with a minimum of waiting time between services. There are times when multiple appointments will be necessary to effectively provide treatment. An example would be a diabetic being seen for follow-up of diabetes; it may be appropriate to schedule laboratory work a few days before the appointment with a physician so that needed medical reports would be available to the treating physician during the appointment.

e. The Scheduling Activity will schedule more patients to report than normally could be accepted by the available staff. The degree of overscheduling will be consistent with past experiences as to the number of patients normally failing to report. Periodic studies will be made to determine the need for changes in overscheduling. The amount of overscheduling will be approved by the Chief of Staff, or designee. Overscheduling will not exceed levels established by the clinic profile.

f. Patients will be scheduled at specific time intervals, based on determination of time required for each patient to complete the visit at one clinic. Scheduling all patients, or groups of patients to the same physician, dentist, technician or therapist at

the same time is not an acceptable practice. Exceptions are, clinics where group therapy or group instructions are given or, for the purpose of overscheduling, when two patients may occasionally be scheduled for the same time.

g. Patients will be scheduled in a method which will ensure minimal waiting time for patients with scheduled visits. Patients should normally not be required to wait more than 30 minutes before they receive scheduled treatment, examination and/or services.

16.18 APPOINTMENTS

a. The "Set Up a Clinic" option in the DHCP scheduling package is used to establish appointment availability patterns for each clinic. Daily appointment plans/schedules will be prepared, utilizing the full resources of physicians, dentists and others (full-time, part-time, consultants, attendings, etc.) and for appropriate ancillary services.

b. All outpatients will be given advance appointments whenever possible. All appointments will be made by the Scheduling Activity. Recommendations for recall of patients should normally be couched in a general time frame, i.e., "recall in approximately 1 month." Requests by the staff for appointments at a specific time and date should be avoided but will be made when it is professionally justified. NOTE: Proposed recall appointments will be discussed with the patient if present in the clinic or by telephone contact with the Scheduling Activity. The date and time selected should be convenient to the patient.

c. Patient medical records are to be available to the health care provider prior to each patient's scheduled appointment. Records will be returned to the Medical Records Files Unit, or to the activity from which they were originally obtained, the same workday or the next workday if a special exception has been agreed upon.

d. When necessary treatment is to be performed at another VA facility, the Chief, MAS, at the releasing facility, after obtaining acceptance from the receiving facility, will forward the medical record to the receiving facility. The veteran will be advised by the releasing facility that a referral has been made. The receiving facility will notify the veteran of appointment time and date to report for followup.

e. If the veteran reports to the receiving facility for a scheduled or unscheduled outpatient visit and the medical records have not been received, MAS personnel will contact the referring facility to obtain telefaxed copies of any medical record documentation needed to properly evaluate and/or treat the patient. Unless otherwise directed by the medical staff, a copy of VA Form 10-1415, Problem List, VA Form 10-1000, VA Form 10-1158, Doctor's Order (for discharge), and Standard Form (SF) 509, Progress Note, for appropriate outpatient progress will be requested.

f. Under no circumstances will a veteran be released from outpatient care after being referred from another VA facility without benefit of examination, except where the veteran has failed to report for scheduled appointments as described in paragraph 16.12.

16.19 RECEPTION AND ROUTING

a. The Reception Activity is responsible for receiving, interviewing and routing all persons who report for outpatient treatment or examination, and the clerical processing and preparation. This includes initiation of the required forms prior to referral to professional services.

b. Reception areas should be easily accessible to patients who arrive either by private or public transportation, and to the extent possible, free from architectural barriers.

c. Reception areas will be made physically comfortable, with particular attention given to cleanliness, furniture, temperature and ventilation control, seating arrangement, restroom facilities, paintings or pictures, plants, lighting, draperies, magazines, public telephones, music, etc.

d. Reception areas and all other areas and offices frequented by patients and the general public will be periodically updated with modern equipment, furnishings, and decorating materials. Prescribed posters regarding veterans' medical benefits will be prominently displayed. If notices must be posted on walls they will be kept to a minimum, and signs restrictive or prohibitive in nature will be avoided.

e. Reception areas should be located to facilitate flow to and from physicians, clinics, services, and offices. The medical center or clinic Director is responsible for assigning space for reception functions which will most adequately meet these criteria. In exercising this responsibility they will be guided by the principle that patient reception and care are primary considerations and that the location of all other administrative offices not directly concerned with reception activities is of secondary importance.

f. Nursing Service personnel will be immediately notified if a patient appears to be in need of immediate medical attention or suffering from a contagious disease. Precautions will be taken to prevent spread of infection when individuals with contagious diseases report to the clinic.

g. It is important that applicants and others receive prompt, courteous and helpful assistance. Giving complete information, furnishing clear, concise instructions will expedite patient flow, reduce clinic congestion and help maintain favorable public impressions of the VA medical program.

h. Although records must be readily available to both administrative and professional personnel, appropriate measures will be taken to insure that they are not accessible to the applicant or other unauthorized personnel.

i. When the veteran indicates a change of address from that shown on VA records, VA Form 4-572, Request for Change of Address, will be completed and forwarded to the appropriate regional office if the veteran is in receipt of monetary benefits. A notation of the change will be made in all active medical records, and entered into DHCP. The VA Form 10-1124 or VA Form 10-1124e, Patient Data Card, will be changed to reflect the new address.

SECTION II. POLICIES

16.20 GENERAL

a. Veterans and CHAMPVA beneficiaries properly enrolled in an authorized outpatient program will be furnished required examinations, treatment, rehabilitative services, medications, and medical supplies to which they are legally eligible, and which have been ordered by the responsible physician.

b. Treatment will be furnished, to the extent practical, on a staff basis at the appropriate VA facility nearest the veteran's home. Treatment, however, may be furnished on a fee-basis when the criteria for authorizing such care is met. The policy on payment for fee services is found in M-1, Part I, Chapter 18. Instructions contained in M-1, Part I, Chapter 29, will be followed for processing CHAMPVA applications.

c. Any veteran properly enrolled in an approved OPT Program will be furnished required examinations, treatment, rehabilitative services, medications, and supplies to which they are legally eligible, and which have been ordered by the responsible physician.

16.21 TIME STUDIES

Outpatient clinic waiting time studies will be performed on a quarterly basis by DHCP or, if DHCP is not available, manually. The results of these reviews MUST be constructed in such a manner as to allow for the collection and analyze of such problems as excess waiting times and potential causes for delays. The Chief, MAS, will analyze the time studies and the findings will be furnished to the medical center Director. The medical center Director is responsible for ensuring appropriate action is taken to correct any problems identified.

16.22 OUTPATIENT TREATMENT - SERVICE-CONNECTED (OPT-SC)

OPT-SC conditions will be provided to the fullest extent for the usual curative and maintenance purposes. In addition, care will be afforded to preclude or limit regression and/or the need for hospitalization. All necessary resources of the VA medical program will be used in this objective.

16.23 OUTPATIENT TREATMENT - NONSERVICE-CONNECTED (OPT-NSC)

a. OPT-NSC will be planned to facilitate early release and to ensure optimum results from the episode of hospitalization, nursing home care or domiciliary care. When medical care has progressed to the point where it is reasonable to anticipate that treatment for the condition for which care was required may be concluded satisfactorily on an outpatient basis, the patient will be released from inpatient care (including nursing home and domiciliary care) and an appointment arranged for OPT-NSC treatment. Not all patients released from inpatient care will require outpatient care.

b. A patient in OPT-NSC status will be furnished treatment at the VA facility from which the patient was released/discharged from an inpatient status to an OPT-NSC status.

(1) A patient will never be referred for OPT at another facility without advance agreement between the facilities. If an agreement cannot be reached, OPT will be provided at the place of inpatient care or domiciliary care and the appropriate Regional Director will be advised and furnished copies of appropriate documents and correspondence.

(2) Veterans receiving hospital care at VA expense in other Federal medical centers may return to those facilities for OPT, or to another VA facility, only with advance agreement.

(3) A patient referred for followup care at another facility will not be released from OPT status by the receiving facility without reexamination, except when release is indicated because the veteran fails to keep scheduled appointments.

(4) Veterans receiving OPT care at a VA facility who need supplemental diagnostic services that cannot be provided economically at that VA, or other VA health care facility, will be provided those services on a fee or contract basis using that facility's regular medical care operating funds.

(5) Veterans receiving OPT care at a VA facility who need supplemental treatment services that cannot be provided economically at that VA, or other VA health care facility, will be provided those services on a fee or contract basis using fee medical funds. These supplemental treatment services will be authorized by the clinic of jurisdiction.

(6) If no outpatient care is going to be provided to the otherwise eligible veteran because the VA health care facility is incapable of providing economical care because of geographical inaccessibility or the unavailability of the needed service, the VA health care facility will evaluate the veteran for placement on a fee medical program.

c. Patients will not be continued in the OPT-NSC program for a period of more than 12 months after the date of discharge from inpatient care (including nursing home or domiciliary care). This period may be extended by the Chief of Staff or staff physician designee when the need has been identified by virtue of the disability requiring treatment.

d. Patients receiving OPT-NSC care will be examined at least semiannually to evaluate the regimen of care and to determine the need for continued treatment. Routine treatment of a chronic condition which would not require rehospitalization if left untreated is inadequate justification for retention of a veteran on the OPT-NSC program.

(1) A physician's progress note will be entered into the medical record at the time of the semiannual evaluation documenting the evaluation and the need for continued care (if care is continued). A physician's progress note will again be entered at the end of year.

(2) If the patient is being discharged from care a summary of outpatient care, SF 509, will be completed as outlined in M-1, Part I, Chapter 5, Medical Records.

(3) If OPT-NSC is to be extended beyond 1 year the physician's note will be written by the Chief of Staff, or staff physician designee, and will contain an evaluation of the patient's current condition, reason for extension of OPT-NSC treatment and a date the patient is to be reevaluated for termination of OPT-NSC treatment.

e. When care is to be provided at another VA health care facility, medical need and eligibility will be established by the releasing hospital. Records transferred to another hospital or clinic will be clearly documented to reflect the veteran's need, and eligibility, for care in this program. The receiving facility will assume responsibility for determining when treatment incident to hospital care should be terminated under the provisions of subparagraph c of this paragraph.

f. Outpatient treatment of patients placed in the OPT-NSC program will be limited to the conditions for which medical care during hospitalization was furnished. At the time of discharge from inpatient care, the patient will be supplied sufficient amounts of medication to maintain the prescribed regimen of care until reporting for the first followup visit.

g. Dental and prosthetic appliances, sensory aids, and/or medical equipment and supplies and therapeutic and rehabilitation devices may be loaned or issued to patients as a part of authorized OPT-NSC.

(1) The responsible health care provider must document the medical or dental determination that permits the issuance or loan of such appliances, aids or accessories is reasonable and necessary for completing the medical, or dental, treatment of the condition for which the patient was hospitalized.

(2) A statement documenting what equipment was loaned, date loaned, and the fact that it is to be returned to VA upon termination from the OPT-NSC program, or sooner if the need for equipment no longer exists, will be signed by the recipient of loaned equipment. This signed statement will be filed in the administrative record.

h. A patient will not be placed on OPT-NSC status for education, research, or training purposes, nor will a veteran be retained on the OPT-NSC rolls for these purposes. There is no objection to participation by OPT-NSC patients in education, research, or training programs if this is accomplished incidental to needed treatment.

i. The Chief, MAS, will be responsible for establishing a system which will ensure that the staff physician determines the need for continued treatment of every patient remaining in an OPT-NSC status for over 12 months. This determination should be made during the 12th month if the patient reports for a scheduled visit during that month, or at the patient's next scheduled appointment if this occurs after the 12th month. In no instance should a patient be scheduled for a visit solely for the purpose of determining the need to continue treatment in an OPT-NSC status.

16.24 OUTPATIENT TREATMENT - AMBULATORY CARE (OPT-AC)

The OPT-AC Program is an outpatient program under which veterans who are eligible for VA hospital care may be provided medical services at a VA health care facility when they have no other specific entitlement to outpatient treatment. Such veterans may be placed on OPT-AC status when a medical determination is made by the examining VA physician and documented on VA Form 10-10m, Medical Certificate, that furnishing the care on an ambulatory basis is required to obviate the need for hospitalization.

a. The medical determination shall be based on the physician's judgment that the medical services to be provided are necessary to evaluate or treat a disability that would normally require hospital admission, or which, if untreated, would reasonably be expected to require hospital care in the immediate future.

b. Routine treatment of a chronic condition which would not require hospitalization if left untreated is inadequate justification for placement or retention of a veteran in an OPT-AC Program.

16.25 OUTPATIENT TREATMENT - PRE-BED CARE (OPT-PBC)

a. Patients will not be placed in the OPT-PBC program unless there is a firm decision that hospital admission is required and that the patient will be admitted within 30 days.

b. Applicants placed in the OPT-PBC program will be admitted within 30 calendar days. This period may be extended by 15 additional days if a suitable bed is not available. Veterans scheduled for admission from a waiting list may be placed in the OPT-PBC program in preparation for a scheduled admission, subject to a 15-day time requirement.

c. Patients in a PBC status may receive examination and treatment (including medications and supplies) to prepare them for the scheduled episode of hospital care. Dental prostheses, wheelchairs, artificial limbs, trusses and similar appliances, and clothing may not be furnished prior to admission.

d. Generally, the admitting hospital staff will provide PBC. By agreement between the respective Directors, another VA medical center or clinic may provide PBC when the best interests of the veteran will be served. Necessary records will be forwarded to the assisting medical center or clinic. When PBC is completed, all records will be returned to the admitting medical center.

e. A patient will not be placed or retained in the PBC program for education, research, or training purposes nor will a veteran who is entitled to be placed on the OPT-SC Program be placed in this program.

f. The Associate Chief of Staff for Ambulatory Care, or other appropriately designated physician at facilities not having this position, will have primary responsibility for placement of applicants in the PBC Program. Consultation assistance will be provided as necessary by appropriate members of the staff.

16.26 OUTPATIENT TREATMENT - NON-BED CARE (OPT-NBC)

a. The NBC Program is 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 of placing a patient on NBC status is to determine the individual's ability to make a satisfactory adjustment outside the hospital.

b. Committed patients and/or those for whom the facility is receiving an institutional award will only be placed on NBC status when:

(1) State law permits release of committed patients without abrogating the commitment, and/or

(2) Retention of an institutional award is determined necessary while awaiting release from commitment status, appointment of a guardian, or while evaluating the patient's ability to manage financial affairs.

c. Patients placed in an NBC status generally will be furnished treatment, medications and supplies by the appropriate VA facility nearest their home.

(1) A patient will never be referred to another facility without mutual advance agreement.

(2) If agreement is reached for complete responsibility for followup care by another facility, records, and patient funds if any, will be transferred in accordance with current instructions.

(3) If an agreement cannot be reached, NBC will be provided by the place of inpatient care.

d. Patients in an NBC status will be examined at least semiannually to evaluate the regimen of care and to determine the need for further treatment. The VA medical records already established will be used for appropriate entries not less frequently than monthly during NBC status.

e. There is no limitation on the length of time a patient will be carried in an NBC status. However, entitlement will cease and treatment will be terminated when the commitment and/or the institutional award has been discontinued. If additional outpatient treatment is necessary to complete the episode of inpatient care, the patient will be placed in the appropriate OPT program such as OPT-SC or OPT-NSC.

f. Veterans properly enrolled in the NBC program will be furnished required examinations, treatment, rehabilitative services, medications, and supplies to which they are legally eligible, and which have been ordered by the responsible physician. Beneficiary travel will be provided when eligibility requirements are met.

16.27 OUTPATIENT TREATMENT - NONSERVICE-CONNECTED DIRECT (OPT-NSC-D)

The following categories of veterans requiring care for NSC disabilities may be furnished such medical care on an outpatient treatment basis as necessary for treatment of any condition without requiring a preceding period of hospitalization (dental care may not be authorized except under the provisions of 38 CFR 17.123).

a. Any veteran in receipt of increased compensation, pension or allowance based on need of regular A&A, or by reason of being permanently housebound, or who, but for the receipt of retired pay would be in receipt of such compensation, pension or allowance.

b. Any veteran of Mexican Border Period or WWI.

c. Any veteran who is a former POW including former members of the armed forces of the governments of Czechoslovakia or Poland eligible for VA care under 38 CFR 17.55 who were POWs.

d. Veterans who are participating in a Chapter 15 Vocational Training Program may receive medical care as provided in 38 CFR 17.56.

16.28 RESEARCH

a. In some instances it may be desirable for patients to be studied for research purposes. Without exception, such studies must be integral funded components of a research project previously processed and approved by the Medical Center Research Committee and by the medical center Director.

(1) When a patient is assigned to an OPT program in order to complete treatment for the condition for which hospitalization was required, they also may be involved in a research study. Under such circumstances there will be no attempt to prorate costs to medical research funds.

(2) When OPT is terminated under the provisions of paragraph 16.23, but there is need for research followup, the provisions of subparagraph (3) following are applicable.

(3) When a patient is assigned solely for research purposes and makes a visit solely for research purposes, medical research funds will be used to pay beneficiary travel costs and to reimburse the medical care appropriation at the current interagency outpatient visit rate. Also, the cost of drugs, supplies, and contractual services purchased exclusively for such research patients will be charged to medical research funds.

b. The Chief, MAS, is responsible for establishing procedures and necessary controls for:

- (1) Accumulating statistical information accounting for all outpatient visits made for research purposes; and
- (2) Ensuring that information is furnished to Fiscal Service about outpatient visits made exclusively for research purposes for which reimbursement should be made to the medical care appropriation.

SECTION III. AUTHORITY FOR OUTPATIENT MEDICAL TREATMENT

16.29 SCOPE

a. Basic authorities are 38 CFR 17.59, 17.60, 17.60a, through 17.60h, 17.36, 17.45a and 17.123.

b. VA shall furnish on an ambulatory or outpatient basis medical services as are needed, to the following applicants under the conditions stated, except that applications for dental treatment must also meet the provision of 38 CFR 17.123:

(1) For SC disability, including a disability that was incurred or aggravated in the line of duty and for which the veteran was discharged or released from the active military, naval, or air service.

(2) For veterans 50 percent or more disabled from a SC disability (treatment of any condition).

(3) For veterans in receipt of compensation under 38 U.S.C. Section 1151 (or for which the veteran would be entitled to compensation under that section). In the case of a suspension of compensation medical services may be furnished only to the extent that such person's continuing eligibility for medical services is provided for in the judgment or settlement).

(4) For compensation and pension examinations for any veteran who is directed to have such an examination by VA.

(5) For adjunct treatment.

c. VA shall furnish on an ambulatory or outpatient basis medical services as necessary to the following applicants in preparation for hospital admission; to obviate the need of a hospital admission; or such medical services necessary to complete an episode of treatment incident to hospital, nursing home, or domiciliary care under the following conditions, except that applications for dental treatment must also meet the applicable provisions of 38 CFR 17.123:

(1) For veterans with a SC rating of 30 or 40 percent (treatment of any condition).

(2) For veterans whose annual income does not exceed the maximum annual rate of pension with aid and attendance. Annual income (as determined under 38 U.S.C. 1503).

d. The term "shall furnish" in paragraphs (1) and (2) means that, if the veteran is in immediate need of outpatient medical services, VA shall furnish care at the VA facility where the veteran applies. If the needed medical services are not available there, VA shall arrange for care at the nearest VA medical facility or Department of Defense (DOD) facility (with which VA has a sharing agreement) that can provide the needed care. If VA and DOD facilities are not available, VA shall arrange for care on a fee-basis, but only if the veteran is eligible to receive medical services in non-VA facilities under 38 CFR 17.50b. If the veteran is not in immediate need of outpatient medical service, VA shall schedule the veteran for care where the veteran applied, if the schedule there permits, or refer the veteran for scheduling to the nearest VA medical center or DOD facility (with which VA has a sharing agreement).

e. VA may furnish on an ambulatory or outpatient basis medical services as needed to the following applicants, except that applications for dental treatment must also meet the provisions of 38 CFR 17.123:

- (1) For former POWs;
- (2) For WWI veterans and Mexican Border veterans; and
- (3) For veterans who are housebound or in need of A&A.

(4) For any veteran who is in receipt of increased pension or additional compensation or allowances based on the need of regular A&A, or by reason of being permanently housebound (or who, but for the receipt of retired pay, would be in receipt of such pension, compensation or allowance).

f. For Commonwealth Army Veterans and New Philippine Scouts. Services may be provided within the limits of facilities in the United States over which VA has direct jurisdiction or other Federal facilities with which the Secretary contracts, for the treatment of SC disabilities.

g. For veterans participating in a rehabilitation program under 38 U.S.C. Chapter 31. Medical services may be provided as determined necessary for a veteran participating in a rehabilitation program under 38 U.S.C. Chapter 31.

h. VA may furnish on an ambulatory or outpatient basis medical services necessary in the preparation for hospital admission to the following applicants; to obviate the need of a hospital admission; or such medical services necessary to complete an episode of treatment incident to hospital, nursing home, or domiciliary care under the following conditions, except that applications for dental treatment must also meet the applicable provisions of 38 CFR 17.123.

- (1) For any veteran who has a SC disability rating of less than 30 percent requiring care for a NSC.
- (2) For veterans exposed to environmental contaminants while serving in the Persian Gulf area. Services may be provided to veterans whose VA physician medically indicates that their need for treatment is possibly a result of exposure to environmental contaminants in the Persian Gulf area.
- (3) For veterans exposed to toxic substances in Vietnam. Services may be provided to veterans who served during the Vietnam Era in the Republic of Vietnam and whose VA physician medically indicates that their need for treatment is as a result of exposure to toxic substances while in Vietnam.

(4) For veterans exposed to ionizing radiation. Services may be provided to veterans whose VA physician medically indicates that their need for treatment is as a result of exposure to ionizing radiation following the detonation of a nuclear device during such service or who were exposed to ionizing radiation following the detonation of such devices in Japan during WWII.

(5) Veterans whose income exceeds the maximum rate of pension. Services may be provided to veterans who were not otherwise eligible and whose income exceeds the pension rate of a veteran in need of regular aid and attendance but is below the established Means Test income threshold. Title 38 U.S.C Section 1722, lists the criteria for the determination of inability to defray necessary expenses; income thresholds (Means Test).

(6) Medical services may be provided to veterans whose income levels exceed the established income threshold based upon completion of the "Means Test" and who agree to make the copayment.

i. Outpatient Dental Treatment. Basic authorities are 38 CFR 17.120 through 17.129.

j. Readjustment Counseling. Basic authorities are 38 CFR 17.57 and 17.58.

SECTION IV. PRIORITIES

16.30 RESTRICTION OF CARE

a. When the demand for care is consistently greater than the care which can be provided with available VA resources, restrictions on accepting new applications will be imposed by the health care facility Director. In such event, admission of applicants to outpatient programs will be restricted by not accepting applicants from priority categories below the priority level where appropriate care can be provided within available resources. These restrictions may be applied by clinical subspecialty or service. For example, if the orthopedic clinic is unable to provide timely appointments to patients, restrictions should be placed on accepting new applicants for outpatient orthopedic services from priority VII, then VI, then V, then IV, etc. Applicants who cannot be accepted for outpatient services will be referred to Social Work Service for review and counseling regarding the use of non-VA health care resources.

b. The responsibility and authority for the assignment of priorities for care is administrative. As such, the Chief, MAS, or administrative designee, will ensure that appropriate priorities are assigned and, in collaboration with the relevant clinical service chiefs, that patients receive their care according to the assigned priority.

c. Those persons with emergent conditions requiring immediate medical attention will be provided emergency care without regard to priorities.

16.31 PRIORITY SEQUENCE

The initiation of care in an outpatient program or the continuation of care after its initiation will be based on a professional determination of the need for care, and the applicant or patient will be scheduled and/or seen according to the following priorities and in sequence indicated within these priorities.

a. Priority I

(1) Veterans who require care for their SC disabilities (including a disability that was incurred or aggravated in line of duty and for which the veteran was discharged or released from the active military, naval, or air service);

(2) Veterans who are 50 percent SC or more and require care for any condition;

(3) Veterans who have suffered an injury, or an aggravation of an injury, as the result of VA hospitalization, medical or surgical treatment, or while in a Vocational Rehabilitation Program and such injury or aggravation results in additional disability to the veteran;

(4) Veterans who are rated 30 percent or 40 percent SC;

(5) Veterans in the mandatory category for care, whose income is less than the maximum VA pension rate (A&A).

b. Priority II

(1) Veterans who are rated less than 30 percent SC or receiving a compensation examination;

(2) Veterans who are being examined to determine the existence or severity of a SC disability; or

(3) Female veterans who are eligible for counseling of sexual trauma under 38 U.S.C. 1720D.

c. Priority III. Veterans who are former POW's or require medical care of a condition possibly resulting from exposure to Agent Orange (Vietnam), Ionizing Radiation (WWII), or Environmental Contaminant (Persian Gulf).

d. Priority IV. Veterans who served during the Mexican Border Period or WWI; veterans in receipt of increased pension or additional compensation or allowances based on the need of regular A&A.

e. Priority V. Discretionary veterans whose income exceeds the pension rate of a veteran in need of regular A&A, but which is less than the Means Test threshold.

f. Priority VI. All other Discretionary veterans.

g. Priority VII

(1) Allied beneficiaries;

(2) CHAMPVA beneficiaries;

(3) Civilian Health and Medical Program for the Uniformed Services (CHAMPUS) beneficiaries;

(4) Beneficiaries of other Federal agencies; and

(5) Non-veterans.

SECTION V. OUTPATIENT TREATMENT - SERVICE-CONNECTED (OPT-SC)

16.32 SCOPE

a. Treatment will be furnished, to the extent practicable, on a staff basis at the VA facility with appropriate facilities nearest the patient's home. Veterans receiving OPT care at a VA facility who need supplemental diagnostic services that cannot be provided economically at that VA, or other VA health care facility, will be provided those services on a fee or contract basis using that facility's regular medical care operating funds. Veterans receiving OPT care at a VA facility who need supplemental treatment services that cannot be provided economically at that VA, or other VA health care facility, will be provided those services on a fee or contract basis using fee medical funds. These supplemental treatment services will be authorized by the clinic of jurisdiction. If no outpatient care is going to be provided to the otherwise eligible veteran because the VA facility is incapable of providing economical care because of geographical inaccessibility, or the unavailability of the needed service, the VA health care facility will refer the veteran to the appropriate clinic of jurisdiction for placement on a Fee Medical Program.

b. Any treatment and/or examination that is professionally indicated in the preparation of a veteran requesting hospitalization for an SC condition will be accomplished on an OPT-SC basis.

SECTION VI. OUTPATIENT TREATMENT - NONSERVICE-CONNECTED (OPT-NSC)

16.33 ELIGIBILITY

Veterans who have received hospital care, nursing home care, in VA operated nursing homes or domiciliary care, for a NSC condition may be furnished outpatient care that is reasonably necessary to complete an episode of VA authorized inpatient care (including nursing home and domiciliary care). This classification of care will only be used to identify veterans receiving OPT subsequent to VA authorized care. Authority for this care is contained in 38 CFR 17.60 and 38 U.S.C. 1712.

16.34 GENERAL

Veterans who have received hospital care, nursing home care in VA operated nursing homes, or domiciliary care, for a NSC condition may be furnished outpatient care that is reasonably necessary to complete an episode of VA authorized inpatient care (including nursing home and domiciliary care). This classification of care will only be used to identify veterans receiving OPT subsequent to VA authorized care. Authority for this care is contained in 38 CFR 17.60. Patients will not be admitted for the purpose of placing them in the OPT-NSC program.

16.35 PROCEDURES

a. The release procedures for patients being placed in the OPT-NSC program are the same as those prescribed for a regular discharge. VA Form 10-1000, will include instructions given to the patient and approximate date of first visit. If the patient is referred elsewhere, recommended follow-up care will be prescribed and appropriate action taken.

b. The patient will be furnished appointment information, indicating the follow-up date, prior to departure from the hospital. If follow-up care is to be provided by another VA facility, arrangements for referral of the patient normally will be made prior to the patient's departure. If patient is discharged and not scheduled for needed OPT-NSC in error, action will be taken to correct records to permit OPT-NSC.

c. When it is necessary to rehospitalize a patient for the same condition for which outpatient treatment is currently being received, completion of VA Form 10-10 is required. The registration data elements will be updated in the computer and a new VA Form 10-10 will be generated. The applicant (or authorized representative) will sign and date the updated VA Form 10-10, and the applicant will be referred immediately to the examining unit. If fewer than 30 days have elapsed since last discharge, complete routine workup need not be repeated. Significant changes will be recorded on the appropriate medical record forms. (See M-1, Pt. I, Ch. 5, par. 5.27d for medical record documentation requirements.) ("Source of Admission" will be OPT-NSC.)

d. A patient on follow-up care (OPT-NSC), who is readmitted for the same or another condition, will be carefully evaluated before release from current inpatient status to determine if placement on OPT-NSC status is again required. When, through an error, release is made resulting in termination of needed posthospital care, action will be taken to correct records to permit continued OPT. An order will be entered in the inpatient medical record changing the type of discharge to OPT-NSC.

16.36 RECORDS

a. Existing medical records will be used to document the care and treatment rendered the patient on OPT-NSC status.

(1) Upon completion of each encounter on OPT-NSC, the physician, or responsible health care provider, will enter an appropriate note on the SF 509, Medical Record--Progress Notes. This note should include:

- (a) The name of the clinic;
- (b) The date of the visit;
- (c) Documentation of the patient's vital signs (temperature, pulse, respiration and blood pressure);
- (d) The purpose of the visit or chief complaint;
- (e) Pertinent physical findings;
- (f) Studies ordered and therapies administered (including medications as prescribed by a physician);
- (g) The provisional or confirmed diagnosis;
- (h) A statement of the treatment planned, or when indicated, a statement of the change of treatment planned for the patient;
- (i) The disposition of the patient at the end of the OPT-NSC visit;
- (j) Recommendations for follow-up care;

- (k) Other instructions given to the patient;
- (l) The level of the patient's understanding; and
- (m) The signature and professional designation of the provider.

(2) When preprinted instructions relating to follow-up care are provided the patient, the progress note will include a statement to that effect.

NOTE: The complete guidelines for documentation of ambulatory/outpatient care medical records are contained in M-1, Part I, Chapter 5, paragraphs 5.45 through 5.56.

b. When follow-up care is to be provided by another VA facility, the medical records and administrative folders will be transferred to the receiving VA facility. The completed VA medical records and administrative folders will be retained by the receiving VA facility. Records are to be maintained at the VA facility which provided the last period of care. If the veteran does not report for scheduled appointments and is subsequently dropped from care without being seen at the receiving facility, the records will be returned to the last treating facility.

16.37 OTHER FEDERAL HOSPITALS

a. Scope. The general concepts of the OPT-NSC program are applicable to patients who receive authorized care in other Federal hospitals. OPT will normally be provided such patients at the Federal hospital which provided inpatient care; however, consideration will be given to furnishing OPT at the VA medical center or clinic nearest the veteran's home when it would be in the best interests of both the patient and the Government. Agreements have been concluded with the Army, Navy and Air Force for the provision of OPT to shorten the period of inpatient stay for eligible veterans who receive authorized care in hospitals where bed allocations have been granted. The Navy agreement provides that the decision to participate in the program will be made at the local level by the individual commanding officer on request by the VA medical center or clinic Director.

b. Authorization Procedure. See Chapter 21.

c. Program Controls. Close coordination will be established with heads of other Federal hospitals to ensure a complete understanding of this program, including mechanics of its operation and necessity for providing information promptly on patients requiring OPT.

16.38 OPT-NSC FOR WOMEN VETERANS

a. The general concepts of the OPT-NSC program apply to women veterans receiving VA authorized hospital care for NSC conditions in private, State, or municipal hospitals.

b. OPT will be provided at the nearest appropriate VA or other Government facility.

c. If such facilities are not capable of providing economical care because of geographic inaccessibility or of providing the care or services required, OPT may be furnished on a fee-basis.

SECTION VII. OUTPATIENT TREATMENT--AMBULATORY CARE (OPT-AC)

16.39 SCOPE

a. Ambulatory care will be furnished to eligible veterans when essential resources to provide the necessary medical services are available at the VA health care facility. When adequate resources are not available, admission of applicants to the ambulatory care program will be restricted according to instructions in paragraph 16.30a.

b. A veteran who is furnished OPT for a medical condition on the basis of a medical determination that such treatment is required to obviate a need for hospitalization and who requires no follow-up care, or simply a single follow-up visit, will be recorded to have been on OPT-AC status and will be discharged from the program after such follow-up visit, if any. A veteran may be placed on OPT-AC status if, when applying for medical care, they must be given a subsequent appointment for diagnostic tests or consultations to further evaluate the need for hospital admission.

c. Ambulatory care status will be terminated when the patient's condition has improved or stabilized to the extent that further care is no longer required to obviate the need for hospital care in the immediate future. Termination shall be documented in the CHR by the treating physician. The patient is effectively discharged, however, if the physician does not recommend scheduling a visit for the veteran or if the physician records a "return PRN" entry in the record.

NOTE: Local directives at each VA health care facility should provide guidance for the management and monitoring of OPT-AC programs.

SECTION VIII. OUTPATIENT TREATMENT--PRE-BED CARE PROGRAM (OPT-PBC)

16.40 SCOPE

Certain veterans may be furnished prehospital outpatient services under the authority of 38 CFR 17.60. The objective is to permit VA to use hospital beds more effectively by reducing length of stay. Under this program there may be a complete workup on an outpatient basis in preparation for hospitalization, in a manner similar to private practice. Preparatory diagnostic procedures must be completed in a relatively short period prior to admission if the results are to be of clinical value for the scheduled hospitalization.

16.41 PROCEDURES

a. An applicant placed in the OPT-PBC Program will have the intent of the program explained. A tentative date for admission will be given at this time, and adequate controls will be maintained to ensure adherence to the established time limits. Appointments will be scheduled for additional prescribed procedures so that diagnostic data will not be outdated at time of admission.

b. "PBC" will be prominently stamped on the application for hospital care. A medical records folder will be initiated to hold PBC records and VA Forms 10-1124w, Worksheet for VA Form 10-1124 and VA Form 10-1124e, VA Patient Data Card, will be

prepared. Use SF 509 to record clinical findings and comments made subsequent to the initial examination. Completed PBC reports will be forwarded for professional review and necessary action. These reports will be filed with the patient's other PBC records.

c. For admission from OPT-PBC, follow routine admission procedures and priority for admission as provided in M-1, Part I, Chapter 4. Source of admission will be PBC. The application and related administrative records will be filed in the patient's administrative records folder. The medical certificate of the application and other PBC medical records will be filed in the VA medical records folder.

d. Scheduled admission from PBC status will be cancelled when hospital care is no longer indicated.

16.42 STATISTICAL REPORTING

a. A heading entitled "ADMISSIONS FROM PBC STATUS" will be inserted under "GAINS" on the gains and losses sheet. (It should be noted that a veteran in PBC status is an outpatient and is not an inpatient until becoming a bed occupant.)

b. In order that statistics may be accumulated for reporting purposes, a separate section of the gains and losses sheet may be created and entitled "PBC Report." This may be used to record the activity of patients, by name, in PBC status under the appropriate heading of "GAINS" or "LOSSES." A recapitulation may also be given, as required for local management purposes, showing such information as:

- (1) Number remaining from previous report;
- (2) Gains;
- (3) Admitted as scheduled;
- (4) Other losses, specifying reasons;
- (5) Number remaining this report; or
- (6) Number of PBC visits this date.

SECTION IX. OUTPATIENT TREATMENT--OTHERS

16.43 SCOPE

a. Title 38 CFR sections 17.60a through 17.60c(b), authorize the furnishing of outpatient medical services to certain other groups of persons as follows:

- (1) OPT for military retirees.
- (2) OPT for authorized allied beneficiaries.
- (3) OPT for authorized beneficiaries of the Office of Federal Employees' Compensation.

(4) OPT for authorized beneficiaries of other Federal agencies.

(5) OPT under agreements to share specialized medical resources.

b. Humanitarian OPT for VA employees, their families and the general public in an emergency will be provided to the extent necessary to stabilize the condition(s) requiring care. These persons will be referred or transferred to non-VA facilities for any continuing care when such movement would not endanger the life or seriously impair the health of the patient.

c. Title 38 CFR section 17.54c, authorizes outpatient medical services to eligible CHAMPVA beneficiaries in situations where the VA is equipped to provide services. Care may be provided to these individuals only when providing such care will not limit, deny, or delay care to eligible veteran beneficiaries.

d. Outpatient treatment under agreement to share specialized medical services will be furnished in accordance with the specifications of the approved agreement.

e. Under the Foreign Assistance Act of 1961, outpatient medical services may be furnished to beneficiaries of friendly governments certified by the Agency for International Development as meeting certain defined conditions and criteria. Arrangements for providing such care on a reimbursable basis will be made by VA Central Office, and specific instructions will be given to VA health care facilities designated to furnish such care.

f. Medical services will ordinarily be provided to these categories of outpatients only when providing such care will not limit, deny or delay providing such care to eligible veteran beneficiaries.

g. Appropriate charges in accordance with chapter 15, will be made for services rendered as described in subparagraphs 16.42a and b.

h. Persons having eligibility for OPT care in more than one category will always be furnished treatment according to the highest priority to which they may be entitled in accordance with Section IV.

SECTION X. READJUSTMENT COUNSELING

16.44 SCOPE

Title 38 U.S.C. 1712A authorizes the VA to establish a Readjustment Counseling Program for Veterans of the Vietnam Era, and for veterans who served on active duty after May 7, 1975, in an area and at a time during which hostilities occurred in such area. The Secretary of Veterans Affairs determined in 1991 that this applies to duty occurring in the conflict zones of Lebanon, Grenada, Panama, and the Persian Gulf during specified periods of conflict. Readjustment counseling services are provided by staff of the Readjustment Counseling Service Vet Center in work sites known as vet centers or by Readjustment Counseling Service staff in other VA medical facilities, as appropriate. Personnel staffing the vet centers are referred to as vet center teams, vet center personnel, or team members. Vet centers are characterized by an informal setting, and a responsive personal effort to help the veteran readjust to the

veteran's environment. The services available to the veteran will include general social and psychological assessment, and a broad range of individual, group and family counseling.

16.45 PURPOSE

a. Readjustment counseling consists of those counseling services provided by a social worker, psychologist, psychiatrist, professional counselor, or paraprofessional which are aimed at providing direction to the client's life. Readjustment counseling problems are characterized by social, psychological, or behavioral impairment which interfere with the veteran's job performance, educational pursuits, interpersonal relationships, or overall ability to cope with problems encountered in daily life. Services provided under readjustment counseling include a broad range of efforts including individual, group and family counseling, and psychotherapy or counseling for post-traumatic stress disorder (PTSD).

b. Readjustment counseling services may be provided for members of the immediate family or legal guardian of a veteran or the individual in whose household such veteran certifies an intention to live, if determined to be essential to the effective treatment and readjustment of the veteran.

16.46 ELIGIBILITY

a. Any veteran who served on active duty during the Vietnam era, or in the conflict zones of the Lebanon, Grenada, Panama, or the Persian Gulf Conflicts, may be furnished readjustment counseling services upon request. (The term "veteran" does not include individuals who served on active duty and who were released or discharged with a character of service which is a bar to VA benefits.)

b. Readjustment counseling is not provided through the VA Fee-basis Program. Inpatient hospital care for any condition, or medical treatment including mental health services, shall only be furnished according to eligibility criteria set forth in VA Regulations.

c. Upon receiving a request for readjustment counseling services from an individual who has been discharged or released from active military service, but who is not eligible for services, the VA may provide referral services to assist such individual in obtaining care or services from sources outside VA. If pertinent, veterans will be advised of their right to apply to the appropriate military service, or the VA regional office, for review of such individual's discharge or release from service.

d. Eligibility will be established as quickly as possible. The verification of eligibility process will not disrupt or delay the applicant's entry into readjustment counseling. If the veteran is subsequently found to be not eligible for readjustment counseling services under subparagraph 16.46a, then referral services to non-VA resources will be initiated. When an ineligible individual has received readjustment counseling, billing will be initiated as described in Chapter 15.

16.47 PRIORITY FOR SERVICES

The general social-psychological assessment required as part of the initial contact with a veteran requesting readjustment counseling services is considered to have been an

episode of hospital care (as provided by Pub. L. 96-22). Therefore:

(1) Veterans identified in paragraph 16.49a seeking or being referred by vet center personnel for outpatient or inpatient mental health services will be provided required services based on eligibility under the OPT-NSC Program unless they are otherwise eligible under a greater entitlement; and,

(2) Priority for mental health services will be granted in accordance with the veteran's legal eligibility.

16.48 VET CENTERS

a. Responsiveness to requests for services is the first priority of vet centers and other VA personnel extending services under the provisions of 38 CFR 17.57. Determining eligibility shall not be a barrier to service delivery. Personnel providing readjustment counseling services will inform individuals requesting these services that they will be billed if it is determined they are not eligible.

b. Contacts with veterans and their families will be recorded utilizing the vet center Veteran Information Form (VIF), Vet Center Daily Activity Log, and standard counseling notes in the veteran's record for each visit. These form the documentation for the readjustment counseling services.

c. When the veteran requests, or is referred for readjustment counseling services, a psychologist, psychiatrist, social worker, or other vet center team member will give a general social and psychological assessment. Such assessments will be accomplished in the form of interviews conducted at the discretion of the counselor to ascertain whether social or psychological problems associated with adjustment to civilian life exist. It is recognized that this assessment may require several meetings and is not intended to be completed in one visit in all cases. Beginning with the first visit, an effort should be made to establish the client's eligibility for counseling. If it is possible to establish eligibility at the time of application, this should be done. If eligibility cannot be substantiated, a VA Form 10-7131, will be completed according to instructions found in chapter 6. VA Form 10-7131, should clearly indicate that the claimant has requested services by Readjustment Counseling Service. When an applicant is ineligible to receive readjustment counseling services, referral elsewhere will be made as indicated in paragraph 16.50c. Billing is to be initiated as described in Chapter 15.

d. Veterans who are found eligible for readjustment counseling services are subject to the provisions of 38 CFR 17.60e, which restricts the duration of eligibility for such treatment to 12 months, except where it has been determined that a longer period is required by virtue of the disability being treated. Title 38 U.S.C. 1712A describes and characterizes the intake-counseling phase (general social, psychological assessment) as a part of hospital care for the purposes of eligibility and therefore qualifies for post-hospital care. The authority to place these applicants in the OPT-NSC program does not include authority to issue a VA Form 10-1174, VA Fee-Basis Outpatient Medical Care Authorization, and provide mental health services through the Fee-basis Program. All contract readjustment counseling care must be accomplished by facilities which have a valid VA Central Office approved contract.

e. Diagnostic labeling will be minimized when providing readjustment counseling services under this Section. Vet center personnel are responsible for determining that

individuals seeking assistance are sufficiently healthy to be considered "persons with problems, rather than patients requiring treatment."

f. A medical record is not to be created at the vet centers. Rather, the vet center record containing relevant counseling information is to be maintained. At a minimum, the VIF will be completed for each individual served. Additional notes will be recorded on standard progress notes, Form SF 509. All relevant correspondence related to the delivery of readjustment counseling services will be maintained with the aforementioned forms. All records of contact with individuals served by vet center staff are to be considered confidential and maintained under lock and key outside of approved working hours. All documentation will be retained in accordance with VHA Records Control Schedule 10-1. All employees must be aware of the confidentiality provisions of the Privacy Act and 38 U.S.C. Sections 5701 and 7332, in order to ensure that protected confidential information is not disclosed inappropriately.

g. MAS at facilities which support vet centers must ensure that the vet center staff is familiar with the eligibility, priority, billing and VHA manual references mentioned in this issue.

16.49 READJUSTMENT COUNSELING BY CONTRACT

Readjustment counseling may be provided by contract under 38 CFR 17.58.

16.50 INVOLVEMENT OF VA HEALTH CARE FACILITIES

a. Readjustment counseling is concentrated in the vet centers. Clients who are evaluated at the vet centers may be referred to VA health care facilities when the vet center counselors believe that treatment may be necessary. When a referral is made to a VA health care facility, the vet center will complete VA Form 10-10, and make an appointment for the client with the VA facility. VA facilities are to establish procedures for processing these referrals.

b. Veterans who are referred for treatment will be subject to the same eligibility criteria as other veterans seeking care. Medical records, reporting, and other documentation will be processed no differently than for other patients.

c. Veterans seeking services under the readjustment counseling eligibility should be referred to Readjustment Counseling Service vet center staff, who may see the individual either at the vet center or other VA facilities as indicated. If individuals seek such care at locations too distant for vet center staff to provide services, such individuals may be referred to Readjustment Counseling Services Fee and/or Contract Program service providers who have been engaged through the Readjustment Counseling Contract Program to provide such services. These contract providers are located in areas distant from vet centers. In certain instances, veterans may be referred to a fee and/or contract provider by a professional staff member at a medical facility, who has been designated by the Readjustment Counseling Service Regional Manager to oversee the Readjustment Counseling Contracts Program at that facility. Such referrals will be coordinated with the nearest vet center team leader, or the Readjustment Counseling Service Regional Assistant Manager for Contracts.

16.51 MEDICATIONS

Medications may be provided when required as part of outpatient mental health services. Prescriptions must be written by a VA physician for veterans receiving counseling at a vet center. Veterans must be referred to a VA health care facility or may be seen by a VA physician holding regular office hours at the vet center. The VA physician will decide on the need for medications, and, if appropriate, write a prescription for medications and appropriately document medical records (see Ch. 10, par. 10.52b). Where readjustment counseling is provided under contract, the contractor will refer the veteran to a VA physician (if veteran is eligible for medical care) or to a private sector physician for evaluation and prescription of medication when indicated. Readjustment Counseling Program Contract providers do not provide medication.

16.52 REFERRAL SERVICES

a. Applicants who are found to be ineligible for veterans benefits, i.e., have a discharge that is a bar to VA benefits, will be given any possible referral assistance to obtain needed services from other community resources.

b. Veterans who are otherwise eligible for benefits from VA but who are not veterans of conflicts identified in paragraph 16.49a, should be provided referral services, including referral to another VA facility for medical services.

c. An applicant who receives readjustment counseling services subsequent to the general assessment and is then determined to be ineligible for such counseling will be billed according to procedures in M-1, Part I, Chapter 15. Billing actions will be coordinated with the Chiefs of Medical Administration and Fiscal Services at the parent VA facility. A copy of VA Form 10-9014, Statement of Charges for Medical Care, will be given to the Chief, MAS, for control and report purposes.

16.53 COORDINATION WITH VBA VR&C STAFF

a. When it is determined that vocational, educational or employment counseling services provided by VA regional offices are needed and desired by the client, direct referral will be made. The regional office's VR&C staff will provide eligible veterans:

- (1) Comprehensive assistance in choosing a career direction;
- (2) Formulating a specific training plan, if education or training is needed;
- (3) Obtaining and maintaining employment; and
- (4) Obtaining VA readjustment and/or rehabilitation benefits.

b. A veteran is potentially eligible for such assistance if eligibility criteria in 38 U.S.C. chapters 31, 32, or 34 are met.

SECTION XI. MENTAL HEALTH SERVICES FOR FAMILY MEMBERS

16.54 GENERAL

Consultation, professional counseling training and mental health services may be provided on an outpatient basis to certain members of a veteran's immediate family,

and to the immediate family of a CHAMPVA beneficiary receiving care or treatment in a VA health care facility. Such services may be provided when they are essential in connection with the treatment and training of the veteran or CHAMPVA beneficiary.

16.55 ELIGIBILITY

a. Members of the immediate family, the legal guardian, or the individual in whose household a veteran certifies an intention to live may receive consultation, professional counseling, training and mental health services, including group therapy on an outpatient basis for drug abuse or alcohol abuse (subject to the limitations of subpar. c) in VA health care facilities when such services are essential in connection with and to support the effective treatment and rehabilitation of an eligible veteran who is:

- (1) Hospitalized in a VA medical center or in a non-VA hospital at VA expense; or,
- (2) Receiving OPT for a SC disability; or,
- (3) Receiving OPT for a NSC disability, and

(a) Services, consultation, counseling or training for persons identified in subparagraph a were initiated prior to the release of the veteran from inpatient care; and

(b) The provision of such services is essential to permit the release of the veteran from inpatient care.

NOTE: For veterans receiving mental health services as part of a Readjustment Counseling Program for Veterans of the Vietnam Era, see Section XI.

b. Those persons described in subparagraph 16.48a, who bear the same relationship to a CHAMPVA beneficiary are eligible for mental health services under 38 CFR 17.54 to the same extent as persons bearing that same relationship to a veteran.

c. Persons described in subparagraphs a and b may not be furnished individual psychotherapy (one to one). Drugs, medications and prescriptions will not be provided. Prescriptions will not be written for filling by VA pharmacists or, by private pharmacists at either VA or non-VA expense.

d. The VA physician treating the veteran or CHAMPVA beneficiary will certify on SF 509:

- (1) The basis for the family member's need for services; and,
- (2) That providing the person such services is essential in connection with the treatment or training of the VA beneficiary. A doctor's order will be written for the specific services that are to be provided and forwarded to MAS for determination of legal eligibility by a designee of the Chief, MAS.

16.56 COLLATERAL DOCUMENTATION

All group therapy will be documented and will include the name(s) of the group member(s) and their relationship to the VA beneficiary. Documentation of all

counseling, mental health services, professional services and all other services provided to eligible persons will be made in the records of the VA beneficiary. These persons will be reported as collaterals for Automated Management Information System (AMIS) reporting purposes.

16.57 BEREAVEMENT COUNSELING

a. An unexpected death is a terminal event that occurs in the course of an illness when the provider of care did not or could not have anticipated the timing of the death. In a sense, all terminal events meet this definition, however, prognostically the provider of care can usually anticipate that the patient has entered the terminal stage in the natural history of the disease and can prepare the patient and family for the immediacy and certainty of death. Clinically when such preparation has not taken place, a death can be described as unexpected.

b. Persons who are receiving the services described in paragraph 16.59a at the time of the veteran's death may be provided counseling services to assist them with the emotional and psychological stress accompanying the veteran's death when such death occurs unexpectedly, or while the veteran was participating in a VA Hospice Program, or similar VA program offering services to terminally ill veterans. The period of counseling will not exceed 60 days in duration. The medical center Director may approve a longer period of time when medically indicated.

SECTION XII. CHAPTER 15 VOCATIONAL REHABILITATION PROGRAM

16.58 PROGRAM DESCRIPTION

a. Hospital care, nursing home care and medical services (including dental) may be provided to any veteran who is participating in a Vocational Training Program under 38 U.S.C. Chapter 15.

(1) For purposes of determining eligibility for this medical benefit, the term "participating in a vocational training program under 38 U.S.C. Chapter 15," means the same as the term "participating in a rehabilitation program under 38 U.S.C. Chapter 31" as defined in 38 CFR 17.48(j). Eligibility for such medical care will continue only while the veteran is participating in the Vocational Training Program.

(2) The term "hospital care and medical services" means:

- (a) Class V dental care,
- (b) Priority IV medical services,
- (c) Nursing home care, and

(d) Non-VA hospital care or fee medical/dental care if the VA is unable to provide the required medical care economically at VA or other Government facilities because of geographic inaccessibility or because of the unavailability of the required services at VA facilities.

b. Any veteran whose entitlement to VA pension is terminated by reason of income from work or training shall retain for 3 years after the termination, the eligibility for hospital care, nursing home care and medical services (not including dental) which the

veteran otherwise would have had if the pension had not been terminated. Terminated by reason of income from work or training means terminated due to receipt of earnings from activity performed for remuneration or gain by the veteran but only if the veteran's annual income from sources other than such earnings would, taken alone, not result in the termination of the veteran's pension.

SECTION XIII. CHAPTER 31 VOCATIONAL REHABILITATION PROGRAM

16.59 PROGRAM DESCRIPTION

a. The Chapter 31 Vocational Rehabilitation Program includes the provision of all services and assistance necessary to enable veterans with SC disabilities to achieve maximum independence in daily living and to the maximum extent feasible to become employable and to obtain and maintain suitable employment.

b. Any veteran determined by VBA to be legally eligible for participation in a program of either vocational rehabilitation or of independent living under 38 U.S.C. Chapter 31, is entitled to any medical and dental examination and related diagnostic services necessary for the initial evaluation by VBA, or any other phase of the program, when referred to a VA health care facility by VBA. The term "rehabilitation program" means the Vocational Rehabilitation Program. A rehabilitation program may consist entirely of independent living services. During the initial evaluation period, examinations and diagnostic services may be provided to enable VBA to:

- (1) Determine a veteran's entitlement to and eligibility for a rehabilitation program;
- (2) Determine whether a veteran has an employment handicap and if it is serious in nature;
- (3) Determine whether achievement of a vocational goal is feasible; or
- (4) Provide a basis for planning a suitable rehabilitation program.

c. Any veteran who VBA has determined is eligible for and entitled to participate in a rehabilitation program under Chapter 31, and:

- (1) Who is in an extended evaluation period for the purpose of determining feasibility;
- (2) For whom a rehabilitation objective has been selected;
- (3) Who is pursuing a vocational rehabilitation program;
- (4) Who is pursuing a program of independent living; or,
- (5) Who is being provided employment assistance under 38 U.S.C. Chapter 31 and is entitled to such hospital care or medical services (including dental) as are medically determined necessary to:
 - (a) Make possible entrance into a rehabilitation program;
 - (b) Achieve the goals of the veteran's Vocational Rehabilitation Program;

- (c) Prevent interruption of a rehabilitation program;
- (d) Hasten the return to a rehabilitation program of a veteran in interrupted or leave status;
- (e) Hasten the return to a rehabilitation program of a veteran placed in discontinued status because of illness, injury, or a dental condition; or,
- (f) Secure and adjust to employment during a period of employment assistance, or to enable the veteran to achieve maximum independence in daily living.

d. VA Form 28-8861, will be used by VR&C staff members to certify Chapter 31 Rehabilitation Program participation and to identify services requested. This form will be sent to the Director, or the Chief, Outpatient Service, of the VA medical center, as appropriate.

e. Referrals of veterans for medical care and services will indicate the reason for the referral and a narrative description of the priority for treatment which the referring officials has assigned to the referral. For instance, the referral may be for a traumatic brain injury evaluation and an entrance into an Independent Living Program. As another example, a veteran's illness or injury may be interfering with successful completion of a Vocational Rehabilitation Program. Whenever a referral requests or otherwise indicates a priority need for services delivery, MAS will telephone or use electronic-mail to contact the referring officials within 3 workdays of receipt of the request. MAS will tell the referring officials when the veteran can be scheduled for treatment. If the availability of VHA services or treatment does not meet the timeliness requirements of the VR&C Division and a mutually acceptable time cannot be negotiated, MAS will provide the referring official with a written list of approved, qualified non-VHA practitioners who can provide the services or treatment and who are available in the area where the veteran lives. The VR&C Division may then contract with these providers under Chapter 31.

SECTION XIV. HOSPITAL BASED HOME CARE (HBHC)

16.60 GENERAL

HBHC is established to provide eligible veterans with individual medical, nursing, social, dietetic and rehabilitative services within the milieu of the individual's home and family. The program is administered from a VA health care facility using VA personnel and resources. HBHC is essentially an outpatient program providing authorized medical services to individuals who require professional care and for whom return to an outpatient clinic on a recurring basis is not feasible. Services provided must be necessary or appropriate for the effective and economical treatment of the veteran's disabilities.

16.61 RESPONSIBILITIES

a. The health care facility is responsible for the planning of patient discharges to HBHC in a timely manner. Potential candidates for HBHC will be referred by the ward treatment team. The health care facility Director will ensure that the HBHC program complies with all applicable Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards and that it is coordinated with other available VA and

fee-for-service home care services. An HBHC Advisory Committee will be designated by the health care facility Director. This committee will be interdisciplinary in composition and will provide guidance to the team in meeting program objectives.

b. The HBHC program uses a team concept to provide authorized medical services to eligible veterans who need home care. The team is responsible for writing the patient care plan and determining which member will provide the necessary service to each patient. The team is also responsible for optimal program operation, utilization and evaluation.

16.62 ELIGIBILITY

The following criteria will be considered in selecting candidates for HBHC:

a. The patient does not require inpatient care and is eligible for services under 38 CFR 17.60 (A), (B), (D), (F), (G), (H), or (I), or is a veteran of WWI.

b. The patient requires professional care, which, if not provided, would result in hospitalization, and recurring travel to a VA facility for outpatient care is neither feasible or advisable.

c. Normally the patient will be nonambulatory or housebound. An exception may be made when professionally indicated. Examples might be:

(1) Terminal cases;

(2) Patients who will require family assistance and care following termination of inpatient care;

(3) Patients who are now ambulatory but will be nonambulatory prior to termination of care;

(4) Patients who will respond better to care in the home than they would at the health care facility;

d. The home environment is such that the daily care may be provided by members of the family or others, and it is felt that the patient's medical problems can be managed in the home.

e. The home is located within reasonable distance from the servicing VA medical center.

f. The patient, and members of the family (or others) are completely in agreement with the proposed plan for care in the home.

g. The priorities for care listed in Section IV, will be used for admission to the HBHC program.

16.63 PROCEDURES

a. Candidates for placement in the HBHC Program may be referred by a VA physician or by a community nursing home (CNH) physician to the Chief, HBHC. The referral will contain information for requesting HBHC, the diagnoses and related conditions for HBHC care, and the projected date of hospital discharge.

b. Arrangements will be made for all necessary medications, supplies, prosthetic appliances etc., prior to hospital discharge. Training of the patient and caregiver in care procedures will be initiated prior to the anticipated hospital discharge date. To avoid unnecessary occupancy of hospital beds, discharge from the medical center will not be delayed because the training of the caregiver and patient has not been completed.

c. The Chief, HBHC, will provide the liaison with the referring ward for the coordination of the hospital discharge date and HBHC admission.

d. The ward social worker will initiate the action necessary for aid and attendance, or any other benefits, if applicable.

e. Candidates identified in a community contract nursing home may be referred by the nursing home physician. The VA social worker who provides the follow-up services to the nursing home will assist in this process. Evaluation for patient suitability will be completed by appropriate HBHC staff at the nursing home. Every effort will be made to avoid hospital readmission for this purpose.

f. Candidates identified in an outpatient clinic will be referred through a consultation request to the HBHC physician who will evaluate the patient in the clinic. The clinic appointment date must be coordinated with the clinic physician, HBHC physician and the patient. It is desirable that simultaneous arrangements be made for an interview with the caregiver.

g. HBHC will be terminated when it is professionally determined that the condition(s) for which care was provided has become stable. HBHC will be terminated when patients are hospitalized 16 days or more.

h. Entitlement to HBHC services for the patient in need of care to complete treatment incident to hospital care that had been given is limited to 12 months, unless the treating HBHC physician determines that the disability being treated requires a longer period of time. Continued eligibility on this basis will be documented in the CHR.

i. A VA Form 10-2875-1, Outpatient Routing and Statistical Activity Record, (or its equivalent) will be prepared for each day of direct patient care provided by VA personnel in the home. The HBHC team will document in the medical record all medical findings and reports of treatment provided.

SECTION XV. DRUGS, MEDICINES AND MEDICAL SUPPLIES

16.64 ELIGIBILITY

a. An eligible beneficiary will be furnished any drug, medication and/or medical supplies necessary for treatment of a condition, for which eligibility for care has been determined.

b. Prescriptions may be filled by VA pharmacies based on local formularies in clinics of jurisdiction under the specific authority of 38 CFR 17.60d for:

(1) Veterans who, by reason of being permanently housebound or in need of regular A&A are in receipt of increased compensation or pension (or eligible for such pension, but in receipt of compensation as the greater benefit or in receipt of retirement pay) may be furnished drugs and medicines by VA pharmacies.

(2) A veteran formerly in receipt of pension by reason of need for regular A&A, whose eligibility to receive drugs and medicines under this authority had been determined, but whose pension payments have subsequently been discontinued solely because of income in excess of the maximum annual income limitation, may continue to be furnished with drugs and medicines by VA pharmacies as long as such veteran's annual income does not exceed the applicable maximum annual income limitation by more than \$1,000 (housebound pensioners are excluded from this specific provision).

(3) Veterans in receipt of pension under laws in effect prior to January 1, 1979, and whose need for regular A&A is established on or after January 1, 1979, are not eligible for these benefits unless they elect to receive pension benefits under Public Law 95-588 which established the Improved Pension Program.

c. Drugs and medicines may be furnished under subparagraph b when:

(1) Such treatment is not part of authorized VA medical center inpatient or staff outpatient care.

(2) Prescribed as specific therapy for the veteran's illnesses or injuries by a physician or dentist licensed to practice in the jurisdiction where the prescription is written, and

(3) The provisions of paragraph 16.71 are met.

d. The fact that a veteran is confined to a hospital, nursing home or domiciliary at VA, or non-VA expense, does not preclude the furnishing of drugs and medicines under subparagraph b if the veteran is eligible to receive such drugs and medicines. Circumstances under which such drugs and medicines may be provided are:

(1) A veteran under care in a non-VA institution, including a contract nursing home or State veteran's home, shall be provided prescribed drugs if:

(a) Such veteran is eligible for drugs under subparagraph (b); and

(b) Either the veteran or the veteran's legally authorized representative requests the VA to provide prescribed drugs. NOTE: A veteran or the veteran's legally authorized representative may not be reimbursed for the purchase of drugs. A request from the State Veterans' home for drugs to be provided to an eligible veteran in the home shall not be honored unless the veteran has designated a State home official as the legally authorized representative.

(2) A State home is not entitled to receive per diem payments under 38 CFR 17.166c for a veteran who received drugs in accordance with paragraph 16.69d(1), unless the drugs were very unusual, or expensive as determined by the Chief of Staff.

(3) A veteran in a State home who is receiving active OPT at a VA facility is eligible to receive drugs as part of that OPT program. The VA's providing drugs in such a case will not adversely affect the State home's entitlement to receive per diem payments for the care it provides that veteran.

(4) If a veteran in a contract nursing home receives drugs in accordance with paragraph 16.68d(1), VA may revise the home's contract when next renewed to eliminate drugs from the services to be provided by the home as well as to lower the home's contract rate (see M-1, Pt. I, Ch. 12). No modification of the contract is necessary when the drugs provided have been determined by the Chief of Staff to be very unusual or expensive.

(5) When drugs are furnished a veteran under the circumstances of subparagraph (1), the VA should obtain a certification from the institution that another source has not and will not be billed for the cost of the medications.

e. Veterans in foreign countries are eligible to receive drugs, medicines and medical requisites only to the extent that they are eligible for OPT under the authority of 38 CFR 17.36. Their prescriptions may be filled by non-VA pharmacies at VA expense.

f. When it is impractical or impossible to provide medication from VA pharmacies to veterans eligible under subparagraphs a and b, authority may be granted on a case-by-case basis to authorize the veteran to obtain the medications through local purchase and claim reimbursement from VA. (See M-1, Pt. I, Ch. 18.) They will not be authorized routinely to obtain medication from private pharmacies for subsequent payment to the pharmacy by VA.

16.65 SOURCES OF PROCUREMENT

a. VA clinics of jurisdiction will determine whether:

- (1) A prescription will be filled in the pharmacy or the veteran authorized to fill emergency, or
- (2) One-time prescriptions on a fee-basis, using the following guidelines.

b. VA Pharmacies

(1) VA pharmacies will be used for filling of staff and nonemergent fee-basis physicians' and dentists' prescriptions to the extent practical, consistent with the needs and best interests of patients and which can be provided more economically by the VA. This is applicable particularly to prescriptions for stabilized conditions or those of a recurring nature (such as those for chronic patients treated with the same drug from month to month) in which the patient's medication needs can be determined sufficiently in advance to provide for uninterrupted prescription services from a VA pharmacy. (See M-2, Pt. VII, Ch. 4. pars. 4.05 and 4.06.)

(2) Only those VA pharmacies in clinics of jurisdiction with fee-basis authority will fill prescriptions for veterans on fee-basis care and for those eligible under paragraph 16.64b who elect to obtain care from non-VA sources at their own expense, but send their prescriptions to the VA to be filled. EXCEPTION: In Territories or possessions where there are no VA pharmacies, necessary drugs and medicines may be furnished on a fee-basis arrangement.

(3) Clinic Directors will instruct patients and their fee-basis physicians to refer prescriptions to VA pharmacies in clinics of jurisdiction with fee-basis authority.

(4) Fee-basis and other physicians will be made aware of VA policies in M-2, Part VII, Chapter 4, paragraph 4.06 by the Chief, Pharmacy Service, in the appropriate clinic of jurisdiction.

(5) VA pharmacies are authorized to mail controlled substances (Schedule II, III, IV and V) on authorized prescriptions to VA beneficiaries.

(6) When oxygen is prescribed, VA form 10-7078, Authorization and Invoice for Medical and Hospital Services, will be used to authorize the service. It will be limited to furnishing of oxygen itself, and will be issued to an appropriate supplier for direct delivery to the veteran. Costs will be obligated against pharmacy allocations and not fee medical funding. See M-1, Part II, Chapter 7, for procedures in authorizing regulators, humidifiers, tubing, masks, and other accessory equipment needed to administer oxygen.

c. Any pharmacy, or private vendor, licensed by a State, territory of the United States, or District of Columbia, is eligible to accept and dispense prescriptions for VA patients, as may be required, in accordance with instructions issued by VA. Every effort will be made to ensure the availability of prescription services through pharmacies or other private vendor in each community within a jurisdictional area.

d. Payments to private pharmacies, or private vendors, for prescriptions for authorized fee-basis cases and reimbursement to veterans on fee-basis treatment who use their own funds to pay for prescriptions filled in emergencies will be made in accordance with Chapter 18.

16.66 APPLICATIONS

a. Applications for treatment and/or drugs and medicines will be made in accordance with paragraph 16.03. Formal submission of VA Form 10-10 is not required when a signed VA Form Letter 10-483, Request for Outpatient Treatment or Drugs and Medicines, is received from veterans indicating their desire to receive drugs and medicines from the VA for treatment provided at other than VA expense. This form is included with the Notice of Award letter sent by the VBA to veterans awarded A&A, or housebound allowance. It constitutes a notice of eligibility for treatment, drugs and medicines and serves as an application for these medical benefits.

b. When eligibility for prescribed drugs, medicines and/or medical requisites is established for veterans who will seek treatment at other than VA expense, a VA Form 10-10 application must be completed and the information entered into the facility's DHCP.

c. Eligibility data obtained on behalf of veterans in subparagraphs a and b will be documented in existing records. If no records are available, a medical records folder will be created for this purpose.

16.67 PROCESSING PRESCRIPTIONS

a. An eligible beneficiary will be furnished any drug, medication and or medical supplies necessary for treatment of a condition for which eligibility for care has been determined, provided such beneficiary is receiving such treatment in an established VA Outpatient Program.

b. Written prescriptions are required for all drugs and medicines.

c. A signed statement will be obtained from the prescribing physician giving name, address, telephone number, and the condition for which the patient is being treated. If,

after the initial statement is submitted, an additional condition is being treated, a notation will be made on the first prescription for the new condition, or a supplemental statement may be made in a separate note mailed to the Clinic Director. Furnishing of prescribed drugs will not be delayed or withheld in the absence of the physician's statement.

d. Prescriptions will not be filled for alcoholic beverages, dietary supplements used for weight control, or drugs classified as ineffective by the Food and Drug Administration (FDA).

e. The physician, subject to local medical center policy may authorize refilling of the original prescription for other than Class II narcotics, except that prescriptions may not be refilled more than five times or more than 6 months after the prescription is written. In general, no more than 30 days supply of each prescription will be furnished; however, the physician should be encouraged to prescribe a 30-day supply when long-term therapy with the drug is planned.

f. Prescriptions mailed to VA outpatient clinics will be routed directly to the pharmacy for filling, following which they will be filed in the veteran's medication profile folder.

SECTION XVI. HOME IMPROVEMENT AND STRUCTURAL ALTERATIONS (HISA)

16.68 GENERAL

a. Title 38 U.S.C., §1717, is the statutory authority for the Secretary of Veterans Affairs to provide HISA grants to eligible veterans.

b. Veterans may be eligible for HISA that are determined to be necessary to ensure the continuation of treatment, or provide access to the home, or to essential lavatory and sanitary facilities (Pub. L. 99-272). Amounts available can not exceed \$4,100 when required for SC disabilities or for veterans rated 50 percent or more SC, and \$1,200 when required for NSC disabilities,

c. Improvements and structural alterations chargeable against the veterans cost limitations include, but are not restricted to:

- (1) Construction of permanent wheelchair ramps.
- (2) Widening doorways for wheelchair access.
- (3) Lowering kitchen or bathroom counters and sinks to permit needed access for wheelchair patients.
- (4) Improving otherwise inaccessible entrance paths and driveways.

d. Improvements and structural alterations medically determined to be necessary or appropriate for the effective and economical treatment of a veteran's disability may be authorized for homes rented or purchased by or for eligible veterans.

e. Cost limitations for improvements and structural alterations apply in the aggregate as a one lifetime benefit. Eligibility for this benefit terminates when the cost limit is reached. Limitations cannot be exceeded either for one project or for any accumulation of projects.

f. Cost limitations pertain only to improvements and structural alterations and not to the cost of therapeutic or rehabilitative devices or medical equipment to be installed except when such device or medical equipment is relatively immobile and its installation generally would be considered a capital improvement and/or a permanent addition to the realty. An item which once installed can later be removed without major alteration or damage to the home would not be considered for these purposes a permanent addition to the realty.

g. A distinction will be made between routine, minor work ordinarily undertaken to install removable equipment and structural alterations and/or home improvements. Widening a stairway to permit installation of a stairglide would be categorized as a structural alteration and/or home improvement and chargeable to the appropriate cost limitation. Work considered routine, limited in extent and minor in nature, so as not to constitute a structural alteration or home improvement, such as installing an electrical outlet or switch, an internal water or waste line with connections, or a simple floor, wall, ceiling or window attachment required incident to installing removable equipment may be chargeable as a prosthetic service, and not chargeable against the \$4,100 or \$1,200 cost limitation. In exercising the judgment regarding what is routine and minor work, consideration may be given to the cost of a specific undertaking.

h. Veterans are eligible for HISA when medically determined to be necessary or appropriate for the effective and economical treatment of:

- (1) A SC disability (limited to \$4,100);
- (2) A disability incurred or aggravated in the line of duty, in the case of any veteran discharged or released from active military service for such disability (limited to \$4,100);
- (3) Any NSC disability of a veteran in receipt of authorized posthospital care (limited to \$1,200); and
- (4) Any NSC disability of a veteran of WWI, or Mexican Border Period, or a veteran who is in receipt of A&A, or housebound benefits, or would be except for receipt of retired pay (limited to \$1,200).

i. HISA benefits may be provided to veterans who have received Specially Adapted Housing Benefits as defined in 38 U.S.C. Chapter 21, unless such improvements or structural alterations had been furnished at the same home as part of the Specially Adapted Housing Benefit.

j. SC veterans are not entitled to an additional \$1,200 cost limitation for NSC disabilities beyond the \$4,100 cost limitation for SC disabilities. Those with SC disabilities rated 50 percent or more may use the \$4,100 for a NSC disability. Those rated less than 50 percent; however, may use only a portion of the \$4,100 entitlement, not exceeding \$1,200 in the aggregate for home improvements or structural alterations required for NSC disabilities.

k. When anticipated total costs of a necessary or appropriate home improvement, or structural alteration exceed the remaining balance of the veterans allowable benefit, the veteran must agree to pay the difference or the benefit will not be authorized. When the benefit is authorized, the authorization and invoice will specifically state the amount to be paid by the VA and include a statement that the veteran is responsible for the remaining balance.

16.69 PROCESSING REQUESTS

a. A VA Form 10-0103, Veterans Application for Assistance in Acquiring Home Improvement and Structural Alterations, will be sent to the nearest VA medical center to the veteran's home, or facility providing outpatient care.

(1) Those facilities are responsible for:

- (a) Processing applications, including determination of eligibility, approval or denial of requests;
- (b) Obligating of funds;
- (c) Issuing authorization; and
- (d) Processing of payment vouchers.

(2) Legal eligibility will be determined and documented in Section II of VA Form 10-0103 by a designee of the Chief, MAS.

(3) Medical eligibility will be determined and documented by a physician designated by the Chief of Staff or Clinic Director, usually the physician serving as chairperson of the HISA Committee.

b. Relevant issues to be considered in the medical eligibility evaluation include:

(1) Determining if the requested home improvement or structural alteration is necessary or appropriate for the effective and economical treatment of a disability which will ensure the continuation of treatment of the disability and provide access to the home or to essential lavatory and sanitary facilities.

(2) Stating the specific disability for which the home improvement or structural alteration is necessary or appropriate.

c. Relevant issues to be considered in the legal eligibility determination include:

(1) Determining the appropriate cost limitation applicable to the veteran's one lifetime benefit,

(2) Determining the unexhausted portion of the veteran's cost limitation, and

(3) Determining if the home improvement or structural alteration is for the treatment of:

(a) A SC disability.

(b) A NSC disability of a veteran who is receiving authorized posthospital care treatment.

(c) A NSC disability of a veteran with SC disabilities rated 50 percent or more.

(d) A NSC disability of a veteran of WWI, or the Mexican Border Period, or of a veteran in receipt of A&A or housebound benefits.

16.70 RESPONSIBILITIES

a. Upon receipt of an application for home improvements or structural alterations, the health care facility closest to the veteran's home or the health care facility furnishing posthospital care is responsible for processing and completing action on VA Form 10-0103, for veterans eligible for home improvements or structural alterations.

b. Adverse determinations of medical entitlement to specific home improvement or structural alteration requests for spinal cord injury patients will not be made without requesting and considering evaluations and recommendations from Spinal Cord Injury Program officials at the nearest VA health care facility with a Spinal Cord Injury Service. Unresolved conflicts between the HISA Committee and referring or consulting VA officials pertaining to medical entitlement are to be referred to the Oversight Committee in VA Central Office. This committee will be designated by the Associate Deputy Chief Medical Director for Clinical Affairs.

16.71 ELIGIBILITY DETERMINATION

a. Restrictions as to legal eligibility and cost limitations for this one lifetime benefit require a verification of eligibility and entitlement procedure and a control procedure to document partial or complete exhaustion of an individual veteran's benefit. Section II of VA Form 10-0103, contains information relative to eligibility and cost limitations to be used for benefit determination.

b. Accurate information about SC disabilities and percentage ratings is essential for determining eligibility as the applicable cost limitations determined by whether the home improvement or structural alteration is for a SC disability or for a NSC disability. Section II of VA Form 10-0103 contains information relative to disability to be used in determining eligibility for this benefit.

c. The unexhausted portion of the veteran's applicable cost limitation will then be determined by reviewing the medical record and the control card, identified in paragraph 16.73e.(1), to determine remaining eligibility. Figures from the control card will be used to complete Section II of the VA Form 10-0103, for consideration by the HISA Committee preliminary to taking action on the application.

d. An HISA Committee will review all VA Forms 10-0103 from legally eligible veterans for specific home improvements or structural alterations for determination and documentation of medical eligibility in acquiring home improvement and structural alterations.

e. Composition of the HISA Committee will necessarily be dependent upon the services available at the health care facility. The committee may function with a relatively constant membership, or as an ad-hoc committee established as needed and comprised of professional service and ancillary personnel most knowledgeable about the veteran's needs. The committee will normally consist of three members of which at least one will be a physician. A physician member will be designated chairperson of the committee. When possible, the professional service most familiar with the veteran's disability will be represented on the committee.

f. HISA Committee instructions will be developed and published by each health care facility responsible for processing applications for home improvements or structural

alterations. The instructions will contain explanatory information that home improvements or structural alterations may not be authorized unless they are specifically related to the actual treatment process or necessary to provide access to the home or to essential lavatory or sanitary facilities. The instructions will inform the committee to differentiate between those improvements which are reasonably necessary for medical treatment and those which are useful and lend to the comfort of the individual or make life outside the health care facility more acceptable, but are not considered necessary for medical treatment, or to gain access to the home, or to essential lavatory or sanitary facilities.

g. Fiscal Service will develop and implement procedures for controlling budgetary aspects of the program, including those related to:

- (1) Budget preparation,
- (2) Cost accounting,
- (3) Obligating and committing funds,
- (4) Certifying and processing vouchers, and

(5) Arranging payment or reimbursement for authorized services. NOTE: Expenditures under this program will be paid from the Medical Care Appropriation allocated to each health care facility. Supplementary allocations may be requested when appropriately justified.

h. MAS will provide:

- (1) Administrative management for the program,
- (2) Process applications,
- (3) Determine and verify legal eligibility,
- (4) Issue authorization,
- (5) Maintain control records, and
- (6) Periodically review and evaluate progress and results of the program.

16.72 AUTHORIZATION

a. When the Home is Owned by the Veteran. Authorizations for home improvements and structural alterations including those for special installation of therapeutic or rehabilitative devices or medical equipment will be issued only after the veteran or the veteran's authorized representative:

- (1) Specifically requests in writing the home improvement, structural alteration, or installation of therapeutic or rehabilitative devices or medical equipment; and,
- (2) Provides written acknowledgment that the VA assumes no responsibility for maintenance, repair or replacement of requested improvement, alteration or installation; assumes no product liability for, and extends no warranties, expressed or implied, including merchantability, as to equipment or devices installed; and assumes no liability for damage caused such equipment or devices or for their removal.

(b) Line 2: Name (Last, First, Middle Initial)
Card #_____

(c) Line 3: Social Security Number

(d) Line 4: SC: (List disability(ies) and Percent)

(e) Line 5: SC: Amount Paid_____

(f) Line 6: SC: Total Paid to Date_____

(g) Line 7: SC: Total Remaining_____

(h) Line 8: NSC Status:

(i) Line 9: NSC: Amount Paid_____

(j) Line 10: NSC: Total Paid to Date_____

(j) Line 11: NSC: Total Remaining_____

(2) Succeeding cards for the same veteran will be consecutively numbered and stapled to the previous card(s).

SECTION XVII. LODGING OF PATIENTS

16.74 GENERAL

a. VA facilities may furnish lodging to outpatients held over in connection with examination, treatment, or participation in an approved VA research project.

b. Outpatients may be lodged at the facility, if accommodations are available; or authorized accommodations at commercial establishments when adequate accommodations are unavailable at the VA facility.

16.75 POLICY

a. A patient who reports to a VA medical facility for outpatient examination or treatment and is held over for the convenience of the VA may be furnished lodging for either medical or administrative reasons.

b. If a VA health care facility Director, or designee, determines that inclement weather, irregular transportation schedules, or other compelling reasons prevent an applicant's departure until the following day, or that an applicant's reporting time does not allow for completion of indicated examinations and/or tests until the following day, the Director, or designee, may authorize lodging of the applicant providing accommodations at the health care facility are utilized.

c. The term "lodging," as it relates to overnight accommodations at a VA facility, will include the furnishing of a bed and other accessories usually provided by commercial lodging establishments. The furnishing of medical services or medications

is not included. If a person who is being lodged develops need for inpatient care that person will be admitted. The usual eligibility criteria are applicable to veterans. A person who requires outpatient care for an urgent condition arising during lodging will be provided care to the extent medically needed. Care provided an ineligible person will be billed for at the prescribed rate.

16.76 ADMINISTRATIVE PROCEDURES AND CONTROLS

a. Identification. Veterans approved for lodging will be entered into the medical center decentralized hospital computer system under the check-in Lodger option.

b. Bed Usage. Directors of facilities having more than one bed category of care, hospital, nursing, or domiciliary, are responsible for establishing controls to insure that beds from one category are not used to lodge applicants from another category, pending availability of suitable beds for admission to the proper section.

c. Management Controls. Lodging activity at health care facilities will be reviewed semiannually to determine that it is being effectively administered consistent with acceptable management practices and local needs. Review findings will be recorded and corrective action taken when indicated.

d. Work Count. Persons provided lodging at VA health care facilities will not be counted as bed occupants or absent bed occupants. Instead, visits made by persons who are lodged at a VA facility, in connection with their visits as outpatients, admission applicants or research participants, will be included in appropriate AMIS report

DEFINITIONS AND INSTRUCTIONS FOR VA FORM 10-2875-1 OR
VA FORM 10-2875-2, OUTPATIENT ROUTING AND STATISTICAL
ACTIVITY RECORD

The Decentralized Hospital Computer Program (DHCP) generated Outpatient Statistical Record is used to compile required statistical information about outpatient workload for the monthly Automated Management Information System (AMIS) report.

1. Responsibility

Administrative responsibility is assigned to the Chief, Medical Administration Service (MAS), for establishing, directing and controlling local procedures for inputting outpatient data into the DHCP according to these instructions. All Department of Veterans Affairs (VA) health care facilities will use the DHCP to generate a 100 percent input into the Austin Automation Center (AAC) on a monthly basis.

2. Definitions

a. Outpatient. For purposes of this chapter, an outpatient is defined as a person receiving health care services at a VA facility or provided by VA facility personnel, who has not been assigned a hospital, domiciliary or nursing home care bed at that VA health care facility or at a community or other Federal hospital at VA expense. A patient receiving chronic dialysis at a VA facility is an outpatient. NOTE: There is one exception to this definition which is: Domiciliary patients referred by the domiciliary medical services to outpatient clinics are to be considered outpatients. (Those referred for regular domicile sick call or routine annual physical examinations are not classified as outpatients.)

b. Lodger. An outpatient who is detained overnight without being formally admitted is classified as a lodger. An outpatient visit is recorded for the lodger if outpatient examination or treatment was provided prior to lodging. An additional outpatient visit is recorded the following day if medical services are provided that day. It would not be recorded the following day if the patient had been provided lodging for administrative reasons such as unavailability of return transportation or if the patient had been scheduled for admission.

c. Collateral. A collateral is a person, related to or associated with a veteran receiving care from the VA. The person is seen by a professional member of the VA health care facility's staff either within the facility or at a site away from the facility for reasons relating to the veteran's clinical care. The purpose of this clinical contact must be an integral part of the veteran's treatment plan; it must be documented in the treatment plan and progress notes in such a way as to demonstrate the role of the person in assisting the veteran to achieve a specific treatment goal or goals. Examples of appropriate designation of a collateral visit include: initial and follow-up contacts for a person assisting a veterans physical rehabilitation program in the home; participation of a family member in outpatient family psychotherapy; continuing education and follow through with primary care giver such as residential care sponsor.

d. Civilian Health and Medical Program of VA (CHAMPVA) Beneficiary. A CHAMPVA beneficiary is a survivor or dependent of certain veterans who are authorized by the VA to receive medical care primarily in non-VA facilities with payment for the care (less deductible and/or coinsurance) made by the CHAMPVA program and, in certain circumstances, to receive medical care in VA facilities.

e. **Outpatient Visit.** An outpatient visit is the physical presence of a person (at or away from the facility) who has obtained outpatient services during a single 24-hour period. Services provided may be diagnostic, therapeutic, or both. They may be provided by physicians, or at their direction and supervision, by other personnel. An outpatient visit can also be made by or to a family member or other collateral who is providing needed medical care or information of value to the treatment team about a veteran whose status is an outpatient. The term outpatient visit also includes those visits made by or to collaterals receiving mental health services, professional counseling and other training in accordance with Chapter 16 for members of the immediate family, etc., of a VA beneficiary. An outpatient visit also will be counted for CHAMPVA beneficiaries and for nonveterans receiving medical services at a VA medical facility and for VA employees receiving medical services through or at the direction of the employee health unit at the VA medical facility. Only one outpatient visit may be credited to the same patient or collateral on a single day.

f. **A Visit Is Not:**

(1) A domiciliary patient's evaluation by a practitioner other than a physician at the domiciliary or routine annual physical examination.

(2) The appearance of a patient on the scheduled day of admission to inpatient care and is actually admitted on that day.

(3) An inspection by VA personnel for the purpose of review and audit of State domiciliary (hospitals, domiciliary or nursing home) facilities.

(4) An appearance of VA personnel to inspect community nursing homes or community residential care facilities without attending a patient or intending to see one.

(5) Incidental contacts with other patients at non-VA facilities visited to see a particular patient.

(6) Each clinic stop where care or assistance may have been provided to the patient that day.

(7) A telephone contact made either by or for the patient or potential patient.

(8) A fee-medical or fee-dental visit authorized by a clinic of jurisdiction or a VA health care facility with fee-basis authority.

(9) The appearance of a patient at the facility solely for a prescription refill.

g. **Clinic Stop.** This is identified as a patient encounter with one or more providers assigned to a particular clinic during the course of a patient's visit to a facility. Individual providers may staff particular clinics to which patients are routed. When more than one health professional is in contact with a patient while at one clinic, only one stop is to be marked. Laboratory, x-rays and pharmacy are shown as stops, but only one stop will be marked regardless of the number of procedures performed or prescriptions filled in each of these respective stops.

h. **Frequency.** An outpatient visit will be recorded for each outpatient visit:

- (1) Made by a patient, CHAMPVA beneficiary, or collateral to a VA health care facility.
- (2) Made by a VA employee at a VA health care facility.
- (3) Made by a VA staff member(s) to a patient or collateral away from a VA health care facility.

3. DHCP Statistical Record Instructions

a. Name. Computerized Routing Sheet will identify name from data base in DHCP. When DHCP is down, use the VA patient data card to enter the name in the upper left section of VA Form 10-2875-1 or 10-2875-2. Write in the name if the patient data card is not available or if the visit is made by or to a collateral, or by a CHAMPVA beneficiary, VA employee, or nonveteran. If the visit is made by or to a collateral, the collateral's name will be used.

b. Facility Name and Number. Use the three-digit facility identification number as provided in the Consolidated Address and Territorial Bulletin 1 series and the identification modifier (AMIS modifier) as appropriate for your facility.

c. Date of Visit. The date of visit will be recorded. The format of the data will be numeric and in the order of month, day and last two digits of the year. For example: January 1, 1993, will be imprinted or written as 01 01 93.

d. Social Security Number

(1) Enter the Social Security Number (SSN) of the individual beneficiary including CHAMPVA beneficiaries, employees, collaterals and other nonveterans. The SSN may be obtained from the patient data card or from any available source. When the actual SSN is not available from any known source, construct and assign a pseudo-SSN using the numeric equivalent of the person's initials and birth date (month, day and year, each expressed in two digits). Numeric equivalents to be used for the initials are as follows:

A,B,C = 1

D,E,F = 2

G,H,I = 3

J,K,L = 4

M,N,O = 5

P,Q,R = 6

S,T,U = 7

V,W,X = 8

Y,Z = 9

No middle initial = 0

Example: John (NMI) South
Born July 1, 1919
Pseudo-SSN 407070119

(2) If the outpatient does not have an SSN, or has lost the Social Security card and would like to obtain a new card, assist the individual in completing Department of Health and Human Services, Social Security Administration Form SS-5, Application for a Social Security Number.

(3) For outpatients in the Republic of the Philippines, enter the SSN or the claim number preceded by sufficient zeros to complete the nine digits.

e. Birth Year. Enter the last two digits of the year of birth obtained from the patient data card or elsewhere.

f. ZIP Code. Enter the five-digit ZIP Code of the residence address from the patient data card, if available, or obtained through inquiry or from the National ZIP Code Directory. Enter "00000" for addresses in Canada and "99999" for addresses in Mexico.

g. Sex Code. For all outpatients, enter a "0" for male and a "1" for female.

h. Prisoner of War (POW) Code. If the patient is an eligible veteran, enter "0" if the veteran is a former POW and a "1" if the veteran is not a former POW. Leave this block blank for all other categories of patients.

i. Period of Service

(1) Enter the proper code. Use the code for the period of service from the patient data card or from the following:

0 --- Korean (6/27/50---1/31/55)

1 --- World War I (4/6/17---11/11/18)

2 --- World War II (12/7/41---12/31/46)

3 --- Spanish American War (4/21/98---7/4/02)

4 --- Pre-Korean (All PK peacetime) (before 6/27/50)

5 --- Post-Korean (2/1/55---8/4/64)

7 --- Vietnam Era (8/5/64---5/7/75)

8 --- Post-Vietnam (on and after 5/8/75)

9 --- Other or none

Z --- Merchant Marine (12/7/41---8/15/45)

X --- Persian Gulf (8/2/90---Pending)

(2) Always use the code for a period of service in which a veteran incurred a SC disability when the veteran served in more than one wartime period or in both wartime and peacetime service, otherwise:

- (a) When the veteran served in two or more wartime periods, use the code for the latest wartime period.
- (b) When the veteran served in both wartime and peacetime periods, use the code for the wartime period.

j. Veteran Eligibility Code. Enter the eligibility code from the following instructions. Use the lowest numbered appropriate eligibility code for patients eligible to receive care as veterans except when charges are to be made for services rendered:

- (1) Service-connected less than 50 percent.
- (2) Aid and Attendance or Housebound, Mexican Border or World War I veterans, and POW's---nonservice connected only.
- (3) Service-connected 40 percent.
- (4) Nonservice-connected receiving VA pension.
- (5) Other nonservice-connected.
- (6) Domiciliary patient---nonservice-connected only.

NOTE: Any patient receiving care as a veteran who has a SC disability must be coded. Leave this block blank if charges are to be made for services rendered or if the patient is a CHAMPVA beneficiary, a collateral of a veteran, receiving services as a VA employee, or other nonveteran.

k. Nonveteran Eligibility Code. Enter the eligibility code from the following instructions for patients who are not receiving care as eligible veterans or for whom charges are to be made:

- (1) CHAMPVA beneficiary.
- (2) Collaterals of veterans.
- (3) VA employees.
- (4) Other Federal agencies.
- (5) Allied veterans.
- (6) Humanitarian emergencies.
- (7) Sharing agreement.
- (8) Reimbursable insurance.

NOTE: *Leave this block blank for persons receiving care as eligible veterans. The term "sharing agreement" includes VA/Department of Defense (DOD) sharing agreements authorized by Public Law (Pub. L.) 97-174 as well as those authorized by 38 United States Code (U.S.C.) 5053.*

1. Purpose of Visit. Enter the proper code indicating the administrative reason for the visit. For all visits, use the code with the lowest numeric value as follows:

(1) Compensation and Pension. Veterans examined for compensation and pension purposes. Includes dependents of living or deceased veterans examined at the request of the regional office Adjudication Division.

(2) VA Form 10-10, Application for Medical Benefits. Examination to determine the need for medical care (includes inpatient, outpatient, nursing home care, etc.) Exception: Do not use this code for VA employees examined to determine the need for care.

(3) Scheduled Visit. Enter this code for outpatients who report for scheduled appointments.

(4) Unscheduled Visit. Enter this code for outpatients who report without a scheduled appointment.

m. Location of Visit. Enter the proper code identifying the area where the outpatient is receiving care, as follows:

(1) Clinic VA Staff. Will be used when the outpatient receives care at a regularly designated outpatient clinic area.

(2) Clinic Fee-Basis Physician. Will be used when everything is the same as (1) except care was provided by a fee-basis physician only.

(3) Clinic VA Staff and Fee-Basis Physician. Will be used when everything is the same as (1) except care is provided by both VA staff and fee-basis physician.

(4) Ward. Will be used when the clinic is held in an area which is not the regularly designated clinic area. If the ward is a regularly designated clinic area, then check (1). If both ward and clinic are visited and the ward is not a regularly designated area, then check (4).

(5) Hospital Based Home Care (HBHC). Will be used when VA staff members make home visits as part of this program. This code should be used only by VA health care facilities approved by VA Central Office to conduct an HBHC Program. Only one visit will be recorded for each day that a staff member or members conduct an HBHC visit to a patient or a preplacement visit to a collateral.

(6) Away From Facility (Other Than HBHC). Will be used when outpatient visits are made by VA staff to or on behalf of patients or collaterals away from the facility. This includes visits to VA patients in community nursing homes, foster homes, adult homes, and other types of personal care residences. It includes outpatients seen in "storefront" or similar type facilities.

n. Special Surveys. Special Survey blocks are for the collection of data in special surveys to be conducted under VA Central Office direction. These special surveys may be time-limited.

o. Special Services. Special Services blocks are for the collection of data at VA Central Office direction on special services that VA medical facilities may be furnishing on an outpatient basis. Collection of these data may be time-limited.

p. Clinic Stop. Place an "X" after each clinic stop where services are provided to a patient or collateral during an outpatient visit. For visits away from the facility, place the "X" after the appropriate clinic stop to indicate the discipline of the visiting staff member or members. Clinic stop codes 450 to 475 were designed for local medical center use and do not require VA Central Office approval prior to data input.

4. Computer Edit Procedure

a. The 100 percent OPC data will be transmitted to the AAC monthly. All outpatient data are subjected to a computer edit procedure for accuracy and consistency.

(1) Accuracy is verified by testing each data entry to see if it is a legitimate code. EXAMPLE: A Purpose of Visit Code "6" is an invalid code.

(2) Consistency is verified by correlating two data entries, each of which individually may be correct but viewed together are locally inconsistent. EXAMPLE: A code indicating World War I as a period of service, and 1930 indicated as the year of birth would constitute an error in consistency.

b. Two computer printout error listings are generated at the Austin Automation Center from this edit procedure:

(1) Individual Listings. This "Individual Outpatient Statistical Activity Record Error Analysis" indicates the particular errors on a statistical record. It permits pinpointing the source of the error.

(2) Edit Analysis. The "Edit Error Analysis of the Individual Outpatient Statistical Record" indicates the percentile frequency of a particular error. It permits a quick determination of problem areas where recurring errors indicate a need for supervisory attention and possibly corrective action. This listing summarizes and compares on a monthly and cumulative basis the errors made by a given facility with those made by all facilities.

c. All errors in accuracy and consistency are denoted with an asterisk under the error. All errors identified by an asterisk indicate rejection of all data related to that submission and nonacceptance of that record for statistical purposes.

d. All errors designated by # (pound) sign indicate a coding procedure is being used which does not comply with coding instructions or that the contents of a data field are acceptable but are not in the most desirable form. These errors are corrected by the computer, and data related to the record are accepted for statistical purposes. Edit lines containing only # signs should not be resubmitted.

5. Program Management

- a. The Chief, MAS, is responsible for ensuring that each error listing printout is reviewed and analyzed to determine the character, amount and source of repetitive errors.
- b. Corrective action should be taken to improve the quality of data recording to reduce error percentage.
- c. Correction of all errors indicated by an asterisk on the individual listing and resubmission of all data is required.
- d. Outpatient data in the file at the AAC may be corrected by sending in a transaction with the correct information. The computer will check for duplicate date of visit, facility number, and SSN. It will then delete the information in the file and replace it with the new transaction.

INSTRUCTIONS FOR SPECIAL SURVEY OF VETERANS RELATING TO EXPOSURE
(RCS 10-0582)

1. This provides instructions for obtaining additional information on medical care provided to veterans alleging exposure to Agent Orange in Vietnam or to ionizing radiation in Hiroshima or Nagasaki or in nuclear tests. This information is needed for a recurring report to Congress (RCS 10-0582).

2. Instructions

a. For all Outpatient Clinic (OPC) statistical records prepared for veterans with VETERAN ELIGIBILITY codes 1 through 5. The SPECIAL SURVEYS SECTION is to be completed as follows:

IN BLOCK 1

0--No claim of service in Vietnam

1--Claims service in Vietnam

IN BLOCK 2

0--No claim of exposure to Agent Orange

1--Claims exposure to Agent Orange

NOTE: When veteran's exposure is uncertain use code "1".

IN BLOCK 3

0--No claim of exposure to ionizing radiation

1--Claims exposure to ionizing radiation in Hiroshima or Nagasaki

2--Claims exposure to ionizing radiation in nuclear testing

b. For all OPC statistical records prepared for veterans receiving 10-10 examinations (code 2 in PURPOSE OF VISIT), when there is an entry other than "0" in BLOCKS 1 through 3 in the SPECIAL SURVEYS SECTION, indicate disposition in that section according to the following instructions:

IN BLOCK 5

0--Medical care not required.

1--Admission for hospital, nursing home or domiciliary care for a condition possibly related to exposure to Agent Orange in Vietnam.

2--Admission for hospital, nursing home or domiciliary care for condition possibly related to exposure to ionizing radiation in Hiroshima or Nagasaki.

3--Admission for hospital, nursing home or domiciliary care for a condition possibly related to exposure to ionizing radiation in nuclear testing.

4--Admission to an outpatient program (Pre-Bed Care (PBC); Outpatient Treatment (OPT)-service-connected (SC); OPT-Aid and Attendance (A&A); Independent Outpatient Clinic (IOC)-Ambulatory Care (AC); etc.) for a condition possibly related to exposure to Agent Orange in Vietnam.

5--Admission to an outpatient program for a condition possibly related to exposure to ionizing radiation in Hiroshima or Nagasaki.

6--Admission to an outpatient program for a condition possibly related to exposure to ionizing radiation in nuclear testing.

7--Admission to hospital, nursing home or domiciliary for a condition not related to exposure to either Agent Orange or ionizing radiation.

8--Admission to an outpatient program for a condition not related to exposure to either Agent Orange or ionizing radiation:

9--In need of outpatient care for a condition not related to exposure to either Agent Orange or ionizing radiation; referred to community resources.

c. For all OPC statistical records, other than code 2 in PURPOSE OF VISIT, where there is an entry other than "0" in BLOCKS 1 through 3 in the SPECIAL SURVEYS SECTION, indicate the following:

IN BLOCK 7

0--Receiving medical care for a condition other than one possibly related to exposure to Agent Orange or ionizing radiation for a condition possibly related to exposure to Agent Orange in Vietnam.

1--Receiving medical care for a condition possibly related to exposure to Agent orange in Vietnam.

2--Receiving medical care for a condition possibly related to exposure to ionizing radiation in Hiroshima or Nagasaki:

3--Receiving medical care for a condition possibly related to exposure to ionizing radiation in nuclear testing.

NOTE: Complete either block 5 or block 7. Do not fill in both blocks.

3. Those facilities having automated tabulating systems are not exempt from collecting and reporting the required data.

NOTE: When the patient data card (VA Form 10-1124 series) shows a code for possible exposure to Agent Orange, this is not an indicator to automatically show disposition of the veteran's outpatient visit in the special survey section as requiring care for exposure to Agent Orange. The care provided during that outpatient visit must be related to exposure to Agent Orange in order for the visit to be coded as care rendered as possibly relating to exposure to Agent Orange.

INSTRUCTIONS FOR COLLECTION OF MEANS TEST INFORMATION

Additional instructions for obtaining additional information concerning the means test.

1. For all Outpatient Clinic (OPC) statistical records prepared for all categories of visits will be completed with one of the following means test category codes.

Code	Definition
AS	Non-Discretionary service-connected (SC) veteran or special category veteran (Mexican Boarder War, World War I veteran, former Prisoner of War (POW), Agent Orange, Ionizing Radiation)
AN	Non-Discretionary nonservice-connected (NSC) veteran (AN is used for NSC veterans who are required to complete the Department of Veterans Affairs (VA) Form 10-10F, Financial Worksheet, and for NSC veterans in receipt of pension, aid and attendance (A&A), or housebound allowance or medicaid)
CO	Discretionary veterans (pending adjudication)
NO	Non-veteran
XO	Not applicable

2. For all outpatient clinics (OPC) statistical records prepared for all category of visits, special services blocks 7 and 8 will be completed with the number of dependents for all veterans who are requested to complete a VA Form 10-10F. For example, a veteran with two dependents will be coded 02. For veterans not required to complete VA Form 10-10F, the blocks will be filled with "xx".