

Military Veterans



Timber Pines



To honor, educate, and assist all US Military veterans, men and women by providing social opportunities, information on veterans' entitlements, and outreach activities that address needs beyond the scope of other support groups

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Catastrophically Disabled Veterans

Veterans are Catastrophically Disabled when their injury, disorder or disease:

- Compromises their ability to carry out activities of daily living to such a degree that one requires personal or mechanical assistance to leave home or bed; or
- Requires constant supervision to avoid physical harm to oneself or others.

Benefits of the Catastrophically Disabled determination:

- The Veteran will be placed into priority group 4, unless eligible for a higher priority group.
- As of May 5, 2010 Per Public Law 111-163, the Caregiver and Veterans Omnibus Health Services Act of 2011, Catastrophically disabled veterans are exempted from inpatient, outpatient, and prescription copays. However, Veterans of this status may still be subject to copayments for extended care, long-term care, services.

The catastrophically disabled evaluation occurs when:

- A VA Clinician determines that there is sufficient medical documentation without further evaluation.
- A Veteran requests the evaluation by contacting:
 - the Enrollment Coordinator at their local VA health care facility, or
 - The Veteran should request to be evaluated by your VA primary care physician or VA Rehabilitation physician. If you have medical evidence of a permanent, severely disabling injury, disorder or disease, from a non-VA physician or hospital, bring a copy of the evidence with you. Your VA physician may have to repeat certain tests, but bringing the evidence may speed up the evaluation process. Note that the VA policy is to provide the evaluation within 30 days of the request and there is no charge for the evaluation.

The following is a list of some injuries, disorders and diseases that may qualify as a catastrophic disability:

- Spinal Cord Injury-Quadriplegia and Quadriparesis or Paraplegia
- Persistent Vegetative State
- Traumatic Brain Injury
- Blindness
- Amputations- two amputations but not of the same limb
- Multiple Sclerosis

- Parkinson's Disease
- Lou Gehrig's Disease (Amyotrophic Lateral Sclerosis (ALS))
- Neurological Disorders
- Psychological Conditions

There are three qualifying categories for this determination on the VA Form 10-0383

Evaluation:

Category 1A : The Veteran is catastrophically disabled if the Veteran has one of the following permanent conditions: Quadriplegia and Quadriparesis, Paraplegia, Blindness, or Persistent Vegetative State

Category 1B: The Veteran is catastrophically disabled if the Veteran has a permanent condition resulting from two amputations that were not of the same limb.

Category 2: The Veteran is catastrophically disabled if the Veteran meets one of the following conditions. Choose the scale evaluation that reflects the Veterans situation.

- Dependent in 3 or more activities of daily living (eating, dressing, toileting, transferring, incontinence of bowel, and/or bladder) with at least 3 of the being permanent with a score of 1, using the Katz Scale { Pro- Test is simple & Con- Limited range of activities assessed with ratings being subjective}, or
- A score of 10 or lower using the Folstein Mini-Mental State Examination {A brief psychological test to differentiate among dementia, psychosis, and affective disorders. It measures and evaluates cognitive function and mental impairment.}, or
- A score of 2 or lower on at least 4 of the 13 motor items using the functional independence measure (FIM) { Scale for measuring level of assistance in Physical Rehabilitation}, or
- A score of 30 or lower using the Global Assessment of Functioning (GAF) (This test subjectively rates the social, occupational, and psychological functioning of adults. Scores are given in a range. The score of 21-30 states: Behavior is considerably influenced by delusions or hallucinations or serious impairment, in communication or judgment {sometimes incoherent, acts grossly inappropriately, or suicidal preoccupation} or inability to function in almost all areas {stays in bed all day, no job, home or friends})

Benefits specific to the catastrophically disabled classification:

- Category 4 status, despite incomes over attributable income limit, unless the Veteran qualifies for a higher priority category being priority categories 1, 2 or 3.
- No co-pays for: VA Hospital care, VA medical services including out-patient services, Non-institutional alternative extended care services such as adult day health care or VA medications prescribed on an outpatient basis. Note: There is a co-pay for VA Nursing Home Care.

Enclosure: VA Form 10-0383 – Catastrophically Disabled Veteran Enrollment Approval Request Form

CATASTROPHICALLY DISABLED VETERAN ENROLLMENT APPROVAL REQUEST	REQUEST OR REVIEW TYPE	*DATE INITIATED
	<input type="checkbox"/> VETERAN INITIATED <input type="checkbox"/> VA FACILITY INITIATED	

PATIENT NAME (<i>Last, First and Middle</i>)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
	0	

ADDRESS	RESIDENTIAL PHONE NUMBER
	BUSINESS PHONE NUMBER

VETERAN REPRESENTATIVE'S NAME	PHONE NUMBER

CATASTROPHICALLY DISABLED CONDITIONS CLAIMED BY THE VETERAN:

CONDITIONS THAT VETERAN QUALIFIES FOR BY RECORD REVIEW (Fill out Page 1 of VA Form 10-0383) Record review date

VETERAN NEEDS CLINICAL EXAMINATION YES NO (*If Yes, Clinical Examination Date*)

CONDITIONS THAT VETERAN QUALIFIES FOR BY CLINICAL EXAMINATION (Fill out Page 1 of VA Form 10-0383)

CATASTROPHICALLY DISABLED? <input type="radio"/> YES <input type="radio"/> NO	RECOMMENDED BY (<i>Signature</i>)	DATE

IS THE COMPLETED ASSESSMENT TOOL ATTACHED YES NO (*Specify*)

RATIONALE FOR NOT RECOMMENDING CATASTROPHICALLY DISABLED

APPROVAL BY COS	(<i>Signature</i>)	DATE
<input type="radio"/> APPROVED <input type="radio"/> DISAPPROVED		

RATIONALE FOR DISAPPROVAL

*VETERAN AND VETERAN REPRESENTATIVE NOTIFIED	FIRST NOTIFICATION DATE	INITIALS
<input type="checkbox"/> BY PHONE <input type="checkbox"/> BY MAIL		

* Our goal is for the total time between the veteran's request for evaluation and the notification of results not to exceed 35 calendar days

NOTE: VA Form 10-0383 will be placed in the patient's record.



CATASTROPHICALLY DISABLED VETERAN EVALUATION

VHA has defined a "catastrophically disabled" veteran to be a veteran who has 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. This definition is met by conditions listed under 1A or 1B or 2.

1A. THE VETERAN IS CATASTROPHICALLY DISABLED IF THE VETERAN HAS ONE OF THE FOLLOWING PERMANENT CONDITIONS. CHECK THE CONDITIONS FOR WHICH THE VETERAN QUALIFIES AND SELECT THE CODE FROM THE DROP DOWN LIST.

<input type="checkbox"/> 1. Quadriplegia and quadripareisis	Choose code	<input type="text"/>
<input type="checkbox"/> 2. Paraplegia	Choose code	<input type="text"/>
<input type="checkbox"/> 3. Blindness	Choose code	<input type="text"/>
<input type="checkbox"/> 4. Persistent vegetative state	Choose code	<input type="text"/>

1B. THE VETERAN IS CATASTROPHICALLY DISABLED IF THE VETERAN HAS A PERMANENT CONDITION RESULTING FROM TWO OF THE FOLLOWING PROCEDURES PROVIDED THE TWO PROCEDURES WERE NOT ON THE SAME LIMB. Check the procedure and select the procedure code from the drop down list.

<input type="checkbox"/> 1. Amputation through hand.	<input type="text"/>	<input type="checkbox"/> 10. Amputation of great toe.*	<input type="text"/>
<input type="checkbox"/> 2. Disarticulation of wrist.	<input type="text"/>	<input type="checkbox"/> 11. Amputation through foot.	<input type="text"/>
<input type="checkbox"/> 3. Amputation through forearm.	<input type="text"/>	<input type="checkbox"/> 12. Disarticulation of ankle.	<input type="text"/>
<input type="checkbox"/> 4. Disarticulation of forearm.	<input type="text"/>	<input type="checkbox"/> 13. Amputation through malleoli.	<input type="text"/>
<input type="checkbox"/> 5. Amputation or disarticulation through elbow.	<input type="text"/>	<input type="checkbox"/> 14. Other amputation below knee.	<input type="text"/>
<input type="checkbox"/> 6. Amputation through humerus.	<input type="text"/>	<input type="checkbox"/> 15. Disarticulation of knee.	<input type="text"/>
<input type="checkbox"/> 7. Shoulder disarticulation.	<input type="text"/>	<input type="checkbox"/> 16. Above knee amputation.	<input type="text"/>
<input type="checkbox"/> 8. Forequarter amputation.	<input type="text"/>	<input type="checkbox"/> 17. Disarticulation of hip.	<input type="text"/>
<input type="checkbox"/> 9. Lower limb amputation not otherwise specified.	<input type="text"/>	<input type="checkbox"/> 18. Hindquarter amputation.	<input type="text"/>

If choice is #10 above NOTE* The CPT codes do not delineate the "great" toe as does ICD-9-CM so a medical review of the record is needed to confirm the amputation was of the great toe.

2. THE VETERAN IS CATASTROPHICALLY DISABLED IF THE VETERAN PERMANENTLY MEETS ONE OF THE CONDITIONS SPECIFIED IN THE FOLLOWING SECTION: (Check the appropriate item for which the veteran qualifies, and attach the completed assessment tool.)

<input type="checkbox"/> 1. DEPENDENT IN THREE OR MORE ACTIVITIES OF DAILY LIVING (EATING, DRESSING, BATHING, TOILETING, TRANSFERRING, INCONTINENCE OF BOWEL AND/OR BLADDER), WITH AT LEAST THREE OF THE DEPENDENCIES BEING PERMANENT WITH A SCORE OF 1, USING THE KATZ SCALE.
<input type="checkbox"/> 2. A SCORE OF 10 OR LOWER USING THE FOLSTEIN MINI-MENTAL STATE EXAMINATION.
<input type="checkbox"/> 3. A SCORE OF 2 OR LOWER ON AT LEAST 4 OF THE 13 MOTOR ITEMS USING THE FUNCTIONAL INDEPENDENCE MEASURE (FIM).
<input type="checkbox"/> 4. A SCORE OF 30 OR LOWER USING THE GLOBAL ASSESSMENT OF FUNCTIONING (GAF).

COMPLETED BY (Signature)	DATE
<input type="text"/>	<input type="text"/>
PATIENT NAME (Last, First and Middle)	
<input type="text"/>	
SOCIAL SECURITY NUMBER	000-00-0000

OTHER IDENTIFYING PATIENT INFORMATION