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CHAPTER 3. PROGRAM MANAGEMENT

3.01 ADMISSIONS

a. Domiciliary care will be furnished within the limitations of VA facilities to those veterans eligible under the provisions of 38 CFR 17.47 and 17.48.

b. Procedures and responsibility for determining legal eligibility are contained in M-1, part I, chapter 4. All applicants must meet current income criteria unless a rebuttal statement is approved by the VA medical center or VA domiciliary Director. Justification for the granting of income limitation waivers will be documented in the consolidated health record.

c. Procedures and responsibility for determining clinical eligibility are contained in chapter 5.

d. The Chief, Domiciliary Care Program, is responsible for domiciliary bed control, and will coordinate admissions with the Chief, Medical Administration Service.

e. Immediately prior to completion of admission procedures, the Chief, Domiciliary Care Program, or designee, will explain the mission of the domiciliary program to the applicant and give the veteran a copy of the domiciliary care handbook containing necessary program information.

f. Veterans under involuntary commitment status will not be considered appropriate for admission to the domiciliary care program.

3.02 CRITERIA FOR ADMISSION

a. A VA physician will determine the medical need of the applicant in accordance with M-1, part I, chapter 4, and 38 CFR 17.47(c)(3) or (d)(3). To be found clinically eligible for admission to the VA Domiciliary Care Program,

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an applicant must present with impairment(s) of mind and/or body sufficient in degree to cause a qualified physician to determine that care in an institutional setting is essential to the effective provision of necessary health care services, that the applicant is and will remain for at least a period of time unable to pursue substantially gainful employment and is currently unable to provide adequately for self in the community. An additional requirement for domiciliary care is the ability of the veteran to:

- (1) Accomplish activities of daily living with minimal assistance.
- (2) Receive clinical care on an ambulatory basis or by use of self-managed wheelchair or other assistive devices.
- (3) Actively participate in prescribed treatment, rehabilitation and/or health maintenance activities.
- (4) Make rational and competent decisions to remain in or to leave the domiciliary.
- (5) Share by personal effort, in some measure, as part of a therapeutic program, in the maintenance and operation of the health care facility. Patients assume responsibility for the housekeeping of life space in the living unit to which assigned.

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(6) Maintain appropriate, self-directed behaviors and freedom from behaviors that would constitute a danger to self or others.

(7) Handle full privileges and authorized absences as deemed therapeutically appropriate.

(8) Be free of active substance abuse.

b. Legally blind veterans meeting all other admission criteria will be admitted if they have completed mobility training at a VA Blind Rehabilitation Center or equivalent program. If the veteran has not had such training, referral should be made to the nearest Blind Rehabilitation Center or Clinic for admission such training. Contact should be made with the Chief of the Blind Rehabilitation Program concerning referral of the veteran(s).

c. Patient applicants for admission must clearly demonstrate motivation for rehabilitation and/or health maintenance services.

3.03 PATIENT SELECTION

a. Clinical eligibility shall be determined by a physician who is fully acquainted with the domiciliary care program and the professional care provisions of this manual.

b. All applicants will be reviewed by the Domiciliary Screening Committee. After this review, a decision will be made regarding the status of the applicant's admission request. In determining each applicant's need for institutional care, specific consideration will be given to the use of available State Home Program resources as a clinically appropriate, cost effective alternative to VA domiciliary care.

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c. Direct applicants will be seen by the admitting physician who will consult with the Chief, Domiciliary Care Program, in determining appropriateness of admission to domiciliary care.

d. Reasons for admission will be fully documented in the patient record.

e. When an applicant does not meet criteria for domiciliary care, assistance will be given by Social Work Service to assure that the veteran obtains necessary services through other VA, State or community resources.

3.04 ADMITTING RECORDS

a. Medical Administration Service will initiate and maintain the records which will be required during a patient's stay in the domiciliary. (See M-1, pt. I, ch. 5.)

b. VA Form 10-5510, Photo Identification for Domiciliary Patient, will be issued to each patient upon admission. The card will be kept on the patient's person at all times and will be shown for identification upon request by VA personnel. The card will be surrendered when the veteran departs on discharge or on authorized absence when the bed is not being reserved.

3.05 ABSENCES

a. Authorized patient absences will be administered in accordance with provisions of M-1, part I, chapter 10.

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b. Patients are encouraged to make use of authorized absences for therapeutic purposes.

c. The authority for granting absences is the responsibility of the Chief, Domiciliary Care Program in collaboration with the patient's treatment team.

d. Authorized absence may be granted for periods up to 30 days. Extensions may be granted when therapeutically indicated. An absence shall not extend beyond the due date of the patient's annual physical examination.

e. Patients on authorized absence not exceeding 96 hours are considered bed occupants and their beds will be reserved. Patients granted absences in excess of 96 hours are considered absent bed occupants and will be dropped from the remaining count. (See M-1, pt. I, ch. 10.)

f. When a patient on authorized absence is admitted to a VA medical center for treatment, the absence will be cancelled and the status will change to ASIH (absent, sick in hospital).

g. Patients who fail to return from authorized absence may be placed in unauthorized absence status only if they are in receipt of an institutional award and discontinuance would cause financial hardship.

h. Patients who leave the domiciliary or medical center without approval may be placed in unauthorized absence status if they meet the provisions of subparagraph g., or if they are certified by their physician to be unable to understand the significance of their actions.

3.06 TRANSFER TO HOSPITAL

a. When a domiciliary patient's condition becomes such that domiciliary treatment programs and/or resources are insufficient to satisfy the treatment

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needs of the patient, the patient will be transferred without delay to a hospital or nursing home care bed section as appropriate.

b. Patients exhibiting dangerous or uncontrollable behavior will be transferred to an acute care setting for appropriate medical and/or psychiatric management and supervision.

3.07 INTER-DOMICILIARY TRANSFERS

The treatment team will recommend and the Chief, Domiciliary Care Program, will approve/disapprove actions relative to inter-domiciliary transfers. Transfers may be initiated when clinically determined and documented factors indicate that the therapeutic need of a patient cannot be met at the present domiciliary.

3.08 DISCHARGE

See M-1, part I, chapter 12.

a. Regular discharge will be given to:

(1) Patients whose health care status no longer requires domiciliary care, and who are determined by the treatment team to be able to provide adequately for themselves or otherwise be provided for in the community.

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(2) Patients who request discharge while present or while in authorized absence status.

(3) Patients who remain in ASIH status after 30 days.

(4) Patients who are admitted to the Nursing Home Care Unit.

b. Preparation for Regular Discharge

(1) Discharge planning will be initiated during the admission/treatment planning process. The discharge plan will be clearly documented in the clinical record.

(2) A realistic discharge date will be established and communicated to each veteran at the time of admission.

(3) An appropriate discharge preparation program will be instituted to prepare the patient to function in the community.

(4) Discharge plans will be developed and implemented by treatment teams in cooperation with the patient, consistent with Domiciliary Care Program policies.

c. Irregular discharge may be given to:

(1) Patients who request discharge against medical advice,

(2) Patient who fail to return from authorized absence,

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- (3) Patients who leave the facility without approval, or
- (4) Patients who refuse, neglect, or obstruct reasonable care and treatment.
(See M-1, pt. I, ch. 1, par. 1.26a(2).)

d. **Preparation for Irregular Discharge**

When a veteran is to be discharged on an irregular basis, efforts will be made to assist in obtaining alternative services. Veterans requiring such assistance will be referred to Social Work Service.

3.09 PROCEDURE OF RELEASE

- a. The Chief, Domiciliary Care Program, will establish clearance procedures for patients departing on discharge or on authorized absence.
- b. The treating physician will prepare a summary of treatment prior to discharge of patient.

3.10 MEDICAL CARE RECORDS

In accordance with the provisions of M-1, part I, chapter 5, a consolidated health record will be maintained for each active patient. A consolidated health record will contain a record of all medical histories, physical examinations, laboratory reports, treatment plans, treatments, behavioral observations, progress notes, psychosocial information, hospitalization, medication, diet and consultations.