

MODULE #10 VA MEDICAL CARE

DATE STARTED: _____ **LOCATION:** _____

SERVICE OFFICER/TRAINEE SIGNATURE: _____

TRAINER SIGNATURE: _____

DATE COMPLETED _____

I. Please rate the effectiveness of this training module.

Objective		Acceptable	Marginal	Unacceptable
Gain knowledge of VA Health & medical Care benefits available to veterans & eligible family members.	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
Knowledge of Priority Groups	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
Knowledge of Uniform Benefits Package	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
Knowledge of Travel, Fee Basis & OP Treatment Procedures & Rehabilitation Services.	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
Knowledge of Pharmacy Procedures.	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
Knowledge of Proper Use of Medical Forms.	Objective achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
	Objective achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			

MODULE #_10__ CONTINUED

Objective		Acceptable	Marginal	Unacceptable
	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of methods used			
Objective				
	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of methods used			
Objective				
	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of methods used			

SUBJECTIVE EVALUATION

		Good	Fair	Poor
1. Please rate the extent to which you met your personal objective for this module				
2. Rate the information provided in the Training Manual & other reference materials				
3. Please evaluate the physical environment where the training was held.				
4. Is there anything that we could have done to make this training better for you? (Please comment)				

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VA MEDICAL CARE

Objective: To learn about health and medical care benefits available to veterans and eligible family members, and how to apply for and obtain such benefits.

References:

Title 38, U.S. Code, Chapter 17

38 Code of Federal Regulations Parts: 17, 47, 51, and 58

VA Pamphlet *Federal Benefits for Veterans and Dependents*

Instructions: Study the assigned materials to learn how to assist veterans, eligible dependents, and survivors, to apply for and obtain necessary medical care and services from the VA healthcare system.

Summary: Under the Veterans Health Administration (VHA), the Department of Veterans Affairs (DVA) operates one of the largest healthcare delivery systems in the world. The system consists primarily of centralized comprehensive medical centers, most of which are affiliated with university medical schools, counseling centers, as well as nursing homes and domiciliary.

Eligibility for most DVA benefits is based on discharge from active military service under honorable conditions. Prior to September 1, 1980, a veteran must have served one day or more of active duty to be eligible to receive healthcare. After this date, a veteran must have served twenty-four consecutive months of active duty. The exception to this rule is if the veteran has served one or more days in combat.

Eligibility for VA hospital and outpatient care is divided into two categories. Priority Groups 1 through 6 are non-discretionary. The VHA shall provide any needed hospital and outpatient care to the extent and in the amount that Congress appropriates funds. Priority Group 7 is discretionary. The VHA may furnish any needed hospital and outpatient care to the extent resources and facilities are available if the veteran makes a co-payment. However, effective January 17, 2003, those veterans whose income exceeds the HUD (Housing and Urban Department) geographic index and assigned to Priority Group 8 will not be enrolled for VA health care.

VA Health Care Enrollment Priority Groups

(From VA Publication dated January 2003)

In October 1996, Congress passed Public Law 104-262, the Veterans' Health Care Eligibility Act of 1996. This legislation paved the way for the creation of a Medical Benefits Package --- a standard enhanced health benefits plan available to all enrolled veterans. Like other standard health care plans, the Medical Benefits Package emphasizes preventive and primary care, offering a full range of outpatient and inpatient services. VA places a priority on improved veteran satisfaction. Our goal is to ensure the quality of care and service the veteran receives is consistently excellent, in every location in every program. Under the Medical Benefits Package, VA offers the veteran a comprehensive health care plan that provides the veteran the care that meets his/her needs.

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What are the Priority Groups?

Once the veteran applies for enrollment, his/her eligibility will be verified. Based on the veteran's eligibility status, he/she will be assigned a priority group. The priority groups are as follows, ranging from 1 to 8 with 1 being the highest priority for enrollment. Under the Medical Benefits Package, the same services are generally available to all enrolled veterans. As of January 17, 2003, VA is not accepting new Priority Group * veterans for enrollment (veterans falling into Priority Groups 8e and 8g).

Priority Group 1

- Veterans with service-connected disabilities rated 50% or more disabling.

Priority Group 2

- Veterans with service-connected disabilities rated 30% to 40% disabling.

Priority Group 3

- Veterans who are former POWS
- Veterans awarded the Purple Heart
- Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty.
- Veterans with service-connected disabilities rated 10% to 20% disabling.
- Veterans awarded special eligibility classification under Title 38, U.S.C. Section 1151, "benefits for individuals disabled by treatment or vocational rehabilitation"

Priority Group 4

- Veterans who are receiving aid and attendance or housebound benefits
- Veterans who have been determined by VA to be catastrophically disabled

Priority Group 5

- Non-service-connected veterans and non-compensable service-connected veterans rated 0% disabled whose annual income and net worth are below established VA Means Test Thresholds.
- Veterans receiving VA Pension benefits
- Veterans eligible for Medicaid benefits

Priority Group 6

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- Compensable 0% service-connected veterans
- World War I veterans
- Mexican Border War veterans
- Veterans solely seeking care for disorders associated with:
 - exposure to herbicides while serving in Vietnam;
 - or exposure to ionizing radiation during atmospheric testing during the occupation of Hiroshima and Nagasaki;
 - or for disorders associated with service in the Gulf War;
 - or for any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998.

Priority Group 7

- Veterans who agree to pay specified co-payments with income and/or net worth above the VA Means Test thresholds and income below the HUD geographic index.
- Sub-priority (a): Non-compensable 0% service-connected veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date.
- Sub-priority (c): Non-service-connected veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date.
- Sub-priority (e): Non-compensable 0% service-connected veterans not included in Sub-priority (a) above.
- Sub-priority (g): Non-service-connected veterans not included in Sub-priority (c) above

Priority Group 8

- Veterans who agree to pay specified co-payments with income and/or net worth above the VA Means Test threshold and HUD geographic index
- Sub-priority (a): Non-compensable 0% service-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date.
- Sub-priority (c): Non-service-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date.
- Sub-priority (e): Non-compensable 0% service-connected veterans applying for enrollment after January 16, 2003.
- Sub-priority (g): Non-service-connected veterans applying for enrollment after January 16, 2003.

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VA's 2003 Enrollment Decision (From VA Publication dated January 2003)

If this is the largest increase in VA history, why is VA suspending enrollment for some veterans?

President Bush has given us a record Fiscal Year 2004 budget request in a time of heavy and competing demands throughout the government. His record request enables VA to improve health care access for its higher-priority core constituency --- veterans with service-related disabilities, with low incomes and with special health care needs.

Even with the record budgetary increase, the large number of higher-income, non-disabled veterans expected to seek VA care would prevent VA from focusing on its core constituency. The suspension will allow VA to protect the quality of care and reduce waiting times.

The Secretary of Veterans Affairs is required by law to make an annual enrollment decision, and his decision to suspend enrollment for new Priority Group 8 veterans preserves access to health care for its core constituency.

Is it true that VA is no longer accepting new higher income veterans for enrollment?

Yes, a veteran who applies for enrollment on or after January 16, 2003, and is assigned to Priority Group 8 will not be accepted for enrollment. Under the decision, Priority Group 8 veterans already enrolled in VA's health care system can continue to receive care. No veteran already enrolled will be affected.

Which veterans make up the Priority Group 8?

Veterans in Priority Group 8 have no compensable service-connected disability or other status making them eligible for a higher priority group assignment. They also have incomes that exceed the VA Means Test Threshold of \$27,791 for calendar year 2007 for a single veteran and \$33,351 for a veteran with one dependent and that also exceeds the geographically based low-income threshold set by the U.S. Department of Housing and Urban Development (HUD) for public housing benefits. Information about the HUD threshold is available at <http://www.hud.gov/renting/hoprog.cfm>.

What is the Geographic Means Test used for Priority Group 8 veterans?

Congress wanted to grant relief from making VA co-payments for some veterans with marginal incomes, recognizing that income alone is not always a fair measure of one's standard of living because of sometimes large differences in the cost of living in different areas of the country. Congress modified VA's system of determining veterans' ability to pay for health care by creating a geographically-based income limit and reducing inpatient co-payments for those veterans whose income falls below these new geographic income thresholds. The new geographic income thresholds are adjusted for all Standard Metropolitan Statistical Areas (SMSAs) and are updated periodically to reflect economic changes within the SMSAs. The geographic means test is based upon the geographically based low-income threshold set by the U.S. Department of Housing and Urban Development (HUD) for public housing benefits. Information about the HUD threshold is available at <http://www.hud.gov/renting/hoprog.cfm>.

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Why did VA make this decision?

The decision ensures that VA can provide timely, high quality care to veterans with service-connected disabilities, lower incomes and special needs. VA has been unable to provide all enrolled veterans with timely access to health care services because of the tremendous growth in the number of veterans seeking VA health care. Between October 2001 and September 2002, VA enrolled 830,000 new veterans. This unprecedented surge in demand for VA health care is expected to continue in the future, exceeding VA's primary and specialty care capacity. This decision will help alleviate this situation and prevent further erosion of VA's capacity to provide needed health care services to veterans in a timely and medically appropriate manner.

Isn't VA renegeing on the government's promise to provide health care for veterans?

The law allows VA to provide care to the extent that resources are available. PL 104-262 requires the Secretary of Veterans Affairs to determine annually whether VA has sufficient resources to enroll veterans. The law gives the Secretary the responsibility to suspend enrollment when there are insufficient resources to provide quality health care. The Secretary's decision to suspend enrollment of veterans in lowest priority group established by Congress (Priority Group 8) implements this legal responsibility.

What alternatives have been considered?

Over the last several years, VA has implemented management efficiencies to partially offset the increasing demand. Past efficiencies included improved standardization policies in procurement of supplies, pharmaceuticals, equipment, and other capital purchases as well as other operational efficiencies including increasing third part collections. Additional management efficiencies are planned for FY 2007. Another alternative is to continue placing veterans on waiting lists. This will greatly increase the number of veterans waiting for care and increase the length of time they will wait for appointments. This alternative is unacceptable as it negatively affects quality and timely patient care.

What are the effects of this action?

- VA will continue to enroll veterans in Priority Groups 1 through 7. VA expects to enroll another 380,000 in Priority Groups 1 through 7, an increase of 6.6 percent from last year and treat 4.6 million veterans at its medical facilities this year.
- Suspending enrollment of Priority Group 8 veterans on January 17 affects an estimated 164,000 veterans for the remainder of the fiscal year (January 15-September 30, 2003). Continuation of this suspension of enrollment will affect an estimated 360,000 veterans by the end of FY 2004 and 522,000 veterans by the end of FY 2005, based on demand expectations from this enrollee group.
- Without this action, demand would continue to exceed our capacity, in terms of staff and resources. The future year effect of this demand in line with capacity and reduce the number of veterans on waiting lists. In concert with other policy initiatives and management efficiencies included in the FY 2004 budget, demand and resources will once again be on parallel tracks.

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- This regulation provides the Secretary more flexibility to effect enrollment actions by establishing four subcategories within Priority Groups 7 and 8. These subcategories are based on maintaining priority for those who have enrolled in the VA system over those who have not enrolled. Currently, this enrollment decision only affects Priority Group 8 veterans who have not yet enrolled in VA's health care system.

What are the effects of not taking this action?

Past enrollment growth has exhausted VA's capacity. The projected growth for FY 2003 and beyond exceeds both VA's primary and specialty care capacity. As of January 2003, VA estimates that there are almost 236,000 veterans who have been unable to schedule an appointment or have an appointment scheduled more than 6 months from the desired date. If enrollment is not limited, over 520,000 new enrollees will enter the system of FY 2003. This would increase the number of veterans on the waiting list and adversely affect quality of care and patient safety for veterans who are currently enrolled. The suspension of new enrollments is necessary in a timely and medically appropriate manner.

How will VA document that enrollment applications, VA Form 10-10EZ, have been completed and submitted to VA or postmarked prior to the effective date of the decision?

If a decision is based on postmark date of a mail-in application, the envelope will be a critical piece of information in the outcome of the appeal. Medical center staff will implement procedures to ensure this information is safeguarded and properly filed in the veteran's consolidated health record.

If a veteran cannot be enrolled, will he or she still be eligible of VA hospital and outpatient care?

A veteran who is enrolled will still be eligible for hospital and outpatient care for:

- Conditions related to military sexual trauma;
- Head or neck cancer related to nose or throat radium treatment while in the military;
- Readjustment counseling services;
- Treatment related to service-connected conditions.

Veterans should contact their local VA health care facility to learn if any other exceptions apply to them.

What happens if a veteran who is not enrolled in the VA health care system requests VA medical care?

If VA determines a veteran has a condition requiring immediate treatment, VA will provide medical treatment on a humanitarian basis. VA must charge a fee for such care.

What if a veteran is catastrophically disabled?

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Catastrophically disabled veterans will be assigned to Priority Group 4. To request an evaluation, veterans can contact the enrollment office at their VA health care facility (see VHA Directive 2004-067, dated November 22, 2004).

Who should a veteran contact with questions concerning enrollment priority or eligibility for VA health care?

For more information about enrollment and eligibility for VA health care, veterans can contact their local VA health care facility, or call VA's Health Benefits Service Center toll-free at 1-877-222-VETS (8387). Information is available on the Internet at <http://www.va.gov/elig>.

The Omnibus Budget Reconciliation Act of 1990, provides that veterans receiving medications on an outpatient basis from VA facilities, for the treatment of a non-service-connected disability or condition, are required to make a co-payment of \$8.00 for each 30-day or less supply of medication provided. Veterans receiving medications for treatment of a service-connected condition and veterans rated 50 percent or more service-connected are exempt from the co-payment requirement for medications.

The Department of Veterans Affairs is authorized to bill insurance carriers for the cost of medical care furnished to all veterans for non-service-connected conditions covered by health insurance policies. Veterans are not responsible and will not be charged for any co-payment or co-insurance required by their health insurance policies.

DENTAL SERVICES: 38 § CFR 17-160

OUTPATIENT DENTAL TREATMENT

Outpatient dental benefits are provided by the Department of Veterans Affairs (VA) according to law. In some instances, the dental care may be extensive, while in other cases treatment may be limited.

ELIGIBILITY:

Veterans are eligible for outpatient treatment if they are determined by VA to meet one of the following criteria:

- Those having a service-connected compensable dental disability or condition are eligible for any needed dental care.
- Those who were prisoners of war (POWs) and those whose service-connected disabilities have been rated at 100 percent or who are receiving the 100 percent rate by reason of individual un-employability are eligible for any needed dental care. (Includes veterans with temporary ratings of 100 percent for duration of that rating).
- Those who are participating in a VA vocational rehabilitation program under 38 U.S.C. Chapter 31 are eligible for dental care necessary to:

enter into a rehabilitation program, achieve the goals of the veteran's vocational rehabilitation program; or prevent interruption of a rehabilitation program; or

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hasten the return to a rehabilitation program of a veteran placed in discontinued status because of illness, injury or dental condition; or secure and adjust to employment during the period of employment assistance; or to achieve maximum independence of daily living.

- Recently discharged veterans with a service-connected non-compensable dental condition or disability who served on active duty 90 days or more and who apply for VA dental care within 90 days of separation from active duty, may receive on time treatment for dental conditions if the dental condition is shown to have existed at the time of discharge or release and veteran's certificate of discharge does not indicate that the veteran received necessary dental care within a 90-day period prior to discharge or release.
- Those having a service-connected non-compensable dental condition or disability resulting from combat wounds or service trauma are eligible for repeat care of the service-connected condition(s).
- Those having a dental condition clinically determined by VA to currently aggravating a service-connected medical condition are eligible for dental care to resolve the problem.
- Those with non-service-connected dental conditions or disabilities for which treatment was begun while the veteran was in an inpatient status in a VA medical center, when it is clinically determined to be necessary to complete such dental treatment on an outpatient basis.
- Those receiving outpatient care or scheduled for inpatient care may receive dental care if the dental condition is clinically determined to be complicating a medical condition currently under treatment.
- Certain veterans enrolled in a VA Homeless Program for 60 consecutive days or more may receive certain medically necessary outpatient dental service.

DESIGNATED SPECIALTY CENTERS:

The Department of Veterans Affairs maintains Specialty Centers (for blinded, paraplegic, amputees, alcoholic, drug addicted, etc.), the nature and location of which can be obtained from any VA field station, or your NCDVA hospital or clinic representative.

ADMISSION OF ALCOHOLIC AND DRUG ADDICTED VETERANS TO VETERANS AFFAIRS HOSPITALS:

Requests for hospitalization for the treatment of alcoholism and drug addiction will be medically and administratively processed in the same manner as requests for admission for treatment of any other disability, disease, or defect susceptible to cure or decided improvement, except that all eligible applicants for hospitalization or drug dependence will be classified as medical emergencies.

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BENEFICIARY TRANSPORTATION:

Under the Veterans Benefits and Services Act of 1988, Public Law 100-322, new travel provisions were implemented. Under this law all VA Medical Centers and facility directors will ensure promulgation of policies and procedures pertinent to beneficiary travel commencing July 1, 1988.

1. Beneficiary travel payments shall be made to the following categories of VA beneficiaries:
 - a. A veteran or other person traveling in connection with treatment for a service-connected disability, subject to the deductible.

Note: "other person" is defined to include a veteran's non-employee attendant; a dependent or survivor receiving care in a VA facility; or members of the immediate family, the legal guardian or an individual in whose household the veteran lives or intends to live when receiving counseling or mental health services in conjunction with the veteran's care.

- b. A veteran with a service-connected disability rated at 30 percent or more, for treatment of any condition, subject to the deductible.
 - c. A veteran receiving VA pension benefits, subject to the deductible.
 - d. A veteran whose annual income (as determined under 38 U.S.C. 503) does not exceed the maximum annual rate of pension which would be payable if the veteran was eligible for pension, subject to the deductible.
 - e. A veteran or other person whose travel is medically required to be performed by a special mode of travel and who is unable to defray the expenses. The deductible does not apply.
 - f. A veteran whose travel is incident to a scheduled compensation and pension examination. The deductible does not apply.
2. Beneficiary travel payments shall be made to eligible beneficiaries for the following purposes:
 - a. Reimbursement, less deductible, for scheduled outpatient visits and admissions:
 - 1) Mileage reimbursement or the cost of travel by common carrier, whichever is less, will be paid for only scheduled outpatient visits or admissions.
 - 2) Mileage reimbursement for categories of veterans described in paragraph 1. a, b, c, and d, is subject to a deductible of \$6 (round-trip) for each visit, not to exceed \$18 per calendar month. Veterans who are required to make more than three round-trip visits per month will receive full reimbursement once the \$18 deductible cap is met.

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- b. Scheduled compensation and pension examinations. Furnish all transportation and other expenses incident to scheduled compensation and pension examination. (no deductible).
- c. Medically indicated specialized modes of transportation.

The VA shall pay the cost of specialized modes of transportation when a VA physician determines it is medically required, and it is authorized before travel begins, and the veteran or other person is unable to defray the cost. Medical emergencies do not require preauthorization as defined in paragraph 1. e.

Note: "unable to defray the cost" is defined to include veterans or other person traveling in connection with a service-connected disability, veterans who are service-connected 30% or more, veterans in receipt of VA pension, or whose annual income does not exceed the maximum annual rate of pension which would be payable if the veteran were eligible for pension. The deductible does not apply. Special mode includes ambulance, air ambulance, wheelchair van, or other modes of transportation which are specially designed to transport certain types of medically disabled individual. Special mode does not include public transportation such as a bus, subway, train, airplane, or privately owned conveyance.

- d. Medical emergency—When delaying immediate transportation would be hazardous to the patient's health or life; a specialized mode of transportation may be authorized by a VA physician before eligibility is determined. Payment may be made to the provider of the transportation, subject to subsequently recovering the amount of the payment from the veteran if the veteran were determined to be ineligible.
- e. Inter-facility transfer—When necessary to transfer the inpatient from one health care institution (either VA or a contract care facility) to another, provided both institutions furnish the individual with treatment at VA expense, or under VA auspices, and the transfer is necessary for the continuation of such treatment, use of hired car, or a taxi is authorized, provided these are less expensive than other modes of travel.

Note: Eligibility criteria and deductibles do not apply. All care required for inpatients is the responsibility of the VA.

Ambulance Travel: It cannot be emphasized too strongly to avoid difficulties in reimbursement that prior authorization for ambulance travel must be obtained. It is important to obtain the name of the person in the VA authorizing transportation. We are outlining below a short summary of the procedure to be followed:

When a veteran, his attending physician, or his representative contacts a VA clinic, center or hospital requesting emergency ambulance, the chief medical officer, or his designee, will get all information possible about the case, and after weighing the facts, make final decision on the necessity for ambulance service and grant such service unconditionally if warranted.

Authority for ambulance service may be unconditional except where, from the information available, a determination cannot be made that the applicant is in fact a veteran. Only in cases

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where there was misrepresentation of facts on the part of the attending physician, the veteran, or his representative, will there be a reversal of the authority granted.

When a veteran is brought by ambulance to a VA hospital in which the VA has beds allocated for admission for a service-connected disability, and his condition is such that ambulance service was necessary, reimbursement for the cost of ambulance service may be authorized when the delay caused in obtaining prior authority might have resulted in endangering the veteran's life.

When a VA clinic or sub-clinic, center, or hospital receives a call for emergency ambulance service for a veteran and a VA contract ambulance service is not available or practical, the chief medical officer or his designee is authorized to pay such charges for ambulance service not in excess of that charged the general public for such service in the area in which the veteran resides.

Prescriptions for State Veterans Home Residents:

Any prescription, which is not part of authorized VAMC hospital or outpatient care, for drugs and medicines ordered by a private or non-VAMC doctor of medicine or doctor of osteopathy duly licensed to practice in the jurisdiction where the prescription is written, shall be filled by a VAMC pharmacy or a non-VAMC pharmacy in a state home under contract with the VA for filling prescriptions for patients in state homes provided the prescription is for:

1. A veteran who, by reason of being permanently housebound or in need of regular Aid and Attendance, is in receipt of increased compensation or increased pension.
2. A veteran in need of regular Aid and Attendance who was formerly in receipt of increased pension as described in State Veterans Home whose pension has been discontinued solely by reason of excess income, but only so long as such veteran's annual income does not exceed the maximum annual limitation by more than \$1000.00 and the drugs and medicines are prescribed as specific therapy in the treatment of any of the veteran's illness or injuries.

VA NURSING HOME SERVICES and EXTENDED CARE (DOMICILIARY)

Public Law 106-117, The Veterans Millennium Health Care and Benefits Act, Section 101 Requirement To Provide Extended Care Services, amended section 1710A. Required Nursing Home Care and section 1710B. Extended Care Services.

Respite Care and Home Health Care Services:

Veterans may be eligible for up to 15 days per calendar year of VAMC provided respite care. This service allows a veteran's home health care giver an opportunity to rest and recover while the veteran is provided temporary skilled nursing home level care at a VAMC.

Veterans may also be eligible for VAMC provided in home health care assistance. The VAMC will review the veteran's medical condition(s) to determine if a recommendation for such assistance is warranted. This benefit is not permanent and routinely re-evaluated by the VAMC.

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Each VAMC maintains a staff that can be contacted to discuss specific eligibility requirements and method of application. It is recommended that they be consulted prior to making a formal application to discuss these issues and to insure program availability.

Application:

1. Submit a VA Form 10-10EZ (marked either Nursing Home or Domiciliary) to the appropriate VAMC.
2. Submit a copy of discharge or release from the military service for conditions other than dishonorable, attach to VA Form 10-10EZ.
3. Submit VA Form 10-10M (Medical Summary) or FL-2 of the veteran's health condition(s) and special needs requiring such care.
4. Submit proof of medical/prescription insurance.

Note: Due to increased demand, VA nursing home and domiciliary waiting periods for available bed space may be considerable. Early application for such services is the recommended course of action. Should a veteran be placed on a waiting list, declining an open bed space (upon notification by the VAMC) will result in their application being dropped to the end of the list again.

VAMC OUTPATIENT PHARMACY SERVICES

Veterans may obtain prescriptions from a VAMC Pharmacy for any DVA service-connected disability or non-service-connected disability. The VAMC Pharmacy will fill only those prescriptions that are written by a VA physician. This requires a veteran to be examined by a VA physician (except in case of patients in receipt of Aid and Attendance benefits in residence at a skilled care level nursing home who are unable to travel). In most cases the Pharmacy will provide an initial 90 day supply on the date of examination and send refills via postal mail carrier. Veterans in Priority Group 1 and those veterans in Priority 2, 3, or 4 who are rated 50% or greater do not make co-payments for prescriptions. Veterans in Priority Group 2, 3, or 4 with less than 50% SC rating (and medication is for NSC conditions) and veterans in Priority Group 5, 6, 7, and 8 are required to make a \$8.00 co-payment for each 30-day supply of prescriptions (the co-payment can be waived for veterans receiving prescriptions for NSC conditions whose income is below the means test).

Application:

- A. Submit VA Form 10-10EZ (Marked Health Services) to the VAMC of choice.
- B. Submit copy of discharge or release from military service under conditions other than dishonorable, attach to VA Form 10-10EZ.
- C. Submit proof of medical/prescription insurance, attach to VA Form 10-10EZ.
- D. Veteran hand carries a summary of conditions requiring prescription (for at least the prior 12 months) as prepared by private physician. This should include a list of the requested prescriptions and note special conditions that may prohibit the substitution of another medicine such as previously observed allergic reactions.
- E. Veteran must be examined by a VA Physician. If the VA Form 10-10EZ is marked "Health Services" the VAMC will initially process the application as a VA Health Care enrollment and establish the veteran with a Primary Care Team appointment.