

STATE HOME PER DIEM (SHPD) PROGRAM

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Directive describes program standards and operational procedures for the Department of Veterans Affairs (VA) State Home Per Diem (SHPD) Program.

2. SUMMARY OF CHANGES:

a. This is a revised VHA Directive that defines and standardizes procedures associated with the authorization and per diem payment processing actions associated with the SHPD Program. This revision reflects regulatory changes implementing Public Law 112-154 Section 105, Contracts and Provider Agreements for Nursing Home Care. These changes involve the redaction and deletion of detailed operational procedures. Additional definitions, roles and responsibility are integrated. SHPD Applications for Admission to include changes in reimbursement rates and level program of care status. The information on retention of records was added in section 16 to provide guidance for maintaining SHPD VA Forms and documentation.

b. Amendment, dated April 7, 2020, incorporates additional language in paragraph 11.e. waiving occupancy rate requirements for State homes during an public health emergency with respect to COVID-19 declared by a Federal, State, or local authority, pursuant to the Coronavirus Aid, Relief, and Economic Security Act or CARES Act, Public Law 116-136.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The Office of Community Care (10D1F) is responsible for the contents of this Directive. Questions may be referred to 303-331-7500.

5. RESCISSIONS: VHA Handbook 1601SH.01, State Home Per Diem (SHPD) Payment Program, dated August 25, 2011 and VHA Manual M-1 Part I Chapter 3, State Veterans Homes, dated September 30, 1992, is rescinded.

6. RECERTIFICATION: This Directive is scheduled for recertification on the last working day of November 30, 2021. This Directive will continue to serve as national VHA Policy until it is recertified or rescinded.

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STATE HOME PER DIEM (SHPD) PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) Directive provides information and procedures relating to the administration of the Department of Veterans Affairs (VA) State Home Per Diem (SHPD) Program. This Directive contains information and procedures for determining eligibility for per diem payments, and reporting, vouchering, and auditing of per diem payment claims from State Veteran Home (SVHs).

AUTHORITY: Title 38 of the United States Code (U.S.C.), Sections 1710, 1720(f), 1741-1745, and Title 38 of the Code of Federal Regulations (CFR) 17.46, 17.47, and Part 51.

2. BACKGROUND

a. The SHPD Program is a grant program providing federal assistance to VA-recognized SVH facilities through the provision of a percentage of the cost of construction and paying a per diem payment for care provided to eligible Veterans in a State Veteran Home.

b. SVHs are owned and operated by the State, and VA does not have authority over the management or control of a SVH.

c. VA provides federal assistance to States electing to participate through a percentage of the cost of construction of SVHs and a portion of the costs for caring for eligible Veterans. States are not required to participate in SVH construction grant funding to be eligible for SVH recognition. VA ensures that SVHs meet VA standards through surveys, audits, and reconciliation of records.

d. Under the SHPD Program, States may provide care in a SVH for eligible Veterans in need of care in three different levels of care: nursing home (NH), domiciliary (DOM), and adult day health care (ADHC).

e. Only facilities recognized by the Under Secretary for Health, under 38 CFR Part 51 Subpart B for nursing home care adult day health care, or domiciliary programs recognized by the Secretary of Veterans Affairs are considered to be SVHs.

f. Admissions to SVHs are limited to eligible Veterans and certain categories of Veteran-related family members. Veteran enrollment in the VA Health Care System is not a requirement for admission to a SVH.

g. VA per diem payments to SVHs will not be made until the home is recognized and certified and each Veteran resident is verified as eligible. VA payment is limited to eligible Veteran residents; non-Veteran residents are not eligible for VA payment. The Secretary may adjust the per diem rates each year.

h. Responsibilities for managing the SHPD Program are shared by the VHA Office of Community Care and the VA medical center of jurisdiction.

(1) The Office of Community Care manages the benefit administration and payment processing for the SHPD Program.

(2) The VA medical center of jurisdiction administers the SHPD Program locally.

i. Receipt of per diem payments is contingent upon the SVH meeting VA standards, as outlined in Subpart C of 38 CFR Part 51.50 for nursing homes, Part 51.52 for ADHC, and 51.51 for domiciliaries. VA monitors SVH compliance with VA standards through surveys, audits, and reconciliations of records conducted by VA and VA contractors under the supervision of the VA medical center of jurisdiction.

j. This Directive describes and standardizes definitions, policies, and procedures associated with the authorization and per diem payment processing actions for the SHPD Program. It addresses:

(1) Roles and responsibilities of VHA program management offices, Veterans Integrated Service Networks (VISNs), and local VA medical center of jurisdiction designated for managing SVH Programs.

(2) Veteran eligibility requirements for payment of per diem for different SVH levels of care, which includes nursing home, domiciliary, and ADHC.

(3) The processing of applications for new Veterans admitted to a SVH or whenever a change in the Veterans' levels of care occurs.

(4) The processing of payments to States for care provided to eligible Veterans in a SVH, to include the monthly invoicing process, the use of per diem rates, and the computation of per diem payable based on eligibility and the rates prescribed.

(5) The maintenance of health records for all Veterans in a SVH Program.

3. DEFINITIONS

a. **No Adequate Means of Support.** No Adequate Means of Support refers to an applicant for domiciliary care whose annual income exceeds the annual rate of pension for a Veteran in receipt of regular aid and attendance, as defined in 38 U.S.C. 1503, but who is able to demonstrate to a competent VA medical authority, on the basis of objective evidence, that deficits in health and/or functional status render the Veteran incapable of pursuing substantially gainful employment (as determined by the VA medical center of jurisdiction Chief of Staff) and who is otherwise without the means to provide adequately for self, or to be provided for in the community (see 38 CFR 17.47(b)(2)).

b. **On-Site State Representative.** On-site State Representative applies to the State employee responsible for monitoring or managing a facility that is operated by an entity contracting with the State. In this case, the State must assign a State employee on a full-time, on-site basis.

c. **Per Diem.** Per Diem is the daily rate of reimbursement for care that SVHs provide to eligible Veterans, established by VA for each SVH program of care.

d. **SVH Recognition.** SVH Recognition is the formal granting of status as a SVH by VA following initial certification, thus giving VA the authority to pay monthly per diem payments for care provided to eligible Veterans.

e. **VA Medical Center of Jurisdiction.** A VA medical center of jurisdiction is a VA medical center located closest to the State Veterans Home that has filed an application for VA recognition. 10N is responsible for assigning the VA medical center of jurisdiction.

4. POLICY

It is VHA policy that patients and their representatives have access to information on the VHA State Home Per Diem (SHPD) Program, which is a grant program providing federal assistance to Veterans receiving care in VA recognized State Veteran Home (SVH) facilities. Through this program VHA provides a percentage of the cost of construction of State Veterans Homes, which are owned and operated by the state. Additionally VHA pays a daily payment to the qualifying SVH's for nursing home, domiciliary, or adult day health care provided to eligible Veterans receiving care in the SVH.

5. GOALS

To ensure eligible Veterans are provided the benefit of care in SVHs, the primary goals of the SHPD Program are to:

a. Provide accurate information and timely support to VA internal and external stakeholders. This includes VA and SVH staff, Veterans, and family members.

b. Develop tools and processes that help to assure compliance and fiscal integrity in the management of resources committed to the SVH Program.

c. Develop regulatory information, national policy, and education materials that are responsive to the needs of internal and external stakeholders.

d. Seek to define and implement innovative solutions that meet the needs of the SVH community and enhance operational platforms for program administration.

6. RESPONSIBILITIES

a. **Office of Community Care.** Office of Community Care, through its Delivery Operations business line is responsible for the management of the SHPD Program, which includes:

(1) Health care benefit administration.

(2) Management and oversight of eligibility, authorizations, and the Per Diem Payment Program.

(3) Provision of operational oversight and training.

(4) Promoting collaborative relationships with VA and non-VA stakeholders and maintaining communication and networking with program leaders through interactive forums, such as meetings, mail groups, and national conference calls.

(5) Managing SVH budgeting processes, the provision of fiscal year per diem funds to the VA medical center of jurisdiction based on projected needs, and the provision of supplemental per diem funds, when required.

(6) Compiling data analytics products and reports that depict SVH workload and expenditure trends.

b. **Geriatrics and Extended Care (GEC) Service Policy.** Geriatric and Extended Care (GEC) (10P4G) responsibilities for SVHs providing nursing home, domiciliary, and adult day health care can be found in VHA Handbook 1145.01. The responsibility for the regulatory and national policy development related to State Veterans Home programs is under the authority of the GEC Policy.

c. **Veterans Integrated Service Network.**

(1) **VISN Director.** The VISN Director has overall responsibility for administering the SVH Per Diem Program within their respective VISNs, in accordance with statutory and regulatory requirements and VHA policies and procedures.

(2) **VISN Business Implementation Manager (BIM).** VISN BIMs are the main intermediary between the VA Medical Center of Jurisdiction Per Diem Point of Contact (POC) and Office of Community Care. They also serve as educational resources for VA medical center of jurisdiction staff regarding SHPD Program requirements.

d. **VA Medical Center of Jurisdiction.** The VA medical center has the responsibility for managing SVH programs in a prescribed geographical area. This includes the responsibility of adhering to the SHPD Program processes and internal controls established by Office of Community Care. During the SVH recognition process, 10N determines which VA medical center is assigned as the VA medical center of jurisdiction for each SVH. Some of the factors considered in making the decision as to which facility is to be the VA medical center of jurisdiction include the clinical and administrative resources available at the proposed VA medical center of jurisdiction and the geographic proximity between a VA medical center and the proposed SVH. ***NOTE: This determination is usually made during the recognition process.*** The following roles and responsibilities are performed by the VA medical center of jurisdiction:

(1) **VA Medical Facility Director.** VA Medical Facility Directors are responsible for field-level administration of the SHPD Program. They are responsible for appointing and selecting individuals to fulfill the following positions: VA medical center of

jurisdiction point of contact (POC), SVH/VA medical center Representative for per diem, Provider Agreement Coordinator (PAC), and Contracting Officer Representative (COR) to perform the duties listed in the SVH procedure guide.

(2) **VA Medical Center Per Diem Point of Contact.** VA Medical Center Per Diem Point of Contact (POC) is an individual delegated authority to provide guidance to the VA medical center of jurisdiction and SVH staff regarding SHPD applications and claims and to effectively communicate program responsibilities and outcomes with State officials, VA medical center of jurisdiction and VISN managers, Office of Community Care, and GEC. The POCs are also responsible for ensuring the timely processing and reconciliation of all documentation (including State Veterans Home medical applications) and reconciling data with SVHs to include: daily admissions, discharges, bed hold days of payment, bills of collection, and the accuracy of payment processing actions. **NOTE:** *The individual who is delegated authority to assume these duties should be assigned to a VA medical center of jurisdiction Business Office.*

(3) **VAMC SVH Clinical Provider.** VAMC SVH Clinical Provider should be either a VA physician, physician extender, i.e., a physician assistant or nurse practitioner, who is currently employed at or has experience working in a VA long term care setting, and has been delegated authority to review and make approval or denial determinations for SVH admission applications, including determinations about Veterans' levels of care and whether Veterans' VA adjudicated service-connected disabilities require nursing home care. **NOTE:** *This delegation of authority is usually restricted to one or two clinical providers per VA medical center of jurisdiction.*

(4) **Provider Agreement Coordinator.** Provider Agreement Coordinator (PAC) is selected by the VA medical center of jurisdiction Director and is responsible for managing the SVH Program Provider Agreement for care provided to Veterans identified in 38 CFR 51.41. This position is only required when there is a provider agreement in place between VA and SVH.

(5) **Contracting Officer Representative.** Contracting Officer Representative (COR) is selected by the VA medical center of jurisdiction Director and designated in writing by a VA Contracting Officer (CO). The COR is a representative of the Contracting Officer and is responsible for monitoring and managing the contract for the Veterans in need of nursing home care for VA adjudicated service connection. This position is only required when there is a contract in place between VA and SVH.

(6) **Fiscal Service Representative for Per Diem.** Fiscal Service Representative for Per Diem is responsible for completing the medical center's accounting, obligation, and payment activities in compliance with separation of duty requirements and fiscal policies.

7. ELIGIBILITY FOR VA PER DIEM FOR CARE IN A SVH

VA per diem payment is authorized for any Veteran who meets eligibility criteria for nursing home care, domiciliary and ADHC outlined in 38 CFR Part 51 Subpart C and

authorized by 38 U.S.C. 1710 and 38 U.S.C. 1741. The minimum periods of active duty service required in 38 U.S.C. 5303-5303A applies to all three levels of care.

- a. Title 38 CFR 51.50 details the eligibility criteria for nursing home care.
- b. Title 38 CFR 51.51 details the eligibility criteria for Domiciliary care
- c. Title 38 CFR 51.52 details the eligibility criteria for adult day health care.
- d. The VA medical center of jurisdiction must institute proper controls so VA per diem payments are paid only for Veterans eligible for a SVH program of care; however, the SVH can elect to provide care to Veterans even when VA per diem is not provided, as long as the Veteran meets the definition of Veteran for purposes of 38 U.S.C. 101(2).

8. SVH APPLICATIONS FOR ADMISSION

a. For VA to make per diem payments for an eligible Veteran's SVH nursing home, domiciliary, or ADHC care, the SVH must submit two forms to the VA medical center of jurisdiction for each Veteran at the time of each Veteran's admission to a SVH, as follows.

(1) **VA Form 10-10EZ "Application for Health Benefits"**. The Administrator of the SVH must submit a completed VA Form 10-10EZ, or when a completed VA 10-10EZ is already on file at VA for a Veteran, a VA Form 10-10EZR, Health Benefits Renewal Form.

(2) **VA Form 10-10SH "State Home Program Application for Veteran Care Medical Certification"**. The Administrator must submit a completed and signed VA Form 10-10SH which contains sufficient medical information for a VA clinical provider to authorize the program of care and payment for each eligible Veteran.

(3) SVHs may submit the DD 214, Certificate of Release or Discharge from Active Duty, to the VA medical center of jurisdiction. VA medical center business office is responsible for validating that the Veteran has received a discharge under conditions other than dishonorable prior to authorizing per diem payments.

b. For Veterans receiving domiciliary care, the VA medical center of jurisdiction must additionally obtain, maintain, and utilize income data (10-10EZ or 10-10EZR) to authorize eligibility for VA per diem payment.

c. **Changes of Status.** A change in the level of care provided to a Veteran (e.g., from ADHC to domiciliary to nursing home) is to be considered when a change in health or physical condition occurs and the new level of care would more appropriately provide the services required by the Veteran. **NOTE: The SVH must complete a new application package (e.g. VA Forms 10-10EZR and 10-10SH) when a change in the Veteran's level of care occurs and the Veteran is discharged.** VA medical center of jurisdiction will establish internal controls with SVHs to ensure a new application is submitted when a Veteran transfers to a new level of care changes.

d. VA medical facilities must ensure there is an authorized and signed application (10-10SH and 10-10EZ/R) on file with all required forms prior to paying monthly per diem payments.

9. PER DIEM RATES TO USE FOR PROCESSING SVH PAYMENTS

a. Per diem rates for SVH care are established and vary based on the type of SVH level of care (e.g., nursing home, domiciliary, or ADHC). For nursing home care and adult day health care, the rates may also vary depending on the Veteran's service-connected disability rating.

b. SHPD per diem rates are determined by the Secretary. The rates are then provided to the VA medical facilities' per diem POCs and SVH officials.

10. TYPES OF STATE HOME PER DIEM PAYABLE

a. VA processes two different types of State home per diem payments. Eligibility for each is determined by a Veteran's service-connected disability rating. One is a prevailing per diem rate authorized through a contract or state home care agreement for certain Veterans with service-connected disabilities (see 38 CFR 51.41). The other is a basic per diem rate that is paid to Veterans who are not eligible for the prevailing per diem rate (see 38 CFR 51.40).

(1) **Basic Per Diem Rates.** VA must pay a facility recognized as a SVH for nursing home care the lesser of the basic per diem rate or one-half of the daily cost for nursing home care provided to an eligible Veteran in such facility. Relevant cost principles are set forth in the Office of Management and Budget (OMB) Guidance Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (see 2 CFR Part 200.400-475). The basic per diem rate is established by VA pursuant to 38 U.S.C. 1741 (a) and (c).

(a) Veterans with service-connected disabilities rated at 60 percent and below who are receiving nursing home care unrelated to their service-connected disabilities will receive the basic rate.

(2) **Contracts and state home care agreements for certain Veterans with service-connected disabilities.** VA must establish a contract or state home care agreement with SVHs to authorize prevailing per diem payments for certain Veterans with service-connected disabilities identified in 38 CFR 51.41(a).

(a) Payments under contracts are negotiated between the VA and SVH and will be governed by Federal acquisition law and regulation.

(b) For payments under state home care agreements, SVH must sign an agreement to receive payment from VA for providing care to certain eligible Veterans under a VA state home care agreement. VA state home care agreements will provide for payments at the rate detailed by 38 CFR 51.41.

b. States are not authorized to claim the basic per diem rate in lieu of the contract or state home care agreement rate for Veterans who meet the criteria set forth in 38 CFR 51.41. If a State declines the contract or provider agreement determined rate for a particular Veteran, the State cannot file claims for VA per diem under the basic rate. The VA payment for Veterans whose care is payable pursuant to 51.41 constitutes payment in full to the State Veterans Home for nursing home care provided to the Veteran, and States may not bill other payer sources to supplement VA's payment.

11. PROCESSING MONTHLY CLAIMS AND DETERMINING THE AMOUNTS OF PER DIEM PAYABLE

a. The VA medical center of jurisdiction must process requests for per diem payments to SVHs on a monthly basis.

b. No claim for VA per diem (nursing home care, ADHC, or domiciliary care) can be authorized for care that was furnished prior to the date specified in the Under Secretary for Health's (USH) or Secretary's recognition of the facility as a SVH. 38 CFR 51.30(b)

c. Payments for nursing home care, domiciliary care, and ADHC are made only after the State submits an electronic invoice, via a VA approved system, to include a completed VA Form 10-5588 "State Home Report and Statement of Federal Aid Claimed", or VA Form 10-5588A "Claim for Payment for NHC Provided to Veterans Awarded Retroactive Service Connection" for retroactive payments and supporting documentation. The VA Form 10-5588 is a monthly statement of the SVH's VA per diem costs for Veterans in all levels of care.

(1) To ensure timely payment processing, the VA medical center of jurisdiction must have the SVHs electronically submit and upload their VA Form 10-5588 and all supporting documentation to the VA approved database by the 10th business day following the month for which per diem is claimed. A VA Form 10-5588 is considered to be complete when all required information is provided and when the form is signed by the Administrator of the SVH. Instructions for each line entry are provided on VA Form 10-5588.

(2) In cases where the SVH is operated under a contractual agreement, the form must be signed by the on-site State representative.

d. If a Veteran receiving SVH nursing home care receives a retroactive VA service-connected disability rating and becomes a Veteran identified in 38 CFR 51.41(a), and therefore eligible for a prevailing rate of per diem payments, the SVH may request retroactive payment for care rendered after the effective date of the rating, for which VA paid the SVH at the basic rate. Revised 38 CFR 51.41(c)(4) provides that in these instances, the SVH may request payment under a VA provider agreement for care back to the retroactive effective date or February 2, 2013, whichever is later. For care provided after February 2, 2013, VA can only make retroactive payments under provider agreements; therefore, SVHs with contracts for care under 38 CFR 51.41 must enter a provider agreement to receive any retroactive payment for care provided to a Veteran who receives a retroactive rating. For care provided to a Veteran before February 2,

2013, the SVH may request payment at the special per diem rate that was in effect at the time that the care was rendered.

e. **Criteria for Paying Per Diem During Resident Absences from SVH Nursing Homes.** Bed hold is a term used by SVH nursing homes to hold a vacant bed for a resident who is temporarily absent from the SVH in cases where that bed would likely have been filled with another resident. In order to use or activate a Bed hold, the SVH must have a daily occupancy rate of 90 percent or greater. Pursuant to the CARES Act, for purposes of per diem payments, this 90 percent occupancy rate requirement is waived during a public health emergency with respect to COVID-19 declared by a Federal, State, or local authority. Pursuant to 38 CFR 51.43(c), VA pays per diem for a bed hold only for the first 10 consecutive days during which a Veteran is admitted as a patient for a stay in a VA or other hospital (note that VA will pay per diem for multiple hospital stays in a calendar year) and only for the first 12 days in a calendar year during which the Veteran is absent for purposes other than receiving hospital care.

f. **Criteria for Paying Per Diem During Resident Absences from SVH Domiciliaries.**

(1) **Present.** Residents absent from State domiciliaries for 96 hours or less are considered as present and are eligible for VA per diem. Absences that are not interrupted by at least 24 hours of continuous residence in the home are considered as continuous periods of absence. VA aid is not paid for any day when a resident is hospitalized in a VA hospital or a non-VA hospital at VA expense or for any portion of a continuous period of absence of more than 96 hours. When a Veteran overstays an approved absence of 96 hours, no portion of the leave may be claimed for VA payment. In such instances, the resident is ineligible for per diem payments retroactive to the day of departure.

(2) **Absences of More Than 96 hours.** Each home must maintain a daily tracking record showing the number of residents absent, and the names of those who depart on, or return from, periods of absence of more than 96 hours.

(3) **Absences of 96 Hours or Less.** A simple log or "sign out" record with date and time must be maintained for departures to and returns from periods of absence 96 hours or less. It is not necessary to record absences which do not extend beyond one calendar day.

g. **Daily Census Record.** VA requests that each SVH provides a daily census record showing the number of residents present, absent, and the names of those who depart on or return from periods of absence under the Changes in Residency for the Month section of VA Form 10-5588.

h. **Use of Health Records.**

(1) Health records may be required by VA during the admissions application process, but VA does not require the SVH to attach them as a part of monthly per diem claims submissions.

(2) Policies and procedures for the content, filing, and retention of health records are managed by the SVHs, in accordance with the State law.

(3) All information in these health records is confidential and may be disclosed to authorized persons only, in accordance with the provisions of the Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

12. COMPUTATION OF PER DIEM COST

a. SVHs are required to submit an electronic invoice for per diem payments, including a complete VA Form 10-5588, as detailed in paragraph 11.

b. SVHs are required to submit appropriate documentation that supports the cost of care they report when requesting payment of per diem.

c. VA computes separate per diem costs for nursing home care, domiciliary care, and ADHC. This may require the development of a basic per diem cost figure for the indirect costs of all resident care and a separate per diem rate for direct costs of nursing home care, domiciliary care, and ADHC.

d. VA must verify that VA payments for basic rate does not exceed allowable amounts and that the amount paid for per diem to a SVH does not exceed one-half of the daily cost of providing care to Veterans in that SVH.

13. PROCESSING AND INVOICING OF PAYMENTS

a. VA medical center of jurisdiction must process per diem payments to SVHs on a monthly basis.

b. All SVH current year per diem payments are to be processed with earmarked funds that are provided only for this purpose. Station funds are not to be used for current year per diem payments. The allocation of these earmarked funds is managed by Office of Community Care. Prior year retroactive payments will be processed using appropriate prior year funds.

c. Payments for nursing home care, domiciliary care, and ADHC are made only after the State electronically uploads a completed VA Form 10-5588 into a VA Financial Service Center (FSC) approved system.

d. Prior to submitting the completed VA Form 10-5588 to the VA, the VA medical center of jurisdiction per diem POC is responsible for verifying that the invoice is correct, complete, and reconciled with the SVH with the approved VA tracking tool.

e. In instances where a SVH is submitting a retroactive billing for a prevailing per diem rate for 70 percent or more service-connected Veterans for fiscal years 2007 through 2009, the VA medical center per diem POC must ensure that any previous basic rate per diem payments made for the same monthly reporting period are deducted. This was announced in the final rule for Per Diem for Nursing Home Care of

Veterans in State Veteran Homes, as noted in 74 Federal Register 19426, dated April 29, 2009.

14. USE OF DIRECT DEPOSIT ELECTRONIC FUND TRANSFER FOR SVH PAYMENTS

a. Payments must be processed through electronic funds transfer (EFT) directly to the States. In cases where the State has a contract-operated SVH, the State is responsible for processing a separate payment to the contractor.

b. The Cash Management Improvement Act of 1990 and Cash Management Improvement Amendments of 1992 require that executive agencies use effective, efficient disbursement mechanisms, principally EFT, in the delivery of payments (see Public Law (Pub. L.) 101-453 and Pub L. 102-589). The Debt Collection Improvement Act of 1996 mandates that executive agencies make all Federal payments, except payments under the Internal Revenue Code of 1986, to new recipients by EFT (see section 31001(x)(1) of Pub. L. 104-134). This requirement applies to all new Federal payment recipients who become eligible to receive that type of payment on or after July 26, 1996 (unless the recipients certify that they do not have an account with a financial institution or an authorized payment agent).

15. SVH WORKLOAD AND EXPENDITURE REPORTING

a. Workload and expenditure reporting for SVH Programs is a two-step process.

(1) SVHs submit per diem claims for their individual facilities on a monthly basis to the VA medical center of jurisdiction on VA Form 10-5588s.

(2) The VA medical center of jurisdiction per diem POCs, in turn, are responsible for submitting the information for the SVHs under their jurisdiction to the Office of Community Care. These submissions are processed through a VA automated electronic database system by the 24th calendar day after the end of the month claimed. It also serves as a national data repository to capture workload and expenditure. The VA medical center of jurisdiction per diem POC should follow the instructions for entering VA Form 10-5588 provided in the procedure guide.

16. RETENTION OF RECORDS

a. All Veteran health records received from the SVH by VA will be retained according to VHA Handbook 1907.01, Health Information

Management and Health Records and Record Control Schedule (RCS 10-1).

b. The VA medical center of jurisdiction must maintain the VA Form 10-10SH, VA Form 10-10EZ, VA Form 10-5588 and VA Form 10-5588A for all the Veterans and SVHs utilizing the SHPD Program.

17. REFERENCES

- a. Public Law 101-453, as amended.
- b. Public Law 104-134.
- c. Public Law 112-154, Section 105.
- d. Public Law 116-136 Section 20005.
- e. 38 U.S.C. 1710.
- f. 38 U.S.C. 1720.
- g. 38 U.S.C. 1741-1745.
- h. 38 CFR 17.46.
- i. 38 CFR 17.47.
- j. 38 CFR Part 51 Subpart B.
- k. 38 CFR Part 51.
- l. 2 CFR Part 200.
- m. VHA Handbook 1907.01, Health Information Management and Health Records, https://www.va.gov/vhapublications/publications.cfm?pub=1&order=asc&orderby=pub_Number
- n. VA Form 10-10EZ, Application for Health Care Benefits, http://www.va.gov/vaforms/search_action.asp?FormNo=10-10EZ&tkey=&Action=Search
- o. VA Form 10-10SH, State Home Program Application for Veteran Care Medical Certificate, https://www.va.gov/vaforms/search_action.asp?FormNo=10-10SH&tkey=&Action=Search
- p. VA Form 10-5588, State Home Report and Statement of Federal Aid Claimed, <http://www.va.gov/vaforms/medical/pdf/vha-10-5588-fill.pdf>