

Form 2 -- Care Provider Report

(This report is used to provide evidence of recurring medical care expenses.)

Care providers who should use this report: **Assisted Living, Residential Care, Adult Day Care, Home Care or Similar Providers**

Dear Veterans Service Representative,

The opposite side of this form presents evidence of recurring medical expenses that could be annualized for the prospective 12-month benefit period. The information here complies with the following instructions.

M21-1MR, Part V, Subpart iii, Chapter 1, Section G

d. In-Home Attendants for a Disabled Person Rated A&A or Housebound

If VA has rated the disabled person (beneficiary or veteran's spouse if the veteran is dually entitled to compensation of at least 30 percent) entitled to A&A or Housebound, allow all fees paid to an in-home attendant as long as the attendant provides medical or nursing services for the disabled person. The attendant does not have to be a licensed health professional.

- Examples of medical services are physical therapy, administration of injections, placement of indwelling catheters, and the changing of sterile dressings.
- Examples of nursing services are assisting an individual with bathing, dressing, feeding him/herself, and other activities of daily living.

All reasonable fees paid to the individual for personal care of the disabled person and maintenance of the disabled person's immediate environment may be allowed. This includes such services as cooking for the disabled person and housecleaning for the disabled person. It is not necessary to distinguish between medical and nonmedical services. However, services, which are beyond the scope of personal care of the disabled person and maintenance of the disabled person's immediate environment, may not be allowed. Note: Allow all expenses paid to an in-home attendant during the calendar year in which a beneficiary is determined to be in need of A&A, regardless of the effective date of the rating decision.

h. Custodial Care, Including Assisted-Living Facilities

If a beneficiary or dependent, or other person for whom medical expenses may be allowed, is maintained in a home, assisted-living facility, or other institution, because the individual needs to live in a protected environment, all unreimbursed fees paid to the institution for custodial care ("room-and-board") and medical or nursing care are deductible expenses, as long as

- a licensed physician certifies that the individual has a medical condition that makes such a level of care necessary, or
- VA has determined the individual is entitled to A&A or Housebound benefits as a beneficiary or the spouse of a veteran entitled to compensation at the 30-percent rate or higher.

If it is established that a disabled person in a governmental institution is participating in a program of therapy or rehabilitation supervised by a physician, or a physician has certified that the person has a medical condition that makes such a level of care necessary, allow the entire amount paid as a deductible expense. A physician's statement specifically addressing the issue of whether an individual who is not entitled to A&A or Housebound benefits needs to be in a protected environment must be of record, even if the individual's diagnosis is known.

m. Adult Day Care, Rest Homes, or Group Homes

The guidelines (in the table) below apply to allowing a medical expenses deduction for fees paid to maintain a disabled person in

- an adult daycare center
- a rest home
- a group home, or
- a similar facility that does not qualify as a nursing home.

If ...a veteran or surviving spouse has been

- rated in need of A&A or Housebound benefits by VA, or
- certified by a physician as needing the care provided by the facility, or
- the spouse of a veteran rated at least 30 percent SC has been rated by VA as a helpless spouse

Then ...allow all reasonable fees paid to the facility as long as the facility provides some medical or nursing services for the disabled person. The services do not have to be furnished by a licensed health professional.

If ...a veteran or surviving spouse has not been

- rated in need of A&A or Housebound benefits by VA, or
- certified by a physician as needing the care provided by the facility, or
- the spouse of a veteran rated at least 30 percent SC has not been rated by VA as a helpless spouse

Then ...allow expenses paid to the facility only to the extent that they represent payment for medical treatment furnished by a licensed health professional.

Report Continued on the Other Side

Name of Person Receiving Care Services	Name of Veteran (For VA Purposes)		Veteran SS # or VA case #	
Address of Person Receiving Care Services	City	State	Zip	Contact Phone
Name of Care Provider Organization and Contact Person	Complete Address and Phone Number of Care Provider Organization			

COMPLETE THIS SECTION FOR ASSISTED LIVING FACILITY, RESIDENTIAL CARE, GROUP HOME OR OTHER 24-HOUR FACILITY

State License Number	Classification and designated name of care services being provided according to state licensing division.	Please furnish a copy of the service contract between care provider and care recipient above.	Monthly cost of care services for care recipient
Please describe the services being furnished for the care recipient above.			

COMPLETE THIS SECTION FOR HOME CARE, ADULT DAY CARE OR OTHER SUPPORTIVE CARE AT HOME

State License Number <u>if Any</u>	Classification and designated name of care services being provided according to state licensing division, <u>if applicable.</u>	Please furnish a copy of the service contract between care provider and care recipient above.	Monthly cost of care services for care recipient
Please describe the services being furnished for the care recipient above.			
Number of care hours per visit or episode	Number of care episodes or visits per week	Will services be required for an indefinite period? If no, will care recipient move on to a care facility? If no, will care recipient recover and have no need for care? If yes, how long before services are no longer needed?	Yes No

THE CARE PROVIDER ABOVE OFFERS THE FOLLOWING SPECIFIC SERVICES FOR THE CARE RECIPIENT:

	Yes	No		Yes	No
Provides help with dressing and/ or getting out of bed			Provides meals because care recipient above is physically or mentally incapable of preparing his or her own meals		
Provides help with bathing			Provides homemaker services		
Provides help with ambulating			Provides transportation		
Provides help with toileting			Provides staff for skilled medical care		
Provides help with incontinence			Provides training for family caregivers		
Provides medical or monitoring alert equipment			Provides supervision to prevent person from harming himself		
Provides 24/7 emergency response staff			Provides supervision to prevent person from harming others		
Provides help with feeding			Provides supervision to prevent wandering		
Provides off-premise home care services			Provides restraint or direction if care recipient is uncooperative		
Provides supervision and properly structured living arrangements for a protected environment			Provides qualified personnel for administering medications or provides supervision and reminders for medications		

This form should be signed by a manager, director, owner or other responsible person with the care provider.

Date Signed: _____ **Title of Person Signing the Form:** _____

Person's Name: _____ **Person's Signature:** _____

I, the above signing person, certify the above information is correct and true to the best of my knowledge.