

### CAREGIVER SUPPORT PROGRAM

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes policy for the Caregiver Support Program.
- 2. SUMMARY OF CONTENTS:** This directive provides background on the Caregiver Support Program authorized by title I of Public Law 111-163, Caregivers and Veterans Omnibus Health Services Act of 2010, and Title 38 United States Code (U.S.C.) 1720G. The directive specifies VA staff responsibilities for the implementation of the Program of Comprehensive Assistance for Family Caregivers and the Program of General Caregiver Support Services, collectively referred to as the Caregiver Support Program. The directive also describes aspects of program operations, including the different kinds of caregivers, the eligibility of Veterans for the program, the eligibility and requirements for caregivers, and the benefits available to caregivers.
- 3. RELATED ISSUES:** None.
- 4. RESPONSIBLE OFFICE:** The Office of Care Management Social Work Services, Caregiver Support Program, is responsible for the contents of this VHA directive. Questions may be referred to the Director, Caregiver Support Program at 202-461-6780.
- 5. RESCISSIONS:** None.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of ~~RECEIVED~~ ~~RECEIVED~~. This VHA directive will continue to serve as national policy until it is recertified or rescinded.

Poonam Alaigh, M.D.  
Acting Under Secretary for Health

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## CAREGIVER SUPPORT PROGRAM

### 1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy for the Caregiver Support Program. **AUTHORITY:** Title 38 United States Code (U.S.C.) 1720G; Title 38 Code of Federal Regulations (CFR) Part 71.

### 2. BACKGROUND

a. Public Law 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010, established 38 U.S.C. 1720G, directing VA to establish a Program of Comprehensive Assistance for Family Caregivers and a Program of General Caregiver Support Services. These two programs are collectively referred to as the Caregiver Support Program.

(1) **The Program of Comprehensive Assistance for Family Caregivers.** Provides education and training, respite care, mental health services, beneficiary travel (to attend required caregiver training and for an eligible Veteran's medical appointments), a monthly stipend payment, and access to health care (if qualified) through the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) as set forth in this directive, to specified approved family caregivers of qualified Veterans with a serious injury incurred or aggravated in the line of duty on or after September 11, 2001.

(2) **The Program of General Caregiver Support Services.** Provides education, training and support on the care of a disabled Veteran in need of personal care services, the use of telehealth and other available technologies, specified counseling, and respite care to caregivers of qualified Veterans of all eras.

b. VA distinguishes between three types of caregivers based upon the requirements of the law. The assistance and support available to the caregiver are dependent upon which program the Veteran is participating in and their associated caregiver's designation. The various caregivers are defined in paragraph 3 below.

c. VA has established a toll free Caregiver Support Line (1-855-260-3274), staffed by licensed social workers, to provide general information about the Caregiver Support Program, caregiver screening and assessment, triage, counseling, referrals to local VA medical facilities through the Caregiver Support Program, connections to VA and community programs and services, and general information about caregiving.

d. Section 101(c) of Public Law 111-163 requires that VA submit an annual comprehensive report to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives on the implementation of 38 U.S.C. 1720G. Accurate data capture is essential in ensuring VA's ability to meet mandated reporting requirements. Data captured and tracked includes:

(1) The number of applicants to the Program of Comprehensive Assistance for Family Caregivers via VA Form 10-10CG in the designated Caregiver Support Program data system;

(2) Participant status changes;

(3) Accurate medical record documentation for workload capture for the Caregiver Support Program; and

(4) Accurate financial accounting.

### 3. DEFINITIONS

a. **Activities of Daily Living.** For purposes of this directive, activities of daily living means:

(1) **Eating.** Ability to feed oneself both meals and snacks. **NOTE:** *This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.*

(2) **Grooming.** Ability to safely tend to personal hygiene needs (i.e., washing face and hands, hair care, shaving, applying makeup, teeth and denture care, nail care of fingers and/or toes).

(3) **Bathing.** Ability to wash entire body safely.

(4) **Dressing and Undressing.** Ability to dress and/or undress upper and lower body with or without dressing aids.

(5) **Toileting.** Ability to maintain perineal hygiene and adjust clothing before and/or after using the toilet or bedpan; ability to manage an ostomy, including cleaning the area around stoma but not managing equipment; or ability to manage urinary catheter or urinal.

(6) **Prosthetic Adjustment (Use of Assistive Devices).** Ability to adjust special prosthetic or orthopedic appliances without assistance. The adjustment of appliances that any person (with or without a disability) would need assistance with should not be scored (for example, supports, belts, lacing at back, etc.).

(7) **Mobility.** Ability to transfer safely from bed to chair and/or chair to toilet, ability to turn and position self in bed, ability to walk safely on a variety of surfaces, or ability to go upstairs.

b. **Caregiver.** A caregiver is an individual who provides personal care services to the Veteran. See 38 U.S.C. 1720G(d)(1).

(1) **Family Caregiver.**

(a) A family caregiver is an individual who:

1. Is the Veteran's spouse, son, daughter, parent, step-family member, or extended family member or;

2. Lives with the Veteran full time or will do so if designated as a family caregiver but is not a member of the family of the Veteran.

(b) Family caregivers include both primary and secondary family caregivers, as defined in 38 CFR 71.15, under the Program of Comprehensive Assistance for Family Caregivers. In order to qualify for the Program of Comprehensive Assistance for Family Caregivers, the family caregiver must be at least 18 years of age and meet other requirements set forth in 38 CFR Part 71. For a detailed discussion of primary and secondary family caregivers, see paragraph 6.

(2) **General Caregiver.** A general caregiver is defined in 38 CFR 71.30(a) as a person who is not a primary or secondary family caregiver and who provides personal care services to a Veteran, even if the individual does not live with the Veteran. The Program of General Caregiver Support Services is authorized by 38 U.S.C. 1720G(b). For a detailed discussion of this program, see paragraph 8.

c. **In the Best Interest.** In the best interest is defined as a clinical determination that participation in the Program of Comprehensive Assistance for Family Caregivers is likely to be beneficial to the Veteran. The determination includes consideration, by a clinician, of whether participation in the Program will:

(1) Significantly enhance the Veteran's ability to live safely in a home setting;

(2) Support the Veteran's potential progress in rehabilitation, if such potential exists;  
and

(3) Create an environment that supports the health and well-being of the Veteran.

d. **Need for Supervision or Protection Based on Symptoms or Residuals of Neurological or Other Impairment or Injury.** The need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury means requiring supervision or assistance due to one or more of the following:

(1) **Seizures.** Unable to manage seizures independently (i.e., seizures are not well controlled with medication or Veteran is not able to independently manage the medications, blackouts, or lapses in mental awareness).

(2) **Planning and Organizing.** Difficult to plan and organize (i.e., complete daily tasks, make and keep appointments, adhere to medication regimen).

(3) **Safety.** Unable to maintain safety with self and others (i.e., Veteran is a risk to self or others and/or is at risk of falling or wandering, cannot safely use electrical appliances, stove top or oven).

(4) **Sleep.** Difficult to regulate sleep without intervention of caregiver.

(5) **Delusions/Hallucinations.** Unable to maintain safe behavior in response to delusions (irrational beliefs) or hallucinations (serious disturbances in perception).

(6) **Impairment of Recent Memory.** Difficult to remember recent events and learn new information.

(7) **Affective/Behavioral Dysregulation (Self-Regulation).** Unable to regulate behavior without exhibiting any of the following behaviors: aggressive or combative with self or others, verbally disruptive including yelling, threatening and excessive profanity, impaired decision making, inability to appropriately stop activities, disruptive, infantile or socially inappropriate behavior.

e. **Personal Care Services.** Personal care services means the care or assistance provided by a caregiver that is necessary to support the Veteran's health and well-being and perform personal functions required in everyday living that ensure the Veteran remains safe from hazards or dangers incident to his or her daily environment. Personal care services include assistance with activities of daily living and providing supervision and protection based on symptoms or residuals of neurological or other impairment or injury for the Veteran.

f. **Veteran.** The term Veteran is defined at 38 U.S.C. 101(2). For purposes of this directive's discussion of the Program of Comprehensive Assistance for Family Caregivers, the term Veteran includes Servicemembers who apply for or participate in such Program.

#### 4. POLICY

It is VHA policy that each VA medical facility establish a local Caregiver Support Program to administer the Program of Comprehensive Assistance for Family Caregivers and the Program of General Caregiver Support Services with appropriate staffing and workload capture. **NOTE:** *The Caregiver Support Program is a clinical program, and decisions affecting the furnishing of assistance or support under the Caregiver Support Program are considered medical determinations, which fall under the purview of the VHA clinical appeals process identified in VHA Directive 1041, Appeal of VHA Clinical Decisions, or subsequent policy issue.*

#### 5. RESPONSIBILITIES

a. **Caregiver Support Program Office.** The Director, Caregiver Support Program Office is responsible for:

(1) Providing consultation to Veterans Integrated Service Networks (VISN) and VA medical facilities regarding caregiver support.

(2) Developing and implementing national policies and procedures for caregiver support based on relevant laws, regulations, and VHA's mission, goals, and objectives.

(3) Ensuring the strategic direction, employment of evidence-based practices, and continuous quality improvement for VA's Caregiver Support Program in support of VA and VHA strategic goals and objectives.

(4) Reviewing and monitoring the Caregiver Support Program's operational data and relevant statistical reports to include oversight of the operational budget.

(5) Ensuring the timely submission of the Caregiver Support Program's Annual Report to Congress.

b. **Health Eligibility Center (HEC)**. The Director, HEC is responsible for:

(1) Serving as a national resource for the provision of documents that assist in establishing the Veteran's eligibility.

(2) Processing applications on VA Form 10-10CG, or successor form, in accordance with Caregiver Support Program Office procedures to include time stamping, scanning applications and documenting referrals to Caregiver Support Coordinators in the designated Caregiver Support Program data system.

(3) Providing customer service to Veterans, caregivers, and the general public concerning the Program of Comprehensive Assistance for Family Caregivers and the Program of General Caregiver Support Services.

c. **VHA Office of Community Care (OCC), Caregiver Support Program Division**. The Director, OCC, Caregiver Support Program Division is responsible for:

(1) Calculating and processing the monthly stipend payment for approved primary family caregivers in the Program of Comprehensive Assistance for Family Caregivers in accordance with 38 CFR 71.40(c)(4). (See paragraph 6.)

(2) Processing applications of qualified primary family caregivers for enrollment in the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).

(3) Processing CHAMPVA health care claims and requests for reconsideration for medical care reimbursement for primary family caregivers enrolled in CHAMPVA.

(4) Providing customer service to primary family caregivers for questions related to stipend payments and CHAMPVA benefits, as well as providing notification in writing to primary family caregivers regarding the amount of stipend payments.

(5) Terminating primary family caregiver stipend payments and/or CHAMPVA benefits in accordance with 38 CFR 71.45 when a primary family caregiver's designation under the Program of Comprehensive Assistance for Family Caregivers is revoked.

(6) Coordinating with Caregiver Support Coordinators regarding individual caregiver concerns and issues and ensuring documentation in the designated Caregiver Support Program data system.

(7) Providing the Caregiver Support Program Office with a monthly Caregiver Support Program Statistics Report on the 10th of each month covering stipend and CHAMPVA performance data and statistics.

**NOTE:** For further information on the benefits available to primary family caregivers, see paragraph 6. For further information on revocation of an individual's designation as a family caregiver, see paragraph 7.

d. **Member Services, Veterans Transportation Program.** The Director, Veterans Transportation Program is responsible for:

(1) Providing beneficiary travel benefits for family caregivers applying for the Program of Comprehensive Assistance for Family Caregivers when attending the core curriculum education and training required by 38 CFR 71.25; and providing beneficiary travel for approved primary and secondary family caregivers during the period in which the Veteran is traveling to and from medical examination, treatment or care and for the duration of such examination, treatment or care as long as the Veteran is eligible for beneficiary travel under 38 U.S.C. 111 and 38 CFR Part 70, Subpart A. Beneficiary travel benefits are provided in accordance with 38 U.S.C. 111 and 38 CFR Part 70, Subpart A.

(2) Tracking these local costs and reporting them to local Fiscal Services for timely and accurate accounting and cost transfers as appropriate.

(3) Providing data, to the extent it is available, as needed to the Caregiver Support Program Office concerning the number of unique caregivers in receipt of beneficiary travel.

e. **Health Resource Center (HRC).** The Director, HRC is responsible for:

(1) Providing customer service to Veterans, caregivers, and the general public concerning the Caregiver Support Program.

(2) Assisting individuals who are completing VA Form 10-10CG, or subsequent form.

f. **Veterans Integrated Service Network (VISN) Director.** The VISN Director is responsible for:

(1) Ensuring that each VA medical center within the VISN employs at least one full-time equivalent employee in the role of Caregiver Support Coordinator.

(2) Assigning a clinical staff member to serve as the VISN Lead for the Caregiver Support Program.



(3) Ensuring that the Caregiver Support Program is operated consistently across the VISN.

(4) Ensuring appropriate Caregiver Support Program budgetary procedures are followed to assist with VISN budget projections and quarterly needs/excess adjustments as appropriate.

(5) Ensuring that the VISN has a process to address Caregiver Support Program related clinical disputes appealed to the VISN and to obtain independent external review, as required by VHA Directive 1041, Appeal of VHA Clinical Decisions, or subsequent policy issue.

g. **VISN Lead for the Caregiver Support Program.** The VISN Lead for the Caregiver Support Program is responsible for:

(1) Providing guidance, coaching, and support to Caregiver Support Coordinators within the VISN.

(2) Disseminating information, leading the collection of VISN data for required action items when needed, conducting quality assurance audits, and monitoring Caregiver Support Program workload across the VISN.

(3) Assisting with and coordinating responses to inquiries from the Caregiver Support Program Office.

h. **VA Medical Center Director.** The VA Medical Center Director is responsible for:

(1) Ensuring a minimum of one full-time equivalent employee Caregiver Support Coordinator position is filled without collateral responsibilities.

(2) Providing the space, equipment, and services needed to meet the requirements of the Caregiver Support Program, including Information Technology equipment.

(3) Ensuring the availability of caregiver benefits, which include education and training, mental health services, respite care, beneficiary travel, on-going monitoring, counseling, and referrals to VA and non-VA community based resources and programs. (See paragraphs 6 and 8.)

(4) Ensuring that locally developed processes and procedures are in place to facilitate Veteran and caregiver access to the services required by the Caregiver Support Program.

(5) Ensuring that applications for the Program of Comprehensive Assistance for Family Caregivers are processed within 45 calendar days after the application was submitted unless a caregiver has not completed the required training or the Veteran is hospitalized during the application process in which case the 45-day period can be extended for up to 90 days after the application was submitted.

(6) Ensuring appropriate Caregiver Support Program budgetary procedures are followed to assist with budget projections and quarterly needs/excess adjustments as appropriate.

(7) Ensuring Caregiver Support Program clinics are established with the designated Managerial Cost Accounting Office (MCAO) Four Character (CHAR4) Code of CGRP.

(8) Ensuring that the caregiver benefits required by 38 U.S.C. 1720G(a)(3) and (b)(3) and 38 CFR 71.40 are provided to caregivers. (See paragraphs 6 and 8). Benefits may be offered at a VA medical facility or purchased through a contract with a non-VA provider to the extent permitted by this directive. Wait lists for caregiver benefits are prohibited.

i. **VA Medical Center Chief of Staff.** The Chief of Staff is responsible for:

(1) Developing processes and procedures to facilitate eligibility determinations for the Program of Comprehensive Assistance for Family Caregivers. Such determinations may be made by the Veteran's VA primary care team. Alternatively, a VA Caregiver Support Program multidisciplinary Clinical Eligibility Team or an individual VA provider may be designated to complete eligibility determinations with input from the Veteran's primary care team. An eligibility determination shall consider input from the caregiver and Veteran or Veteran's representative, as applicable. If the Veteran receives treatment from community providers, clinical documentation from the community providers should also be considered to the extent possible. This assessment will consider whether or not participation in the Program of Comprehensive Assistance for Family Caregivers is in the best interest of the Veteran. The assessment will also identify the Veteran's level of dependency based on the degree to which the Veteran is unable to perform one or more activities of daily living and/or needs supervision or protection based on symptoms or residuals of neurological or other impairment or injury for purposes of determining the applicable stipend.

(2) Developing processes and procedures to ensure that family caregivers in receipt of benefits under 38 CFR 71.40, including counseling, have collateral records established and that the appropriate Caregiver Support Program clinics are implemented with their associated National Templated Notes to ensure workload capture and transmission to the National Patient Capture Data (NPCD), for all count clinics. Establishing collateral records is important to ensure that caregivers benefits provided are not subject to third party billing and co-payments.

(3) Ensuring that initial in-home assessments and ongoing program monitoring (conducted every 90 days, unless otherwise clinically indicated) provide education and support to caregivers, and evaluate the well-being of the Veteran.

(4) Ensuring that Veterans and caregivers participating in and applying for the Program of Comprehensive Assistance for Family Caregivers are informed of the eligibility criteria for the Program, the requirement for on-going monitoring and the right

to appeal clinical decisions in accordance with VHA Directive 1041, Appeal of VHA Clinical Decisions, or subsequent policy issue.

(5) Ensuring that Veterans and/or caregivers dissatisfied with a clinical determination or clinical service related to the Caregiver Support Program are informed of their right to file a clinical appeal in accordance with VHA Directive 1041, Appeal of VHA Clinical Decisions (includes the requirement of the establishment of a local clinical appeals process), or subsequent policy issue.

(6) Ensuring that all appropriate providers (e.g., primary care, specialty care, and mental health providers) participate in clinical determinations concerning the Veteran's eligibility for and participation in the Program of Comprehensive Assistance for Family Caregivers and that the timelines set forth in 38 CFR 71.25 and 71.40 are met.

(7) Encouraging discussions of caregiver support at town hall meetings and Community Veterans Engagement Boards (CVEB) as appropriate.

j. **Caregiver Support Coordinator.** The Caregiver Support Coordinator is responsible for:

(1) Managing and coordinating the application process for the Program of Comprehensive Assistance for Family Caregivers, including assisting Veterans and caregivers to complete VA Form 10-10CG, or successor form, and documenting the application approvals and denials, and participant status changes in the designated Caregiver Support Program data system and electronic health record as appropriate. Caregiver Support Coordinators are responsible for ensuring that caregiver training is made available to caregivers (whether in-person, online, or through other available format) and coordinating with the clinical support staff assigned to the Program of Comprehensive Assistance for Family Caregivers to ensure completion of clinical assessments, required home visits and monitoring every 90 calendar days (unless otherwise clinically indicated).

(2) Ensuring an initial home visit is conducted no later than 10 business days after certification by VA that the caregiver completed the required core curriculum training, or if the Veteran is hospitalized, no later than 10 days after the Veteran returns home.

(3) Developing and managing the Program of General Caregiver Support Services to include providing referrals and resources to caregivers of Veterans of all eras and coordinating with other services and programs (e.g., Home Based Primary Care, Spinal Cord Injury, Mental Health, long-term care services, and other VA and community based resources and programs) to ensure caregivers they serve are informed of available resources.

(4) Responding to all referrals and inquiries within 5 business days, including referrals and inquiries from the Caregiver Support Line, Health Eligibility Center, Health Resource Center, and VHA Office of Community Care, Caregiver Support Program Division.

(5) Ensuring that the Caregiver Support Program National Templated Notes and designated outpatient clinics are set up appropriately to ensure workload capture and transmission to the National Patient Capture Data (NPCD), for all count clinics. In addition, validating that care provided to the caregiver is recorded under the caregiver's social security number or other appropriate identifier using the purpose of visit and appointment type appropriate for the collateral patient process. **NOTE:** *Failure to follow this process may result in inappropriate billing and co-payments.*

(6) Serving as an advocate for ensuring the availability of services and benefits for caregivers and the Veterans they serve.

(7) Advising and collaborating with interdisciplinary teams throughout the VA medical facility, including leadership, on caregiver issues.

(8) Educating Primary Care and Mental Health Services staff on the Caregiver Support Program and encouraging all Patient Aligned Care Teams (PACTs) and Behavioral Health Interdisciplinary Program (BHIP) teams to engage the caregiver as part of the Veteran's health care team.

(9) Educating caregivers regarding the importance of assisting the Veteran's primary care team in understanding the Veteran's health preferences and choices, and being involved in the overall delivery of health care to the Veteran.

(10) Creating educational tools, developing programs and implementing training focused on specific caregiver needs and issues.

(11) Providing education and in-service training to VA medical facility employees, Veterans, families and caregivers related to caregiver needs and the VA Caregiver Support Program.

(12) Conducting outreach, to include special events and activities, at least annually during the month of November in recognition of National Family Caregiver's month.

(13) Provide written notification to the Veteran or family caregivers, as appropriate, when revocation is initiated with, if applicable, information regarding the right to appeal that revocation in accordance with VHA Directive 1041, Appeal of VHA Clinical Decisions, or subsequent policy issue.

k. **Managerial Cost Accounting Office (MCAO) VA Medical Center Manager/Liaison.** The MCAO VA Medical Center Manager/Liaison is responsible for: Collaborating with the Caregiver Support Coordinator to ensure that each clinic providing services under the Caregiver Support Program includes a Decision Support System Feeder Key set-up that utilizes the National Four Character (CHAR4) Code of CGRP for designated Caregiver Support Program clinics.

l. **Health Informatics Specialists (HIS)/Clinical Application Coordinators (CACs).** The HIS/CACs are responsible for:

(1) Creating and maintaining Caregiver Support Program National Note Titles per Caregiver Support Program guidelines, associating reminder dialogs to the respective note titles as appropriate.

(2) Collaborating with Caregiver Support Coordinators to ensure a clinical warning is posted in the Veteran's electronic medical record for those who have an approved and designated primary family caregiver to ensure coordination of care as appropriate.

## 6. THE PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS

The Program of Comprehensive Assistance for Family Caregivers involves both primary and secondary family caregivers. Its establishment is required by 38 U.S.C. 1720G(a), and rules governing its operation are set forth in 38 CFR Part 71.

a. **Veteran Eligibility.** Pursuant to 38 CFR 71.20, an individual is eligible for a primary or secondary family caregiver if all of the following requirements are met.

(1) The individual is either:

(a) A Veteran; or

(b) A member of the Armed Forces who has been found unfit for duty due to a medical condition by their Service's Physical Evaluation Board, and has been issued a date for medical discharge from the Armed Forces.

(2) The individual has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001.

(3) Such serious injury renders the individual in need of personal care services from another individual (a caregiver) for a minimum of 6 continuous months based on any one of the following clinical criteria:

(a) An inability to perform one or more activities of daily living;

(b) A need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury;

(c) The individual is a Veteran who is service connected for a serious injury that was incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001, and has been rated 100 percent disabled for that serious injury, and has been awarded special monthly compensation that includes an aid and attendance allowance. **NOTE:** *Veteran must still meet the requirements in this paragraph 6.a., including needing personal care services from another individual (a caregiver) for a minimum of 6 continuous months.*

(4) A clinical determination (authorized by the individual's primary care team) has been made that it is in the best interest of the individual to participate in the program.

(5) Personal care services that would be provided by the family caregiver will not be simultaneously and regularly provided by or through another individual or entity.

(6) The individual agrees to receive care at home after VA designates a family caregiver.

(7) The individual agrees to receive ongoing care from a primary care team after VA designates a family caregiver.

b. **Approval and Designation of Primary and Secondary Family Caregivers.** A Veteran's eligibility for the Program of Comprehensive Assistance for Family Caregivers may be determined by the VA Caregiver Support Coordinator who receives the application (as provided in paragraph 6.b.(1)(b)) or the Caregiver Support Coordinator will refer the application to the Veteran's VA primary care team to complete eligibility determinations. Alternatively, a VA Caregiver Support Program multidisciplinary Clinical Eligibility Team or an individual VA provider may be designated to complete eligibility determinations with input from the Veteran's primary care team. An eligibility determination shall consider input from the caregiver and Veteran or Veteran's representative, as applicable. If the Veteran receives treatment from community providers, clinical documentation from the community providers should also be considered to the extent possible. Determining and establishing eligibility is a multi-step process. The entire process should be completed within 45 days after the application was submitted unless a caregiver has not completed the required training or the Veteran is hospitalized during the application process in which case the 45-day period can be extended for up to 90 days after the application was submitted. See 38 CFR 71.40(d)(1). Eligibility determinations include the following steps:

**(1) Application Requirement.**

(a) The Veteran, and individuals who wish to be considered for designation by VA as primary or secondary family caregivers, must complete, sign, and submit VA Form 10-10CG, or successor form, to VA. Individuals interested in serving as family caregivers must be identified as such on the joint application, and no more than 3 individuals may serve as family caregivers at one time for a Veteran, with no more than one serving as the primary family caregiver. **NOTE:** *Caregiver benefits, including the stipend provided to primary family caregivers, are effective as of the date the application was received by VA or when the Veteran begins receiving care at home, whichever occurs later.*

(b) Upon receiving the application, a VA Caregiver Support Coordinator will evaluate eligibility by identifying a potentially qualifying injury that was incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001, and assessing whether the potentially qualifying injury may render the Veteran in need of personal care services from a caregiver. In performing this initial eligibility evaluation, the Caregiver Support Coordinator will consider input from the caregiver and

the Veteran or Veterans' representative, as applicable. If the Caregiver Support Coordinator determines that the Veteran does not have a potentially qualifying injury that was incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001, or the potentially qualifying injury does not render the Veteran in need of personal care services from a caregiver, the Caregiver Support Coordinator will issue the applicant a determination that the applicant is not eligible for the Program of Comprehensive Assistance for Family Caregivers. If the Coordinator does not issue such a determination, the Caregiver Support Coordinator will refer the application to the Veteran's VA primary care team, a VA Caregiver Support Program multidisciplinary Clinical Eligibility Team or an individual VA provider to perform the required clinical evaluations, including evaluating the Veteran's level of dependency for purposes of determining the applicable stipend.

(2) **Eligibility.** In order to serve as a primary or secondary family caregiver and for VA to approve the application, the applicant must meet all of the following requirements:

(a) Be at least 18 years of age.

(b) Be either:

1. The Veteran's spouse, son, daughter, parent, step-family member, or extended family member; or

2. Someone who lives with the Veteran full time or will do so if designated as a family caregiver.

(c) There must be no determination by VA of abuse or neglect of the Veteran by the family caregiver applicant.

(d) Meet the requirements of paragraph 6.b.(3) of this directive and any other applicable statutory or regulatory requirements.

(3) **Assessment, Training, and Education of Applicants.** Before VA approves an application for an applicant to serve as a primary or secondary family caregiver, all of the following requirements must be satisfied:

(a) The applicant must be initially assessed by a VA primary care team as being able to complete caregiver education and training. **NOTE:** *The Veterans Transportation Service may be available for purposes of this assessment in accordance with 38 CFR Part 70, Subpart B.* This assessment must consider any relevant information specific to the needs of the Veteran, as well as:

1. Whether the applicant can communicate and understand details of the treatment plan and any specific instructions related to the care of the Veteran. **NOTE:** *Accommodation for language or hearing impairment will be made to the extent possible and as appropriate.*

2. Whether the applicant will be capable of following, without supervision, a treatment plan listing the specific care needs of the Veteran.

(b) Complete caregiver training and demonstrate the ability to carry out the specific personal care services, core competencies, and other additional care requirements prescribed by the Veteran's primary care team.

(4) **Caregiver Education and Training.** For purposes of this directive, caregiver training is a program of education and training designed and approved by VA that consists of issues that are generally applicable to family caregivers, as well as issues specific to the needs of the Veteran. **NOTE:** *During this program of education and training, family caregivers are eligible for beneficiary travel under 38 CFR Part 70, Subpart A. Beneficiary travel benefits are provided in accordance with 38 U.S.C. 111 and 38 CFR Part 70, Subpart A. See VHA Handbook 1601B.05, Beneficiary Travel, or successor policy document. The Veterans Transportation Service may also be available for purposes of this education and training under 38 CFR Part 70, Subpart B. Respite care will be provided during the period of initial caregiver instruction, preparation, and training if the participation would interfere with the provision of personal care services to the Veteran.* Caregiver training will cover, at a minimum, education and training concerning the following core competencies:

- (a) Medication management;
- (b) Vital signs and pain control;
- (c) Infection control;
- (d) Nutrition;
- (e) Functional activities;
- (f) Activities of daily living;
- (g) Communication and cognition skills;
- (h) Behavior management skills;
- (i) Skin care; and
- (j) Caregiver self-care.

(5) **Initial Home Care Assessment.** No later than 10 business days after VA certifies completion of caregiver education and training, or should a Veteran be hospitalized during this process, no later than 10 days from the date the Veteran returns home, a VA clinician or a clinical team will visit the Veteran's home to assess the caregiver's completion of training and competence to provide personal care services at the home, and to measure the Veteran's well-being. The initial in-home visit must be



completed by a VA clinician or clinical team, not through a contract with a non-VA provider.

(6) **Approval and Designation.** If VA determines that the Veteran and at least one family caregiver applicant meet the applicable eligibility requirements, VA will approve the application and designate primary and/or secondary family caregivers, as appropriate. This approval and designation is a clinical determination. Approval and designation is conditioned on the Veteran and designated family caregivers remaining eligible for caregiver benefits under this directive. Veterans and family caregivers who are determined ineligible, will be informed that they have the right to file a clinical appeal using the VHA clinical appeals process identified in VHA Directive 1041, Appeal of VHA Clinical Decisions, or subsequent policy issue.

c. **Secondary Family Caregiver Benefits.** Once approved, the following benefits must be made available to participating secondary family caregivers:

(1) **Education and Training.** VA provides a menu of education and training offerings to all caregivers of Veterans to maintain or improve the personal care services provided to Veterans. Referrals should be made to VA-provided training and education as well as to community services and supports as clinically indicated.

(2) **Ongoing Technical Support.** VA provides family caregivers ongoing technical support, consisting of information and assistance to address, in a timely manner, the routine, emergency, and specialized needs of the caregiver in providing personal care services to the Veteran.

(3) **Mental Health Services.** Mental health services are available to family caregivers, to include individual and group therapy, individual counseling, and peer support groups; however, such care is limited to outpatient care and does not include the provision of medication or medication management. If the caregiver requires medication management or psychiatric inpatient hospitalization, the Caregiver Support Coordinator can assist the caregiver with identifying a provider using the caregiver's health insurance or other coverage or other community resources. Mental health care provided to caregivers must be provided by VHA providers or may be purchased through a contract with a non-VA provider, as appropriate, when no internal capacity for services exists at the caregiver's nearest VA medical facility. Mental health services for family caregivers do not have to be in connection with the treatment of a disability for which the Veteran is receiving treatment from VA.

(4) **Beneficiary Travel.** During the caregiver education and training required by 38 CFR 71.25 (prior to VA's approval and designation of the primary and secondary family caregivers), family caregiver applicants are eligible for beneficiary travel. Approved and designated primary and secondary family caregivers are eligible for beneficiary travel during the period in which the Veteran is traveling to and from medical examination, treatment or care and for the duration of such examination, treatment or care as long as the Veteran is eligible for beneficiary travel under 38 U.S.C. 111 and 38 CFR Part 70, Subpart A. Beneficiary travel benefits are provided in accordance with 38 U.S.C. 111

and 38 CFR Part 70, Subpart A. **NOTE:** Please refer to VHA Handbook 1601B.05, *Beneficiary Travel*, or subsequent policy document. **NOTE:** Caregivers are not eligible for beneficiary travel benefits under 38 U.S.C. 111 when the travel is solely related to the caregiver's health care. **NOTE:** The Veterans Transportation Service may also be available under 38 CFR Part 70, Subpart B.

(5) **Monitoring.** As discussed above, an initial home visit is required as part of the application process; ongoing interim monitoring is required every 90 calendar days after approval and designation, unless otherwise clinically indicated, to monitor the Veteran's overall health and well-being and adequacy of care and supervision being provided. Based upon the clinical determination of the Veteran's primary care team, interim monitoring can be completed through face-to-face visits at a VA medical facility, through Clinical Video Telehealth (CVT), or by telephone; otherwise interim face-to-face in-home visits are required. When a home visit is required for the 90-day (or otherwise) interim monitoring, the home visit may be completed by VA staff or through a contract with a non-VA provider with the use of Purpose of Visit (POV) code 25 for Caregiver Oversight Visits. An annual in-home visit must be conducted, even in cases where the Veteran's primary care team determines that 90-day (or otherwise) interim monitoring can be accomplished without an in-home visit. The annual in-home visit must be conducted by VA staff and not through a contract with a non-VA provider.

(6) **General Caregiver Benefits.** Family caregivers are also eligible for benefits provided to general caregivers under paragraph 8.b. **NOTE:** Respite care is available to Veterans as a benefit for secondary family caregivers only if the Veteran is enrolled in the VA health care system. Respite care is also available during the period of initial caregiver education and training required by 38 CFR 71.25 if the caregiver applicant's participation would interfere with the provision of personal care services to the Veteran.

d. **Primary Family Caregiver Benefits.** Once an application is approved and a primary family caregiver is designated, the following additional services and supports must be made available to primary family caregivers:

(1) **Secondary Family Caregiver Benefits.** Primary family caregivers receive all of the benefits available to secondary family caregivers, as listed in paragraph 6.c.

(2) **Respite Care.** Respite care is available to Veterans for not less than 30 days annually, including 24-hour per day in-home care that is medically and age appropriate for the Veteran. Respite care is available to Veterans as a benefit for primary family caregivers without respect to whether the Veteran is enrolled and must be commensurate with the care provided by the family caregiver to permit extended respite.

(3) **Health Care Services.** Primary family caregivers who are not entitled to care or services under a health-plan contract (as defined in 38 U.S.C. 1725(f)) are eligible for enrollment in the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA). (See 38 U.S.C. 1781; 38 CFR 17.270 – 17.278.)

(4) **Stipend Payments.** A monthly stipend payment is paid directly to the primary family caregiver. The amount of the monthly stipend amount is tied to the Veteran's assigned tier level and is calculated based on the Veteran's geographic area of residence using the formula set forth in regulation. See 38 CFR 71.40(c)(4). The tier level is assigned based on the personal care needs of the Veteran, not specific duties performed by caregivers that are not directly related to assistance with activities of daily living or providing supervision or protection based on symptoms or residuals of neurological or other impairment or injury in the home.

e. **Family Caregivers as Collaborative Partners in the Care of the Veteran.**

Family caregivers in the Program of Comprehensive Assistance for Family Caregivers are to be recognized as collaborative partners with the Veteran's primary care team in ensuring the overall care and well-being of the Veteran.

f. **Data Integrity.** Data integrity is a critical component in the VA health care system, as data is used for funding allocation, workload capture, research, and strategic planning. In order to match services with needs, to prepare to meet changing needs, to monitor the adequacy of provision of services, and to comply with legal requirements, VHA needs accurate workload and data capture on Veterans and their family caregivers in all applicable settings. Accurate workload and data capture helps raise the visibility of the magnitude of Caregiver Support Program services being provided or purchased.

g. **The Managerial Cost Accounting Office (MCAO).** The Managerial Cost Accounting Office (MCAO) Four Character (CHAR4) Code of CGRP must be utilized to identify the workload directly attributable to Caregiver Support Program. This workload includes clinics dedicated for the unique purposes of the Veteran's eligibility assessment, the caregiver assessment, program oversight and ongoing monitoring; Caregiver Support Coordinator clinics; Caregiver Mental Health clinics and others as determined appropriate for the Caregiver Support Program.

h. **Caregiver Benefits and Co-payments.**

(1) Except for those services required to be provided by VA staff as set forth in this directive (e.g., eligibility determinations, annual in-home visits), VA may contract with non-VA providers to provide benefits under the Program of Comprehensive Assistance for Family Caregivers, to include mental health services and certain interim monitoring. Wait lists for caregiver benefits are prohibited.

(2) Family caregivers are not subject to co-payment requirements for Caregiver Support Program related services; however, Veterans may be subject to co-payments, unless otherwise exempt. **NOTE:** *Some Veterans receiving VA health care are also designated as family caregivers of another Veteran. In these instances the Veteran, when receiving services as a family caregiver, is not subject to co-payment requirements or third party billing for caregiver related services.*

## 7. REVOCATION FROM THE PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS

a. **Revocation by Family Caregiver.** The family caregiver may request a revocation of caregiver status in writing and provide either a present or future date of the revocation. All caregiver benefits will continue to be provided to the family caregiver until the date of the revocation. If requested and applicable, VA will assist the family caregiver in transitioning to alternative health care coverage and mental health services. The Caregiver Support Coordinator will notify the Veteran verbally and in writing of the request for revocation. **NOTE:** *Requests for revocation received by VA staff other than the Caregiver Support Coordinator should be referred to the Caregiver Support Coordinator nearest to the Veteran.*

b. **Revocation by Veteran or Surrogate.** The Veteran or the Veteran's surrogate may initiate revocation of a primary or secondary family caregiver.

(1) The revocation request must be in writing and must express an intent to remove the family caregiver. **NOTE:** *Requests for revocation received by VA staff other than the Caregiver Support Coordinator should be referred to the Caregiver Support Coordinator nearest to the Veteran.*

(2) The Caregiver Support Coordinator will notify the family caregiver verbally and in writing of the Veteran's request for revocation.

(3) The Caregiver Support Coordinator will review the request for revocation and determine whether there is a possibility for remediation. This review must be completed in no more than 30 days. During the review, the Veteran or surrogate may rescind the request for revocation. If the Caregiver Support Coordinator and/or members of the Veteran's primary care team suspects that the safety of the Veteran is at risk, then VA may suspend the caregiver's responsibilities and assist the Veteran in establishing new housing arrangements if requested by the Veteran, or take other appropriate action to ensure the welfare of the Veteran, prior to making a formal revocation.

(4) Caregiver benefits will continue for 30 days after the date of revocation, and VA will, if requested by the family caregiver, assist the individual with transitioning to alternative health care coverage and mental health services, unless one of the following is true:

(a) A determination has been made by the VA Office of Inspector General or local law enforcement that the family caregiver committed fraud or abused or neglected the Veteran, in which case benefits will terminate immediately.

(b) If the revoked individual was the primary family caregiver, and another primary family caregiver is designated within 30 days after the date of revocation, in which case benefits for the revoked primary family caregiver will terminate the day before the date the new primary family caregiver is designated.

(c) If another individual is designated to be a family caregiver within 30 days after the date of revocation, such that there are three family caregivers assigned to the Veteran, in which case benefits for the revoked family caregiver will terminate the day before the day the new family caregiver is designated.

(d) The revoked individual had been living with the Veteran and moves out, or the revoked individual abandons or terminates the relationship with the Veteran, in which case benefits will terminate immediately.

**c. Revocation by VA.**

(1) The Caregiver Support Coordinator may immediately revoke the designation of a family caregiver if the Veteran or individual designated as a family caregiver no longer meets the requirements of 38 CFR Part 71, or if VA makes the clinical determination that having the family caregiver is no longer in the best interest of the Veteran.

(2) The Caregiver Support Coordinator will, if requested by the family caregiver, assist the caregiver in transitioning to alternative health care coverage and mental health services.

(3) If revocation is due to improvement in the Veteran's condition, death, or permanent institutionalization, the family caregiver will continue to receive caregiver benefits for 90 days, unless any of the conditions described in paragraph 7.b.(4) apply, in which case benefits will terminate as specified there. **NOTE:** *Bereavement counseling may be available under 38 U.S.C. 1783.*

(4) If VA suspects that the safety of the Veteran is at risk, VA may suspend the caregiver's responsibilities and assist the Veteran in establishing new housing arrangements if requested by the Veteran, or take other appropriate action to ensure the welfare of the Veteran, prior to making a formal revocation.

(5) The Veteran or surrogate and/or family caregiver has the right to appeal the VA's decision to revoke the designation of a caregiver. See VHA Directive 1041, Appeal of VHA Clinical Decisions, or subsequent policy issue.

**d. Communicating Revocations to Veterans and Caregivers.** Regardless of the reason for revocation, clear direct communication with the Veteran and the family caregiver must be maintained throughout the revocation process. Every effort should be made to meet in person about the revocation; otherwise a telephone call is an acceptable alternative. The Veteran and the family caregiver must also be notified in writing of the revocation. The written notification must include information on how to appeal. See VHA Directive 1041, Appeal of VHA Clinical Decisions, or subsequent policy issue.

## **8. THE PROGRAM OF GENERAL CAREGIVER SUPPORT SERVICES**

The establishment of the Program of General Caregiver Support Services is required by 38 U.S.C. 1720G(b) and rules governing its operation are set forth in 38 CFR Part

71. This is a program of support services for caregivers of Veterans who are enrolled in the VA health care system, including caregivers who are not family members and do not reside with the Veteran. For a definition of general caregiver, see 38 CFR 71.30.

a. **Eligibility Criteria for the Program of General Caregiver Support Services:**

(1) For purposes of this program, a Veteran is any individual who is enrolled in the VA health care system and needs personal care services because the Veteran either:

(a) Is unable to perform one or more activities of daily living; or

(b) Needs supervision or protection based on symptoms or residuals of neurological or other impairment or injury.

(2) No formal application or VA clinical treatment team evaluation is required to obtain benefits as a general caregiver. However, these caregivers must be identified in the Veteran's medical record for purposes of care coordination efforts and tracked in the designated Caregiver Support Program data system.

b. **General Caregiver Benefits.** Veterans or general caregivers may request any of the benefits listed below, as needed, from the appropriate VA clinicians and staff at their local VA medical facility:

(1) **Education, Training and Technical Support.** Online and in-person education and training offerings are available for general caregivers. Referrals to VA-provided and non-VA community services and supports are made and information concerning such services is provided as clinically indicated.

(2) **Telehealth.** Use of telehealth and other available technologies.

(3) **Teaching.** Teaching techniques, strategies, and skills for caring for a Veteran.

(4) **Respite Care.** Respite care provided to Veterans that is medically and age appropriate for the Veteran (including 24-hour per day in-home care).

(5) **Counseling.**

(a) VA provides consultation, professional counseling, marriage and family counseling, training, and mental health to a general caregiver when necessary in connection with the treatment of a disability for which the Veteran is receiving treatment through VA. **NOTE:** *Provision of a benefit is "in connection with the treatment" of a Veteran's disability if, in the clinical judgment of a VA medical professional who is providing treatment to the Veteran, the provision of the benefit to the general caregiver would further the objectives of the Veteran's medical treatment plan. For further guidelines on the provision of these benefits, see 38 CFR 71.50(a).*

(b) In addition to general caregivers, the following individuals are eligible for counseling described in paragraph 8.b.(5)(a) and 38 CFR 71.50:

1. A person related to the Veteran by birth or marriage who lives with the Veteran or has regular personal contact with the Veteran;

2. The Veteran's legal guardian or surrogate;

3. A primary or secondary family caregiver; or

4. The individual in whose household the Veteran has certified an intention to live.

(c) When a VA clinician believes that medical care or services are needed for a general caregiver or other individual listed in paragraph 8.b.(5)(b) but cannot provide benefits because the need is not necessary in connection with the Veteran's treatment, VA may refer the individual to an appropriate provider in the community, so that the individual may obtain care through other health coverage, including care for which a primary or secondary family caregiver may be eligible.

**c. General Caregiver as Collaborative Partners in the Care of the Veteran.**

Caregivers in the Program of General Caregiver Support Services are to be recognized as collaborative partners with VHA providers in ensuring the overall care and well-being of the Veteran.

**d. Data Integrity.** Data integrity is a critical component in the VA health care system, as data is used for funding allocation, workload capture, research, and strategic planning. In order to match services with needs, to prepare to meet changing needs, to monitor the adequacy of provision of services, and to comply with legal requirements, VHA needs accurate workload and data capture on Veterans and their caregivers in all applicable settings. Accurate workload and data capture helps raise the visibility of the magnitude of Caregiver Support Program services being provided or purchased.

**e. The Managerial Cost Accounting Office (MCAO).** The Managerial Cost Accounting Office (MCAO) Four Character (CHAR4) Code of CGRP must be utilized to identify the workload directly attributable to Caregiver Support Program. This workload includes Caregiver Support Coordinator clinics and others as determined appropriate for the Caregiver Support Program.

**f. Caregiver Benefits and Co-payments.**

(1) General caregiver benefits may be offered at a VA medical facility or purchased through a contract with a non-VA provider. Wait lists for caregiver benefits are prohibited.

(2) General caregivers are not subject to co-payment requirements for Caregiver Support Program related services; however, Veterans may be subject to co-payments, unless otherwise exempt. **NOTE:** *Some Veterans receiving VA health care may also serve as general caregivers of another Veteran. In these instances the Veteran, when receiving services as a general caregiver, is not subject to co-payment requirements or third party billing for caregiver related services.*

**9. REFERENCES**

- a. 38 U.S.C. 1720G.
- b. 38 CFR Part 71.
- c. VHA Directive 1041, Appeal of VHA Clinical Decisions.
- d. VHA Handbook 1163.04, Psychosocial Rehabilitation Family Services.
- e. VHA Handbook 1601B.05, Beneficiary Travel.