

CHAPTER 30. HOME HEALTH SERVICES

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CHAPTER 30. HOME HEALTH SERVICES

SECTION I. HISA (HOME IMPROVEMENT AND STRUCTURAL ALTERATIONS)

30.01 GENERAL

Veterans may be eligible for HISA (home improvements and structural alterations) (not to exceed \$2,500 when required for service-connected disabilities or for veterans rated 50 percent or more service-connected and \$600 when required for nonservice-connected disabilities) that are determined to be necessary to assure the continuation of treatment or provide access to the home or to essential lavatory and sanitary facilities (Pub. L. 99-272).

30.02 POLICY

a. 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.

b. 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.

c. 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.

d. 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.

e. The furnishing of therapeutic devices of the type identified and discussed in VA General Counsel Opinion, OP. G.C. 22-75, June 10, 1975 (Published November 20, 1975), are not subject to the \$2,500 and \$600 cost limitation.

f. 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 \$2,500 or \$600 cost limitation. In exercising the judgment regarding what is routine and minor work, consideration may be given to the cost of a specific undertaking.

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

(1) A service-connected disability, including any disability of a Spanish-American War veteran.

(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.

NOTE: *The \$2,500 cost limitation applies for the above categories.*

(3) A veteran with service-connected disabilities rated at 50 percent or more.

(4) Any nonservice-connected disability of a veteran in receipt of authorized posthospital care. The \$600 cost limitation applies to such improvements or alterations for nonservice-connected disabilities.

(5) Any nonservice-connected disability of a veteran of the Mexican border period or of World War I or of a veteran who is in receipt of aid and attendance or housebound benefits or would be except for receipt of retired pay, within the \$600 cost limitation.

h. Home Improvement and Structural Alterations Benefits may be provided to veterans who have received Specially Adapted Housing Benefits as defined in 38 U.S.C. ch. 21, unless such improvements or structural alterations had been furnished at the same home as part of the Specially Adapted Housing Benefit.

i. Service-connected veterans are not entitled to an additional \$600 cost limitation for nonservice-connected disabilities beyond the \$2,500 cost limitation for service-connected disabilities. Those with service-connected disabilities rated 50 percent or more may use the \$2,500 for a nonservice-connected disability. Those rated less than 50 percent; however, may use only a portion of the \$2,500 entitlement, not

exceeding \$600 in the aggregate for home improvements or structural alterations required for nonservice-connected disabilities.

j. 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.

30.03 PROCEDURES

a. Processing Requests

(1) (A VA Form 10-0103, Veterans Application for Assistance in Acquiring Home Improvement and Structural Alterations, for any home improvement or structural alteration will be sent to the facility described in subparagraphs (4) and (5) below where processing, including determination of eligibility, approval or denial of requests, obligating of funds, issuing authorization and processing of payment vouchers will be completed. Legal eligibility will be determined and documented (in section 11 of VA Form 10-0103 by a designee of the Chief, Medical Administration Service. 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. (See subpar. b(5) below.)

(2) Relevant issues to be considered in the medical eligibility evaluation include:

(a) Determining if the requested home improvement or structural alteration is necessary or appropriate for the effective and economical treatment of a disability.

1. To assure the continuation of treatment of the disability, or
2. To provide access to the home or to essential lavatory and sanitary facilities.

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

(3) Relevant issues to be considered in the legal eligibility determination include:

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

1. A service-connected disability.
2. A nonservice-connected disability of a veteran who is receiving authorized posthospital care treatment.
3. A nonservice-connected disability of a veteran with service-connected disabilities rated 50 percent or more.
4. A nonservice-connected disability of a veteran of World War I or the Mexican border period or of a veteran in receipt of aid and attendance or housebound benefits.

(b) Determining the appropriate cost limitation applicable to the veteran's one lifetime benefit.

(c) Determining the unexhausted portion of the veteran's cost limitation.

(4) The clinic of jurisdiction is primarily responsible for processing applications and taking appropriate actions for home improvements or structural alterations necessary or appropriate for the effective and economical management of service-connected disabilities or nonservice-connected disabilities of service-connected veterans rated at 50 percent or more.

The health care facility closest to the veteran's home will provide all possible assistance (in the completion of VA Form 10-0103 and in assuring that all pertinent attachments, such as signed bids, plans and specifications, and statements authorizing the work to be performed are included, thus providing complete information necessary for HISA Committee action.

(5) The health care facility furnishing posthospital care is responsible for processing applications and completing all actions on applications for home improvements or structural alterations necessary or appropriate for treatment of nonservice-connected disabilities of veterans receiving authorized posthospital care who are rated as nonservice-connected or service-connected at less than 50 percent. The health care facility closest to the veteran's home is responsible for processing and completing action on VA Form 10-0103 from veterans of the Mexican border period or World War I or those veterans in receipt of aid and attendance or housebound benefits.

(6) 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 ACMD for Clinical Affairs.

b. Determination and Verification of Eligibility and Entitlement

(1) 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.

(2) Accurate information about service-connected 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 service-connected disability or for a nonservice-connected disability. Section II of VA Form 10-0103 contains information relative to disability to be used in determining eligibility for this benefit.

(3) 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 subparagraph h(1) below, 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.

(4) 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.

(5) 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.

(6) 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.

(7) Budgetary Aspects of the Program

(a) Fiscal Service will develop and implement procedures for controlling budgetary aspects of the program, including those related to budget preparation, cost accounting, obligating and committing funds, certifying and processing vouchers and arranging payment or reimbursement for authorized services.

(b) 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.

(c) The following CP (Control Point) will be used for the HISA program:

CP	Description
838	HISA (N-C veterans only)
839	HISA (S-C veterans only)

(8) Medical Administration Service will provide administrative management for the program, process applications, determine and verify legal eligibility, issue authorization, maintain control records and periodically review and evaluate progress and results of the program.

c. Issuing Authorization

(1) **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:

(a) Specifically requests in writing the home improvement, structural alteration, or installation of therapeutic or rehabilitative devices or medical equipment.

(b) 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.

(2) When the Home is Not Clwned by the Veteran But Is Provided, Rented, or Leased to or for the Veteran's. Authorizations for home improvement, structural alteration, or installation of therapeutic or rehabilitative devices or medical equipment will be issued only after the veteran or the veteran's authorized representative provides the following:

(a) Specifically requests in writing the home improvement, structural alteration, or installation of therapeutic or rehabilitative devices or medical equipment.

(b) Provides a written statement signed by the owner of the rental or leasehold premises or the owner's authorized representative acknowledging that the VA assumes no responsibilities as stated in subparagraph c(1)(b) above.

(3) Expenditure of Government funds may be authorized to retrieve or remove VA owned equipment or devices on temporary or permanent loan to an eligible veteran, but not to restore the private property to its original condition.

(4) Equipment installation costs are chargeable against the veteran's cost limitation under the home improvement and structural alteration's one lifetime benefit. Equipment removal costs are not subject to the cost limitation or chargeable to veteran's lifetime benefit.

(5) Costs of "Permits" and "Inspection Fees" for certain home improvements or structural alterations required by local ordinances are also chargeable against the veteran's cost limitation.

(6) Home improvement or structural alterations will be authorized as appropriate, by the submission of VA Form 10-7078, Authorization and Invoice for Medical and Hospital Services.

d. Certifying Vouchers. Certification of vouchers for payment or reimbursement of expenses for authorized home improvements or structural alterations, including separate charges for installation of therapeutic or rehabilitative devices or medical equipment will only be made after receiving written confirmation from the veteran or veteran's representative that the authorized services were furnished according to specifications.

e. Claims for Reimbursement. Reimbursement for home improvements and structural alterations can be made only when prior VA authorization was obtained for the HISA benefit.

f. Medical Administration Service will promptly forward copies of all vouchers certified for payment or reimbursement for the Home Improvement and Structural Alterations program to the regional office of jurisdiction for filing in the veteran's claim folder.

g. Medical Administration Service will promptly file copies of all vouchers certified for payment or reimbursement in the administrative portion of the veteran's medical record.

h. Control Card

(1) Medical Administration Service at each health care facility processing an HISA voucher for payment will prepare a 5" x 8" control card in the following format:

Line 1: Facility Name and ID Number Date _____
(See Consolidated Address Bulletin 1 Series)
Line 2: Name (Last, First, Middle Initial)
Card # _____

Line 3: Social Security Number
Line 4: SC: (List disability(ies) and Percent)
Line 5: SC: Amount Paid_____

Line 6: SC: Total Paid to Date_____

Line 7: SC: Total Remaining_____

Line 8: NSC Status:
Line 9: NSC: Amount Paid_____

Line 10: NSC: Total Paid to Date_____

Line 11: NSC: Total Remaining_____

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

SECTION II. HBHC (HOSPITAL BASED HOME CARE)

30.04 GENERAL

HBHC (hospital based home care) 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.

30.05 POLICY

a. The objectives of the HBHC program are to obtain optimum patient health through development of a suitable home environment and to establish a proper climate in the home for continued and preventive care.

b. Treatment will be furnished by members of the HBHC team from the VA health care facility, as required, to carry out the treatment plan devised by the team for individual patients.

c. Assurance will be given to the veteran and veteran's family that the veteran can be admitted to a VA facility at any time it is professionally indicated.

d. Homemaker and domestic or housekeeping services are specifically excluded from this program.

30.06 RESPONSIBILITIES

a. The health care facility is responsible for the planning of patient discharges to HBHC in a timely manner to avoid unnecessary bed occupancy. Potential candidates for HBHC will be referred by the ward treatment team. The health care facility Director will assure that the HBHC program complies with all applicable JCAH 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 multidisciplinary in composition and will provide guidance to the team in meeting program objectives. The Advisory Committee shall be responsible for conducting an evaluation, at least annually, of the quality of service provided by the HBHC team. The committee will be composed of at least one physician,

a registered nurse, the HBHC coordinator, and other professional disciplines deemed appropriate.

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. The functions and duties of each team member are enumerated below. The details should not detract from the central fact that each member participates, as appropriate, in the total program. Team planning for the functions of all HBHC staff will be used with respect to:

patient care plan and followup, i.e., caregiver and patient training, direct care and assistance in obtaining VA and community resources; HBHC program operation, including admission procedures, types of patients cared for, discharge planning, etc., which optimize utilization of resources; planning for alternative placement; and evaluation of program operations. The specific duties of team members follow:

(1) The HBHC coordinator will be appointed by the health care facility Director. The responsibilities of the coordinator are administrative in scope. The position must be filled by an individual who has demonstrated ability and competence in both patient care and program administration, e.g., a social worker, registered nurse or rehabilitation therapist.

The coordinator is expected to have administrative ability and to understand the skills and knowledge of each team member and the contributions each makes to accomplish the program goals. The coordinator is responsible for planning, directing, monitoring and evaluating HBHC program operations. (In addition, he/she will:

- (a) Provide administrative direction to the program.
- (b) Interpret national HBHC and local VA policy to the HBHC team and the facility.
- (c) Assist the team in developing local HBHC policies and procedures.
- (d) Implement program policies.
- (e) Coordinate the provision of services.
- (f) Coordinate administrative functions of the program.
- (g) facilitate appropriate referrals to the program.
- (h) Advise management on HBHC budgetary requirements.
- (i) Monitor and control program operation expenditures.
- (j) Coordinate and participate with selecting officials in the filling of HBHC personnel vacancies.
- (k) Coordinate orientation of new HBHC staff and ongoing HBHC staff development.
- (l) Prepare and maintain program reports and statistics.
- (m) Evaluate program effectiveness.
- (n) Develop the agenda for the meetings of the HBHC Advisory Committee.
- (o) Conduct team meetings.
- (p) Manage HBHC office.
- (q) The Chief of Staff Will Appoint the HBHC Physician. Selection criteria for this position should emphasize preference for candidates with all orientation toward primary care and a interest in providing patient care in the home. This assignment should constitute a sufficient portion of the physician's overall duties. Each patient who receives HBHC services will be under the care of the HBHC physician. The

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HBHC physiiciin will be responsible for the patient care, supervision and continuity of care provided by other team members, and will guide the HBHC team to achieve the treatment objectives for each patient. The physician will function as the medical program chief of the HBHC team and will:

- (a) provide ongoing screening procedures and evaluation for case ending.
- (b) Assess and review the patient's physical condition prior to hospital discharge or during the first month of HBHC admission.

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(c) Determine the treatment goals for each patient at the time of admission.

(d) Write the orders for treatments, drugs, supplies, equipment, and diagnostic tests.

(e) Review every clinical record once a month to insure patient progress toward achieving treatment goals. Special attention will be given to the monitoring of prescribed medications. A progress report will be recorded for each monthly review.

(f) Determine the suitability and evaluate the patient prior to discharge from the program.

(g) Prepare the clinical discharge summary.

(h) Initiate consultation requests.

(i) Provide liaison between the HBHC team and the VA facility physicians.

(3) Selection of nursing personnel for the HBHC program will be a joint decision of the HBHC coordinator; Chief, Nursing Service and the HBHC physician. Most professional nurses selected must meet the VA qualification standards outlined in DM&S Supplement, MP-5, part II, chapter 2, appendix 2E. The professional nurse will:

(a) Identify nursing problems presented by the patient and family.

(b) Determine if nursing care can be provided safely in the home.

(c) Assess patient needs and originate patient care plan.

(d) Supervise nursing personnel and coordinate nursing care activities.

(e) Provide correct nursing care in the home.

(f) Evaluate effectiveness of nursing care and patient care plan.

(g) Provide health teaching and supervision to the caregiver and the patient.

(h) Plan and implement rehabilitative and restorative nursing measures.

(4) The selection of the LPN (licensed practical nurse) and NA (nursing assistant) will be a joint decision of the HBHC coordinator, Chief of Nursing Service, HBHC physician and HBHC nurse. Since the primary function of the LPN/NA is to meet

individual health needs of patients in home settings without direct supervision, the ability to work independently and to participate in team work are essential qualifications. LPN's/NA's will complete or will have completed the basic course given to NA's at each health care facility. Additionally, supplemental training, instruction, guidance and supervision in home and family relationships, and in special techniques and procedures will be provided by members of the HBHC team and/or consultants. The LPN/NA duties consist of such activities as the following:

- (a) Taking and rewording vital signs, changing dressings, and giving personal care so that maximum patient hygiene is achieved.

(b) Monitoring prescribed medications and nutritional status.

(c) Observing patient for objective evidence of physical regression, or psychological condition, and documenting information about pain, edema, dyspnea, depression, and other symptoms of anxiety or depression.

(d) Demonstrating and reinforcing rehabilitation measures to patient and caregiver, e.g., exercise, proper positioning, range of motion, activities of daily living, transfers, etc.

(e) Motivating patient and family to assist them in improving care.

(f) Using therapeutic or rehabilitative devices such as lifts, walkers, crutches, and demonstrating and teaching their use to patients and caregivers.

(g) Irrigating and changing catheters.

(h) Suctioning and changing tracheostomy tubes.

(i) Irrigating colostomies and ileostomies.

(j) As required, setting up, operating and monitoring medical machines and equipment determined necessary for the patient's treatment program. This may include machines for inhalation therapy.

(k) Reinforcing, demonstrating and instructing patients and caregivers in all procedures to achieve better health and greater independence.

(5) Selection of the social worker will be a joint decision of the HBHC coordinator, Chief, Social Work Service and HBHC physician. The social worker will have a master's degree in Clinical Social Work, training in or experience with community health organizations and knowledge of family intervention techniques. The social workers functions include:

(a) Determine the patient's-and families psychosocial suitability for acceptance into the HBHC program.

(b) Provide ongoing assessment of the caregivers and family members ability to sustain patient care at home.

(c) Develop a social treatment plan for patient and caregiver appropriate to individual needs and family life style.

(d) Provide individual counseling to patient, caregiver, and other family members as indicated to assist them in coping with the psychological and practical stress of illness and disability.

(e) Plan for and make referrals to community health and welfare agencies for followup care when patient is ready for discharge from HBHC program.

(f) Participate in case ending through attendance at inpatient discharge planning meetings.

(6) The Rehabilitation Medicine therapist may be selected from corrective, occupational or physical therapy.

Selection will be a joint decision of the HBHC coordinator, the Chief, RMS (Rehabilitation Medicine Service), the section chief involved, and the HBHC physician. The therapist will be educationally qualified, have experience in an RMS team approach, and be able to evaluate and treat the patient according to the patient treatment plan. The therapist will.:

(a) Conduct a pre-discharge evaluation of the patient's functional ability for home placement.

(b) Assess the patient's goals, living skills and physical abilities, patient needs, caregiver's capabilities, and home environment. Develop goals and a treatment plan from the assessment.

(c) Make recommendations concerning placement.

(d) Implement the treatment plan by providing correct patient care, adapting the home for necessary equipment, instructing and training the patient and caregivers and recommending community resources.

(e) Document progress and activities.

(7) Selection of the HBHC dietitian will be a joint decision of the HBHC coordinator, the Chief, Dietetic Service and the HBHC physician. The dietitian will be a registered dietitian or meet the educational requirements for membership in the American Dietetic Association, and have clinical dietetic experience. The HBHC dietitian will.:

(a) Assess the nutritional status of the patient.

(b) Assess the capability of the caregiver and home resources to support the patient's nutritional care at home.

(c) Prepare a nutritional care plan to meet the needs of the patient and caregiver at home, involving both in the development of this plan.

(d) Develop and/or employ educational materials to enable patient and/or caregiver to follow nutritional care plan.

(e) Counsel patient and caregiver on normal nutritional and prescribed diet modification.

(f) provide advice in menu planning, food storage and preparation for patients with special dietary needs.

(g) Supervise nutritional care in the home by making home visits.

(h) Advise the patient and caregiver of community nutrition services available and serve as liaison in arranging for services following the patient's discharge from the HBHC program.

(5) Medical Administration Service will be responsible for furnishing administrative support. The Chief, Medical Administration Service or designee will act in an advisory capacity to the HBHC team on issues of eligibility.

VA regulations, procedural operations, beneficiary travel and patient access to care. In addition, a secretary/clerk will be chosen by a joint selection team consisting of the HBHC coordinator, the Chief, Medical Administration Service and the HBHC physician. This employee will be a qualified clerk-typist, clerk-stenographer or secretary and have some knowledge of medical terminology, laboratory and radiology records, and general hospital procedures. Ordinarily the clerk will be placed under the supervision of the HBHC coordinator and will:

- (a) Perform principal clerical, secretarial and administrative services directly related to the program.
- (b) File HBHC progress notes with other reports into the CHR (consolidated health record).
- (c) Maintain program records and statistics for local and Central Office reports as directed by the coordinator.
- (d) Prepare outpatient visiting and statistical activity record, VA form 10-2875, and accurately tabulate visit totals, then abstract data for preparation of required AMS reports.
- (e) Maintain HBHC program files, other than the CHR, and record minutes of meetings of the HBHC Advisory Committee and of the HBHC team.

30.07 ELIGIBILITY

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

- a. Patient does not require inpatient care and is eligible for services Binder VA Regulation 6060 (A), (B), (D), (F), (G), (H), or (1), or is a veteran of World War I or the Mexican border period.
- b. 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 M-1, par 1, chapter 17, section IX, will be used for admission to the HBHC program.

30.08 PROCEDURES

a. Candidates for placement in the HBHC program may be referred by a VA physician or by a community nursing home physician to the HBHC coordinator. The referral will contain information for requesting HBHC, the diagnoses and related conditions for HBHC care, and the projected date of hospital discharge. 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. The ward social worker will initiate the action necessary for aid and attendance, or any other benefits, if applicable. 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. The HBHC coordinator will provide the liaison with the referring ward for the coordination of the hospital discharge date and HBHC admission. Candidates identified in a community contract nursing home may be referred by the nursing home physician. The VA social worker who provides the followup 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. 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.

b. HBHC will be terminated when it is professionally determined that the condition(s) for which care was provided has become stable. A plan for termination of HBHC care will be a part of every patient's written plan of care. 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

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time. Continued entitlement on this basis will be documented in the CHR. Community referrals necessary for the continued maintenance of the patient in the home will be completed by the HBHC social worker. When HBHC is terminated, the team physician will make a concise summary of care and treatment, including the date of termination, results achieved, if any, and recommendations for further care, as appropriated, and file in the CHR or outpatient treatment folder. HBHC will also be terminated on the date the outpatient becomes hospitalized.

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c. A VA Form 10-2875-1, Outpatient Routing and Statistical Activity Record, 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 III. FEE-BASIS HOME HEALTH SERVICES

30.09 GENERAL

Fee-basis home health services are supportive medical services prescribed by and under the direction of a VA physician or a physician contracted by the VA for providing treatment to veterans. These services are skilled treatment services as performed by professional health care providers, such as physicians, psychologists, nurses, technicians, and physical therapists.

30.10 POLICY

a. Home health services may be authorized on a fee basis, consistent with eligibility therefor, when it is necessary or appropriate for effective and economical treatment and when it has been determined that such services will not be required on a daily basis. The estimated cost of the required home health services, plus the estimated cost of physician and pharmacy services on fee basis, for each individual veteran being considered for fee-basis home health services authorization, must be weighed against the estimated costs of alternative VA programs available to satisfy the individual needs of the veteran. The most appropriate VA program for the effective and economical treatment of the veteran will then be authorized.

b. Authorization for nonmedical-type services, such as domestic, custodial or homemaker services which, although beneficial to the veteran and may obviate the need of VA institutionalization, may not be approved under the Fee-Basis Home Health Services program, as these services are not considered medical treatment. In order to assure a more uniform interpretation of policy with respect to this program, examples of the types of services which should not be approved under this program are provided in appendix A of this chapter. Those veterans in need of nonmedical-type services are to be assisted in applying for aid and attendance and/or housebound benefits or referral to community agencies for assistance.

c. Bills submitted to the VA for veterans authorized fee-basis home health services must indicate the specific service provided for which charges are made. Charges for services, other than those categorized as supportive medical services, will be suspended and a letter of explanation will be furnished to the provider.

d. Supportive medical care providers duly licensed or registered (when required by State statute) in the State, or subdivision thereof, may be accepted as fee participants when services provided are those for which they are qualified to perform as recognized by the authorities in the State, or subdivision thereof, where the services are to be provided.

30.11 PROCEDURES

a. Fee-basis home health services requested for veterans must be accompanied by a physician's statement (if a VA physician, documentation will be on SF 509, Medical Record--Doctor's Progress Notes;

if a fee-basis physician documentation, will be on physician's office stationery) and submitted to the Chief, Medical Administration Service at the clinic of jurisdiction.

b. The physician's statement must contain the following information:

- (1) Specific medical services required.
- (2) Duration of time home health services should be authorized.
- (3) Frequency of visits by provider(s).
- (4) Estimated total cost of providing home health services.

c. The Chief, Medical Administration Service will review all requests for fee-basis home health services along with the physician's statements. A careful review by the Chief, Medical Administration Service with consultation as appropriate with the concerned professional service(s) will be made as to the requested services and which services constitute medical treatment and may be authorized through the Fee-Basis Home Health Service program. Consideration must be given to alternative VA programs available to provide the effective and economical treatment of the veteran.

d. When the determination is to authorize fee-basis home health services, a referral will be made to the Chief, Nursing Service or the Public Health Nurse, as appropriate, for assistance in arranging for health care providers to administer the authorized home health services.

e. A 12-month review process will be established for all veterans in receipt of fee-basis home health services. The review will be used to determine if the fee-basis home health services should be continued or if alternate, less costly VA programs are available. The health care facility Director will designate the individual(s) to perform the review.

EXAMPLES OF NONMEDICAL-TYPE SERVICES NOT AUTHORIZED UNDER FEE-BASIS HOME HEALTH CARE

This appendix is not intended to be an all inclusive listing of nonmedical-type services which may not be approved under the Fee-Basis Home Health Services program. It should be used as a guideline in distinguishing between those supportive medical services or medical treatment that can be authorized and those nonmedical services that cannot be authorized.

Assistance With
Activities of
Daily Living

Basic Care Procedures

Homemaker Services

Other

Bathing

Catheter irrigation

Housekeeping

Companionship

Feeding

Changing colostomy bag

Food preparation

Sitter Services

Toileting

Changing simple dressings

Marketing

Recreation

Ambulation

Changing external catheter

Laundry

Positioning

Medication administration

Home chores

Transferring

Assistance with prosthetic devices

Grooming

Massage

(including oral hygiene)

Turning patient

Dressing