Manual M-2, Professional Services. Part XIX, Extended Care Service (Domiciliary)

M-5, Part I was to rescind M-2, Part XIX; M-5, Part I, however, was never written.

Chapter 3, Admissions, Authorized Absences and Discharges (Paragraphs 3.01 through 3.09)

This document includes:

Title page and title page verso for M-2, Part XIX, dated **May 15, 1970** Contents page for M-2, Part XIX, dated **May 15, 1970**

Text for Chapter 3, dated May 15, 1970

Located at the end of the document:

Interim Issue 10-80-35, dated **July 29, 1980** (Part XIX) Interim Issue 10-79-48, date prepared, **November 9, 1979** (Part XIX) Interim Issue 10-79-33, dated **August 30, 1979** (Part XIX)

VETERANS ADMINISTRATION DEPARTMENT OF MEDICINE AND SURGERY MANUAL

PROFESSIONAL SERVICES Rescussion 17/93 pending incorporation in M-5; Part I

PART NINETEEN
EXTENDED CARE SERVICE
(DOMICILIARY)

Department of Medicine and Surgery Veterans Administration Washington, D.C. 20420

May 15, 1970

Part XIX, "Extended Care Service (Domiciliary)," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is published for the compliance of all concerned.

> MUSSER, M.D. Chief Medical Director

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CHAPTER 3. ADMISSIONS, AUTHORIZED ABSENCES AND DISCHARGES

3.01 ADMISSIONS

- a. Domiciliary care will be furnished within the limitations of VA facilities to those classes of veterans eligible under the provisions of VA Regulation 6047(C)(3), and (D).
- b. Procedures and responsibility for determining eligibility and medical need for domiciliary care are contained in chapter 5, and M-1, part I, chapter 4.

3.02 PROFESSIONAL RESPONSIBILITIES

- a. Medical need shall be determined by a physician who is fully acquainted with the domiciliary program.
- b. If necessary, the examining physician will consult with other appropriate professional and/or administrative staff to determine eligibility for admission.
- c. Before admission, an applicant will be informed of the mission of the domiciliary program and furnished a copy of rules and obligations of a patient-member.
- d. When an applicant does not meet criteria for domiciliary care, assistance will be given to make the best possible use of other community resources.

3.03 ADMITTING RECORDS

- a. Medical Administration activity will be responsible for initiating and maintaining the necessary records which will be required during a patient-member's domiciliation. (See M-1, pt. I, ch. 5.) The Chief, Domiciliary Operations, will be responsible for keeping the Chief, Medical Administration Division, advised of the available vacant beds.
- b. Each patient-member will be issued a VA Form 10-5510, Identification Card, which will entitle him to all domiciliary services. He will be instructed to keep it on his person at all times and show it on request. When properly endorsed, this card will serve as a combination ID card, meal ticket and discharge card.

3.04 ABSENCE, INCLUDING AUTHORITY FOR APPROVAL

- a. Patient-members will be encouraged to make liberal use of authorized absences so that they may discover the advantages of living in the community. As with other benefits which may be extended to patient-members, authorized absences are intended to further treatment needs. Consistent with the granting of absences for therapeutic purposes is the freedom of the patient-member to return to the domiciliary at any time during an authorized absence when such a return is deemed to be in accordance with the overall treatment objectives.
- b. The authority for granting authorized absences eminates from the program officials designated by the Therapeutic Programing Board to work with the patient-member. Absences so authorized may be reviewed by higher echelon treatment and/or administration personnel when deemed necessary.
- c. Authorized absences may be granted for periods up to 90 days. Extensions not to exceed 90 additional days may be granted when therapeutically indicated. (See M-1, pt. I, ch. 10, for administrative provisions pertinent to authorized absences.)

3.05 DISCHARGE OF PATIENT-MEMBERS

See M-1, part I, chapter 13, for administrative provisions pertinent to regular and irregular discharges.

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3.06 CANCELLATION OF EXCLUSION PERIOD

In keeping with the philosophy of the domiciliary being primarily a treatment and learning environment, the station Director or his designee may cancel any portion of the period of exclusion imposed by a hospital or domiciliary and admit such patient-member, if need is indicated. The station Director may substitute a behavioral control program in lieu of the imposed exclusion.

3.07 PROCEDURES ON DISCHARGE

- a. The Chief, Domiciliary Operations, will insure that each patient-member discharged is advised of the type of discharge and if there is an exclusion period applicable. Appropriate notation will be made on VA Form 10-5510, Identification Card, which the patient-member retains.
- b. The Chief, Domiciliary Operations, will establish clearance procedures for patient-members in carrying out his responsibility for approving discharges.

3.08 OTHER ADMINISTRATIVE REQUIREMENTS

The following provisions of M-1, part I, will apply to domiciliary patient-members in the same manner as hospital patients, insofar as they pertain to admissions and discharges:

- a. Clothing, Incidentals and Services -- chapter 9.
- b. Deaths -- chapter 14.
- c. Medical Records -- chapter 5.
- d. Miscellaneous Operating Policies -- chapter 1.
- e. Personal Funds -- chapter 8.
- f. Reporting Changes in Status to Other VA Departments and Service Departments--chapter 6.
 - g. Transfers -- chapter 11.

3.09 TRANSFERS

- a. The Therapeutic Programing Board at the respective domiciliaries will develop and approve all actions relative to inter-domiciliary transfers. Transfers may be initiated when professionally determined and documented that the therapeutic need of a patient-member cannot be met at the treating domiciliary.
- b. Transfer requests accepted when no beds are available will be placed on the waiting list in category VI of priorities for domiciliary care. (See VA Regulation 6049(B).)

TELEGRAPHIC MESSAGE

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C. DISCHARGE PLANNING AND COMMUNITY	C. DISCHARGE PLANNING AND COMMUNITY OUTPLACEMENT			
D. BEHAVIORAL COUNSELLING			:	
E. MEDICINE, SURGERY, AND NEUROLOGY				
F. VOCATIONAL REHABILITATION				
G. THERAPEUTIC PLANNING BOARD				
H. USE OF COMMUNITY RESOURCES				
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