

ELIGIBILITY DETERMINATION

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive updates Department of Veterans Affairs (VA) information on determining eligibility for VA health care benefits.

2. SUMMARY OF MAJOR CHANGES: This directive incorporates changes to implement 38 U.S.C. 1720I, which authorizes VA to furnish a mental health assessment and needed mental and behavioral health care services to certain Former Servicemembers. Eligibility under this section is described in section 11 of this directive.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The VHA Office of Member Services (10NF) is responsible for the contents of this VHA directive. Questions may be addressed to the VHAMSBusinessPolicyOffice@va.gov mail group.

5. RESCISSIONS: VHA Directive 1601A.02, dated June 7, 2017, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of November 2023. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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Executive in Charge

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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ELIGIBILITY DETERMINATION

1. PURPOSE:

This Veterans Health Administration (VHA) directive provides information on determining eligibility for Department of Veterans Affairs (VA) health care benefits. AUTHORITY: Title 38 United States Code (U.S.C.) 101, 1521, 1702, 1710, 1712A, 1720, 1720I 1724, 1729, 1784, 5303, and 5303A and Title 38 Code of Federal Regulations (CFR) 3.12, 17.34 et seq., 17.102, 17.105, 17.108-111, 17.900-905, and 21.1-21.430.

2. DEFINITIONS

a. **Applicant.** An applicant is a person who has submitted a request for VA health care benefits and/or for enrollment in the VA health care system.

b. **Active Duty.** For a full definition of active duty, see Appendix A.

c. **Active Military, Naval and Air Service Includes:**

(1) Active duty.

(2) Any period of active duty for training during which the individual concerned was disabled or died from a disease or injury incurred or aggravated in line of duty.

(3) Any period of inactive duty training during which the individual concerned was disabled or died:

(a) From an injury incurred or aggravated in line of duty; or

(b) From an acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during such training.

NOTE: For additional information regarding individuals and groups considered to have performed active military, naval, and air service, see Appendix A.

d. **Compensable Service-Connected Disability.** A compensable service-connected (SC) disability is a disability rated by VA to be service connected and for which VA monetary compensation is authorized for payment.

e. **Enrollment.** Enrollment is the acceptance of an eligible Veteran into the VA health care system and assignment to a priority group.

f. **Extended Care Services.** Extended care services means geriatric evaluation; nursing home care; domiciliary services; adult day health care; non-institutional palliative care, non-institutional hospice care, and home health care when they are non-institutional alternatives to nursing home care; and respite care.

g. **Former Prisoner of War.** A former Prisoner of War (POW) is a person who, while serving in the active military, naval or air services, was forcibly detained or interned in line of duty by:

(1) An enemy government or its agents, or a hostile force, during a period of war.

(2) A foreign government or its agents, or a hostile force, under circumstances which the Secretary of VA finds to have been comparable to the circumstances under which persons have generally been forcibly detained or interned by enemy governments during periods of war.

h. **Health Eligibility Center.** The Health Eligibility Center (HEC) is the authoritative source for the verification of a Veteran's eligibility for VA health care benefits, including enrollment determination, priority group assignment, and income verification (IV). The HEC is also responsible for performing a second-level review of all eligibility determinations made by VA health care officials for Veterans enrolling in the VA national enrollment system.

i. **Period of Hostilities.** The term "period of hostilities" is determined in consultation with the Secretary of Defense.

***NOTE:** The term "hostilities" was previously defined in 38 U.S.C. 1712A(a)(2)(B). This definition was removed from 38 U.S.C. 1712A by the National Defense Authorization Act for Fiscal Year 2013.*

j. **Ineligible Former Servicemember.** An individual with a dismissal, dishonorable discharge, or bad conduct discharge from a general court-martial. An individual with a bad conduct discharge from a special court-martial is an Ineligible Former Servicemember unless that individual has received a favorable character of service determination from VA.

k. **Medal of Honor.** Medal of Honor is the highest military decoration awarded by the U.S. government. It is awarded by the President and presented by the U.S. Congress on a member of the United States Armed Forces who distinguishes himself or herself conspicuously by gallantry and intrepidity at the risk of his or her life above and beyond the call of duty while engaged in an action against an enemy of the U.S. or while engaged or serving in other specified circumstances.

l. **Nonservice-Connected Condition.** A nonservice-connected (NSC) condition is an illness or injury adjudicated by the Veterans Benefit Administration (VBA) as not having been incurred or aggravated in line of duty in the active military, naval, or air service.

m. **Other than Honorable (OTH) Former Servicemember.** A former Servicemember with an Other Than Honorable (OTH) administrative discharge.

n. **Service-Connected Condition.** A service-connected (SC) condition is an illness or injury adjudicated by the Veterans Benefits Administration (VBA) as having been incurred or aggravated in line of duty in the active military, naval, or air service.

o. **Veteran.** In general, a Veteran is a person who:

(1) Served in the active military, naval, or air service.

(2) Was discharged or released from service under conditions “other than dishonorable.”

3. POLICY

It is VHA policy, in compliance with Public Law 104-262, the Veterans Health Care Eligibility Reform Act of 1996, that Veterans are to be provided appropriate access to VA health care benefits.

4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISN);

(2) Ensuring that each VISN Director has the sufficient resources to fulfill the terms of this directive in all of the VHA health facilities within that VISN; and

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations.

c. **Veterans Integrated Service Network (VISN) Director.** The VISN Director, or designee, is responsible for ensuring that Veterans have timely access to appropriate spectrum of services to include emergency care, outpatient care, long-term care, inpatient programs, residential facilities and mental health care services.

d. **VA Medical Facility Director.** The VA medical facility Director, or designee, is responsible for:

(1) Ensuring that policies and procedures of this directive are established and followed as outlined in this directive.

(2) Ensuring appropriate health care services (including mental health care) are available at/through the facility.

e. **VA Medical Facility Enrollment Staff.** The VA medical facility enrollment staff are responsible for:

(1) Ensuring registration and verification of a Veteran's eligibility status for Veterans who are eligible to receive medical care under this directive based on military service record and dates of service.

(2) Applying VA's existing authorities, authorizing emergent treatment services in cases where eligibility cannot be established and with follow-up as appropriate by submitting VA Form 20-0986 to VBA for determination and tracking to final determination.

5. TENTATIVE ELIGIBILITY FOR VA CARE

a. VA may grant tentative eligibility to a former Servicemember upon application to receive hospital care or other medical services, except outpatient dental care, in the following cases if the application requires adjudication of service-connection or a determination as to any other eligibility prerequisite that cannot be immediately established and it is determined that eligibility for care probably will be established:

(1) **In emergencies.** For persons who need hospital care or other medical services in emergency circumstances. **NOTE:** See also paragraph 12 of this directive, *Special Focus: Expanded Access for Emergent Mental Health Services for Former Servicemembers.*

(2) **Based on discharge.** The application is filed within 6 months after date of discharge under conditions other than dishonorable, and for a veteran who seeks eligibility based on a period of service that began after September 7, 1980, the Veteran must meet the applicable minimum service requirements under 38 U.S.C. 5303A.

b. An individual receiving treatment under a tentative eligibility authority upon application must sign VA Form 119, Report of Contact, prior to receiving hospital care or other medical services documenting that if VA subsequently deems the individual as ineligible for such care or services, the individual agrees to reimburse VA the current cost based rates for such care or services. The VA Form 119, should state, "if VA subsequently deems [Name] as ineligible for hospital care or other medical services, [Name] agrees to reimburse VA the current cost based rates for such care or services."

6. BASIC ELIGIBILITY REQUIREMENTS FOR VA CARE

a. **Enrollment as a Condition of Receiving Hospital Care and Medical Services.**

(1) Veterans must enroll with VA to receive VA health care benefits, unless one of the exemptions in 38 CFR 17.37 applies.

(2) Under 38 CFR 17.37, even if not enrolled in the VA health care system,

(a) Veterans requiring care for a SC disability will receive VA care provided for in the medical benefits package set forth in 38 CFR 17.38 for that SC disability. These Veterans are not required to enroll to receive hospital care and medical services for an SC disability;

(b) Veterans rated for service-connected condition(s) at 50 percent or greater will receive VA care provided for in the medical benefits package set forth in 38 CFR 17.38;

(c) Veterans who are discharged or released from active military service for a disability incurred or aggravated in the line of duty will receive VA care provided for in the “medical benefits package” set forth in 38 CFR 17.38. These Veterans are not required to enroll to receive hospital care or outpatient medical services for that disability during the first 12 months following discharge or release from active military service. Unless exempt on another basis, these Veterans are required to enroll to receive health care benefits after the first 12 months following discharge or release from active military service;

(d) When there is a compelling medical need to complete a course of VA treatment started when the Veteran was enrolled in the VA healthcare system, a Veteran will receive that treatment;

(e) Subject to the provisions of 38 CFR 21.240, a Veteran participating in VA's vocational rehabilitation program described in 38 CFR 21.1 through 21.430 will receive VA care provided for in the medical benefits package set forth in 38 CFR 17.38.

(f) A Veteran may receive care provided for in the “medical benefits package” based on factors other than Veteran status (e.g., a Veteran who is a private-hospital patient and is referred to VA for a diagnostic test by that hospital under a sharing contract; a Veteran who is a VA employee and is examined to determine physical or mental fitness to perform official duties; or a Department of Defense retiree under a sharing agreement).

(g) For care not provided within a State, a Veteran may receive VA care provided for in the medical benefits package set forth in 38 CFR 17.38 if authorized under the provisions of 38 U.S.C. 1724 and 38 CFR 17.35.

(h) Commonwealth Army Veterans and new Philippine Scouts may receive care provided for the medical benefits package set forth in 38 CFR 17.37 (h).

(i) A Veteran may receive certain types of VA care not included in the medical benefits package set forth in 38 CFR 17.38 if authorized by statute or other sections of 38 CFR (e.g., humanitarian emergency care for which the individual will be billed, compensation and pension examinations, dental care, domiciliary care, nursing home care, readjustment counseling, care as part of a VA-approved research project, seeing-eye or guide dogs, sexual trauma counseling and treatment, and special registry examinations).

(j) A Veteran may receive an examination to determine whether the Veteran is catastrophically disabled and therefore eligible for inclusion in priority category 4.

(k) A Veteran may receive care for psychosis or mental illness other than psychosis pursuant to 38 CFR 17.109.

(l) Eligible OTH Former Servicemembers may receive mental or behavioral health care under 38 U.S.C. 1720I.

b. **Criteria for Basic Eligibility for VA Health Care.** Individuals generally must meet the following basic eligibility criteria to receive VA health care:

- (1) Other than a dishonorable character of discharge, as described in paragraph 6.c.
- (2) Served a minimum period of active duty as outlined in paragraph 6.d.
- (3) Served in the active military, naval, or air service, as defined in paragraph 2.

c. **Character of Discharge Requirements.** Unless an exception applies, to qualify for VA health care benefits, an individual's discharge or release from service must be under conditions other than dishonorable (Honorable, General, see 38 U.S.C. 101(2), 5303, and 38 CFR. 3.12). **NOTE:** *A discharge under honorable conditions satisfies this requirement. Some other discharges require VA to make a character of discharge determination in order to assess VA eligibility. VA Form 20-0986, Eligibility Determination for Character of Discharge (COD) Request, is the form completed by VA medical facility staff to request a character of service determination by the Veterans Benefits Administration (VBA). The form is available on the VA Forms Web site at <http://vaww.va.gov/vaforms/>. NOTE: This is an internal VA Web site that is not available to the public.*

d. **Minimum Active Duty Requirements.** Except as provided in paragraph 6.d.(4) of this directive or otherwise exempted by statute, the following minimum active duty requirements apply, as established in 38 U.S.C. 5303A:

(1) The minimum active duty service requirement for VA health care benefits is the shorter of:

(a) 24 months of continuous active duty; or

(b) Completion of the full period for which the individual was called or ordered to active duty, including Veterans that enlisted under the 15-month enlistment program.

NOTE: *Non-duty periods, including lost time noted on the DD-214 or the Veteran's Information Solution (VIS) that are excludable in determining VA health-care benefits, are not considered as a break in service for continuity purposes but are to be subtracted from total time served. Fifteen (15) Month Enlistments: Per 10 U.S.C. 510, the Secretary of Defense was required to initiate a shortened enlistment program by October 1, 2003, under the National Call to Service initiative. Persons entering this*

program complete their basic and advanced training and their 15 months of active duty. Therefore, depending on their length of basic and specialty job training the actual length of enlistment can vary. Once this period is up, the individual has a choice to reenlist on active duty for a period specified in the original contract or go into the active National Guard or Reserves. Individuals who complete the time for which they were called to active duty under this enlistment satisfy the minimum active duty requirement.

(2) The minimum active duty service requirement applies to the following:

(a) Individuals who enlisted in the Armed Forces for their first term of active duty after September 7, 1980;

(b) Individuals who originally signed up under a delayed entry program on or before September 7, 1980, and who subsequently entered active duty after that date; and

(c) Any other person (officer as well as enlisted) who entered active duty after October 16, 1981, and who has:

1. Not previously completed at least 24 months of continuous active duty service.

2. Not previously been discharged or released from active duty under 10 U.S.C. 1171.

(3) Reservists and National Guard activated under 10 U.S.C. 12301 must also satisfy the minimum active duty requirements.

(4) Exceptions to Minimum Active Duty Requirements. Minimum active duty service requirements do not apply to individuals:

(a) Discharged or released for reason of early out under 10 U.S.C. 1171;

(b) Discharged or released for reason of hardships under 10 U.S.C. 1173;

(c) Discharged or released for reason of disability(ies) incurred or aggravated in line of duty;

(d) Diagnosed with a VA-rated compensable service-connected disability; or

(e) Provided a benefit for, or in connection with, a service-connected disability, condition, or

(f) Death,

(g) Seeking care only for mental or physical health conditions related to military sexual trauma, as described in paragraph 9.h.

(5) Acceptable Documentation of Minimum Active Duty Service Requirements.

(a) Acceptable documentation of minimum active duty service requirements include:

1. Proof of discharge under 10 U.S.C. 1171 where a member of the armed force may be discharged within 1 year before the expiration of the term of enlistment or extended enlistment.

2. The narrative reason on the DD-214 specifies "Overseas Returnee."

(b) Veterans Benefits Administration (VBA) confirmation of eligibility under 10 U.S.C. 1171 is needed if the DD-214 narrative shows the following as a reason for discharge:

1. Convenience of the government.

2. Unit inactivation.

3. Secretarial authority.

4. Physical disqualification for duty in Military Occupational Specialty (MOS).

5. Hardship due to disability.

7. OUTPATIENT DENTAL TREATMENT

VA medical facilities and selected outpatient clinics provide outpatient dental services and treatment to eligible Veterans in accordance with statute and VA regulations. The eligibility for outpatient dental care is not the same as for most other VA medical benefits. The scope of care is determined by the patient's dental classification. If a Veteran is eligible for VA dental care under Class I, II(a), II(c), or IV, the Veteran is eligible for any necessary dental care to maintain or restore oral health and masticatory function, including repeat care. Other classes have time and/or service limitations (see Appendix B).

NOTE: For more information on eligibility for dental services, see VHA Handbook 1130.01, Veterans Health Administration Dental Program.

8. SPECIAL TREATMENT ELIGIBILITY DUE TO IONIZING RADIATION EXPOSURE, SERVICE IN VIETNAM, SERVICE IN THE GULF WAR, COMBAT SERVICE, PARTICIPATION IN CERTAIN DOD CHEMICAL AND BIOLOGICAL TESTING, OR ACTIVE DUTY AT CAMP LEJEUNE

a. **Authority for Treatment of Exposure to Radiation, or Other Conditions Defined by Law.** Veterans claiming exposure to Ionizing Radiation, Agent Orange, service in the Gulf War, service in a combat-theater, Project 112/SHAD testing, or active duty at Camp Lejeune are provided services in accordance with applicable VA statute and regulation. VA will provide copayment and third party billing exempt hospital care, medical services, nursing home care, and medications prescribed on an outpatient basis for any condition possibly associated with the conditions listed for the special treatment eligibility listed in this section. Copayments may be assessed for care not related to the qualifying exposure.

b. **Vietnam-era Herbicide Exposed Veteran.** A Veteran who served on active duty in the Republic of Vietnam during the period from January 9, 1962, and ending May 7, 1975, is eligible for VA health care. For purposes of determining eligibility for VA health care, VA presumes herbicide exposure for any Veteran who served in the Republic of Vietnam during the specified period. NOTE: This includes Veterans who served on offshore naval vessels conducting operations on the inland “brown water” rivers and delta areas of Vietnam or who visited the Republic of Vietnam. For a complete list of vessels, see VA’s list of U.S Navy and Coast Guard ships in Vietnam at <http://www.publichealth.va.gov/exposures/agentorange/shiplist>. This term also includes an individual who has been determined by VA to have a service connected disability related to herbicide exposure under 38 CFR 3.307(a)(6)(v) who performed service in the Air Force or Air Force Reserve under circumstances in which the individual concerned regularly and repeatedly operated, maintained, or served onboard C-123 aircraft known to have been used to spray an herbicide agent during the Vietnam era.

(1) A Veteran exposed to herbicides during service in Vietnam is eligible under this special treatment authority for healthcare for any condition that a VA clinician determines maybe related to:

(a) Dioxin during such service; or

(b) A toxic substance found in an herbicide or defoliant used for military purposes during such period.

(2) A Veteran exposed to herbicide during service in Vietnam is eligible for VA health care for any disability even in cases where there may be insufficient clinical evidence to conclude that such disability may be associated with herbicide exposure.

c. **Persian Gulf War Veterans.** A Veteran or member of a reserve component of the armed forces who served on active duty in the Southwest Asia theater of operations during the Persian Gulf War between August 2, 1990, and November 11, 1998, is eligible for VA health care for any disability, even if there is insufficient medical evidence to conclude that such condition may be associated with service in the Persian Gulf War. A VA clinician determines whether a Veteran’s disability is associated with service in the Persian Gulf War under this special treatment authority.

d. **Radiation-Exposed Veteran.** A Veteran who, while serving on active duty, participated in a radiation-risk activity, or an individual who, while a member of a reserve component of the Armed Forces, participated in a radiation-risk activity during a period of active duty for training or inactive duty training.

NOTE: For information regarding what constitutes radiation exposure for this special treatment eligibility, and information on VA’s Ionizing Radiation Registry Program, see VHA Handbook 1301.01, *Ionizing Radiation Registry (IRR) Program Procedures*.

(1) VA has the authority to provide hospital care, and other medical services to Veterans exposed to radiation for any qualified presumptive disease. These Veterans are unofficially referred to as “Atomic Veterans.”

(2) VA considers a Veteran exposed to a radiation risk activity in cases where:

(a) The Veteran was involved with the onsite participation in a test involving the atmospheric detonation of a nuclear device (without regard to whether the nation conducting the test was the United States or another nation);

(b) The Veteran participated in the occupation of Hiroshima or Nagasaki from August 6, 1945, through July 1, 1946;

(c) The Veteran was subjected to internment as Prisoner of War in Japan, or service on active duty in Japan immediately following such interment, during World War II, which is determined by the Secretary of VA to have resulted in an opportunity for exposure to ionizing radiation comparable to that of Veterans described immediately above in (b); or

(d) The Veteran performed service in a capacity which, if performed as an employee of the Department of Energy, would qualify the individual for inclusion as a member of the Special Exposure Cohort under section 3621(14) of the Energy Employees Occupational Illness Compensation Program Act of 2000 (42 U.S.C. 7384l(14)).

(3) Role of the HEC in Ionizing Radiation (IR) Veteran Determinations. The HEC is responsible for performing a second-level review of all eligibility determinations made by VA health care officials for Veterans enrolling in the VA national enrollment system.

(a) The HEC staff verifies that a Veteran is eligible for enrollment into priority group 6 as an IR Veteran. The HEC's determination becomes VHA's authoritative source for health care eligibility and enrollment classification; or

(b) In cases where the HEC cannot verify a Veteran's eligibility for enrollment in priority group 6, the HEC will transmit a copy of the Veteran's relevant eligibility information to the Defense Threat Reduction Agency (DTRA) for further verification.

e. Combat-Theater Veterans.

(1) A combat Veteran is eligible for care for any illness that cannot be disassociated from their combat service for a 5-year period following separation or release from military service, if the Veteran served:

(a) On active duty in a theater of combat operations during a period of war after the Gulf War; or

(b) In combat against a hostile force during a qualified period of hostilities after November 11, 1998.

(2) These Veterans have five (5) years from the date of discharge or release from the active military, naval, or air service to enroll in VA as a combat-theater Veteran. Veterans who were discharged or released from the active military, naval, or air service after January 1, 2009, and before January 1, 2011, but did not enroll to receive hospital

care, medical services, or nursing home care during the five-year period described above, have an additional one-year period starting from February 12, 2015, within which to apply for enrollment as a combat-theater Veteran. All combat-theater Veterans described above will be enrolled in Priority Group 6 (unless a higher priority group applies).

(3) The statutory period also:

(a) Allows for the collection of basic health information to aid in the evaluation of specific health questions, such as those related to difficult to diagnose illnesses; and

(b) Provides the combat Veteran time to seek disability ratings for service-connected conditions.

(4) A combat Veteran is eligible for VA health care even if there is insufficient evidence to conclude that such condition is attributable to such service.

f. **Project 112/SHAD Veterans**. Veterans who participated in a test conducted by the Department of Defense Desert Test Center as part of a program for chemical and biological warfare testing from 1962 through 1973 (including the program designated as "Project Shipboard Hazard and Defense (SHAD)" and related land-based tests) are eligible for hospital care, medical services, and nursing home care for any illness, notwithstanding that there is insufficient medical evidence to conclude that such illness is attributable to such testing.

g. **Camp Lejeune Veterans**. Veterans who served on active duty at Camp Lejeune for not fewer than 30 days during the period beginning August 1, 1953, and ending on December 31, 1987.

(1) These individuals are eligible for copayment exempt hospital care and medical services from VA for any one or more of the following 15 medical conditions:

(a) Esophageal cancer.

(b) Lung cancer.

(c) Breast cancer.

(d) Bladder cancer.

(e) Kidney cancer.

(f) Leukemia.

(g) Multiple myeloma.

(h) Myelodysplastic syndromes.

(i) Renal toxicity.

- (j) Hepatic steatosis.
- (k) Female infertility.
- (l) Miscarriage.
- (m) Scleroderma.
- (n) Neurobehavioral effects.
- (o) Non-Hodgkin's lymphoma.

(2) In addition to the 15 conditions that are covered for healthcare under the Camp Lejeune Families Act of 2012, VA has established presumptive service connection for Camp Lejeune Veterans who served for 30 days or more between August 1, 1953 and December 31, 1987 (38 CFR 3.309(f)) for the following conditions:

- (a) Adult leukemia.
- (b) Aplastic anemia and other myelodysplastic syndromes.
- (c) Liver cancer.
- (d) Multiple myeloma.
- (e) Parkinson's disease.

9. ELIGIBILITY FOR SPECIFIC CATEGORIES OF VETERANS

a. **Catastrophically Disabled.** A catastrophic disability is 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 personal or mechanical assistance to leave home or bed, or requires constant supervision to avoid physical harm to self or others. Veterans determined Catastrophically Disabled are placed into priority group 4, unless eligible for a higher priority group placement based on other eligibility criteria such as being a compensable service-connected Veteran, a former Prisoner of War, or a Medal of Honor or Purple Heart recipient. The definition of catastrophically disabled is met if the Chief of Staff (or equivalent clinical official) at the VA medical facility where a review of the Veteran's health record was conducted or the Veteran was examined VA finds that the Veteran meets qualifying criteria.

NOTE: For information regarding catastrophically disabled diagnoses, see *Catastrophically Disabled Veteran Evaluation Reports Page*, at http://vaww4.va.gov/VHAOPP/cdvet_eval.asp. This is an internal VA Web site not available to the public.

b. **Fugitive Felons.** A fugitive felon is a VA beneficiary who is fleeing to avoid prosecution, custody, or confinement for a felony offense; or violating a condition of

probation or parole imposed for commission of a felony offense. Veterans who are fugitive felons, and dependents of Veterans who are fugitive felons, are not eligible for VA health care benefits (see VHA Handbook 1000.02, or subsequent policy).

c. **Head and Neck Cancer.** A Veteran is eligible for a screening examination, and hospital care, medical services, and nursing home care needed for treatment of any cancer of the head or neck, which the Secretary of Veterans Affairs finds may be associated with receipt of nasopharyngeal (NP) radium irradiation treatments in active military, naval, or air service. Evidence of NP radiation exposure must be documented in the Veteran's service records. This documentation requirement does not apply to Veterans who served as aviators in the active military, naval, or air service before the end of the Korean conflict or who underwent submarine training in active naval service before January 1, 1965. The Veteran is exempt from any copayment requirement for such care, including outpatient prescriptions, and enrollment in VA's system of patient enrollment is not required for the Veteran to receive such care. Veterans who received NP-radium irradiation treatment are not eligible to be enrolled in VA's system of patient enrollment based on NP radium irradiation exposure.

d. **Incarcerated Veterans.** VA may not provide health care benefits to a Veteran who is otherwise eligible for VA health care while the Veteran is incarcerated if the agency responsible for the incarceration provides health care to incarcerated persons. NOTE: Incarcerated Veterans referred to VHA for compensation and pension examinations or Veterans released from incarceration in a prison or jail into a temporary housing program such as a community residential re-entry center or halfway house are excluded from this category and may obtain care from VA if otherwise eligible to receive such care.

e. **Medal of Honor Veterans.** Veterans who are recipients of the Medal of Honor are eligible for enrollment in priority group 1 and are eligible for the complete medical benefits package under 38 CFR 17.38. However, Veterans awarded the Medal of Honor are exempt from VA copayments on that basis.

f. **Purple Heart.** Veterans awarded the Purple Heart medal are eligible for enrollment in priority group 3 (unless otherwise eligible for placement in a higher priority group) and are eligible for the complete medical benefits package under 38 CFR 17.38. Documentation of the award will be annotated on the DD-214, DD-215, official service records, or military orders of award. A copy of this documentation is to be included in the Veteran's Consolidated Health Record (CHR) and must be sent to the HEC.

g. **Treatment at the Manila Outpatient Clinic.** Service-connected U.S. Veterans who receive services through the Manila VA Clinic are eligible for medical services, as VA determines to be needed. Within the limits of available resources, the Director, Veterans Integrated Service Network (VISN) 21, and the Director, Manila VA Clinic, are responsible for providing services in accordance with 38 U.S.C 1724.

h. **Military Sexual Trauma.**

(1) Under 38 U.S.C. 1720D, VA provides counseling, care, and services to Veterans needed to treat conditions judged by a VHA mental health professional related to psychological trauma that resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment, which occurred while the Veteran was serving on active duty, active duty for training, or inactive duty training. Section 1720D(f) defines sexual harassment as repeated, unsolicited verbal or physical contact of a sexual nature, which is threatening in character. VA refers to these experiences as military sexual trauma (MST).

(2) Care for MST-related mental and physical health conditions is provided free of charge, without a copay requirement. Veterans are not required to enroll in VA's system of patient enrollment, file a disability claim, be service connected, or provide evidence of the sexual trauma to receive MST-related care.

10. PRESUMPTIVE ELIGIBILITY FOR PSYCHOSIS AND OTHER MENTAL ILLNESS

Under 38 U.S.C. 1702 and the implementing regulation, 38 CFR 17.109, certain Veterans who experience psychosis within a specified time-frame are to have their psychosis presumed to be service-connected for purposes of Department of Veterans Affairs (VA) medical benefits. In addition, VA will presume that Persian Gulf War Veterans are service-connected for purposes of VA medical benefits if such Veterans develop mental illness other than psychosis within two years after discharge or release from service and before the end of the 2-year period beginning on the last day of the Persian Gulf War. **NOTE:** *The Persian Gulf War period began August 2, 1990, and as of the publication of this directive has no end date. These presumptions are granted by law and are to be used solely for the purposes of receiving VA medical benefits for those conditions. These Veterans do not have to file a claim for service-connection with the Veterans Benefits Administration (VBA) or have received a formal grant of service-connection from VBA before invoking this presumption to receive treatment for these specific conditions.*

a. Eligibility criteria applicable to these presumptions are set out in Appendix C of this directive.

b. OTH Former Servicemembers are eligible under this authority for presumptive service-connected treatment for active psychosis or active mental illness other than psychosis provided no statutory bar applies and the eligibility and clinical criteria in Appendix C are met. The provisions in paragraphs 10.b. (1) through (3) apply to OTH Former Servicemembers eligible under this authority.

(1) VHA clinicians have wide latitude in exercising clinical judgment in determining whether a Veteran's condition developed "within 2 years after discharge" from service as required. This is an individual clinical determination and has no bearing on adjudication of any disability claim for service connection. Veterans who qualify for this presumption do not have to be enrolled in VA health care to receive treatment for their psychosis and/or mental health illness other than psychosis or for conditions determined by the Veteran's VA provider to be associated with the Veteran's mental illness or

psychosis (see 38 CFR 17.37(k)). For instance, the Veteran's ulcer that is determined by the Veteran's provider to be associated with the Veteran's mental illness would be included in the treatment authorized under this authority.

(2) Veterans who qualify for this presumption are not required to meet the minimum active-duty service requirement before VA provides all necessary treatment (including inpatient care) for their psychosis or mental illness other than psychosis. That requirement does not apply to the provision of a VA benefit for, or in connection with, a service-connected disability or condition, and, as explained in this directive, these conditions are presumed to have been incurred in service. **NOTE:** For clarification of VHA eligibility criteria, including character of discharge requirements, see Paragraph 6 of this directive.

(3) No third party, copayment, or humanitarian billing is to be created for Veterans who are eligible to receive medical care under 38 U.S.C. 1702 and 38 CFR 17.109.

(4) In addition to non-VA medical care furnished under sharing agreements and similar contractual arrangements, these Veterans are also eligible to receive non-VA hospital care and medical services at VA-expense under 38 U.S.C. 1703 for treatment of these conditions, based again on the presumption that these conditions were incurred in or aggravated by military service. Regular rules and procedures governing the purchase of non-VA medical care apply to these cases. Refer any questions concerning the criteria or procedures applicable to the use of non-VA medical care for treatment of these Veterans' conditions of psychosis or other mental illness other than psychosis to the facility's Business Office. Referral to the local Readjustment Counseling Service (Vet Center) may also be an appropriate option for those who are combat-theater Veterans. **NOTE:** For additional information on Vet Center services, see <http://www.vetcenter.va.gov/>.

(5) When registering Veterans, Facility Enrollment Staff must ensure Veterans who are eligible only under this authority are entered under Veterans Benefits Administration code 9410 (other neurosis).

11. ELIGIBILITY FOR MENTAL AND BEHAVIORAL HEALTH SERVICES FOR OTHER THAN HONORABLE (OTH) FORMER SERVICEMEMBERS

a. Under 38 U.S.C. 1720I, certain OTH former servicemembers are eligible for an initial mental health assessment and mental health care and behavioral health care services required to treat their mental or behavioral health care needs, including risk of suicide or harming others. Eligibility criteria are set out in Appendix D of this directive.

b. OTH Former Servicemembers are eligible under this authority for an initial mental health assessment and the mental and behavioral health care services required to treat their mental or behavioral health care needs provided no statutory bar applies and the eligibility criteria in Appendix D are met. The provisions in paragraphs 11.b. (1) through (4) apply to OTH Former Servicemembers eligible under this authority.

(1) OTH former servicemembers eligible under this authority do not have to be enrolled in VA health care to receive treatment for their mental and behavioral healthcare issues.

(2) To be eligible under this authority, OTH former servicemembers are not required to meet the minimum active or reserve duty service requirement discussed in Paragraph 6 d of this directive.

(3) No third party, copayment, or humanitarian billing is to be created for OTH former servicemembers who are eligible to receive mental and behavioral healthcare under 38 U.S.C. 1720I.

(4) OTH former servicemembers will receive needed VA mental and behavioral healthcare provided for in the “medical benefits package” set forth in 38 CFR 17.38. **NOTE:** 38 U.S.C. 1720I(c) gives VA the discretion, in certain instances, to furnish care under section 1720I through community providers. As a matter of policy, VA has determined not to use VA community providers for care under this authority.

(5) When registering OTH former servicemembers, Facility Enrollment Staff must ensure OTH former servicemembers who are eligible only under this authority are entered under Veterans Benefits Administration code 9410 (other neurosis).

12. SPECIAL FOCUS: EXPANDED ACCESS FOR EMERGENT MENTAL HEALTH SERVICES FOR FORMER SERVICEMEMBERS.

a. An evaluation and emergency care provided to individual patients presenting to a VA Emergency Department or Urgent Care Center must be consistent with all applicable standards and regulations, including compliance with the intent of the Emergency Medicine Treatment and Active Labor Act (EMTALA) 42 U.S.C. 1395dd **NOTE:** See VHA Directive 1101.05(2), *Emergency Medicine*, dated September 2, 2016.

b. In addition, under 38 U.S.C. 1784A, if any individual comes to a VA medical facility with an emergency and a request is made on behalf of the individual for examination or treatment for a medical condition, the facility must provide for an appropriate medical screening examination within the capability of the emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. If the facility determines that the individual has an emergency medical condition, the facility must provide for such further medical examination and such treatment as may be required to stabilize the medical condition either within the staff and facilities available at the hospital, or must transfer the individual to another medical facility once stabilized, unless:

(1) The individual (or a legally responsible person acting on behalf of the individual), after being informed of the obligations of the facility under the law and of the risk of transfer, requests, in writing, transfer to another medical facility;

(2) A physician of the Department has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual and, in the case of labor, to the unborn child from effecting the transfer; or

(3) If a physician of the Department is not physically present in the emergency department at the time an individual is transferred, a qualified medical person has signed a certification described in paragraph (b) above after a physician of the Department, in consultation with the person, has made the determination described in such clause, and subsequently countersigns the certification; and

(4) The transfer is an appropriate transfer to that facility.

c. A former Servicemember may decide when he/she is in distress and believes that he/she requires emergency mental health care. Former Servicemembers may access the VA system by calling the Veteran Crisis Line or visiting the VA Emergency Room, Urgent Care Center or Vet Center, where a clinical determination will be made.

(1) **Ineligible Former Servicemember.** Ineligible Former Servicemembers, as defined in this directive, can be treated only as consistent with VA's humanitarian care authority for emergencies at 38 U.S.C. 1784.

(a) These individuals are eligible to receive stabilization within the VA system for their mental health emergency, including inpatient treatment.

(b) Follow-up care for a mental health condition will be coordinated with Vet Centers and local community resources under 38 CFR 17.2000(c), which states that, upon request, a Vet Center will provide an individual who does not meet the eligibility requirements for Vet Center counseling with referral services "to assist such individual, to the maximum extent practicable, in obtaining mental health care and services from sources outside VA."

(c) Humanitarian billing will be created for Ineligible Former Servicemembers consistent with VA authority under 31 U.S.C. 3711, 38 U.S.C. 1729, 1784, and 38 CFR 17.102(b).

(d) Applications or requests for waiver of debts or claims asserted by the Department of Veterans Affairs in connection with the medical program generally will be denied by the facility fiscal activity on the basis there is no legal authority to waive debts. However, if there is a question on whether an Ineligible Former Servicemember can request a waiver and the debt is created in accordance with 38 C.F.R. 17.102, the request will be sent to the Committee on Waivers and Compromises (COWC) for a final determination, pursuant to 38 C.F.R. 17.105(a), on whether there is legal authority to waive the debt of an ineligible and, if there is a legal authority, the COWC may consider the waiver request. A request for waiver must be initiated by the individual with the debt to the regional Consolidated Patient Account Center (CPAC) (see VA Financial Policies

and Procedures, Volume XII – Chapter 1B <https://www.va.gov/finance/docs/VA-FinancialPolicyVolumeXIIChapter01B.pdf>).

(2) Other than Honorable Former Servicemembers Seeking Mental Health Care in Emergency Circumstances.

(a) An OTH Former Servicemember seeking mental health care in emergency circumstances for a mental health condition the Former Servicemember asserts is, or a VA clinician reasonably believes that may be, related to military service qualifies for tentative eligibility under 38 CFR 17.34, as described in section 5 of this directive, for mental health care. **NOTE:** *OTH Former Servicemembers may also be eligible to receive care under presumptive eligibility for psychosis or other mental illness, 38 U.S.C. 1702 and 38 CFR 17.109, as described in section 10 of this directive, and mental and behavioral health care under 38 U.S.C. 1720I, as described in section 11 of this directive.*

(b) OTH Former Servicemembers receiving emergent mental health care under tentative eligibility are eligible to receive stabilization within the VA system for their mental health emergency, including inpatient treatment.

(c) Follow-up care for their mental health emergency will be authorized within the VA system for an “episode of care” of up to 90 days. See Appendix E for extension authorizations.

(d) OTH Former Servicemembers will be placed in a Pending Verification status until their final eligibility health care determination can be made.

(e) When registering patients, Facility Enrollment Staff must ensure patients are registered as defined in VHA Procedure Guide 1601A.02.2.

(f) Humanitarian billing will be created for OTH Former Servicemembers who are ultimately determined to be ineligible for VA health care consistent with VA authority under 31 U.S.C. 3711, 38 U.S.C. 1729, 1784, and 38 CFR 17.102(a). An OTH Former Servicemember may ultimately be determined to be ineligible for VA health care if VA determines that a statutory bar applies or that the mental health condition is not service-connected.

(g) Applications or requests for waiver of debts or claims asserted by the Department of Veterans Affairs in connection with the medical program generally will be denied by the facility fiscal activity on the basis there is no legal authority to waive debts. However, if there is a question on whether an ineligible can request a waiver and the debt is created in accordance with 38 C.F.R. 17.102, the request will be sent to the Committee on Waivers and Compromises (COWC) for a final determination, pursuant to 38 CFR 17.105(a), on whether there is legal authority to waive the debt of an ineligible and, if there is a legal authority, the COWC may consider the waiver request. A request for waiver must be initiated by the individual with the debt to the regional Consolidated Patient Account Center (CPAC) (see VA Financial Policies and Procedures, Volume XII

– Chapter 1B <https://www.va.gov/finance/docs/VA-FinancialPolicyVolumeXIIChapter01B.pdf>.

13. ELIGIBILITY FOR CARE IN A VA COMMUNITY LIVING CENTER (CLC)

Veterans are eligible to receive care in VA CLCs if they meet the nursing home eligibility criteria and if VA determines there is a need for a specific level of care and services available in a particular VA CLC. Certain Veterans have mandatory eligibility for nursing home care while other Veterans may be provided nursing home care on a space and resource available basis.

a. Under 38 U.S.C. 1720 nursing home care may be provided in a CLC to any Veteran who VA determines to be in need of such care and who has:

(1) A singular or combined rating of 70 percent or more based on one or more service-connected disabilities. This includes Veterans who have a service-connected rating of total disability based on individual unemployability (TDIU).

(2) Need of nursing home care for a service-connected disability.

b. All other Veterans may be provided needed nursing home care on a space and resources available basis if they agree to pay required copayments, unless exempt from copayment requirements under 38 U.S.C. 1710B(c)(2) and 38 CFR 17.111(f).

c. Veterans are exempt from the copayment requirement for extended care services if their household income is below the single Veteran maximum annual rate of pension (i.e., the amount in effect under 38 U.S.C. 1521(b)). The current pension rates are listed at: <http://www.va.gov/healthbenefits/resources/publications.asp>. Additional exemptions to copayments for extended care services may be found at 38 CFR 17.111(f).

14. NON-VETERAN BENEFICIARIES.

Additional eligibility information for the following specific categories of individuals is provided here for further reference.

a. Beneficiaries of the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) (see VHA Handbook 1601D.05);

b. Allied beneficiaries (see VHA Handbook 1601D.02);

c. Czechoslovakian and Polish Veterans (see VHA Handbook 1601D.02); and

d. Children of Vietnam Veterans with spina bifida or covered birth defects, and children of Veterans of covered service in Korea who have spina bifida (see 38 CFR 17.900-17.905). **NOTE:** For additional information on the Spina Bifida Health Care Benefits Program, see the VHA Office of Community Care page at: <https://www.va.gov/COMMUNITYCARE/programs/dependents/spinabifida/index.asp>.

15. REFERENCES

- a. Public Law 104-262, the Veterans Health Care Eligibility Reform Act of 1996.
- b. 10 U.S.C. 510.
- c. 10 U.S.C. 1171.
- d. 10 U.S.C. 1173.
- e. 10 U.S.C. 12301.
- f. 31 U.S.C. 3711.
- g. 38 U.S.C. 101(2).
- h. 38 U.S.C. 1521.
- i. 38 U.S.C. 1702.
- j. 38 U.S.C. 1710.
- k. 38 U.S.C. 1712A.
- l. 38 U.S.C. 1720.
- m. 38 U.S.C. 1720D
- n. 38 U.S.C. 1720I
- o. 38 U.S.C. 1724.
- p. 38 U.S.C. 1729.
- q. 38 U.S.C. 1784.
- r. 38 U.S.C. 5303.
- s. 42 U.S.C. 1395dd, Emergency Medicine Treatment and Active Labor Act.
- t. 42 U.S.C. 7384 et. seq.
- u. 38 CFR 3.12.
- v. 38 CFR 17.34-17.38.
- w. 38 CFR 17.102.
- x. 38 CFR 17.105.
- y. 38 CFR 17.108-17.111.

z. 38 CFR 17.900-17.905.

aa. 38 CFR 21.1-21.430

bb. VA Financial Policies and Procedures, Volume XII – Chapter 1B,
<https://www.va.gov/finance/docs/VA-FinancialPolicyVolumeXIIChapter01B.pdf>.

cc. VHA Directive 1101.05(2), Emergency Medicine, dated September 2, 2016.

dd. VHA Directive 1601D.02, Treatment of Allied Beneficiaries, dated February 5, 2018.

ee. VHA Handbook 1601D.05, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), dated November 2, 2015.

ff. VHA Procedure Guide 1601A.02.2.

**INDIVIDUALS AND GROUPS CONSIDERED TO HAVE PERFORMED ACTIVE
MILITARY, NAVAL, AND AIR SERVICE**

1. VA considers certain special groups that provided military-related services to the U.S. to have performed active military, naval, or air service. These groups are defined in 38 CFR 17.31.

a. Active military, naval, or air service includes:

(1) Active duty;

(2) Any period of active duty for training during which the individual was disabled from a disease or injury incurred or aggravated in line of duty;

(3) Any period of inactive duty training during which the individual was disabled from an injury incurred or aggravated in line of duty; or

(4) Any period of inactive duty training during which the individual was disabled from an acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident that occurred during such period of inactive duty training.

b. Active duty means:

(1) Full-time duty in the Armed Forces, other than active duty for training;

(2) Full-time duty, other than for training purposes, as a commissioned officer of the Regular or Reserve Corps of the Public Health Service during the following dates:

(a) On or after July 29, 1945;

(b) Before July 29, 1945, under circumstances affording entitlement to full military benefits; or

(3) Full-time duty as a commissioned officer of the National Oceanic and Atmospheric Administration or its predecessor organizations, the Coast and Geodetic Survey or the Environmental Science Services Administration, during the following dates:

(a) On or after July 29, 1945;

(b) Before July 29, 1945, under the following circumstances:

1. While on transfer to one of the Armed Forces;

2. While, in time of war or national emergency declared by the President, assigned to duty on a project for one of the Armed Forces in an area determined by the Secretary of Defense to be of immediate military hazard; or

3. In the Philippine Islands on December 7, 1941, and continuously in such islands thereafter; or

(4) Service as a cadet at the U.S. Military, Air Force, or Coast Guard Academy, or as a midshipman at the U.S. Naval Academy.

(5) Service in Women's Army Auxiliary Corps (WAAC). Recognized effective March 18, 1980.

(6) Service of any person in a group the members of which rendered service to the Armed Forces of the United States in a capacity considered civilian employment or contractual service at the time such service was rendered, if the Secretary of Defense:

(a) Determines that the service of such group constituted active military service; and

(b) Issues to each member of such group a discharge from such service under honorable conditions where the nature and duration of the service of such member so warrants.

(7) Service in American Merchant Marine in Oceangoing Service any time during the period December 7, 1941, to August 15, 1945. Recognized effective January 19, 1988.

(8) Service by the approximately 50 Chamorro and Carolinian former native police officers who received military training in the Donnal area of central Saipan and were placed under the command of Lt. Casino of the 6th Provisional Military Police Battalion to accompany U.S. Marines on active, combat-patrol activity any time during the period August 19, 1945, to September 2, 1945. Recognized effective September 30, 1999.

(9) Service by Civilian Crewmen of the U.S. Coast and Geodetic Survey (USCGS) vessels, who performed their service in areas of immediate military hazard while conducting cooperative operations with and for the U.S. Armed Forces any time during the period December 7, 1941, to August 15, 1945. Qualifying USCGS vessels specified by the Secretary of the Air Force are the Derickson, Explorer, Gilbert, Hilgard, E. Lester Jones, Lydonia, Patton, Surveyor, Wainwright, Westdahl, Oceanographer, Hydrographer, or Pathfinder. Recognized effective April 8, 1991.

(10) Service by Civilian Employees of Pacific Naval Air Bases who actively participated in Defense of Wake Island during World War II. Recognized effective January 22, 1981.

(11) Service by Civilian Navy Identification Friend or Foe (IFF) Technicians who served in the Combat Areas of the Pacific any time during the period December 7, 1941, to August 15, 1945. Recognized effective August 2, 1988.

(12) Service by Civilian personnel assigned to the Secret Intelligence Element of the Office of Strategic Services (OSS). Recognized effective December 27, 1982.

(13) Service by Engineer Field Clerks (World War I). Recognized effective August 31, 1979.

(14) Service by Guam Combat Patrol. Recognized effective May 10, 1983.

(15) Service by Honorably discharged members of the American Volunteer Group (Flying Tigers) who served any time during the period December 7, 1941, to July 18, 1942. Recognized effective May 3, 1991.

(16) Service by Honorably discharged members of the American Volunteer Guard, Eritrea Service Command who served any time during the period June 21, 1942, to March 31, 1943. Recognized effective June 29, 1992.

(17) Service by Male Civilian Ferry Pilots. Recognized effective July 17, 1981.

(18) Service with the Operational Analysis Group of the Office of Scientific Research and Development, Office of Emergency Management, which served overseas with the U.S. Army Air Corps any time during the period December 7, 1941, to August 15, 1945. Recognized effective August 27, 1999.

(19) Service by Quartermaster Corps Female Clerical Employees serving with the American Expeditionary Forces in World War II. Recognized effective January 22, 1981.

(20) Service by Quartermaster Corps Keswick Crew on Corregidor (World War II). Recognized effective February 7, 1984.

(21) Service by Reconstruction Aides and Dietitians in World War I. Recognized effective July 6, 1981.

(22) Service by Signal Corps Female Telephone Operators Unit of World War I. Recognized effective May 15, 1979.

(23) Service by three scouts/guides, Miguel Tenorio, Penedicto Taisacan, and Cristino Dela Cruz, who assisted the U.S. Marines in the offensive operations against the Japanese on the Northern Mariana Islands from June 19, 1944, through September 2, 1945. Recognized effective September 30, 1999.

(24) Service by U.S. civilian employees of American Airlines who served overseas because of American Airlines' Contract with the Air Transport Command any time during the period December 14, 1941, to August 14, 1945. Recognized effective October 5, 1990.

(25) Service by U.S. civilian female employees of the U.S. Army Nurse Corps while serving in the Defense of Bataan and Corregidor any time during the period January 2, 1942, to February 3, 1945. Recognized effective December 13, 1993.

(26) Service by U.S. Civilian Flight Crew and Aviation Ground Support Employees of Braniff Airways, who served overseas in the North Atlantic or under the jurisdiction of the North Atlantic Wing, Air Transport Command (ATC), because of a Contract with the ATC any time during the period February 26, 1942, to August 14, 1945. Recognized effective June 2, 1997.

(27) Service by U.S. Civilian Flight Crew and Aviation Ground Support Employees of Consolidated Vultee Aircraft Corporation (Consairway Division), who served overseas because of a Contract with the Air Transport Command any time during the period December 14, 1941, to August 14, 1945. Recognized effective June 29, 1992.

(28) Service by U.S. Flight Crew and Aviation Ground Support Employees of Northeast Airlines Atlantic Division, who served overseas because of Northeast Airlines' Contract with the Air Transport Command any time during the period December 7, 1941, to August 14, 1945. Recognized effective June 2, 1997.

(29) Service by U.S. Civilian Flight Crew and Aviation Ground Support Employees of Northwest Airlines, who served overseas because of Northwest Airlines' Contract with the Air Transport Command any time during the period December 14, 1941, to August 14, 1945. Recognized effective December 13, 1993.

(30) Service by U.S. Civilian Flight Crew and Aviation Ground Support Employees of Pan American World Airways and its Subsidiaries and Affiliates, who served overseas because of Pan American's Contract with the Air Transport Command and Naval Air Transport Service any time during the period December 14, 1941, to August 14, 1945. Recognized effective July 16, 1992.

(31) Service by U.S. Civilian Flight Crew and Aviation Ground Support Employees of Transcontinental and Western Air (TWA), Inc., who served overseas because of TWA's Contract with the Air Transport Command any time during the period December 14, 1941, to August 14, 1945. The "Flight Crew" includes pursers. Recognized effective May 13, 1992.

(32) Service by U.S. Civilian Flight Crew and Aviation Ground Support Employees of United Air Lines (UAL), who served overseas because of UAL's Contract with the Air Transport Command any time during the period December 14, 1941, to August 14, 1945. Recognized effective May 13, 1992.

(33) Service by U.S. civilian volunteers who actively participated in the Defense of Bataan. Recognized effective February 7, 1984.

(34) Service by U.S. civilians of the American Field Service (AFS) who served
Service by U.S. civilians of the American Field Service (AFS) who served overseas

under U.S. Armies and U.S. Army Groups in World War II any time during the period December 7, 1941, to May 8, 1945. Recognized effective August 30, 1990.

(35) Service by U.S. Merchant Seamen who served on blockships in support of Operation Mulberry. Recognized effective October 18, 1985.

(36) Service by Wake Island Defenders from Guam. Recognized effective April 7, 1982.

(37) Service by Women's Air Forces Service Pilots (WASP). Recognized effective November 23, 1977.

(38) Service by persons who were injured while providing aerial transportation of mail and serving under conditions set forth in Public Law 73-140.

(39) Service in the Alaska Territorial Guard during World War II, for any person who the Secretary of Defense determines was honorably discharged.

(40) Service by Army field clerks.

(41) Service by Army Nurse Corps, Navy Nurse Corps, and female dietetic and physical therapy personnel as follows:

(a) Female Army and Navy nurses on active service under order of the service department; or

(b) Female dietetic and physical therapy personnel, excluding students and apprentices, appointed with relative rank after December 21, 1942, or commissioned after June 21, 1944.

(42) Service by students who were enlisted men in Aviation camps during World War I.

(43) Active service in the Coast Guard after January 28, 1915, while under the jurisdiction of the Treasury Department, the Navy Department, the Department of Transportation, or the Department of Homeland Security. This does not include temporary members of the Coast Guard Reserves.

(44) Service by contract surgeons if the disability was the result of injury or disease contracted in the line of duty during a period of war while actually performing the duties of assistant surgeon or acting assistant surgeon with any military force in the field, or in transit, or in a hospital.

(45) Service by field clerks of the Quartermaster Corps.

(46) Service by lighthouse service personnel who were transferred to the service and jurisdiction of the War or Navy Departments by Executive Order under the Act of

August 29, 1916. Effective July 1, 1939, service was consolidated with the Coast Guard.

(47) Service by male nurses who were enlisted in a Medical Corps.

(48) Service by persons having a pensionable or compensable status before January 1, 1959.

(49) Service by a Commonwealth Army veteran or new Philippine Scout, as defined in 38 U.S.C. 1735, who resides in the United States and is a citizen of the United States or an alien lawfully admitted to the United States for permanent residence; service by Regular Philippine Scouts and service in the Insular Force of the Navy, Samoan Native Guard, or Samoan Native Band of the Navy.

(50) Service with the Revenue Cutter Service while serving under direction of the Secretary of the Navy in cooperation with the Navy. Effective January 28, 1915, the Revenue Cutter Service was merged into the Coast Guard.

(51) Service during World War I in the Russian Railway Service Corps as certified by the Secretary of the Army.

(52) Service by members of training camps authorized by section 54 of the National Defense Act (Pub. L. 64-85, 39 Stat. 166), except for members of Student Army Training Corps Camps at the Presidio of San Francisco; Plattsburg, New York; Fort Sheridan, Illinois; Howard University, Washington, DC; Camp Perry, Ohio; and Camp Hancock, Georgia, from July 18, 1918, to September 16, 1918.

(53) Service in the Women's Army Corps (WAC) after June 30, 1943.

(54) Service in the Women's Reserve of the Navy, Marine Corps, and Coast Guard.

(55) Effective July 28, 1959, service by a Veteran who was discharged for alienage during a period of hostilities unless evidence affirmatively shows the Veteran was discharged at his or her own request. A Veteran who was discharged for alienage after a period of hostilities and whose service was honest and faithful is not barred from benefits if he or she is otherwise entitled. A discharge changed prior to January 7, 1957, to honorable by a board established under 10 U.S.C. 1552 and 1553 will be considered as evidence that the discharge was not at the alien's request.

(56) Attendance at the preparatory schools of the United States Air Force Academy, the United States Military Academy, or the United States Naval Academy for enlisted active duty members who are reassigned to a preparatory school without a release from active duty, and for other individuals who have a commitment to active duty in the Armed Forces that would be binding upon disenrollment from the preparatory school.

(57) For purposes of providing medical care under chapter 17 for a service-connected disability, service by any person who has suffered an injury or contracted a

disease in line of duty while en route to or from, or at, a place for final acceptance or entry upon active duty and:

(a) Who has applied for enlistment or enrollment in the active military, naval, or air service and has been provisionally accepted and directed or ordered to report to a place for final acceptance into such service;

(b) Who has been selected or drafted for service in the Armed Forces and has reported pursuant to the call of the person's local draft board and before rejection; or

(c) Who has been called into the Federal service as a member of the National Guard, but has not been enrolled for the Federal service.

NOTE: The injury or disease must be due to some factor relating to compliance with proper orders. Draftees and selectees are included when reporting for preinduction examination or for final induction on active duty. Such persons are not included for injury or disease suffered during the period of inactive duty, or period of waiting, after a final physical examination and prior to beginning the trip to report for induction. Members of the National Guard are included when reporting to a designated rendezvous.

(58) Authorized travel to or from such duty or service, as described in this section.

(59) The period of time immediately following the date an individual is discharged or released from a period of active duty, as determined by the Secretary concerned to have been required for that individual to proceed to that individual's home by the most direct route, and in any event until midnight of the date of such discharge or release.

c. Active duty for training means:

(1) Full-time duty in the Armed Forces performed by Reserves for training purposes.

(2) Full-time duty for training purposes performed as a commissioned officer of the Reserve Corps of the Public Health service during the period covered in paragraph (b)(2) of this section.

(3) In the case of members of the Army National Guard or Air National Guard of any State, full-time duty under sections 316, 502, 503, 504, or 505 of title 32 U.S.C., or the prior corresponding provisions of law.

(4) Duty performed by a member of a Senior Reserve Officers' Training Corps program when ordered to such duty for the purpose of training or a practice cruise under chapter 103 of title 10 U.S.C. for a period of not less than four weeks and which must be completed by the member before the member is commissioned.

(5) Attendance at the preparatory schools of the United States Air Force Academy, the United States Military Academy, or the United States Naval Academy by an individual who enters the preparatory school directly from the Reserves, National Guard

or civilian life, unless the individual has a commitment to service on active duty which would be binding upon disenrollment from the preparatory school.

(6) Authorized travel to or from such duty as described in paragraph (c) of this section if an individual, when authorized or required by competent authority, assumes an obligation to perform active duty for training and is disabled from an injury, acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident incurred while proceeding directly to or returning directly from such active duty for training. Authorized travel should take into account:

- (a) The hour on which such individual began so to proceed or to return;
- (b) The hour on which such individual was scheduled to arrive for, or on which such individual ceased to perform, such duty;
- (c) The method of travel employed;
- (d) The itinerary;
- (e) The manner in which the travel was performed; and
- (f) The immediate cause of disability.

NOTE: Active duty for training does not include duty performed as a temporary member of the Coast Guard Reserve.

d. Inactive duty training means:

(1) Duty (other than full-time duty) prescribed for Reserves (including commissioned officers of the Reserve Corps of the Public Health Service) by the Secretary concerned under section 206, title 37 U.S.C., or any other provision of law;

(2) Special additional duties authorized for Reserves (including commissioned officers of the Reserve Corps of the Public Health Service) by an authority designated by the Secretary concerned and performed by them on a voluntary basis in connection with the prescribed training or maintenance activities of the units to which they are assigned.

(3) Duty (other than full-time duty) for members of the National Guard or Air National Guard of any State under the provisions of law stated in paragraph (c)(3) of this section.

(4) Training (other than active duty for training) by a member of, or applicant for membership (as defined in 5 U.S.C. 8140(g)) in, the Senior Reserve Officers' Training Corps prescribed under chapter 103 of title 10 U.S.C.

(5) Inactive duty for training does not include work or study performed in connection with correspondence courses, or attendance at an educational institution in an inactive status, or duty performed as a temporary member of the Coast Guard Reserve.

(6) Travel to or from such duty as described in paragraph (d) of this section if an individual, when authorized or required by competent authority, assumes an obligation to perform inactive duty training and is disabled from an injury, acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident incurred while proceeding directly to or returning directly from such inactive duty training.

ELIGIBILITY FOR OUTPATIENT DENTAL CARE

Public Law 83, 84th Congress, enacted June 16, 1955, amended Veterans' eligibility for outpatient dental services. As a result, any Veteran who received a dental award letter from VBA dated before 1955 in which VBA determined the dental conditions to be non-compensable are no longer eligible for Class II outpatient dental treatment. **NOTE:** For more information on eligibility for dental services, see VHA Handbook 1130.01, or subsequent policy.

If you:	You are eligible for:	Through
Have a service-connected compensable dental disability or condition.	Any needed dental care	Class I
Are a former prisoner of war.	Any needed dental care.	Class II(c)
Have service-connected disabilities rated at 100% by schedular evaluation, or are entitled to the 100% rate by reason of individual unemployability.	Any needed dental care. [Please note: Veterans paid at the 100% rate based on a temporary rating, such as extended hospitalization for a service-connected disability, convalescence or pre-stabilization are not eligible for comprehensive outpatient dental services based on this temporary rating].	Class IV
Have a service connected non-compensable dental condition or disability in existence at the time of discharge or release under specified conditions. Must apply for dental care within 180 days of discharge or release (under conditions other than Dishonorable) from a minimum period of active duty.	One-time correction of the service connected noncompensable condition if your DD214 certificate of discharge or release does not indicate that a complete dental examination and all appropriate dental treatment had been rendered within 90 days prior to discharge or release.	Class II
Have a service-connected non-compensable dental condition or disability resulting	Any dental care necessary to provide and maintain a functioning dentition. A Dental Trauma Rating (VA Form 10-564-D) or VA Regional Office Rating Decision letter (VA Form 10-	Class II(a)

If you:	You are eligible for:	Through
from combat wounds or service trauma.	7131) identifies the tooth/teeth/condition(s) that are trauma rated.	
Have a dental condition professionally determined by VA to be aggravating disability from an associated service-connected condition or disability.	Dental care to treat the dental conditions that are determined by a VA dental professional to have a direct and material detrimental effect to your service connected condition or disability.	Class III
Are actively engaged in a 38 U.S.C., Chapter 31 vocational Rehabilitation program.	<p>Dental care to the extent necessary as determined by a VA dental professional to:</p> <ul style="list-style-type: none"> Make possible your entrance into a rehabilitation program Achieve the goals of your vocational rehabilitation program Prevent interruption of your rehabilitation program Hasten the return to a rehabilitation program if you are in interrupted or leave status Hasten the return to a rehabilitation program if you are in interrupted or leave status Hasten the return to a rehabilitation program of a Veteran placed in discontinued status because of illness, injury or a dental condition, or Secure and adjust to employment during the period of employment assistance; or Enable you to achieve maximum independence in daily living 	Class V

If you:	You are eligible for:	Through
Are receiving VA care or are scheduled for inpatient care and require dental care for a dental condition complicating a medical condition currently under treatment.	Outpatient dental care that is medically necessary to treat the dental conditions that are determined by a VA dental professional to complicate your medical condition currently under treatment.	Class VI
Are an enrolled Veteran who may be homeless and receiving care for a period of 60 consecutive days in specified settings under 38 U.S.C. 2062.	A one-time course of dental care that is determined medically necessary to relieve pain, assist you to gain employment, or treat moderate, severe, or severe and complicated gingival and periodontal pathology.	Class II(b)

ELIGIBILITY FOR PRESUMPTIVE PSYCHOSIS AND OTHER MENTAL ILLNESS

1. Psychosis. Eligibility for benefits under 38 Code of Federal Regulations (CFR) part 17 is established by 17.109(a) for treatment of active psychosis, and care for such condition is exempted from copayments under 38 CFR 17.108, 17.110, and 17.111 for any Veteran who served in the United States active military, naval, or air service in World War II, the Korean conflict, the Vietnam era, or the Persian Gulf War and developed such psychosis: (1) within 2 years after discharge or release from the active military, naval or air service; and (2) before the following date associated with the war or conflict in which the Veteran served:

Veteran Served During	Date:
World War II	July 26, 1949
Korean Conflict	February 1, 1957
Vietnam Era	May 8, 1977
Persian Gulf War	End of the 2-year period beginning on the last day of the Persian Gulf War (end date of the Persian Gulf War is not determined as of the date of publication of this directive)

2. Mental Illness (other than Psychosis). Eligibility for benefits under 38 CFR part 17 is established by 17.109(b) for treatment of an active mental illness (other than psychosis), and such condition is exempted from copayments under 38 CFR 17.108, 17.110, and 17.111 for any Veteran of the Persian Gulf War who developed such mental illness:

a. Within 2 years after discharge or release from the active duty military, naval, or air service; and

b. Before the end of the 2-year period beginning on the last day of the Persian Gulf War (end date of the Persian Gulf War is not determined as of the date of publication of this directive).

3. No minimum service required. Eligibility for care and waiver of copayments will be established for presumptive eligibility for psychosis and mental illness other than psychosis without regard to the Veteran's length of active-duty service.

ELIGIBILITY FOR MENTAL AND BEHAVIORAL HEALTHCARE FOR OTHER THAN HONORABLE FORMER SERVICEMEMBERS

1. Mental and Behavioral Healthcare. Eligibility for benefits under 38 U.S.C. 1720I is established as follows:

If the OTH Former Servicemember:	And either:	And is NOT:	The OTH Former Servicemember is eligible to receive:
<p>While serving in the active military, naval, or air service, was discharged or released under a condition that is not honorable and not dishonorable or by court martial</p>	<p>Served more than 100 cumulative days, and deployed in: (1) a theater of combat operations, (2) in support of a contingency operation, or (3) in an area at a time during which hostilities are occurring in that area during such service, including by controlling an unmanned aerial vehicle from a location other than such theater or area</p> <p>OR:</p> <p>Was a victim of (1) physical assault of a sexual nature, (2) battery of a sexual nature, or (3) sexual harassment as it is stated and used in 38 U.S.C.1720D(f).</p>	<p>Enrolled in VA's health care system established by 38 U.S.C. 1705</p>	<p>An initial mental health assessment</p> <p>AND</p> <p>The mental health care and behavioral health care services included in the medical benefits package, 38 CFR 17.38, that are required to treat their mental or behavioral health care needs, including risk of suicide or harming others.</p>

November 21, 2018

VHA DIRECTIVE 1601A.02
APPENDIX D

2. Copayment Exemption. Care under 38 U.S.C. 1720I is exempted from copayments

**ACCESS FOR EMERGENT MENTAL HEALTH SERVICES FOR FORMER
SERVICEMEMBERS**

To facilitate eligibility determinations, Members Services is coordinating with Enrollment Coordinators and VISN Business Implementation Managers (BIMs) to ensure staff with access to the Veterans Information Solution (VIS) are available 24/7 (Enrollment, Emergency Departments (EDs), Administrative Officers of the Day (AODs). VA medical facilities can access the Beneficiary Identification Records Locator Subsystem (BIRLS) database in the VIS to view Character of Discharge (COD). If an individual has a Bad Conduct Discharge (BCD) or a Dishonorable Discharge (DD), that information will generally be available to determine eligibility. If the individual had a BCD that was subsequently adjudicated by VBA to be Honorable for VA purposes this would be available in the VIS as well. Additionally, the Compensation and Pension (C&P) screen within VIS will display disability determination information made by VBA. Within the C&P screen, select the 'Disabilities' screen and the 'Diagnostics/Combined' tab will display and VBA decisions regarding service connection. The 'Additional Rating Info' tab will display VBA decisions pertaining to Chapter 17 (38 CFR 3.360) and 38 U.S.C. 1702 benefits. Enrollment coordinators may consider any of the verified statuses in making tentative eligibility determination as follows:

Individual is not enrolled in VA Health Care and Discharge Status listed in the system is:	VBA Information Systems Show:	<u>Consider Eligibility Status for Tentative Eligibility for emergent mental health care as:</u>
HON	Verified	Consider whether the individual is eligible for enrollment or other special treatment authority, if not eligible, they are eligible for tentative eligibility
UHC	Verified	Consider whether the individual is eligible for enrollment or other special treatment authority, if not eligible, they are eligible for tentative eligibility
HVA	Verified	Consider whether the individual is eligible for enrollment or other special treatment authority, if not eligible, they are eligible for tentative eligibility
12C	Verified	Not Eligible
12D	Verified	Eligible for Tentative Eligibility unless the C&P tab indicates the Mental

Individual is not enrolled in VA Health Care and Discharge Status listed in the system is:	VBA Information Systems Show:	<u>Consider Eligibility Status for Tentative Eligibility for emergent mental health care as:</u>
		Health condition is found to not be service-connected.
DIS	Verified	Not Eligible
DVA	Verified	Unless a statutory bar applies, eligible for Tentative Eligibility unless the C&P tab indicates the Mental Health condition is found to not be service-connected.
OTH (multiple periods of service)	N/A	Check for other eligible period, if no other eligible period, eligible for Tentative Eligibility unless the C&P tab indicates the Mental Health condition is found to not be service-connected.
OTH (only period of service)	N/A	Eligible for Tentative Eligibility unless the C&P tab indicates the Mental Health condition is found to not be service-connected.
UNK	N/A	Humanitarian until discharge status can be verified with VBA.

1. PRESENTATION OF REFERRAL FOR SERVICES VIA THE VETERAN CRISIS LINE OR VISITING THE VA EMERGENCY ROOM, OUTPATIENT CLINIC OR VET CENTER

a. Ineligible Former Servicemember.

(1) An Ineligible Former Servicemember presenting under emergent circumstances will be evaluated and stabilized.

(2) If found to need inpatient services, the Ineligible Former Servicemember may be placed in any acute bed for stabilization. Discharge planning should begin upon admission and a care plan will be developed using community resources, beginning with a referral to a Vet Center. Under 38 CFR 17.2000(c), upon request, a Vet Center will provide an individual who does not meet the eligibility requirements for Vet Center counseling with referral services “to assist such individual, to the maximum extent practicable, in obtaining mental health care and services from sources outside VA.”

(3) Once the Ineligible Former Servicemember is stabilized without the need for further inpatient care, s/he will be contacted by a clinician, and a referral made to a Vet Center or community resources, when available. Under 38 CFR 17.2000(c), upon request, a Vet Center will provide an individual who does not meet the eligibility requirements for Vet Center counseling with referral services “to assist such individual, to the maximum extent practicable, in obtaining mental health care and services from sources outside VA.”

b. Other than Honorable (OTH) Former Servicemembers.

(1) An OTH Former Servicemember, as defined in this directive, seeking mental health care in emergency circumstances for a mental health condition the former Servicemember asserts is, or a VA clinician reasonably believes may be, related to military service qualifies for tentative eligibility under 38 CFR 17.34, as described in section 5 of this directive, for mental health care.

(2) OTH Former Servicemembers may also be eligible to receive care under presumptive eligibility for psychosis or other mental illness, 38 U.S.C. 1702 and 38 CFR 17.109, as described in section 10 of this directive, and mental and behavioral health care under 38 U.S.C. 1720I, as described in section 11 of this directive.

(3) OTH Former Servicemembers receiving emergent mental health care under tentative eligibility are eligible to receive stabilization within the VA system for their mental health emergency, including inpatient treatment.

(4) If found to need inpatient services, s/he may be placed in any acute bed for stabilization. Discharge planning should begin upon admission. A care plan will be developed using resources within the VA system.

(5) Follow-up care for their mental health emergency will be authorized within the VA system for an “episode of care” of up to 90 days.

(6) If stabilized without the need for inpatient care but the mental health emergency persists, s/he will be given an appointment within VA’s health care system.

(7) Follow-up outpatient, residential, and inpatient mental health and substance use disorder services may be provided for a mental health emergency for an “episode of care” of up to 90 days, with social work engagement to coordinate with treating clinician a community transition to longer-term services, if needed.

(a) An episode of care can include mental health services in general and services at specialized outpatient mental health clinics; residential treatment programs; inpatient treatment units; and/or in other VA care settings.

(b) Services may include assessment, medication management/ pharmacotherapy, lab work, case management/care coordination, psycho-education, and psychotherapy.

(c) Any condition associated with the emergency mental health illness should be considered as treatment under this episode of care. Care provided that is ultimately found to not be proximately due to or the result of a service-connected mental health condition will result in billing.

(8) A request for a second “episode of care” of up to 90 days must be submitted to the VISN Chief Medical Officer for approval. Approval will be based on a review of the treatment team’s request, treatment notes and annotation of treating notes in the Computerized Patient Record System (CPRS).

c. A former Servicemember with an OTH discharge who has yet to have a VBA determination of VA health eligibility is generally not to receive more than 180 days of care in a 365-day period on a tentative eligibility basis. If VBA adjudication is not complete within 180 days, the VISN Chief Medical Officer may authorize additional care if the OTH Former Servicemember cannot be stabilized within the 180 days for transfer to the community. In general, it is anticipated a final determination regarding eligibility will have been made by the agency of original jurisdiction. In the instance of additional time delays due to extensive development of information pertaining to the facts and circumstances surrounding the military characterization of discharge, VBA will inform VA health eligibility of such delay that is beyond agency control.

2. PRESENTATION OF REFERRAL FOR SERVICES VIA COMMUNITY BASED OUTPATIENT CENTER

a. Ineligible Former Servicemember.

(1) An Ineligible Former Servicemember presenting under emergent circumstances will be evaluated and stabilized at the CBOC if possible, or if stabilization is not possible, then the individual will be sent to the closest receiving Emergency Department for evaluation and stabilization.

(2) VA does not have the legal authority to utilize Community Care authorities to authorize Ineligible Former Servicemembers care in the community at VA expense.

b. Other than Honorable Former Servicemembers.

(1) An OTH Former Servicemember, as defined in this directive, seeking mental health care in emergency circumstances for a mental health condition the former Servicemember asserts, or a VA clinician reasonably believes that it may be, related to military service qualifies for tentative eligibility under 38 CFR 17.34, as described in section 5 of this directive, for mental health care. **NOTE:** *As defined in this directive, an OTH Former Servicemember is a former Servicemember with an OTH administrative discharge whose eligibility for health care and benefits under title 38, United States Code, has not yet been finally adjudicated by the agency of original jurisdiction. The VA clinician is not making a determination of service connection when providing care.*

(2) OTH Former Servicemembers may also be eligible to receive care under presumptive eligibility for psychosis or other mental illness, 38 U.S.C. 1702 and 38 CFR 17.109, as described in section 10 of this directive, and mental and behavioral health care under 38 U.S.C. 1720I, as described in section 11 of this directive.

(3) OTH Former Servicemembers receiving emergent mental health care under tentative eligibility are eligible to receive stabilization within the VA system for their mental health emergency, including inpatient treatment.

(4) Follow-up care for their mental health emergency will be authorized within the VA system for an “episode of care” of up to 90 days.

(5) Unless a contract is in place, VA does not have the legal authority to utilize Community Care authorities to authorize OTH Former Servicemembers care in the community at VA expense. At the first available opportunity, the OTH Former Servicemember should be brought back into the VA system for inpatient treatment or follow-up care at the CBOC.

(6) Once stabilized in the community, if the mental health emergency persists, follow-up outpatient, residential, and inpatient mental health and substance use disorder services may be provided for an “episode of care” of up to 90 days, with follow-on social work engagement to coordinate with treating clinician an appropriate community transition to longer-term services, if needed.

(a) An episode of care can include mental health services in general specialized outpatient mental health clinics; residential treatment programs; inpatient treatment units; and/or in other VA care settings.

(b) Services may include assessment, medication management/ pharmacotherapy, lab work, case management/care coordination, psycho-education, and psychotherapy.

(c) Any condition associated with the mental health illness should be considered as treatment under this episode of care.

(d) The VISN Chief Medical Officer must approve a second “episode of care” of up to 90 days. This will be based on a review of the treatment teams’ request, treatment notes and annotation of treating notes in CPRS.

(e) A former Servicemember with an OTH discharge who has yet to have a VBA determination of VA health eligibility is generally not to receive more than 180 days of care annually on a tentative eligibility basis. If VBA adjudication is not complete within 180 days, the VISN Chief Medical Officer may authorize additional care if the OTH Former Servicemember cannot be stabilized within the 180 days for transfer to the community. In general, it is anticipated that a final determination regarding eligibility will have been made by the agency of original jurisdiction. In the instance of additional time delays due to extensive development of information pertaining to the facts and circumstances surrounding the military characterization of discharge, VBA will inform VA health eligibility of such delay that is beyond agency control.