

December 29, 2009

## CATASTROPHICALLY DISABLED VETERAN EVALUATION

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive issues policy for the clinical evaluation and placement of eligible catastrophically disabled Veterans into Priority Group 4 as appropriate.

### 2. BACKGROUND

a. The “Veterans’ Health Care Eligibility Reform Act of 1996,” Public Law 104-262 required the Department of Veterans Affairs (VA) to establish and operate a system of annual patient enrollment and created seven Priority Groups. The “Department of Veterans Affairs Health Care Programs Enhancement Act of 2001,” Public Law 107-135 subsequently expanded the seven priority groups to eight with Priority Group 8 having the lowest priority.

b. Enrollment into Priority Group 4 is afforded to Veterans in receipt of increased pension based on a need for regular aid and attendance, being permanently housebound, or catastrophically disabled as determined by VHA. The benefits of Priority 4 include elevation of the Veterans’ existing enrollment priority status and the opportunity to enroll and receive VA health care services for those who may otherwise be ineligible due to a Priority Group enrollment restriction.

(1) Veterans are considered to be catastrophically disabled when 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 assistance to leave their home or constant supervision to avoid physical harm to self or others as defined by Title 38 Code of Federal Regulations (CFR) Section 17.36 (e) (See Attachment A).

(2) VA Form 10-0383, *Catastrophically Disabled Veteran Evaluation*, may be initiated at the request of the Veteran, representative of the Veteran, or the facility clinical staff. VA Form 10-0383, which can be used for local reproduction, is available on the VA Forms Web site at: <http://vaww.va.gov/vaforms/>. **NOTE:** *This is an internal VA Web site not available to the public.* Since it is a low use form, it will not be stocked by the Hines Service and Distribution Center (formerly known as the Publications Depot).

c. Effective January 17, 2003, VA restricted the enrollment of Priority 8 Veterans applying for enrollment on or after that date. Veterans currently enrolled in Priority Groups 5 through 8 may apply for a catastrophic disability determination and if approved, will be enrolled into Priority 4.

**3. POLICY:** It is VHA policy to provide a Catastrophically Disabled Veteran Evaluation within 30 days of the request.

**THIS VHA DIRECTIVE EXPIRES DECEMBER 31, 2014**

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*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. Movement from a lower priority group to Priority Group 4 does not change a Veteran's applicable co-payment responsibility.*

### 4. ACTION

a. **Office of the Assistant Deputy Under Secretary for Health (10A5).** The Office of the Assistant Deputy Under Secretary for Health is responsible for collecting Catastrophically Disabled Veteran Evaluation data for reporting and analysis purposes. Results are posted on <http://vaww.va.gov/vhaopp>. *NOTE: This is an internal VA Web site not available to the public.* This data is collected using appropriate VA Form 10-0383, "Veterans Health Information and Technology Architecture" (VistA) entries and includes the:

(1) Number of new catastrophically disabled evaluations completed, both by record review and clinical examination;

(2) Number of cumulative catastrophically disabled evaluations completed, both by record review and clinical examination; and

(3) Number of total estimated or potential catastrophically disabled evaluations.

b. **Medical Facility Director.** Each medical facility Director is responsible for ensuring:

(1) Health care facility staff initiates Catastrophically Disabled Veteran Evaluations for known Veteran groups whose conditions clearly indicate potential eligibility for this enhanced enrollment status, such as Veterans participating in Spinal Cord Injury Programs. *NOTE: The Catastrophically Disabled Veteran Evaluation determines whether the Veteran is catastrophically disabled and therefore eligible for inclusion in Priority Group 4.*

(2) Appropriate staff involved in the Catastrophically Disabled Veteran Evaluation are properly trained and knowledgeable in the following processes (see Attachment B):

(a) Upon request, the facility Enrollment Coordinator, or designee, must initiate a VA Form 10-0383, for each Veteran requesting such evaluation. The Enrollment Coordinator, or designee, must obtain available VA clinical records or records provided by the Veteran and have them reviewed by an appropriate clinician. If sufficient documentation is available from the health records to determine the catastrophically disabled status, VA Form 10-0383 is completed, front and back, a recommendation made, and the complete package forwarded to the Chief of Staff, or equivalent clinical representative, for approval or disapproval of the recommendation; or

(b) If sufficient information is not available, the Enrollment Coordinator, or designee, forwards the request for evaluation to the appropriate designated examining area (e.g., Compensation and Pension (C&P), Physical Medicine and Rehabilitation Service (PM&RS), a specialty clinic, or a primary care provider). Upon completion of the evaluation, the examining clinician must complete and return VA Form 10-0383 to the enrollment coordinator, or designee,

who forwards the completed package to the Chief of Staff, or equivalent clinical representative, for approval or disapproval of the recommendation.

1. If approved, written notification is sent to the Veteran or the Veteran's representative.

2. If disapproved, written notification, including appeal rights, is sent to the Veteran or the Veteran's representative. **NOTE:** *It is recommended that the Veteran or Veteran's representative also be contacted by telephone.*

**NOTE:** *See Attachments C through F for appropriate sample letter usage. All correspondence, including VA Form 10-0383 and any completed assessment tool, must be placed, or scanned, into the Veteran's electronic health record.*

(c) Appropriate information as well as data from VA Form 10-0383, is entered into VistA.

**5. REFERENCES:** Public Law 104-262.

**6. FOLLOW-UP RESPONSIBILITY:** The Chief Business Office (16) is responsible for the contents of this Directive. Questions may be directed to (202) 461-1589. **NOTE:** *For questions regarding the clinical evaluation, instruments criteria, or threshold information, contact the Office of Patient Care Services (11) at (202) 461-7590.*

**7. RESCISSION:** VHA Directive 2004-067, is rescinded. This VHA Directive expires December 31, 2014.

Gerald M. Cross, MD, FAAFP  
Acting Under Secretary for Health

Attachments

DISTRIBUTION: E-mailed to the VHA Publications Distribution List 12/31/2009

**ATTACHMENT A**

**DEFINITION OF CATASTROPHICALLY DISABLED**

1. Catastrophic disability (CD) is a permanent severely-disabling injury, disorder, or disease that compromises the ability to carry out the activities of daily living (ADL) to such a degree that the individual requires personal or mechanical assistance to leave home or bed or requires constant supervision to avoid physical harm to self or others.

2. A Veteran may meet the initial CD requirement by a:

a. Clinical evaluation of the patient's health records that documents that the patient previously met the criteria set forth in paragraph 3 and continues to meet such criteria (permanently), or would continue to meet such criteria (permanently) without the continuation of on-going treatment; or

b. Current medical examination that documents that the patient meets the criteria set forth in following paragraph 3 and will continue to meet them, or would continue to meet such criteria (permanently) without the continuation of on-going treatment.

3. This definition is met if an individual has been found, by the Chief of Staff (or equivalent clinical official) at the Department of Veterans Affairs (VA) facility where the individual was examined, to have a permanent condition specified in following subparagraphs 3a, 3b, or 3c:

a. One of the permanent diagnoses found on Web site:  
[http://vaww.va.gov/vhaopp/cdvet\\_eval.htm](http://vaww.va.gov/vhaopp/cdvet_eval.htm) (see "View CD Diagnoses"). **NOTE:** *This is an internal VA Web site not available to the public.*

**OR**

b. A condition resulting from two of the International Classification of Diseases, 9<sup>th</sup> Edition, Clinical Modification (ICD-9-CM) procedure codes, or associated V codes when available, or Current Procedural Terminology (CPT) codes provided the two amputation procedures were not on the same limb. These codes can be found at the following Web site:  
[http://vaww.va.gov/vhaopp/cdvet\\_eval.htm](http://vaww.va.gov/vhaopp/cdvet_eval.htm) (see "View CD Diagnoses"). **NOTE:** *This is an internal VA Web site not available to the public.*

**OR**

c. One of the following permanent conditions:

(1) Dependent in three or more ADLs; i.e., eating, dressing, bathing, toileting, transferring, incontinence of bowel or bladder, with at least three of the dependencies being permanent with a score of 1, using the Katz scale. **NOTE:** *The Katz Index of ADL assigns a maximum of 18 points across all six ADLs. The most dependent rating on each ADL is a 1, and an intermediate functional limitation is a rating of 2, with independence rated as 3. To be catastrophically*

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*disabled, the Veteran must have a rating of 1 on a minimum of three permanent ADLs. For example, a Veteran dependent in all ADLs would have a total Katz score of 6. Similarly, a Veteran dependent in three ADLs and needing less assistance in three other ADLs would score 9.*

(2) A score of 10 or lower using the Folstein Mini-Mental State Examination (MMSE).

**NOTE:** *The MMSE has a maximum assignment of 30 points across eleven measures. A score of less than 10 is consistent with severe cognitive impairment. To qualify for CD status, there must be documentation in addition to the MMSE score of 10 or lower, showing that the patient has a permanent cognitive impairment. To show that the impairment is permanent, the reversible causes of cognitive impairment need to be ruled out. A common example is a delirious patient who may score very poorly on the MMSE, but improve once the source of delirium is treated. It is also important for evaluators to remember that a low MMSE score by itself is not diagnostic (i.e., it is not specifically diagnostic of dementia), but it is an indication of cognitive impairment that warrants further evaluation.*

(3) A score of 2 or lower on at least four of the thirteen motor items using the Functional Independence Measure (FIM). **NOTE:** *The FIM contains 18 measures in six domains. The thirteen motor items are in four domains: self-care; sphincter control; transfers; and locomotion. The scores across all these domains range from needing a helper because of complete dependence (score of 1 for total assistance and a score of 2 for maximal assistance), with intermediate scores 3 through 5 for modified independence, to scores 6 or 7 when no helper is needed. To be CD, the Veteran must have a score of 2 or lower on at least four permanent conditions of the thirteen motor items using the FIM.*

(4) A score of 30 or lower using the Global Assessment of Functioning (GAF). **NOTE:** *The GAF is taken directly from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), p. 32, except that VHA only includes scores from 1 to 100, excluding 0 (insufficient information).*

(a) GAF is a 100-point scale divided into ten defined levels, with higher scores indicating a higher overall level of functioning. For example, the description of the GAF level 21 to 30 is as follows: “Behavior is considerably influenced by delusions or hallucination or serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) or inability to function in almost all areas (e.g., stays in bed all day, no job, no home or no friends).”

(b) GAF is to be used only to reflect psychological, social, and occupational functioning. Impairment in functioning due to physical illness or environmental limitation is not to be taken into consideration in using this scale. The scale rates both functioning and, particularly in the higher ratings, the severity of symptoms due to a mental disorder. Using GAF for documenting the CD may be only done in the context of a mental disorder considered to be of a permanent nature. For example, a patient with a serious suicidal attempt might well rate a score under 30, but generally within a few days or weeks will return to a much higher level both symptomatically and functionally.

4. References

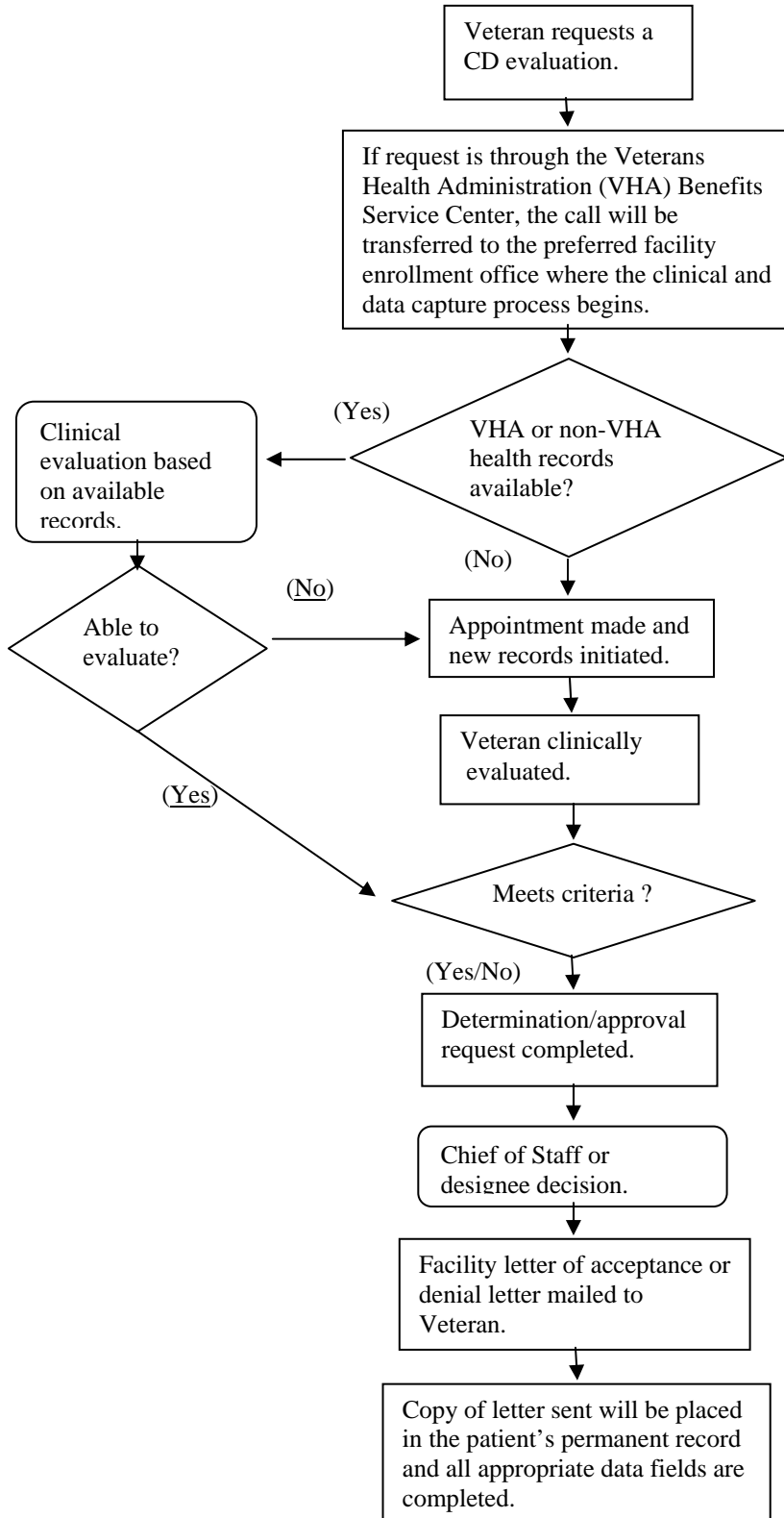
a. Katz S, Downs TD, Cash HR, et al. "Progress in the Development of the Index of ADL," The Gerontologist. Part I:20; 1970.

b. Juva K., Sulkava R., Erkinjuntti T., et al. "Staging the Severity of Dementia: Comparison of Clinical (CDR, DSM III-R), Functional (ADL, IADL) and Cognitive (MMSE) Scales," Acta Neurologica Scandinavica. 90:293; 1994.

c. Folstein MF, Folstein S, McHugh PR. "Mini-mental State: A Practical Method for Grading the Cognitive State of Patients for the Clinician," Journal of Psychiatric Research. 12:189; 1975.

ATTACHMENT B

CATASTROPHICALLY DISABLED (CD) EVALUATION PROCESS  
(35 CALENDAR DAYS)



**ATTACHMENT C**

**VETERAN REQUESTED CATASTROPHICALLY DISABLED (CD) EVALUATION**

**SAMPLE OF WRITTEN NOTIFICATION FOR A VETERAN  
WHO IS DETERMINED TO BE CD**

*NOTE: If the determination is that the Veteran has a catastrophic disability (CD), written notification of the outcome must be sent to the Veteran from the Department of Veterans Affairs (VA) health care facility Chief of Staff using the following letter sample.*

(Date)

(Name)

(Address)

(City, State, Zip Code)

Dear \_\_\_\_\_

The recent review you requested of health records and a catastrophic disability examination shows that you meet the definition of a catastrophic disability Veteran for Department of Veterans Affairs (VA) health care purposes. Based on this determination, your enrollment Priority Group should change to Priority Group 4. Official notification of any changes in your Priority Group will be sent in a separate letter.

Veterans enrolled in Priority Group 4 are eligible for all needed services included in the Medical Benefits Package. Veterans previously subject to co-payments will still be required to agree to pay those co-payments after moving to Priority Group 4. If you have any questions, feel free to call the enrollment office at \_\_\_\_\_(phone number)\_\_\_\_\_ (or the appropriate locally designated office).

Sincerely,

\_\_\_\_\_  
(Signature)  
VA Health Care Facility Chief of Staff

**ATTACHMENT D**

**VETERAN REQUESTED CATASTROPHICALLY DISABLED (CD) EVALUATION**

**SAMPLE OF WRITTEN NOTIFICATION FOR A VETERAN  
WHOSE ENROLLMENT PRIORITY IS NOT CD**

***NOTE:** If it is determined that the Veteran does not have a catastrophic disability (CD) written notification of the outcome must be sent to the Veteran from the Department of Veterans Affairs (VA) health care facility Chief of Staff using the following letter sample.*

(Date)

(Name)

(Address)

(City, State, Zip Code)

Dear \_\_\_\_\_

You recently requested a health record review and a catastrophic disability examination to determine if you meet the criteria to be classified as a catastrophic disabled Veteran for Department of Veterans Affairs (VA) health care purposes.

A thorough review was conducted by the VA medical facility located at \_\_\_\_\_(facility address)\_\_\_\_\_ and the determination has been made that you do not meet the criteria to be classified as catastrophically disabled. I reviewed your health records and/or your most recent catastrophic disability examination results. Based upon this review I have confirmed that you do not meet the criteria of a catastrophic disabled Veteran for the following reasons:

***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, you may appeal it. You may choose one or both of the following options.

a. You may seek reconsideration of this decision. Your written request for reconsideration needs to be addressed to the VA health care facility Director, at \_\_\_\_(name of facility)\_\_. Your request for reconsideration must be postmarked or received within 1 year of the date of this letter; and/or

b. You may appeal the decision to the Board of Veterans' Appeals as outlined in enclosed VA Form 4107VHA, Your Rights to Appeal Our Decision. As part of this process, you will have a right to a personal hearing and the right to representation. To begin the appeal process, you or your representative need to express your dissatisfaction or disagreement with this decision in a written communication to this facility (a Notice of Disagreement). Your Notice of

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Disagreement must be postmarked or received no later than 1 year after the date of this letter and needs to be addressed to \_\_\_\_\_.

We regret that a more favorable decision could not be reached concerning your request for CD status. If you have any questions, 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 Health Care Facility Chief of Staff

Enclosure

**ATTACHMENT E**

**FACILITY INITIATED HEALTH RECORD REVIEW**  
**SAMPLE OF WRITTEN NOTIFICATION FOR A VETERAN**  
**WHOSE ENROLLMENT PRIORITY**  
**CHANGES TO CATASTROPHICALLY DISABLED (CD)**

*NOTE: If it is determined that the Veteran has a catastrophic disability (CD), written notification of the outcome must be sent to the Veteran from the Department of Veterans Affairs (VA) health care facility Chief of Staff using the following letter sample.*

(Date)

(Name)

(Address)

(City, State, Zip Code)

Dear \_\_\_\_\_

A recent review of your health records and a catastrophic disability examination shows that you meet the definition of a catastrophically disabled Veteran for Department of Veterans Affairs (VA) health care purposes. Based on this determination, your enrollment priority group should change to Priority Group 4. Official notification of any changes to your priority group will be sent in a separate letter.

Veterans enrolled in Priority Group 4 are eligible for all needed services included in the Medical Benefits Package. Veterans previously subject to co-payments will still be required to agree to pay those co-payments after moving to Priority Group 4. If you have any questions, 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 Health Care Facility Chief of Staff

**ATTACHMENT F**

**FACILITY INITIATED HEALTH RECORD REVIEW**

**SAMPLE OF WRITTEN NOTIFICATION FOR A VETERAN  
WHEN A CATASTROPHICALLY DISABLED (CD) DETERMINATION  
CANNOT BE MADE BASED UPON A HEALTH RECORD REVIEW  
(FOR VETERANS WITH A KNOWN PRIORITY GROUP)**

*NOTE: If the Catastrophic Disability (CD) determination for a Veteran who has an Enrollment Priority Group cannot be made based on a health record review, written notification of the outcome must be sent to the Veteran from the Department of Veterans Affairs (VA) health care facility Chief of Staff using the following letter sample. The letter encourages the Veteran to schedule an appointment for a CD examination in order to complete the CD evaluation process.*

(Date)

(Name)

(Address)

(City, State, Zip Code)

Dear \_\_\_\_\_

Our facility has recently completed a health record review to determine if you meet the criteria to be classified as catastrophically disabled for Department of Veterans Affairs (VA) health care purposes. Based on the current information in your health record, we are not able to complete our catastrophic disability determination.

If you feel that you may qualify for catastrophically disabled status, we would encourage you to contact our enrollment office, or the appropriate locally designated office, for more information and to schedule an appointment for a catastrophic disability examination at \_\_\_\_\_(phone number)\_\_\_\_\_.

Sincerely,

\_\_\_\_\_(Signature)  
VA Health Care Facility Chief of Staff