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## Chapter 5 MEDICAL AND DENTAL TREATMENT AND SERVICES

### 5.01 Introduction

Department of Veteran Affairs (VA) Medical Center (VAMC) directors are responsible for ensuring that health care services are provided to Veterans with disabilities in receipt of rehabilitation services under the Chapter 31 program (38 United States Codes (U.S.C.) 1504 and 3107). Veterans Health Administration (VHA) Directive 2010-022 ensures that Veterans with disabilities receiving Chapter 31 services receive timely and clinically appropriate medical and dental services necessary to promote continuation in their vocational rehabilitation and employment program. This chapter contains information on the need for VA and Non-VA physician and VA and Non-VA dentist approval for all medical and dental treatments, eligibility criteria in order for a Veteran to be treated at a VAMC, information on how to refer a Veteran for medical and/or dental treatment and the scope of the treatment and procedures authorizing the use of companion animals and service dogs. This chapter also covers the signs of suicide, resources available to the Veteran or staff member and the steps VR&E staff members need to take in order to prevent a suicide attempt. This chapter also contains statutory and regulatory references in regard to medical and dental treatment and services for Chapter 31 program participants.

### 5.02 References and Resources

Laws:	38 U.S.C. 1504
	38 U.S.C. 1717
	38 U.S.C. 1720C
	38 U.S.C. 3104
	38 U.S.C. 3107
	38 U.S.C. Chapter 17
	38 U.S.C. Chapter 31
Regulations:	38 Code of Federal Regulations (CFR) 17.47
	38 CFR 17.52
	38 CFR 17.53
	38 CFR 17.54
	38 CFR 17.98
	38 CFR 17.120-132
	38 CFR 17.149
	38 CFR 21.155
	38 CFR 21.240
	38 CFR 21.242
	38 CFR 70

38 CFR 71.50

VA Acquisition Regulation (VAAR) 831.7001-4

- VA Forms (VAF): VAF 21-4142, Authorization and Consent to Release Information to the Department of Veterans Affairs (VA)  
VAF 28-8861, Request for Medical Services--Chapter 31
- Directive: Veterans Health Administration (VHA) Directive 2010-022, Vocational Rehabilitation: Chapter 31 Benefits Timely Access to Health Care Services
- Resources: VHA Handbook 1130.01 – February 11, 2013, Veterans Health Administration Dental Program  
VA Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version, 8-20-08  
Code of Professional Ethics for Rehabilitation Counselors, Commission on Rehabilitation Counselor Certification
- Websites: <http://www.va.gov/health/ServiceAndGuideDogs.asp>  
<http://www.veteranscrisisline.net/>  
<http://www.vetcenter.va.gov/>  
[http://www.va.gov/directory/guide/vetcenter\\_flsh.asp](http://www.va.gov/directory/guide/vetcenter_flsh.asp)

### 5.03 Scope of Care, Treatment and Services

#### a. Veteran

The services that may be furnished by the VHA for Chapter 31 participants include the treatment, care and services described in 38 CFR Part 17. In addition, the following services may be authorized under 38 CFR 21.240 even if they are not included or described in Part 17:

##### 1. Assistive Devices

Assistive devices include prosthetic appliances, eyeglasses, dentures and other corrective or assistive devices.

##### 2. Special Services

Special services (including services related to blindness and deafness) cover a wide range of adaptive and compensating techniques to include the following:

- Language training, speech and voice correction, training in ambulation, and one-hand keyboarding.

- Orientation, adjustment, mobility and related services.
- Telecommunications, sensory and other technical aids and devices.

3. Specialized Evaluations

Specialized evaluations include the following:

- Functional Capacity Evaluations (refer to M28R.IV.B.3)
- Traumatic Brain Injury (TBI) Comprehensive Evaluation
- Evaluation to determine Learning Disability
- Occupational Therapy Evaluation
- Physical Therapy Evaluation
- Neuropsychological Evaluation

4. General Medical Care and Services Provided

General medical care and services include the following:

(a) Basic care

- Outpatient medical, surgical and mental healthcare, including care for substance abuse.
- Inpatient hospital, medical, surgical and mental healthcare, including care for substance abuse.
- Prescription drugs, including over-the-counter drugs and medical and surgical supplies available under the VA National Formulary System.
- Emergency care in VA facilities; and emergency care in non-VA facilities in accordance with sharing contracts or if authorized by 38 CFR 17 sections 17.52(a)(3), 17.53, 17.54 and 17.120-132.
- Bereavement counseling as authorized in 38 CFR 17.98.
- Comprehensive rehabilitative services other than vocational services provided under 38 U.S.C. Chapter 31.

- Consultation, professional counseling, marriage and family counseling, training, and mental health services for the members of the immediate family, legal guardian of the Veteran, or the individual in whose household the Veteran certifies an intention to live, as necessary and appropriate, in connection with the Veteran's treatment as authorized under 38 CFR 71.50.
- Durable medical equipment and prosthetic and orthotic devices, including eyeglasses and hearing aids as authorized under 38 CFR 17.149.
- Home health services authorized under 38 U.S.C. 1717 and 1720C.
- Reconstructive (plastic) surgery required as a result of disease or trauma, but not including cosmetic surgery that is not medically necessary.
- Hospice care, palliative care and institutional respite care, as well as noninstitutional extended care services, including but not limited to noninstitutional geriatric evaluation, noninstitutional adult day health care and noninstitutional respite care.
- Payment of beneficiary travel as authorized under 38 CFR 70.
- Pregnancy and delivery services, to the extent authorized by law.
- Completion of forms (e.g., Family Medical Leave forms, life insurance applications, Department of Education forms for loan repayment exemptions based on disability and non-VA disability program forms) by healthcare professionals based on an examination or knowledge of the Veteran's condition, but not including the completion of forms for examinations if a third party customarily will pay health care practitioners for the examination but will not pay VA.

(b) Preventive Care

- Periodic medical exams.
- Health education, including nutrition education.
- Maintenance of drug-use profiles, drug monitoring and drug use education.

- Mental health and substance abuse preventive services.
- Immunizations against infectious disease.
- Prevention of musculoskeletal deformity or other gradually developing disabilities of a metabolic or degenerative nature.
- Genetic counseling concerning inheritance of genetically determined diseases.
- Routine vision testing and eye-care services.
- Periodic reexamination of members of high-risk groups for selected diseases and for functional decline of sensory organs, and the services to treat these diseases and functional declines.

b. Veteran's Family Members

The VA may furnish care, treatment and services to a Veteran's family members as necessary, for the effective rehabilitation of the Veteran. The term "family" includes the Veteran's immediate family, legal guardian, or any individual in whose home the Veteran certifies an intention to live. The services that may be furnished to the family generally are limited to consultation on home care training, counseling and mental health services of brief duration, which are designed to enable the family member to cope with the Veteran's needs. Extended medical, psychiatric, or other services may not be furnished to family members under these provisions (38 CFR 21.155).

c. Treatment Eligibility Criteria

A Veteran is eligible for the aforementioned services during periods in which he/she is considered a Chapter 31 participant. These periods include the following:

- Initial evaluation
- Extended evaluation
- Rehabilitation to the point of employability
- Independent living services program
- Employment services
- Other periods to the extent that services are needed to begin or continue

in any of the statutes described above. Such periods include but are not limited to services needed to facilitate reentry into rehabilitation following interruption or discontinuance because of illness or injury, per 38 U.S.C. 3104.

d. Payment to Veterans Health Administration (VHA)

In accordance with 38 CFR 21.240(a), "A Chapter 31 participant shall be furnished medical treatment, care and services which VA determines are necessary to develop, carry out and complete the Veteran's rehabilitation plan."

38 CFR 21.242(a) states, "VA medical centers are the primary resources for the provision of medical treatment, care and services for Chapter 31 participants...". 38 CFR 21.242(b) further specifies, "Hospital care and medical services provided under Chapter 31 shall only be furnished in facilities over which VA has direct jurisdiction, except as authorized on a contract or fee basis under the provisions of Part 17 of this title."

Therefore, VR&E should not pay VHA for any necessary medical services that are provided to Chapter 31 participants by a VA medical center or other VHA facility. Veterans participating in a rehabilitation program under Title 38 U.S.C., Chapter 31 are not exempt from medication co-payments, 1st party co-payments, or third party billing for care relating to non-service connected conditions. Billing action needs to be taken where appropriate (VHA Directive 2010-022).

5.04 Dental Services

a. Outpatient Emergency Dental Care

VHA is responsible for funding all outpatient dental services and treatment and related dental appliances for Veterans, provided the treatment is medically necessary and the Veteran is otherwise receiving VA medical care and services. Dental treatment is limited to that necessary to address acute pain or a dental condition which is determined to be endangering life or health. Examples of the latter include treatment for a significant infection, uncontrolled bleeding, or any other dental condition that is determined to be a serious threat to health or endangering life. The goal of this kind of treatment is to eliminate symptoms and remove foci of infection. Dental care under this category is generally limited to a one-time course of palliative treatment or procedures and appropriate pharmacological therapy.

b. Class V Focused Dental Care

Once a Veteran is determined to be eligible for dental care, the dental facility provides the Veteran with an evaluation by a dentist who must determine the appropriate scope of care consistent with the patient's designated dental classification. Chapter 31 Veterans are eligible for Class V Focused Dental Care (VHA Handbook 1130.01 – February 11, 2013, Veterans Health Administration Dental Program). Chapter 31 participants may receive outpatient dental treatment to resolve a specific dental condition dependent upon, and consistent with, the Veteran's status. Treatment may include relief of pain, elimination of infection, or improvement of speech or esthetics.

A Veteran who is actively receiving Chapter 31 services may receive dental treatment to the extent needed to meet any of the following goals:

1. Make possible the Veteran's entrance into a rehabilitation program.
2. Achieve the goals of the Veteran's vocational rehabilitation program.
3. Prevent interruption of a rehabilitation program.
4. Hasten the return to a rehabilitation program of a Veteran in interrupted or leave status.
5. Hasten the return to a rehabilitation program of a Veteran placed in discontinued status because of illness, injury, or dental condition.
6. Secure and adjust to employment during the period of employment assistance.
7. Enable the Veteran to achieve maximum independence in daily living.

Requests for Class V dental care must be forwarded to the Dental Service by the VRC on VAF 28-8861, Request for Medical Services--Chapter 31 (see Appendix O, VA Forms). A VAF 28-8861 needs to be provided for each episode of care requested. Dental care must not be provided beyond the anticipated rehabilitation date as specified on the form. A Veteran who refuses to participate in a requested confirmation examination or refuses to accept a treatment plan determined by VA to be satisfactory must have his/her dental treatment case closed. Such failure to participate must be considered tantamount to a refusal of treatment.

c. Non-VA Dental Care

The Chief of Dental Service, or designee, has the primary responsibility for

administering outpatient Non-VA Dental Care (formerly fee-basis care). This includes review of all proposed treatment plans for approval or disapproval and adjustment of submitted fees consistent with the Schedule of Maximum Allowances for Non-VA Dental Care. The decision to provide dental benefits to a Veteran through a Non-VA dental provider is to be made by the Chief of Dental Service, or designee, after full consideration of all relevant factors. Such a decision, however, is not to be based on, or factor in, the preference or request of the particular Veteran to receive their dental benefits from a private-sector provider.

#### 5.05 Referring a Chapter 31 Participant for Medical and Dental Services

##### a. Request and Document Medical or Dental Services from VA Medical Center (VAMC)

VR&E staff members will use VAF 28-8861 to certify Chapter 31 rehabilitation program participation and to identify the services or consultations requested. This form will be addressed to the department providing the requested service in the VAMC, as appropriate. In the Comments section of VAF-28-8861, only information specifically needed in the consult is requested, but VRCs should not specify the means by which the treatment provider will assess the Veteran for the needed information. In some cases, treatment providers will be able to provide the requested information based on existing medical treatment records. In other cases, the treatment provider may conduct an assessment or refer out to a specialist for specific assessments.

VAF 21-4142, Authorization and Consent to Release Information to the Department of Veterans Affairs (VA) (see Appendix O, VA Forms) signed by the Veteran, is used when requesting a medical opinion from a Non-VA provider.

##### b. Document the Need and Results for a Medical or Dental Consultation

The VRC must use one or more of the following methods to document the need and results for a medical or dental consultation:

- Fax VAF 28-8861, Request for Medical Services--Chapter 31 to the appropriate VHA eligibility department.
- Electronic medical notes such as Compensation and Pension Records Interchange (CAPRI).
- Corporate WINRS Case Management System (CWINRS) notes.

c. VAMC Liaison and Controls to Expedite Referral Processing

A VAMC employee assigned to the department for which the referral is intended will contact the Veteran and make an appointment for him/her to ensure medical, dental, mental health and/or prosthetic care, treatment and services are provided in a timely manner.

5.06 Consideration of the Medical or Dental Consultant's Recommendations

The VRC must review and carefully consider the recommendations of the medical or dental consultant. The VRC will consider the information obtained through consultation in conjunction with all other information obtained throughout the evaluation to make sound decisions regarding the Veteran's rehabilitation.

5.07 Vocational Rehabilitation: Chapter 31 Benefits Timely Access to Health Care Services Policy

The number of requests for medical and dental services for Chapter 31 Veterans is only a small fraction of the total annual number of annual services provided by VHA. However, these Veterans are typically in a rehabilitation program or ready to enter the workforce. The timely delivery of these services is therefore critical to preclude the interruption of rehabilitation. It is VHA policy to provide timely access to VHA health care services for Veterans participating in a vocational rehabilitation program under title 38 U.S.C., Chapter 31. The health care services authorized by title 38 U.S.C., Chapter 31 are limited to those provided in title 38 U.S.C. Chapter 17.

5.08 VAMC Director Responsibilities

a. Clinically Appropriate Care

VA staff strives to provide clinically appropriate care to Veterans participating in the Chapter 31 program including referral and payment of Non-VA care, if required.

b. Collection of Co-Payments for Non-Service-Connected Conditions

Medical treatment under Chapter 31 is provided in accordance with 38 CFR 17.47(i)(2). Veterans participating in a rehabilitation program under 38 U.S.C. Chapter 31 are not exempt from medication co-payments, 1st party co-payments, or third party billing for care relating to non-service connected conditions. Billing action needs to be taken where appropriate.

## c. Established Procedures for Timely Access to Care

Facility procedures are established to manage timely access to care for Veterans participating in a VA vocational rehabilitation program; these must include the following:

1. Verification of participation in an approved vocational rehabilitation program, and request for treatment using VAF 28-8861.
2. Upon confirmation of participation in a vocational rehabilitation program, a clinical review must occur to determine the following:
  - (a) If the care or treatment is medically required; and
  - (b) If required, the care or treatment is needed to maintain the Veteran's participation in his/her vocational rehabilitation program, and
  - (c) If the care or treatment is medically required and needed to maintain the Veteran's participation in their vocational rehabilitation program, the timeliness of the appropriate care to the Veteran's training schedule needs to be based upon a clinical decision by a VA health care provider. To that end, care may be provided at another VA health care facility or use of contract or fee basis care, subject to authorization (38 CFR 17.52(a)(1)(v)).
3. Instructions to notify the requesting party in any situation where timeliness of care could be an issue and to determine the appropriate course of action. Notification can be done either by completing appropriate items on VAF 28-8861 and returning the form to the requesting party or by contacting VR&E directly.

## d. Directive Compliance Training

Administrative and clinical staff will be trained in the local procedures to ensure compliance with the requirements of VHA Directive 2010-022, Vocational Rehabilitation: Chapter 31 Benefits Timely Access to Health Care Services.

## e. Communication Between Veterans Health Administration (VHA) and Veterans Benefits Administration (VBA)

Communication will be established and maintained with appropriate VBA officials (to include VR&E staff members) at the local RO.

## f. Healthcare Outside VA

VAMCs and outpatient clinics are the primary resources for the provision of necessary medical and dental treatment, care and services for Chapter 31 participants. The availability of treatment and services in VA facilities shall be ascertained in each case. The VA shall provide hospital, dental and medical services to Chapter 31 participants only in facilities over which the VA has direct jurisdiction, except as authorized on a contract or fee basis under 38 CFR 21.242 and VAAR 831.7001-4.

When a VHA physician or dentist determines that necessary medical, dental, mental health and/or prosthetic services are not readily available from a VA facility, the VHA physician or dentist may authorize these services on a contract or fee basis under 38 CFR Part 17. The record of consultation with the VHA physician or dentist will include the following at a minimum:

- Full documentation of consultation with appropriate VHA professional staff members, including completion of VAF 28-8861.
- The concurrence from the consulting VA physician or dentist and the need for the recommended medical, dental, mental health and/or prosthetic services, and
- An explanation as to why services cannot be provided by the VAMC within the jurisdiction of the RO.

## 5.09 Vocational Rehabilitation and Employment Officer (VREO) Responsibilities

VREOs will develop and promote local procedures that ensure timely referrals and medical services, and should establish working relationships with key personnel at the VHA facilities in his/her jurisdiction.

## 5.10 Regional Office (RO) Director Responsibilities

The RO Director will assist in resolving specific issues related to referral and treatment of Veterans participating in the Chapter 31 program. The RO Director should establish a working relationship with the VAMC Director in his/her jurisdiction.

## 5.11 Authorization for the Use of Companion Animals and Service Dogs

## a. Companion Animals

Non-profit agencies, such as Assistance Dogs of the West, Pets2Vets, Paws with a Cause, and Canine Companions for Independence, may provide free

companion dogs to Veterans; however, there may be associated training or other costs. VR&E may not authorize payment for training or any other services related to companion animals.

Various organizations advocate the use of companion animals as a means of supporting Veterans with Post Traumatic Stress Disorder (PTSD) and other disabling conditions. Such organizations make it clear that a companion animal is not meant to be a service animal, and the animal is not certified as such. A sense of companionship and caring may develop between owners and their pets. The relationship is often described as therapeutic, especially for individuals with emotional or mental health disorders. Companion Animals may not be allowed in certain establishments where Service Dogs are allowed.

b. Service Dogs

Payment for the purchase of, training of, or any related services for service dogs or guide dogs is not authorized under Chapter 31. VR&E field staff should continue to refer Veterans to VHA to evaluate the need for service dogs and guide dogs when a potential need is identified.

When a VRC determines that a service dog may be needed for a Veteran to begin, continue in, or complete a rehabilitation program, a referral to VHA should be completed. VHA has a well-designed program to assess the Veteran's need and ability to benefit from a service dog. The VRC should use VAF 28-8861 to describe the reason(s) he/she believes a service dog may be needed as part of the rehabilitation plan under Chapter 31, and request that VHA conduct an evaluation and provide services deemed necessary.

A VHA prescribing clinician will review each request and evaluate the Veteran's circumstances for the following:

- Ability and means, including through family or caregiver, to care for the dog currently and in the future.
- Goals that are to be accomplished through the use of the dog.
- Goals that are to be accomplished through other assistive technology or therapy.

VHA will inform the Veteran of its approval or disapproval of the request for a service dog. Veterans approved for service dogs are referred by VHA to Assistance Dogs International accredited agencies. There is no charge for the dog or the associated training. Veterans with working service dogs are

provided veterinary care and special equipment such as harnesses through VA Prosthetics and Sensory Aids Service. VA does not pay for boarding, grooming, food, or any other routine expense associated with owning a dog. If, after a comprehensive assessment, VHA determines that a service dog is not needed or that the Veteran cannot adequately care for a service dog, VR&E should not purchase a service dog or anything related to the use, care, or training of a service dog using Chapter 31 funds.

For more information on VHA's policies on service dogs, see <http://www.va.gov/health/ServiceAndGuideDogs.asp>

## 5.12 Crisis Prevention

While working with Veterans, VR&E staff members may find themselves faced with a Veteran in crisis. In the case of a possible suicide threat, the staff member must be able to recognize the signs and take immediate action to prevent a tragedy.

### a. Veterans Crisis Line

In 2011, the National Veterans Suicide Prevention Hotline was renamed the Veterans Crisis Line to encourage Veterans and their families and friends to make the call. The Veterans Crisis Line connects Veterans in crisis and their families and friends with qualified, VA responders through a confidential toll-free hotline, online chat, text, or website at <http://www.veteranscrisisline.net/>. Veterans and their loved ones can call 1-800-273-8255 and Press 1, chat online, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. Support for deaf and hard of hearing individuals is also available using TTY and calling 1-800-799-4889.

Many of the responders are Veterans and understand what Veterans and their families and friends have been through and the challenges they face. To ensure all Veterans and their loved ones are aware of the Veterans Crisis Line, VA coordinates with communities and partners nationwide to let Veterans and their loved ones know that support is available whenever, if ever, they need it. Individuals calling the Veterans Crisis Line do not need to be registered with VA or enrolled in the VA health care system. Responders will work with anyone to help him/her to get through any personal crisis, even if that crisis does not involve thoughts of suicide.

### b. Signs of a Crisis

People who know a Veteran best may be the first to recognize emotional distress and reach out for support when issues reach a crisis point—and well

before a Veteran is at risk of suicide. Many Veterans may not show any signs of intent to harm themselves before doing so, but some actions can be a sign that a Veteran needs help. Veterans in crisis may show behaviors that indicate a risk of harming themselves.

Veterans who are considering suicide often show signs of depression, anxiety, low self-esteem and/or hopelessness. The VRC should pay particular attention to the following symptoms:

- Appears sad or depressed most of the time.
- Clinical depression: deep sadness, loss of interest, trouble sleeping and eating—that doesn't go away or continues to get worse.
- Feeling anxious, agitated, or unable to sleep.
- Neglecting personal welfare, deteriorating physical appearance.
- Withdrawing from friends, family and society, or sleeping all the time.
- Losing interest in hobbies, work, school, or other things one used to care about.
- Frequent and dramatic mood changes.
- Expressing feelings of excessive guilt or shame.
- Feelings of failure or decreased performance.
- Feeling that life is not worth living, having no sense of purpose in life.
- Talk about feeling trapped—like there is no way out of a situation.
- Having feelings of desperation, and saying that there is no solution to their problems.

The Veteran's behavior may be dramatically different from his/her normal behavior, or he/she may appear to be actively contemplating or preparing for a suicidal act through behaviors such as:

- Performing poorly at work or school.
- Acting recklessly or engaging in risky activities—seemingly without thinking.

- Showing violent behavior such as punching holes in walls, getting into fights or self-destructive violence; feeling rage, uncontrolled anger, or seeking revenge.
- Looking as though one has a “death wish,” tempting fate by taking risks that could lead to death, such as driving fast or running red lights.
- Giving away prized possessions.
- Putting affairs in order, tying up loose ends and/or making out a will.
- Seeking access to firearms, pills, or other means of harming oneself.
- Looking for someone to take his/her pet with little or no notice.

c. Responding to a Crisis

All Program Specialists (PS), Employment Coordinators (EC) and VRCs need to know how to respond to a telephonic, email, or a face to face crisis. Program Specialists are usually the first in the office to encounter a telephonic call for help. Should a PS or EC take a call from a Veteran who says he/she is suicidal, the PS or EC should immediately alert the VREO, AVREO, or a VRC.

It is very important that the PS or EC keeps the Veteran on the line and assures him/her that help is available and that a trained rehabilitation professional will be taking the call shortly. When an EC receives an email from a Veteran with suicidal or crisis ideation, the EC should immediately contact the Veteran’s VRC. The VRC will immediately attempt to contact the Veteran via telephone and through an email to evaluate the situation.

d. Limitations of Confidentiality

At initiation and throughout the counseling process, rehabilitation counselors inform Veterans of the limitations of confidentiality and seek to identify foreseeable situations in which confidentiality must be breached. The general requirement that rehabilitation counselors keep information confidential does not apply when disclosure is required to protect the Veteran or identify others from serious and foreseeable harm, or when legal requirements demand that confidential information must be revealed. (Source: Code of Professional Ethics for Rehabilitation Counselors, Commission on Rehabilitation Counselor Certification.)

e. Referral to Mental Health Provider/Emergency Room

If VR&E staff suspect a Veteran is having suicidal or homicidal thoughts, the staff member must make every effort to refer the Veteran to a mental health provider as soon as possible. If the Veteran is in immediate danger, the staff member will call 911 and provide the 911 operator the Veteran's contact information. If the VRC does not believe the Veteran is in immediate danger, he/she will direct the Veteran to the closest emergency room for evaluation. The VRC will notate in CWINRS all incidences of suicidal and homicidal ideation in a CWINRS note and conduct appropriate follow-up to ensure the crisis has been resolved prior to continuation in the rehabilitation plan, if one is in progress.

If after speaking with the Veteran, the VRC believes the Veteran is not in any imminent danger, the VRC should ask the Veteran if he/she would consider meeting with a mental health provider at the closest VAMC for a psychological assessment. Using a VAF 8861, the VRC needs to ensure he/she is very clear about what took place during the conversation with the Veteran, noting the Veteran's tone, emotions, affect, time of day, reasons given for the distress and the Veteran's desire for help. If the Veteran served in a war zone, the VRC may also refer him/her to the closest Vet Center for evaluation and counseling. Any time a VRC makes a referral for mental health services, the VRC should follow up with the Veteran and the VAMC or Vet Center to make sure the Veteran received services.

f. Safety Plan

When a VRC encounters a Veteran with suicidal ideation, the VRC will ask the Veteran if he/she has a safety plan. A safety plan is a prioritized written list of coping strategies and sources of support Veterans can use who have been deemed to be at high risk for suicide. Veterans can use these strategies before or during a suicidal crisis. The plan is brief, in the Veteran's own words and is easy to read.

1. Who Should have a Safety Plan

Any Veteran who appears to be at risk for suicide should have a comprehensive suicide risk assessment. Clinicians should then collaborate with the Veteran on developing a safety plan.

2. How a Safety Plan Should be Designed

Safety planning is a clinical process. Listening to, empathizing with and engaging the Veteran in the process can promote the development of the

safety plan and the likelihood of its use.

### 3. Steps to Develop a Safety Plan

There are six steps involved in the development of a safety plan. VRCs are strongly advised to read the manual, VA Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version, 8-20-08, to obtain a better understanding of how to respond to a possible suicide. The six steps are as follows:

#### (a) Step 1: Warning Signs

- (1) Ask "How will you know when the safety plan should be used?"
- (2) Ask "What do you experience when you start to think about suicide or feel extremely distressed?" and list warning signs (thoughts, images, thinking processes, mood and/or behaviors) using the Veteran's own words.

#### (b) Step 2: Internal Coping Strategies

- (1) Ask "What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?"
- (2) Assess likelihood of use.
- (3) Ask "How likely do you think you would be able to do this step during "a time of crisis?" (If doubt about use is expressed.)
- (4) Ask "What might stand in the way of you thinking of these activities or doing them if you think of them?" Use a collaborative, problem solving approach to address potential roadblocks and ID alternative coping strategies.

#### (c) Step 3: Social Contacts Who May Distract from the Crisis

- (1) Instruct Veterans to use Step 3 if Step 2 does not resolve the crisis or lower risk.
- (2) Ask "Who or what social settings help you take your mind off your problems at least for a little while?" and "Who helps you feel better when you socialize with them?"
- (3) Ask for safe places the Veteran can go to be around people (i.e.

coffee shop).

- (4) Ask Veteran to list several people and social settings, in case the first option is unavailable. Remember, in this step, the goal is distraction from suicidal thoughts and feelings. Assess likelihood that the Veteran will engage in this step, identify potential obstacles and problem solve as appropriate.

(d) Step 4: Family Members or Friends Who May Offer Help

- (1) Instruct Veteran to use Step 4 if Step 3 does not resolve crisis or lower risk.
- (2) Ask "Among your family or friends, who do you think you could contact for help during a crisis?" or "Who is supportive of you and who do you feel that you can talk with when you're under stress?"
- (3) Ask the Veteran to list several people, in case one contact is unreachable. Prioritize the list. In this step, unlike the previous step, patients reveal they are in crisis to others.
- (4) Assess likelihood Veteran will engage in this step, ID potential obstacles and problem solve. Role play and rehearsal can be very useful in this step.

(e) Step 5: Professionals and Agencies to Contact for Help

- (1) Instruct the Veteran to use Step 5 if Step 4 does not resolve the crisis or lower risk.
- (2) Ask "Who are the mental health professionals that we should identify to be on your safety plan?" and "Are there other health care providers?" List names, numbers and/or locations of clinicians, local urgent care services, VA Suicide Prevention Coordinator and VA Suicide Prevention Hotline (1-800-273-TALK (8255)).
- (3) Assess likelihood Veteran will engage in this step, ID potential obstacles and problem solve.

(f) Step 6: Reducing the Potential for Use of Lethal Means

- (1) Instruct the Veteran to use Step 6 if Step 5 does not resolve the crisis or lower risk.

(2) Ask "What means do you have access to and are likely to use to make a suicide attempt or to kill yourself?" and "How can we go about developing a plan to limit your access to these means?"

(3) Ask "Do you have access to a firearm (such as a handgun, rifle, or shotgun), and if so, what would be your "method of choice?" Ask the Veteran to make arrangements for securing the weapon or weapons.

Note: For methods with lower lethality (such as drugs or medication with a low level of toxicity), ask the Veteran to remove or restrict his/her access to these methods themselves before he/she is in crisis. For methods of high lethality, such as a firearm, ask the Veteran to temporarily limit his/her access to it. A Veterans' risk for suicide increases when he/she is in direct contact with the highly lethal method. Instead, an optimal plan would be to restrict the Veterans' access to a highly lethal method by having it safely stored by a designated responsible person - usually a family member, close friend, or even the police.

### 5.13 Vet Center

#### a. History

The Vet Center Program was established by Congress in 1979 out of the recognition that a significant number of Vietnam-era Veterans were still experiencing readjustment problems. In April 1991, in response to the Persian Gulf War, Congress extended the eligibility to Veterans who served during other periods of armed hostilities after the Vietnam era. Those other periods are identified as Lebanon, Grenada, Panama, the Persian Gulf, Somalia, and Kosovo/Bosnia. In October 1996, Congress extended the eligibility to include WWII and Korean Combat Veterans.

The goal of the Vet Center program is to provide a broad range of counseling, outreach, and referral services to eligible Veterans in order to help them make a satisfying post-war readjustment to civilian life. On April 1, 2003 the Secretary of Veterans Affairs extended eligibility for Vet Center services to Veterans of Operation Enduring Freedom (OEF) and on June 25, 2003 Vet Center eligibility was extended to Veterans of Operation Iraqi Freedom (OIF) and subsequent operations within the Global War on Terrorism (GWOT). The family members of all Veterans listed above are eligible for Vet Center services as well. On August 5, 2003 VA Secretary Anthony J. Principi authorized Vet Centers to furnish bereavement counseling services to surviving parents, spouses, children and siblings of Servicemembers who die

of any cause while on active duty, to include federally activated Reserve and National Guard personnel.

b. Eligibility

To be eligible for Vet Center services, the Veteran or his/her family member must have served in any combat zone and received a military campaign ribbon (Vietnam, Southwest Asia, OEF, OIF, etc.). A DD 214 or other proof of service is required during the first visit to a Vet Center. See the following for a list of eligible combat zones:

- World War II - Three eligible categories - European-African-Middle Eastern Campaign-Medal (7 Dec. 1941 to 8 Nov. 1945), Asiatic - Pacific Campaign Medal (7 Dec. 1941 to 2 Mar. 1946), or American Campaign Medal (7 Dec. 1941 to 2 Mar. 1946).
- American Merchant Marines - In oceangoing service during the period of armed conflict, 7 Dec. 1941 to 15 Aug. 1945.
- Korean War - 27 June 1950 to - 27 July 1954 (eligible for the Korean Service Medal).
- Vietnam War - 28 Feb. 1961 to 7 May 1975.
- Lebanon - 25 Aug. 1982 to 26 Feb. 1984.
- Grenada - 23 Oct. 1983 to 21 Nov. 1983.
- Panama - 20 Dec. 1989 to 31 Jan. 1990.
- Persian Gulf - 2 Aug. 1990, ongoing.
- Somalia - 17 Sept. 1992, ongoing.
- Bosnia - 21 Nov. 1995 to 01 Nov. 2007.
- Kosovo - 24 Mar. 1999, ongoing.
- Operation Enduring Freedom - 7 Oct. 2001, ongoing.
- Operation Iraqi Freedom - 19 Mar. 2003 to 17 Feb. 2010.
- Operation New Dawn - 17 Feb. 2010, ongoing.
- Operation Joint Endeavor, Operation Joint Guard, and Operation Joint Forge - Veterans who participated in one or more of the three successive operations in the former Yugoslavia (Bosnia-Herzegovina and Croatia,

aboard U.S. Naval vessels operating in the Adriatic Sea, or air spaces above those areas); Veterans who serve or have served in Kosovo either in its waters or airspace after March 24, 1999, and before a terminal date yet to be established.

- Global War On Terrorism - Veterans who serve or have served in military expeditions to combat terrorism on or after September 11, 2001 and before a terminal date yet to be established; includes OPERATION ENDURING FREEDOM, OPERATION IRAQI FREEDOM & OPERATION NEW DAWN.

c. Readjustment Counseling

Readjustment counseling is a wide range of psychosocial services offered to eligible Veterans and their families in the effort to make a successful transition from military to civilian life. Services include the following:

- Individual and group counseling for Veterans and their families.
- Family counseling for military related issues.
- Bereavement counseling for families who experience an active duty death.
- Military sexual trauma counseling and referral.
- Outreach and education including Post-Deployment Health Reassessment Program (PDHRA), community events, etc.
- Substance abuse assessment and referral.
- Employment assessment and referral.
- VBA benefits explanation and referral.
- Screening & referral for medical issues including TBI, depression, etc.

d. Sexual Trauma and Harassment Counseling

Veterans of both genders and all eras who suffered a sexual trauma or sexual harassment may receive counseling. Vet Center services include individual readjustment counseling, referral for benefits assistance, group readjustment counseling, liaison with community agencies, marital and family counseling, substance abuse information and referral, job counseling and placement, sexual trauma counseling, and community education.

e. Bereavement Counseling

Bereavement counseling is offered to parents, siblings, spouses and children of Armed Forces personnel who die in the service to our country. Also eligible are family members of Reservists and National Guardsmen who die while on federally activated duty.

f. Vet Center Locations

Vet Centers are located throughout the United States, Guam, Philippines, American Samoa, Virgin Islands and Puerto Rico. For a map on where the Vet Centers are located, see [http://www.va.gov/directory/guide/vetcenter\\_flsk.asp](http://www.va.gov/directory/guide/vetcenter_flsk.asp). The main website for the Vet Center is <http://www.vetcenter.va.gov/>

5.14 Student Health Care Medical Services

a. School Health Fees/Expenses

VR&E may pay student health fees as a part of established school costs. Under 38 U.S.C. 3104(a)(7) and VAAR 831.7001-4, VA may pay the customary student health fees for a Chapter 31 participant when payment of the fee is required for similarly circumstanced non-Veteran students. Allowable school health fees/expenses include "student health fees" or "student health care fees" the school uses to provide health care coverage for the student in addition to services provided at the on-campus medical clinic. Payment of such fees should be paid from Readjustment Benefit (RB) funds. A waiver is not required in this situation. However, the VRC must inform the Chapter 31 participant that he/she is required to seek a waiver from the school for an assessed student health insurance fee since many Chapter 31 participants receive medical services from VHA. VR&E must not pay fees that are billed as "student health insurance" on behalf of the Chapter 31 participant if the school does not grant a waiver based on the Veteran's enrollment at VHA (see prohibited school health fees/expenses in section 5.13.b of this chapter).

Example: A school assesses a fee for student health insurance as part of the school's established fee schedule. The purpose is to ensure that each student has access to medical care and can maintain good health, which is essential for academic success. Although the fee for student health insurance is assessed to all students, most schools allow a waiver to be granted if the student provides proof of comparable coverage. Since many Chapter 31 participants receive medical services from VHA, the VRC must inform the Chapter 31 participant that he/she is required to seek a waiver from the school for the assessed fee.

b. Prohibited School Health Fees/Expenses

VR&E must not approve payment for:

- Student health fees that encompass health coverage for a Chapter 31 participant's dependent.
- Medical services rendered to a Chapter 31 participant.
- Medical services rendered to a Chapter 31 participant's dependent.
- Student Health insurance.
- Co-payments.
- Deductibles.

If VR&E is billed for any type of medical service, co-payments, deductibles, or any fees and expenses related to dependents, VR&E must immediately contact the school, explain the issue and request a corrected invoice. If VR&E is billed for student health insurance, the VRC must contact the school and explain the scope of care, treatment and services that may be furnished by VHA for Chapter 31 participants (see section 5.03 of this chapter) and request a corrected invoice.