CATASTROPHICALLY DISABLED VETERAN EVALUATION, ENROLLMENT, AND CERTAIN COPAYMENT EXEMPTIONS

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Directive establishes policy for the clinical evaluation, enrollment in Priority Group 4, and the discontinuation of inpatient, outpatient, medication, and non-institutional extended care services copayments of eligible Veterans who are catastrophically disabled.

2. SUMMARY OF MAJOR CHANGES: This VHA Directive removes former Attachment A that provided a definition of catastrophically disabled (CD) and instead retains reference to only applicable regulatory definition and criteria. It additionally clarifies that Veterans who are catastrophically disabled are exempt from paying a copayment for receipt of non-institutional extended care services. They are not exempt however from copayments that would apply to their receipt of other extended care services. Information on specific regulatory changes to the CD definition and examination is available at: http://vaww.va.gov/VHAOPP/cdvet_eval.asp. NOTE: This is an internal VA Web site that is not available to the public. This Directive also refers to joint VA-DoD efforts to coordinate complex care for Service members and Veterans, as described in a joint MOU and authenticated by VA Directive 0007.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The Chief Business Office (10NB) is responsible for the content of this Directive. Questions may be directed to 202-382-2500. NOTE: For questions regarding the clinical evaluation, instruments criteria, or threshold information, contact the Office of Patient Care Services (10P4) at 202-461-7800.


6. RECERTIFICATION: This VHA Directive is due to be recertified on or before the last working day of May 2020

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CATASTROPHICALLY DISABLED VETERAN EVALUATION, ENROLLMENT, AND CERTAIN COPAYMENT-EXEMPTIONS

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy for the clinical evaluation, enrollment in Priority Group 4, and the discontinuation of inpatient, outpatient, medication, and non-institutional extended care services copayments of eligible Veterans who are catastrophically disabled. **AUTHORITY:** 38 U.S.C. 1730A and 38 CFR 17.36, 17.108, 17.110, and 17.111.

2. BACKGROUND:

   a. Section 1705 of Title 38 United States Code (U.S.C.) establishes a system of annual patient enrollment, in order of priority, for the provision of Department of Veterans Affairs (VA) hospital care or medical services. Under this system, VA must enroll in Priority Group 4 Veterans who are determined to be catastrophically disabled (see 38 U.S.C. 1705(a)(4)).

   b. This cohort of Veterans was still, however, subject to copayment requirements applicable to their receipt of VA care. Section 1730A of 38 U.S.C., eliminated the copayment requirement and prohibits VA from requiring Veterans who are catastrophically disabled from paying copayments for the receipt of hospital care or medical services as of May 5, 2010. VA’s General Counsel has held that this statutory provision extends to copayment requirements that would apply to the receipt of prescription drugs (see paragraph 5.d). Veterans who are catastrophically disabled must still pay applicable copayments for the receipt of nursing home care.

**NOTE:** Examples of extended care services include: nursing home care, domiciliary care, respite care, geriatric evaluation, and adult day health care. Although these Veterans are still subject to applicable copayments for the receipt of nursing home care, certain extended care services (essentially “[n]on-institutional extended care services, including alternatives to institutional extended care that [VA] may furnish directly, by contract, or through provision of case management by another provider or payer”) fall within the definition of “medical services” for purposes of 38 U.S.C. Chapter 17. As a result, Veterans who are catastrophically disabled are exempt from copayments applicable to the receipt of non-institutional respite care, non-institutional geriatric evaluation, non-institutional adult day health care, Homemaker/Home Health Aide, Purchased Skilled Home Care, Home-based Primary Care, and any other non-institutional extended care services.

   c. Veterans are considered to be catastrophically disabled if they have a permanent, severely disabling injury, disorder, or disease that compromises the ability to carry out the activities of daily living to such a degree that the individual requires:

      (1) Personal or mechanical assistance to leave the home, or bed, or

      (2) Constant supervision to avoid physical harm to self or others.
**NOTE:** This definition of catastrophically disabled is met if the individual’s circumstances meet the requirements of Title 38 Code of Federal Regulations (CFR) 17.36(e).

d. An evaluation to determine whether a Veteran is catastrophically disabled, as defined by the Secretary of Veterans Affairs, may be initiated at the request of the Veteran, the Veteran’s representative, or VA facility clinical staff. For all requests, VA facility staff must use and complete VA Form 10-0383, Catastrophically Disabled Veteran Evaluation & Approval (Fillable), which can be used for local reproduction. This form is available on the VA Forms Web site at [http://vaww.va.gov/vaforms/](http://vaww.va.gov/vaforms/). **NOTE:** This is an internal VA Web site that is not available to the public.

e. Veterans, whose medical conditions involve permanent severely disabling injuries, as stated in this Directive, should be encouraged to seek or undergo the Catastrophically Disabled Veteran Evaluation. **NOTE:** To request a Catastrophically Disabled Veteran Evaluation, Veterans may call 1-877-222-VETS (8387) or the Enrollment Coordinator at their local VA medical facility. Positive determinations require VA to enroll such Veterans in Priority Group 4 of VA’s health care system (this is particularly important if they would otherwise be ineligible to enroll in VA’s health care system due to an existing administrative enrollment restriction, e.g., certain Priority Group 8’s). Currently enrolled Veterans who are similarly clinically situated need to be encouraged to seek or receive the Catastrophically Disabled Veteran Evaluation in order to elevate their enrollment status to Priority Group 4 and thus receive the benefits of enhanced enrollment, and, more specifically, the copayment exemptions applicable to those who are catastrophically disabled. As explained in 38 CFR 17.36(e), some evaluations may involve only a pertinent medical records review.

f. To aid clinicians in selecting the correct diagnosis, a code map showing the descriptors and corresponding ICD-9-CM diagnosis, amputation status, and procedure codes; ICD-10 diagnosis, amputation status, and procedure codes; and CPT procedure codes is available at: [http://vaww.va.gov/VHAOPP/cdvet_eval.asp](http://vaww.va.gov/VHAOPP/cdvet_eval.asp). **NOTE:** This is an internal VA Web site that is not available to the public.

g. Effective July, 29, 2014, the Memorandum of Understanding (MOU) Between VA and Department of Defense (DoD) For Interagency Complex Care Coordination Requirements for Service Members and Veterans provides a common operational model and supporting responsibilities for which VA and DoD have agreed to adhere to concerning complex care coordination processes for care, benefits and services, as overseen by the VA/DoD Interagency Care Coordination Committee (IC3) a subcommittee of the VA/DoD Joint Executive Committee. For policy and assigned responsibilities with this MOU, see VA Directive 0007. This Directive is available on the VA Publications Web site at [http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=782&FType=2](http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=782&FType=2).

3. **POLICY:** It is VHA policy to provide, upon request, a Catastrophically Disabled Veteran Evaluation within 30 days of such request. Veterans determined to be catastrophically disabled are placed in priority group 4, unless qualified to be enrolled in
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a higher priority group, and are exempt from copayments for hospital care, outpatient medical care, medications prescribed on an outpatient basis, and certain non-institutional extended care services.

4. RESPONSIBILITIES:

a. **Office of the Assistant Deputy Under Secretary for Health for Policy and Planning.** The Office of the Assistant Deputy Under Secretary for Health for Policy and Planning (10P1) is responsible for collecting Catastrophically Disabled Veteran Evaluation data for reporting and analysis purposes. The data is to be posted quarterly at: [http://vaww.va.gov/VHAOPP/cdvet_eval.asp](http://vaww.va.gov/VHAOPP/cdvet_eval.asp). **NOTE:** This is an internal VA Web site that is not available to the public. The data is collected by using VA Form 10-0383, Veterans Health Information and Technology Architecture (VistA) entries, and the following data:

(1) Number of new Catastrophically Disabled Veteran Evaluations completed, both by record review and clinical examination;

(2) Number of cumulative Catastrophically Disabled Veteran Evaluations completed, both by record review and clinical examination; and

(3) Number of total estimated or potential Catastrophically Disabled Veteran Evaluations.

b. **Medical Center Director.** Each medical center Director is responsible for ensuring:

(1) VA medical facility staff initiates Catastrophically Disabled Veteran Evaluations for known Veteran groups whose conditions reasonably indicate potential eligibility for this enhanced enrollment status, such as Veterans participating in Spinal Cord Injury Programs, Traumatic Brain Injury Programs, blinded Veterans programs, or those with complex care coordination needs, etc. When possible, this should be coordinated with the Lead Coordinator of the Care Management Team, as described in the VA-DoD MOU referenced in this Directive.

(2) Appropriate staff involved in the Catastrophically Disabled Veteran Evaluation process are informed of the requirements in this Directive:

(3) Upon request, the facility Enrollment Coordinator, or designee, must initiate a VA Form 10-0383 for each Veteran requesting such evaluation or on whose behalf such a request is made.

(4) The Enrollment Coordinator, or designee, must obtain all relevant VA clinical records or non-VA health records provided by the Veteran, or obtained for the Veteran by VA staff, and have such records reviewed by the Veteran’s clinician.

(a) If sufficient documentation is available from the health records to determine the Veteran is catastrophically disabled, the clinician is to complete VA Form 10-0383, front
and back, and make a recommendation as to whether the Veteran is or is not catastrophically disabled as defined by 38 CFR 17.36(e). Information on specific regulatory changes to the CD definition and examination is available at: http://vaww.va.gov/VHAOPP/cdvet_eval.asp. NOTE: This is an internal VA Web site that is not available to the public. The clinician forwards the complete package to the Chief of Staff, or equivalent clinical representative, for approval or disapproval of the recommendation.

(b) If the health record information is not available or is not sufficient to determine whether the Veteran is catastrophically disabled, the Enrollment Coordinator, or designee, must request a Catastrophically Disabled Veteran Examination be performed consistent with the VA medical facility’s policy on conducting a Catastrophically Disabled Veteran Evaluation. Upon completion of the evaluation, the examining clinician must complete and return VA Form 10-0383 to the Enrollment Coordinator, or designee, who is responsible for forwarding the completed package to the Chief of Staff, or equivalent clinical representative, for approval or disapproval of the recommendation. The data is then forwarded to the Veterans Integrated Service Network (VISN) within the timeframes established by the VISN.

(5) If approved, written notification is sent to the Veteran or the Veteran’s representative by the Chief of Staff, or designee (see Appendices B and D).

(6) If disapproved, written notification is sent to the Veteran or the Veteran’s representative by the Chief of Staff, or designee. The Veteran or the Veteran’s representative is informed of their rights to appeal and are provided with VA Form 4107VHA, Your Rights to Appeal Our Decision (see Appendix C). NOTE: The Appeals Procedure Guide 1601G can be viewed at http://vaww.va.gov/CBO/apps/policyguides/contents.asp?address=VHA_PG_1601G. This is an internal VA Web site and is not available to the public.

(7) If a determination cannot be made, written notification is sent to the Veteran or the Veteran’s representative by the Chief of Staff, or designee (see Appendix E).

(8) All correspondence, including VA Form 10-0383 and any completed assessment tool, must be placed or scanned, into the Veteran’s electronic health record.

(9) All appropriate clinical information, as well as data from VA Form 10-0383, is to be entered into VistA, and the Computerized Patient Record System (CPRS) (see Appendix A).

5. REFERENCES:


b. 38 U.S.C. 1730A.

c. 38 CFR 17.36(e).
d. VAOPGADV 4-2010.

e. VA Directive 0007
A Catastrophically Disabled Veteran Evaluation request is made.

If request is through the Veterans Health Administration (VHA) contact center (1-877-222-VETS (8387)) the call will be transferred to the preferred facility enrollment office where the clinical and data capture process begins.

Clinical evaluation based on available records.

VHA or non-VHA health records available?

Able to evaluate?

Yes

Yes/No

Meets criteria?

Determination/approval request completed.

Chief of Staff or designee decision.

Facility letter of acceptance or denial letter mailed to Veteran.

Copy of letter will be placed in the patient’s permanent record and all appropriate data fields are completed.
VETERAN REQUESTED CATASTROPHICALLY DISABLED VETERAN EVALUATION

If VA determines the Veteran is catastrophically disabled, the VA medical facility Chief of Staff, or designee, must send written notification of the determination to the Veteran. The following letter sample should be used for these notifications.

SAMPLE OF WRITTEN NOTIFICATION FOR A VETERAN WHO IS DETERMINED TO BE CATASTROPHICALLY DISABLED

(Date)

(Name)
(Address)
(City, State, Zip Code)

Dear ________

At your request, the Department of Veterans Affairs (VA) has concluded its review of your medical condition and determined that you are catastrophically disabled (as that term is defined by regulation). As a result, you will be enrolled in, or moved to, Priority Group 4, unless you qualify for enrollment in a higher Priority Group. Official notification of your updated enrollment status will be sent by separate letter.

Veterans enrolled in Priority Group 4 are eligible for all needed services included in the Medical Benefits Package. Furthermore, Veterans who are determined to be catastrophically disabled are not required to pay inpatient, outpatient, prescription drug or non-institutional extended care services copayments that would otherwise apply. If you have any questions, feel free to call the enrollment office at __________ (phone number) __________ (or the appropriate locally designated office).

Sincerely,

__________________________________________ (Signature)
VA Medical Facility Chief of Staff

Amended on July 28, 2015
VETERAN REQUESTED CATASTROPHICALLY DISABLED VETERAN EVALUATION (FOR PURPOSES OF VA HEALTH CARE AND ENROLLMENT PURPOSES)

If VA determines the Veteran is not catastrophically disabled, the VA medical facility Chief of Staff, or designee, must send written notification of this determination to the Veteran using the following letter sample.

SAMPLE OF WRITTEN NOTIFICATION FOR A VETERAN DETERMINED AS NOT CATASTROPHICALLY DISABLED

(Date)

(Name)

(Address)

(City, State, Zip Code)

Dear ________

You recently requested a health record review and examination to determine if you are catastrophically disabled, for purposes of Department of Veterans Affairs (VA) health care.

Based on a full document review of your medical condition and/or examination conducted by the VA Medical Center located at _________, VA regrets to inform you that we have determined that you are not catastrophically disabled (as that term is defined by regulation). I have personally reviewed the facility’s findings and concur for the following reason(s):

(Insert rationale for determination.  **NOTE:**  This letter must contain both the reasons for the decision and a summary of the evidence considered by VA).

If you disagree with this decision, we have enclosed VA Form 4107VHA, “Your Rights to Appeal Our Decision.”  Return your Notice of Disagreement to the Enrollment Coordinator at your local VA medical facility.

If you have any questions, please feel free to call the enrollment office or your VA health care provider at _________ (phone number) _________ (or the appropriate locally designated office).

Sincerely,

_______________________________ (Signature)

VA Medical Facility Chief of Staff

Enclosure
FACILITY INITIATED CATASTROPHICALLY DISABLED VETERAN EVALUATION
(HEALTH RECORD REVIEW)

If VA determines the Veteran is catastrophically disabled, written notification of the outcome must be sent to the Veteran from the VA medical facility Chief of Staff, or designee, using the following letter sample.

SAMPLE OF WRITTEN NOTIFICATION FOR A VETERAN WHOSE ENROLLMENT PRIORITY CHANGES BASED ON A DETERMINATION THAT THE VETERAN IS CATASTROPHICALLY DISABLED

(Date)
(Name)
(Address)
(City, State, Zip Code)

Dear ___________

Based on a recent review of your health records and examination, the Department of Veterans Affairs (VA) has determined that you are catastrophically disabled (as that term is defined by regulation). As a result, you will be immediately enrolled in Priority Group 4, unless you are eligible for enrollment in a higher Priority Group. Official notification of the change in your enrollment status will be sent by separate letter.

Veterans enrolled in Priority Group 4 are eligible for all needed services included in the Medical Benefits Package. In addition, Veterans who are determined to be catastrophically disabled are not required to pay inpatient, outpatient, prescription drug or non-institutional extended care services copayments that would otherwise apply. If you have any questions, feel free to call the enrollment office at _________ (phone number) ___________ (or the appropriate locally designated office).

Sincerely,

_______________________________ (Signature)
VA Medical Facility Chief of Staff
FACILITY INITIATED CATASTROPHICALLY DISABLED VETERAN EVALUATION
(HEALTH RECORD REVIEW)

If VA cannot determine the Veteran is catastrophically disabled based on a health record review, written notification of the outcome must be sent to the Veteran from the VA medical facility Chief of Staff, or designee, using the following letter sample. The letter encourages the Veteran to schedule an appointment for an examination in order to complete the evaluation process.

SAMPLE OF WRITTEN NOTIFICATION TO BE USED WHEN A DETERMINATION WHETHER THE VETERAN IS CATASTROPHICALLY DISABLED CANNOT BE MADE BASED UPON A HEALTH RECORD REVIEW

(Date)
(Name)
(Address)
(City, State, Zip Code)

Dear _________

Our facility has recently completed a health record review to determine if you are catastrophically disabled (as that term is defined by regulation). We did this to determine whether you qualify for enrollment or enhanced enrollment status in Priority Group 4 of the Department of Veterans Affairs (VA) health care enrollment system. A determination that you are catastrophically disabled would enable you to be enrolled in, or elevated to, Priority Group 4 and also exempt you from copayment requirements that would otherwise apply to the receipt of VA hospital care, outpatient care, outpatient prescription drugs and non-institutional extended care services. Based on the current information in your health record, we are not able to complete our determination.

If you feel that you may be catastrophically disabled (as that term is defined by regulation), we encourage you to contact our Enrollment Office for more information and to schedule an appointment for a “Catastrophically Disabled Veteran Examination.” The Enrollment Office can be reached at _________ (phone number) _________ (or the appropriate locally designated office). This is important to ensure you are receiving all the health care benefits for which you are eligible.

Sincerely,

_______________________________ (Signature)

VA Medical Facility Chief of Staff