

1. Transmitted is a new part to the Department of Veterans Affairs, Veterans Health Administration Manual M-5, "Geriatrics and Extended Care," Part VIII, "State Veterans Homes," chapters 1 through 5.
2. Principal purposes are:
 - a. Chapter 1: General. Cites statutory authority, specifies responsibilities of VA Central Office and VA Health Care Facilities, and provides key program-definitions.
 - b. Chapter 2: Procedures and Standards. Provides procedures for obtaining recognition of a State home and establishes quality of care standards for hospital, nursing home, and domiciliary care.
 - c. Chapter 3: Inspection, Recognition, Muster, and Reports. Describes the composition of the inspection team and various requirements to be reviewed and reported on during the annual inspection cycle.
 - d. Chapter 4: Procedure for Approval of Beds Within A Recognized Home. Describes the procedure for obtaining approval of hospital, nursing home, or domiciliary care beds within a recognized home.
 - e. Chapter 5: Civil Rights. Describes procedure for assuring compliance with equal opportunity laws.

3. Filing Instructions

Remove Pages

Insert Pages

i through v
1-i through 1-4
2-i through 2-22
3-i through 3-4
4-i through 4-1
5-i through 5-1

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Department of
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STATE VETERANS HOMES

M-5, Part VIII

Department of Veterans Affairs
Veterans Health Administration
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The Department of Veterans Affairs, Veterans Health Administration Manual M-5, "Geriatrics and Extended Care," Part VIII, "State Veterans Homes," is published for the compliance of all concerned.

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FOREWORD

Following the Civil War, a number of the States established homes for the domiciliation of disabled soldiers and sailors. These were originally erected or acquired and operated entirely at State expense. The first enactment to provide for payment of Federal aid to States which maintained homes in which certain disabled soldiers and sailors in the United States received care was the Act of August 27, 1888.

Since that date, several major revisions in the State Home Program have resulted in passage of public laws to expand the base of payments to include hospital and nursing home care, and matching grants to States for the construction of new State homes and the remodeling and alteration of existing buildings for the provision of domiciliary, nursing home, or hospital care in State homes.

Currently, a State home is a home approved by the United States Department of Veterans Affairs which was established by a State primarily for veterans disabled by age, disease or otherwise, who by reason of such disability are incapable of earning a living. State homes include facilities for domiciliary and/or nursing home care. Hospital care may be included when provided in conjunction with domiciliary or nursing home care. A State home may also provide care to veteran related family members.

A State home is owned and operated by a State.

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CHAPTER 1. GENERAL

1.01 PURPOSE

This contains standards of care, policies and procedures for recognition, inspection, reconciliation, muster, reports and civil rights.

1.02 AUTHORITY

Title 38 CFR (Code of Federal Regulations) 17.165 through 17.168 authorize VA (Department of Veterans Affairs) to make aid payments to States maintaining State Veterans' Home subject to the provisions of 38 CFR 18.1 through 18.13.

1.03 RESPONSIBILITIES OF VA CENTRAL OFFICE

a. The ACMD (Assistant Chief Medical Director) for Geriatrics and Extended Care (114B), VA Central Office, is responsible for all professional aspects and overall coordination of the State Veterans' Home Program including the processing of grants for construction of State home facilities.

b. Regional Directors are responsible for the overall operation of the program and work in collaboration with the ACMD for Geriatrics and Extended Care.

1.04 RESPONSIBILITIES OF VA HEALTH CARE FACILITIES

a. The VA health care facilities responsible for administering the State home program in their area of jurisdiction are shown in VHA (Veterans Health Administration) Manual, M-1, part I, chapter 3, appendix A.

b. The Chief, MAS (Medical Administration Service), at health care facilities is responsible for administrative aspects including:

- (1) Determination of eligibility,
- (2) Maintenance and reconciliation of records,
- (3) Review of claims for payment,
- (4) Compliance with VA Regulations, and
- (5) General coordination of the program.

c. A physician, designated by the VA medical center Director and/or Chief of Staff, is responsible for verifying levels of care and overseeing all clinical aspects of the annual inspection.

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d. The Fiscal Service at health care facilities is responsible for accounting, auditing and certifying vouchers for payment. NOTE: For the purpose of verifying the computation of per diem rates used, a representative of this service will be one of the members of the group making the annual inspection.

e. Directors of health care facilities having responsibility for State homes are responsible for developing close relationships with these facilities.

1.05 DEFINITIONS

a. Veteran. The term "veteran" means a person who served in the active military, naval or air service, and who has been discharged or released from the service under conditions other than dishonorable.

b. State Home. "State home" means a home approved by VA which was established by a State primarily for veterans disabled by age, disease or otherwise, who by reason of such disability are incapable of earning a living.

(1) The term State home includes facilities for domiciliary and/or nursing home care. Hospital care may be included when provided in conjunction with domiciliary or nursing home care.

(2) For the purposes of this part, a home which furnishes different levels of care must provide care in clearly designated areas within the home so that patients receiving separate levels of care are not intermingled.

(3) A State home may also provide care to veteran related family members, i.e., spouses, surviving spouses and/or gold star parents who are not entitled to payment of VA aid. A State home will hereafter be referred to as a home or facility in this part.

c. Hospital Care. Hospital care means providing diagnosis and curative treatment and other medical care and services (as opposed to maintenance only) to inpatients suffering from a particular disability. These inpatients require the continuous services of a physician, with attendant diagnostic, therapeutic, and rehabilitative services. A hospital facility providing such care will be operated by or under the direct supervision of a physician.

d. Nursing Home Care. Nursing home care means the accommodations of convalescents or other persons who are not acutely ill and not in need of hospital care, but who require skilled or intermediate nursing care and related medical services. Such nursing care and medical services are prescribed by, or are performed under the general direction of, persons duly licensed to provide such care.

e. Domiciliary Care. Domiciliary care means providing shelter, food, and necessary medical care on an ambulatory self-care basis.

(1) It assists eligible veterans who are suffering from a disability, disease, or defect of such a degree that incapacitates the veterans from earning a living, but who are not in need of hospitalization or nursing care services.

(2) It assists in attaining physical, mental, and social well-being through special rehabilitative programs to restore patients to their highest level of functioning.

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f. Administrator. Administrator means the officer (Superintendent or Commandant) in charge of the home.

g. Secretary. Secretary means the Secretary of the Department of Veterans Affairs.

h. VA Aid. VA aid means Federal aid payments made to a State for care of veterans in State homes under the provisions of VA Regulations 17.165 through 17.168.

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i. **Income Limitations.** Income limitations means the limitations on a State's eligibility to receive per diem payments for State domiciliary care. States may receive per diem payments for domiciliary care to a veteran only if a veterans's annual income does not exceed the maximum annual rate of pension payable to a veteran in need of aid and attendance or to any veteran whom the Secretary determines has no adequate means of support.

j. **No Adequate means of support.** In accordance with 38 CFR 17.48 (b)(2) no adequate means of support refers to an applicant:

(1) Who is receiving income above the annual rate of pension for a veteran in receipt of regular aid and attendance, as defined in 38 U.S.C. (United States Code) Section 1503.

(2) Who is able to demonstrate to the satisfaction of the VA medical center Chief of Staff, on the basis of objective evidence, that deficits in health and/or functional status render the veteran incapable of pursuing substantially gainful employment.

(3) Who is otherwise without the means to provide adequately for self, or to be provided for in the community.

1.06 HEALTH RECORDS

a. Hospital and Nursing Home Care

(1) Health records shall be maintained for hospital and nursing home levels of care. They will contain, at least:

(a) An admission-identification sheet,

(b) Admitting evaluation (including history, physical examination, diagnosis),

(c) Physician orders,

(d) Progress notes,

(e) Special reports (such as laboratory, X-ray, consultation), and

(f) A record of medications and treatments given.

(2) All information in the health record is confidential and will be disclosed in accordance with applicable law to authorized persons only.

(3) Health records shall be kept current, and on discharge or death of a veteran the attending physician will record a summary (progress note or formal summary form) of the patient's medical experience.

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(4) Filing and retention of health records shall be in accordance with the State Law.

b. Domiciliary Care

(1) A health record for each patient shall be maintained and will contain:

(a) An identification sheet,

- (b) A medical history,
- (c) A report of an initial physical examination, and
- (d) Subsequent records of treatment and progress, including:
 - 1. Medications,
 - 2. Diets, and
 - 3. Consultations.

(2) An annual reevaluation of the patient's health status should be conducted and recorded.

(3) These records will be kept confidential and preserved for a period of time not less than that determined by the statute of limitations of the State.

c. State Home Program - Patient Information Card

(1) VA medical centers of jurisdiction are required to maintain VA Form 10-3563, State Home Program - Patient Information Card, on each veteran in the program showing:

- (a) Patients' names,
- (b) Social Security Numbers,
- (c) Levels of care, and
- (d) Dates the patients entered the program and were discharged.

(2) Patients admitted for inpatient care to a VA medical center will have their patient information card properly annotated for their change of status. This shall include any veterans absent from the State home over 96 hours.