Department of Veterans Affairs § 17.111

medications provided to veterans by VA.

(b) Copayments. (1) Copayment amount. Unless exempted under paragraph (c) of this section, a veteran is obligated to pay VA a copayment for each 30-day or less supply of medication provided by VA on an outpatient basis (other than medication administered during treatment).

(i) For the period from January 1, 2010, through June 30, 2010, the copayment amount is $8.

(ii) For the period from July 1, 2010, through December 31, 2012, the copayment amount for veterans in priority categories 2 through 6 of VA's health care system (see § 17.36) is $8.

(iii) For veterans in priority categories 7 and 8 of VA's health care system (see § 17.36), the copayment amount from July 1, 2010, through December 31, 2011, is $9.

(iv) The copayment amount for all affected veterans for each calendar year after December 31, 2011, will be established by using the prescription drug component of the Medical Consumer Price Index as follows: For each calendar year, the Index as of the previous September 30 will be divided by the Index as of September 30, 2001 which was 304.8. The ratio so obtained will be multiplied by the original copayment amount of $7. The copayment amount for the new calendar year will be this result, rounded down to the whole dollar amount.

NOTE TO PARAGRAPH (b)(1)(iv): Example for determining copayment amount. The ratio of the prescription drug component of the Medical Consumer Price Index for September 30, 2005, to the corresponding Index for September 30, 2001 (304.8) was 1.1542. This ratio, when multiplied by the original copayment amount of $7 equals $8.08, and the copayment amount beginning in calendar year 2006, rounded down to the whole dollar amount, was set at $8.

(2) The total amount of copayments in a calendar year for a veteran enrolled in one of the priority categories 2 through 6 of VA’s health care system (see § 17.36) shall not exceed the cap established for the calendar year. During the period from January 1, 2010 through December 31, 2012, the cap will be $960. If the copayment amount increases after December 31, 2012, the cap of $960 shall be increased by $120 for each $1 increase in the copayment amount.

(3) Information on copayment/cap amounts. Current copayment and cap amounts are available at any VA Medical Center and on our Web site, http://www.va.gov. Notice of any increases to the copayment and corresponding increases to annual cap amount will be published in the Federal Register.

(c) Medication not subject to the copayment requirements. The following are exempt from the copayment requirements of this section:

(1) Medication for a veteran who has a service-connected disability rated 50% or more based on a service-connected disability or unemployability.

(2) Medication for a veteran’s service-connected disability.

(3) Medication for a veteran whose annual income (as determined under 38 U.S.C. 1503) does not exceed the maximum annual rate of VA pension which would be payable to such veteran if such veteran were eligible for pension under 38 U.S.C. 1521.


(5) Medication for treatment of sexual trauma as authorized under 38 U.S.C. 1720D.

(6) Medication for treatment of cancer of the head or neck authorized under 38 U.S.C. 1720E.

(7) Medications provided as part of a VA approved research project authorized by 38 U.S.C. 7303.

(8) Medication for a veteran who is a former prisoner of war.

(9) A veteran who VA determines to be catastrophically disabled, as defined in 38 CFR 17.36(e).

Authority: 38 U.S.C. 501, 1710, 1720D, 1722A, 1730A.

§ 17.111 Copayments for extended care services.

(a) General. This section sets forth requirements regarding copayments for
extended care services provided to veterans by VA (either directly by VA or paid for by VA).

(b) Copayments. (1) Unless exempted under paragraph (f) of this section, as a condition of receiving extended care services from VA, a veteran must agree to pay VA and is obligated to pay VA a copayment as specified by this section. A veteran has no obligation to pay a copayment for the first 21 days of extended care services that VA provided the veteran in any 12-month period (the 12-month period begins on the date that VA first provided extended care services to the veteran). However, for each day that extended care services are provided beyond the first 21 days, a veteran is obligated to pay VA the copayment amount set forth below to the extent the veteran has available resources. Available resources are based on monthly calculations, as determined under paragraph (d) of this section. The following sets forth the extended care services provided by VA and the corresponding copayment amount per day:

(i) Adult day health care—$15.
(ii) Domiciliary care—$5.
(iii) Institutional respite care—$97.
(iv) Institutional geriatric evaluation—$97.
(v) Non-institutional geriatric evaluation—$15.
(vi) Non-institutional respite care—$15.

(2) For purposes of counting the number of days for which a veteran is obligated to make a copayment under this section, VA will count each day that adult day health care, non-institutional geriatric evaluation, and non-institutional respite care are provided and will count each full day and partial day for each inpatient stay except for the day of discharge.

(c) Definitions. For purposes of this section:

(1) Adult day health care is a therapeutic outpatient care program that provides medical services, rehabilitation, therapeutic activities, socialization, nutrition and transportation services to disabled veterans in a congregate setting.

(2) Domiciliary care is defined in §17.30(b).
more, their available resources are the sum of the value of the liquid assets,
the fixed assets, and the income of the veteran and the veteran’s spouse,
minus the sum of the veterans allowance, the spousal allowance, the spousal
resource protection amount, and (but only if the veteran—has a spouse
or dependents residing in the community who is not institutionalized) expen-
ses. When a veteran is legally separated from a spouse, available re-
sources do not include spousal income, expenses, and assets or a spousal allow-
ance.

(2) For purposes of determining available resources under this section:

(i) Income means current income (in-
cluding, but not limited to, wages and
income from a business (minus busi-
ness expenses), bonuses, tips, severance
pay, accrued benefits, cash gifts, inher-
iteance amounts, interest income,
standard dividend income from non tax
defered annuities, retirement income,
pension income, unemployment pay-
ments, worker’s compensation pay-
ments, black lung payments, court or-
dered payments of veteran or veteran’s
income). The amount of current income
will be stated in frequency of receipt, e.g.,
per week, per month.

(ii) Expenses means basic subsistence
expenses, including current expenses
for the following: rent/mortgage for
primary residence; vehicle payment for
one vehicle; food for veteran, veteran’s
spouse, and veteran’s dependents; edu-
cation for veteran, veteran’s spouse,
and veteran’s dependents; court-or-
dered payments of veteran or veteran’s
spouse or dependent; and including the
average monthly expenses dur-
ing the past year for the fol-
lowing: utilities and insurance for
primary residence; out-of-pocket med-
ical care costs not otherwise covered
by health insurance; health insurance
premums for the veteran, veteran’s
spouse, and veteran’s dependents; and
taxes paid on income and personal
property.

(iii) Fixed Assets means:

(A) Real property and other non-liq-
uid assets; except that this does not in-
clude—

1 Burial plots;
2 A residence if the residence is:
(i) The primary residence of the vet-
eran and the veteran is receiving only
noninstitutional extended care service;
or
(ii) The primary residence of the vet-
eran’s spouse or the veteran’s depend-
ents (if the veteran does not have a
spouse) if the veteran is receiving in-
stitutional extended care service.
3 A vehicle if the vehicle is:
(i) The vehicle of the veteran and the
veteran is receiving only noninstitu-
tional extended care service; or
(ii) The vehicle of the veteran’s spouse or the veteran’s dependents (if the
veteran does not have a spouse) if the veteran is receiving institutional
extended care service.

(B) [Reserved]

(iv) Liquid assets means cash, stocks,
dividends received from IRA, 401K’s
and other tax deferred annuities,
bonds, mutual funds, retirement ac-
counts (e.g., IRA, 401Ks, annuities), art,
rare coins, stamp collections, and col-
lectibles of the veteran, spouse, and de-
pendents. This includes household and
personal items (e.g., furniture, cloth-
ing, and jewelry) except when the vet-
eran’s spouse or dependents are living
in the community.

(v) Spousal allowance is an allow-
ance of $20 per day that is included only if
the spouse resides in the community
(not institutionalized).

(vi) Spousal resource protection
amount means the value of liquid as-
sets but not to exceed $89,280 if the
spouse is residing in the community
(not institutionalized).

(vii) Veterans allowance is an allow-
ance of $20 per day.

(3) The maximum amount of a copay-
ment for any month equals the copay-
ment amount specified in paragraph
(b)(1) of this section multiplied by the
number of days in the month. The co-
payment for any month may be less
than the amount specified in paragraph
(b)(1) of this section if the veteran pro-
vides information in accordance with
this section to establish that the co-
payment should be reduced or elimi-
nated.

(e) Requirement to submit information.

(1) Unless exempted under paragraph (f)
of this section, a veteran must submit
to a VA medical facility a completed VA Form 10–10EC and documentation requested by the Form at the following times:

(i) At the time of initial request for an episode of extended care services;
(ii) At the time of request for extended care services after a break in provision of extended care services for more than 30 days; and
(iii) Each year at the time of submission to VA of VA Form 10–10EZ.

(2) When there are changes that might change the copayment obligation (i.e., changes regarding marital status, fixed assets, liquid assets, expenses, income (when received), or whether the veteran has a spouse or dependents residing in the community), the veteran must report those changes to a VA medical facility within 10 days of the change.

(f) Veterans and care that are not subject to the copayment requirements. The following veterans and care are not subject to the copayment requirements of this section:

(1) A veteran with a compensable service-connected disability.

(2) A veteran whose annual income (determined under 38 U.S.C. 1503) is less than the amount in effect under 38 U.S.C. 1521(b).

(3) Care for a veteran’s noncompensable zero percent service-connected disability.

(4) An episode of extended care services that began on or before November 30, 1999.

(5) Care authorized under 38 U.S.C. 1710(e) for Vietnam-era herbicide-exposed veterans, radiation-exposed veterans, Persian Gulf War veterans, or post-Persian Gulf War combat-exposed veterans.

(6) Care for treatment of sexual trauma as authorized under 38 U.S.C. 1720D.

(7) Care or services authorized under 38 U.S.C. 1720E for certain veterans regarding cancer of the head or neck.

(8) A veteran who VA determines to be catastrophically disabled, as defined in 38 CFR 17.36(e), is exempt from copayments for adult day health care, non-institutional respite care, and non-institutional geriatric care.

(g) VA Form 10-10EC.
### Application for Extended Care Services

**Section I - General Information**

1. **Veteran's Name (Last, First, MI)
2. Social Security Number**

**Answer Yes or No Where Applicable (Otherwise Provide the Requested Information)**

3. **Are you eligible to receive care?**
   - Yes
   - No

4. **Are you covered by Medicare?**
   - Yes
   - No

5. **Are you covered by Medicaid/CHIP?**
   - Yes
   - No

6. **Insurance Information**
   - Name of Insurance Company
   - Address of Insurance Company
   - Phone Number of Insurance Company
   - Policy Number
   - Group Number

**Section III - Spouse/Dependent Information**

7. **Spouse's Name (Last, First, MI)**

8. **Dependent's Name (Last, First, MI)**

9. **Dependent's Social Security Number**

10. **Dependent's Date of Birth**

We need to collect information regarding income, assets, and expenses for you and your spouse. If you do not wish to provide this information, you must sign agreeing to make copayments and will be charged the maximum copayment amount for all services. See the top of page 2, read, sign, and date.
§ 17.111

APPLICATION FOR EXTENDED CARE SERVICES, Continued

<table>
<thead>
<tr>
<th>SECTION</th>
<th>FIXED ASSETS (VETERAN AND SPOUSE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Primary Residence (Market value minus mortgages or liens. Exclude if veteran receiving only non-institutional extended care services or spouse or dependent residing in the community.) If the veteran and spouse maintain separate residences, and the veteran is receiving institutional (inpatient) extended care services, include value of the veteran’s primary residence.</td>
</tr>
<tr>
<td>2.</td>
<td>Other Residence(s) (Market value minus mortgages or liens. This would include a second home, vacation home, rental property.)</td>
</tr>
<tr>
<td>3.</td>
<td>Vehicle(s) (Value minus any outstanding loan. Exclude primary vehicle if veteran receiving only non-institutional extended care services or spouse or dependent residing in the community. If the veteran and spouse maintain separate residences and vehicles, and the veteran is receiving institutional (inpatient) extended care services, include value of the veteran’s primary vehicle.)</td>
</tr>
<tr>
<td>1.</td>
<td>Cash, Amount in Bank Accounts (e.g., checking and savings accounts, certificates of deposit, individual retirement accounts, stocks and bonds.)</td>
</tr>
<tr>
<td>2.</td>
<td>Value of Other Liquid Assets (e.g., art, rare coins, stamp collections, collectibles) (Minus the amount you owe on these items. Exclude household effects, clothing, jewelry, and personal items if veteran receiving only non-institutional extended care services or spouse or dependent residing in the community.)</td>
</tr>
</tbody>
</table>

SUM OF ALL LINES FIXED AND LIQUID ASSETS:

<table>
<thead>
<tr>
<th>SECTION</th>
<th>CURRENT GROSS INCOME OF VETERAN AND SPOUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Gross annual income from employment (e.g., wages, bonuses, tips, severance pay, accrued benefits)</td>
</tr>
<tr>
<td>2.</td>
<td>Net income from your farm/ranch, property or business.</td>
</tr>
<tr>
<td>3.</td>
<td>List other income amounts (e.g., social security, Retirement and pension, interest, dividends) Refer to instructions.</td>
</tr>
</tbody>
</table>

SECTION VII: DEDUCTIBLE EXPENSES

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Educational expenses of veteran, spouse or dependent (e.g., tuition, books, fees, materials, etc.)</td>
</tr>
<tr>
<td>2.</td>
<td>Funeral and Burial (except child, amount you paid for funeral and burial expenses, including prepaid arrangements)</td>
</tr>
<tr>
<td>3.</td>
<td>Rent/Mortgage (monthly amount or annual amount)</td>
</tr>
<tr>
<td>4.</td>
<td>Utilities (calculate by average monthly amounts over the past 12 months)</td>
</tr>
<tr>
<td>5.</td>
<td>Car Payment for one vehicle only (exclude gas, automobile insurance, parking fees, repairs)</td>
</tr>
<tr>
<td>6.</td>
<td>Food (refer to average costs and dependents)</td>
</tr>
<tr>
<td>7.</td>
<td>Non-reimbursed medical expenses paid by you or spouse (e.g., copayments for physicians, dentists, medications; Medicare, health insurance, hospital and nursing home expenses)</td>
</tr>
<tr>
<td>8.</td>
<td>Court-ordered payments (e.g., alimony, child support)</td>
</tr>
<tr>
<td>9.</td>
<td>Insurance (e.g., automobile insurance, homeowner’s insurance, life insurance)</td>
</tr>
<tr>
<td>10.</td>
<td>Taxes (e.g., personal property for home, automobiles) Include average monthly expense for taxes paid on income over the past 12 months.</td>
</tr>
</tbody>
</table>

TOTALS:

SECTION VIII: CONSENT FOR ASSIGNMENT OF BENEFITS

I hereby authorize the Department of Veterans Affairs to disclose any such history, diagnostic and treatment information from my medical records to the contractors of any health plan contract under which I am apparently eligible for medical care or payment of the expense of care or to any other party against whom liability is asserted. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance on it. Without my express revocation, this consent will automatically expire when all action arising from VA's claim for reimbursement for my medical care has been completed. I authorize payment of medical benefits to VA for any services for which payment is accepted.

SIGNATURE

DATE
Completion of this form with signature of the Veteran or veteran's representative is certification that the veteran or representative has received a copy of the Privacy Act Statement and agrees to make appropriate copayments.

I certify the foregoing statements are true and correct to the best of my knowledge and belief and agree to make the applicable copayment for extended care services as required by law.

SIGNATURE

DATE

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid OMB control number.

An estimated burden of 90 minutes is required from all individuals who must complete this form. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. If you have comments regarding this burden estimate or any other aspect of this collection, call 202-273-8247 for mailing information on where to send comments.

Privacy Act Information: The VA is asking you to provide the information on this form under Title 38, United States Code, sections 1710, 1712, 1722 and 1724 in order for VA to determine your eligibility for extended care benefits and to establish financial eligibility, if applicable, when placed in extended care services. The information you supply may be verified through a computer-matching program. VA may disclose the information that you put on the form as permitted by law. VA may make a "limited data set" disclosure of the information as outlined in the Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request.

(Authority: 38 U.S.C. 101(28), 501, 1701(7), 1710, 1710B, 1720B, 1720D, 1722A)
§ 17.112 Services or ceremonies on Department of Veterans Affairs hospital or center reservations.

(a) Services or ceremonies on Department of Veterans Affairs hospital or center reservations are subject to the following limitations:

(1) All activities must be conducted with proper decorum, and not interfere with the care and treatment of patients. Organizations must provide assurance that their members will obey all rules in effect at the hospital or center involved, and act in a dignified and proper manner.

(2) Partisan activities are inappropriate and all activities must be non-partisan in nature. An activity will be considered partisan and therefore inappropriate if it includes commentary in support of, or in opposition to, or attempts to influence, any current policy of the Government of the United States or any State of the United States. If the activity is closely related to partisan activities being conducted outside the hospital or center reservations, it will be considered partisan and therefore inappropriate.

(b) Requests for permission to hold services or ceremonies will be addressed to the Secretary, or the Director of the Department of Veterans Affairs hospital or center involved. Such applications will describe the proposed activity in sufficient detail to enable a determination as to whether it meets the standards set forth in paragraph (a) of this section. If permission is granted, the Director of the hospital or center involved will assign an appropriate time, and render assistance where appropriate. No organization will be given exclusive permission to use the hospital or center reservation on any particular occasion. Where several requests are received for separate activities, the Director will schedule each so as to avoid overlapping or interference, or require appropriate modifications in the scope or timing of the activity.


§ 17.113 Conditions of custody.

When the personal effects of a patient who has been or is hospitalized or receiving nursing home care in a Department of Veterans Affairs hospital or center were or are duly delivered to a designated location for custody and loss of such personal effects has occurred or occurs by fire, earthquake, or other natural disaster, either during such storage or during laundering, reimbursement will be made as provided in §§17.113 and 17.114.


§ 17.114 Submittal of claim for reimbursement.

The claim for reimbursement for personal effects damaged or destroyed will be submitted by the patient to the Director. The patient will separately list and evaluate each article with a notation as to its condition at the time of the fire, earthquake, or other natural disaster i.e., whether new, worn, etc. The date of the fire, earthquake, or other natural disaster will be stated. It will be certified by a responsible official that each article listed was stored in a designated location at the time of loss by fire, earthquake, or other natural disaster or was in process of laundering. The patient will further state whether the loss of each article was complete or partial, permitting of some further use of the article. The responsible official will certify that the amount of reimbursement claimed on each article of personal effects is not in excess of the fair value thereof at time of loss. The certification will be prepared in triplicate, signed by the responsible officer who made it, and countersigned by the Director of the medical center. After the above papers