

MICHAEL E. DeBAKEY VA MEDICAL CENTER

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713.791.1414 toll-free 1.800.553.2278

Veteran Information Packet

An Information Guide to Veteran Health Benefits and Services

Take an extra look at this important information:

Advance Directives, page 42 Patient Safety, page 57 Patient Rights, page 60

My Personal Information

Home Address:

Home Telephone:

Other Important Information:

Emergency Contact – Name:

Telephone:

Relationship:

My Prime Care Team is:

Telephone (713) 794-

My Prime Care Physician is:

My Prime Care Nurse is:

To ensure patient safety at the Michael E. DeBakey VA Medical Center, you will be asked to state your full name and full social security number before treatments and/or invasive procedures are done. Always bring your VA I.D. card with you.

Table of Contents

WELCOME TO THE MICHAEL E. DEBAKEY VA MEDICAL CENTER.....	5
ELIGIBILITY.....	6
Am I eligible for the VA Medical Benefits Package?	6
Changes to the Priority Group 8 Enrollment Restrictions.....	7
Combat Veteran Eligibility.....	9
ENROLLMENT	9
Do I have to enroll to receive health care?.....	9
How do I get a copy of my DD 214?	10
Once enrolled, do I need to enroll each year?	10
BENEFITS & SERVICES.....	11
What is the Medical Benefits Package?	11
What does it cover?	11
QUESTIONS ABOUT BENEFITS & SERVICES.....	14
What about other VA benefits?	14
How do I begin to receive VA medical benefits and services?	14
PATIENT TRAVEL.....	15
PATIENT FUNDS	21
TRANSPORTATION.....	22
EMERGENCY ROOM PROCEDURES	23
EMERGENCY CARE IN NON-VA FACILITIES	23
How do I qualify?	23
Should I cancel my current insurance?	24
What type of emergency services will VA cover?.....	24
Do I need to get approval before going to the emergency room?	24
What documents are required by VA to process my claim?.....	25
CHARGES & CO-PAYMENTS.....	27
If I am enrolled, what cost will there be for me?	27
Will I have out-of-pocket expenses?	27
How are the co-payments calculated?	27
What are the medical expense deductions?	28
How is the co-payment for prescription drugs calculated?	28
What is the co-payment for prescriptions?.....	28
Who pays for my hearing aids and eyeglasses?.....	29
PRIMARY CARE.....	29
What is my Prime Care Provider responsible for?	29
How do I find out who my Prime Care Team is?.....	30

Can I walk in and see my Prime Care Team anytime?31

Who do I call if I have a problem after hours?31

VA NETWORK TELECARE CENTER31

What is the purpose of the VA Network Telecare Center?.....31

Should I call if it’s a life-threatening emergency?31

I have a complaint. Should I call the Telecare Center?32

MAKE, CHANGE OR CANCEL AN APPOINTMENT32

URGENT CARE33

PRESCRIPTIONS.....33

PRESCRIPTION REFILLS.....36

DENTAL CARE.....37

CO-MANAGED CARE: VA AND PRIVATE PHYSICIANS38

Can I receive care from both a VA and local community health provider?38

How do I participate in Co-Managed Care?38

Can I get my prescriptions filled at the VA and not see a VA doctor?38

VA Co-Management Check List.....39

Co-Managed Care Letter to Community Health Care Provider40

INFORMED CONSENT41

Can I refuse medical treatment?41

ADVANCE DIRECTIVES42

“DO NOT RESUSCITATE” (DNR) & CODE STATUS.....43

ORGAN DONATION.....44

ALLOWANCE FOR HOUSEBOUND44

CHAMPVA45

ADMISSION PROCEDURES.....46

Where do I go for admission processing?46

Do I bring my medications with me?46

YOUR HOSPITAL STAY.....47

Calling Your Nurse47

Restrictions47

Face Mask48

Conduct and Behavior48

Smoking.....48

Noise.....48

Meals48

Fire/Disaster Drills.....48

Patient Day Rooms49

Televisions49

Hearing Impaired Patients.....49

Telephones49

Passes49

FISHER HOUSE & COURTESY QUARTERS.....49

FACILITIES & SERVICES INSIDE THE HOSPITAL.....51

Canteen Services.....51

Barber Shop.....51

Lost & Found.....51

Patient Mail52

Parking.....52

Release of Medical Information.....53

Religious Services53

Social Workers.....53

Veterans Benefits Counselors.....53

Voluntary Services53

Escort Service.....54

Recreation Therapy54

VISITING HOURS & GUIDELINES.....54

PATIENT PRIVACY55

QUALITY & SATISFACTION56

How can I be sure that I am getting high quality care?56

Who do I talk to if I have a complaint?56

PATIENT SAFETY.....57

CARE CHOICES.....59

PAIN MANAGEMENT59

PATIENT RIGHTS & RESPONSIBILITES60

FAMILY MEMBER RIGHTS & RESPONSIBILITIES.....62

DISCHARGE FROM THE HOSPITAL64

MENTAL HEALTH SERVICES64

LEGAL CLINIC.....67

SUPPORT GROUPS67

IMPORTANT VA TELEPHONE NUMBERS.....69

Welcome to the Michael E. DeBakey VA Medical Center

Awarded re-designation for Magnet Recognition for Excellence in Nursing Services in 2008, the Michael E. DeBakey VA Medical Center serves as the primary health care provider for more than 130,000 veterans in southeast Texas. Veterans from around the country are referred to the MEDVAMC for specialized diagnostic care, radiation therapy, surgery, and medical treatment including cardiovascular surgery, gastrointestinal endoscopy, nuclear medicine, ophthalmology, and treatment of spinal cord injury and diseases. The MEDVAMC is home to a Post Traumatic Stress Disorder Clinic; Network Polytrauma Center; an award-winning Cardiac and General Surgery Program; Liver Transplant Center; VA Epilepsy and Cancer Centers of Excellence; VA Substance Abuse Disorder Quality Enhancement Research Initiative; Health Services Research & Development Center of Excellence; VA Rehabilitation Research of Excellence focusing on mild to moderate traumatic brain injury; Mental Illness Research, Education and Clinical Center; and one of the VA's six Parkinson's Disease Research, Education, and Clinical Centers. Including the outpatient clinics in Beaumont, Conroe, Galveston, Houston, Lufkin, Richmond, and Texas City, MEDVAMC outpatient clinics logged almost 1.3 million outpatient visits in fiscal year 2011.

Almost 3,900 health care professionals provide high quality care to our Veterans. For more than 50 years, the MEDVAMC has provided clinical training for health care professionals through our major affiliate, Baylor College of Medicine. MEDVAMC operates the largest VA residency program with 269.7 slots in 40 sub-specialties. Each academic year, more than 1,972 students are trained through 144 affiliation agreements with institutions of higher learning in 19 states. Health care students from fields such as nursing, dietetics, social work, physical therapy, and a wide variety of medical specialties receive training here each year. Affiliation agreements also include training opportunities for health care administration, health information technology, medical records billing and coding, and health education students. This responsibility serves to enhance the quality of care provided to our Veterans. As a member institution of the Texas Medical Center (TMC) since 1985, the MEDVAMC staff serves on various TMC oversight committees that contribute to improved patient care and hospital operations. The vast majority of MEDVAMC physicians are also faculty members of Baylor College of Medicine.

Many MEDVAMC programs have received national awards and honors including accreditation from Joint Commission for hospital, long-term care, behavioral health care, home care, and substance abuse. The hospital is consistently recognized for demonstrating low observed-to-expected mortality rates in general surgery, all surgery, and all non-cardiac surgery. In 2010, MEDVAMC earned the U.S. Environmental Protection Agency's prestigious ENERGY STAR, becoming only one of two hospitals in Houston with this designation. The same year, it was awarded a 2-year accreditation from the American Association of Blood Banks. In 2011, the medical center's Pathology and Laboratory Medicine was awarded accreditation by the Accreditation Committee of the College of American Pathologists and its Psychosocial Rehabilitation and Recovery Center was awarded a 3-year accreditation by Rehabilitation Accreditation Commission (CARF). The MEDVAMC earned the Gold Seal of Approval™ in 2011 from the Joint Commission as an Advanced Primary Stroke Center. MEDVAMC is the first VA medical center with this designation.

Notice to Veterans

The Veterans Health Administration (VHA) is pleased you have selected us to provide your health care. We want to improve your health and well-being. We will make your visit or stay as pleasant for you as possible. As part of our service to you, to other Veterans and to the nation, we are committed to improving health care quality. We also train future health care professionals, conduct research, and support our country in times of national emergency. In all of these activities, our employees will respect and support your rights as a patient.

The Department of Veterans Affairs regularly surveys Veterans to find out what you think about your VA health care using the [Survey of Healthcare Experiences of Patients](#) (SHEP). The SHEP survey examines VA's quality of care and helps us to better understand patient expectations and needs.

After your outpatient visit or inpatient stay, you may receive a confidential questionnaire in the mail asking about your most recent visit to our medical facility. **PLEASE** take the time to complete and return this survey. Your feedback and comments help us find ways to improve and learn what areas you think already work well.

Eligibility

Am I eligible for the VA Medical Benefits Package?

When a Veteran calls the Eligibility Office, (713) 794-7288, at the MEDVAMC, the first question the Veteran is asked is, "When were you in the military?" If the Veteran enlisted after September 7, 1980, the next questions are, "Did you complete 24 months of continuous active duty service? If not, were you discharged because of a disability or a hardship? Does your DD214 state this? What branch of service did you serve in?" If the Veteran completed 24 months of continuous active duty service and served in the regular branch of the armed forces, he or she is eligible for VA medical care. If the Veteran was in the Reserves, he or she is not eligible unless called up to active military by an executive order issued by the President of the United States and served the period of duty required on the orders.

Merchant Marines are only eligible if they served during World War II and have a copy of their DD214 showing this service. National Guardsmen are not eligible unless they are called up to active military by an executive order issued by the President of the United States and served the period of duty required on the orders.

Once eligibility is established, Veterans are advised they may apply for health care benefits in person, by mail, or on the Internet at <https://www.1010ez.med.va.gov/sec/vha/1010ez/> or by calling 1-877-222-VETS (8387).

Once the application is processed, a Veteran is notified by mail and given information on his or her priority group. Priority groups distinguish between Veterans with service-connected disabilities, former Prisoners of War, Purple Heart recipients, World War I Veterans, Veterans with disabilities associated with exposure to toxic substances, and so forth.

Priority groups also determine applicable co-payments for medical care.

After registration, Veterans are assigned a primary health care provider who has responsibility for all of their health care needs.

What are the Priority Groups?

Once you apply for enrollment, your eligibility will be verified. Based on your specific eligibility status, you will be assigned a priority group. The priority groups are as follows, ranging from 1-8 with 1 being the highest priority for enrollment. Under the Medical Benefits Package, the same services are generally available to all enrolled Veterans.

Changes to the Priority Group 8 Enrollment Restriction

In order to ensure the availability of quality and timely health care to Veterans with service connected conditions, special authority based on military service, low income, and those with special health care needs, in January 2003 VA made the difficult decision to stop enrolling new Priority Group 8 (high income) Veterans whose income exceeded VA Income Thresholds. The new regulations went into effect on June 15, 2009 and enable the Department of Veterans Affairs (VA) to relax income restrictions on enrollment for health benefits. While this new provision does not remove consideration of income, it does increase income thresholds. You may be eligible for enrollment under this new provision.

Denied Enrollment on or after January 1, 2009

If you applied for enrollment on or after January 1, 2009, but before June 15, 2009 and you were denied enrollment because your income exceeded the VA income thresholds, you were reconsidered for enrollment. You would have been contacted by mail from Veteran Affairs if you qualify.

Denied Enrollment before January 1, 2009

If you applied for enrollment before January 1, 2009, and were denied enrollment because your income was too high, VA encourages you to take advantage of this financial calculator to assist you in determining if you are now eligible for enrollment under this new regulation based on your 2008 income. Visit <http://www4.va.gov/healtheligibility/apps/enrollmentcalculator/> to access the financial calculator. Whatever your enrollment determination, VA encourages all Veterans to apply for enrollment as this will help us in our future planning and budget efforts as well as allow us to be in a better position to identify necessary funding levels to Congress.

Determine if You May Be Eligible

To determine if you may be eligible under this new regulation, we have developed this financial calculator which will help you in determining if your income falls within the new 10% income thresholds guidelines. Once you have entered all required information below, this calculator will determine if you may be eligible for enrollment under the new rule.

The new regulations (defined in Public Law 110-329) provide VA additional funding to allow expanded enrollment opportunity for certain Priority 8 Veterans who may have been previously denied enrollment in VA's health care system because their income exceeded VA's means tests thresholds.

Effective June 15, 2009, a Veteran who applies for enrollment, who does not qualify for a higher Priority Group and whose income exceeds VA's means test thresholds by 10% or less will be placed in a Priority Group that allows the Veteran to be enrolled in VA's health care system.

Priority Group 1:

- Veterans with service-connected disabilities rated 50% or more disabling
- Veterans determined by VA to be unemployable due to service-connected conditions

Priority Group 2:

- Veterans with service-connected disabilities rated 30% or 40% disabling

Priority Group 3:

- Veterans who are former POWs
- Veterans awarded a Purple Heart medal
- Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty
- Veterans with service-connected disabilities rated 10% or 20% disabling
- Veterans awarded special eligibility classification under Title 38, U.S.C., Section 1151, "benefits for individuals disabled by treatment or vocational rehabilitation"

Priority Group 4:

- Veterans who are receiving aid and attendance or housebound benefits
- Veterans who have been determined by VA to be catastrophically disabled

Priority Group 5:

- Nonservice-connected Veterans and noncompensable service-connected Veterans rated 0% disabled whose annual income and net worth are below the established VA Means Test thresholds
- Veterans receiving VA pension benefits
- Veterans eligible for Medicaid benefits

Priority Group 6:

- Compensable 0% service-connected Veterans
- World War I Veterans
- Mexican Border War Veterans
- Veterans solely seeking care for disorders associated with exposure to herbicides while serving in Vietnam, exposure to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki, for disorders associated with service in the Gulf War, or for any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998.

Priority Group 7:

- Veterans who agree to pay specified co-payments with income and/or net worth above the VA Means Test threshold and income below the HUD geographic index
- Subpriority a: Noncompensable 0% service-connected Veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date
- Subpriority c: Nonservice-connected Veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date
- Subpriority e: Noncompensable 0% service-connected Veterans not included in Subpriority a above
- Subpriority g: Nonservice-connected Veterans not included in Subpriority c above

Priority Group 8:

- Veterans who agree to pay specified co-payments with income and/or net worth above the VA Means Test threshold and the HUD geographic index
- Subpriority a: Noncompensable 0% service-connected Veterans enrolled as of January 16, 2003 and who have remained enrolled since that date
- Subpriority b: Nonservice-connected Veterans enrolled as of January 16, 2003 and whose income exceeds VA's means test thresholds by 10% or less will be placed in Priority Group 8b that allows the Veteran to be enrolled in VA's health care system.

- Subpriority c: Nonservice-connected Veterans enrolled as of January 16, 2003 and who have remained enrolled since that date
- Subpriority d: Noncompensable 0% service connected Veterans applying for enrollment after January 16, 2003, and whose income exceeds VA's means test thresholds by 10% or less will be placed in Priority Group 8d that allows the Veteran to be enrolled in VA's health care system.
- Subpriority e: Noncompensable 0% service-connected Veterans applying for enrollment after January 16, 2003
- Subpriority g: Nonservice-connected Veterans applying for enrollment after January 16, 2003

What about Combat Veteran Eligibility?

Veterans who served in combat during a period of war after the Gulf War or against a hostile force during a period of hostilities after November 11, 1998, qualify, and are eligible for hospital care, medical services, and nursing home care for 5 years after discharge from the military for any illness directly related to their combat service.

Co-payments may be charged for those conditions which the Veterans Health Administration (VHA) finds resulted from a cause *other* than such combat service.

National Guard and Reserve personnel who were activated and who served in combat support or direct combat operations, may also be eligible for the combat related health care benefits. Certain requirements, which essentially satisfy the definition of "Veteran," must be met to qualify.

There is an OEF/OIF/OND Team available to help facilitate your progress through the VA medical care process. Questions may be directed to Fern A. Taylor, Supervisor, Operation Enduring Freedom/Operation Iraqi/Operation New Dawn (OEF/OIF/OND) Program, at (713) 794-7034; Cheryl Houlette, Program Manager, at (713) 794-7075; and Vickie Toliver, Transition Patient Advocate, at (713) 794-8825.

Who do I call if I have more questions?

For additional information or to get your eligibility questions answered, please call the MEDVAMC VA Eligibility and Enrollment Office at (713) 794-7288, Monday through Friday, 8 a.m. to 4:30 p.m.

Enrollment

To receive health care, most Veterans must be enrolled first.

Do I have to enroll to receive health care?

You are *NOT* required to apply for enrollment if you fall into one of the following categories:

- VA has rated you as 50% or more service-connected;
- Less than one year has passed since you were discharged from military service for a disability that the military determined was incurred or aggravated in the line of duty, but VA has not yet rated; or
- You are seeking care from VA for a service-connected disability only (even if the rating is only 0%).

How do I apply?

You can apply for enrollment at any VA health care facility, VA Regional Office, or Veterans Service Office, or you may apply via the Internet at <https://www.1010ez.med.va.gov/sec/vha/1010ez/>.

You can apply for VA health care by completing VA form 10-10EZ. The 10-10EZ form may be obtained by visiting, calling, or writing any VA health care facility or Veterans' benefits office. You can

also call toll-free 1-877-222-VETS (1-877-222-8387) or access the form on the Internet at <https://www.1010ez.med.va.gov/sec/vha/1010ez/>. Completed applications must be signed and dated.

We will need a copy of your DD214 or Military Discharge Certificate to verify your eligibility. After applying, you will receive a letter confirming your enrollment from the Department of Veterans Affairs that identifies your Priority Group.

How do I get a copy of my DD214?

The Department of Veterans Affairs does not maintain records of Veteran's military service, except as are necessary for providing benefits. For information about obtaining your military record, please visit the National Archives and Records Administration on the Internet at <http://www.archives.gov> and chose eVetRecs or call 1-866-272-6272.

What else do I need to know?

Enrollment is an ongoing process. You can apply for enrollment at any VA health care facility. An important aspect of enrollment is for you to identify which VA health care facility you choose as your preferred facility. The preferred facility is where you receive your primary care. If for any reason a selected facility is unable to provide the health care needed by an enrolled Veteran, then that facility will make arrangements for referral to another VA health care facility or to one of VA's private sector affiliates to provide the required care.

Once enrolled, do I need to enroll each year?

Enrollments are renewed annually and many Veterans will stay enrolled each year without any action on their part. Veterans who are not receiving monthly compensation or pension checks from VA; however, may be required to complete an annual financial statement known as a Means Test. Completing a Means Test allows the VA to place you in the correct Priority Group for determination of co-payments. It also ensures that your local VA receives reimbursement from our headquarters office for the health care we provide to you. Veterans from the Gulf Coast area affected by Hurricanes Katrina and/or Rita will have their changed circumstances taken into account for eligibility purposes. We would be glad to help you with the forms. Contact the MEDVAMC Enrollment Office at (713) 794-7288 if you have questions.

How does enrolling in the VA Health Benefits Package affect my Medicare and/or private insurance?

If you have health insurance, or eligibility for other programs such as Medicare, Medicaid, or CHAMPUS, you may continue to use services under those programs. You are not required to use VA as your exclusive health care provider.

Veterans with private insurance, Medicare, or Medicaid, may find VA enrollment to be a complement to their other coverage. VA encourages Veterans to maintain their Medicare and/or private insurance coverage to provide options and flexibility in the future.

Whether or not you have insurance does not affect your eligibility for VA health care benefits. But if you do have insurance coverage, we would like to know for three reasons. Two of the reasons benefit you. First, the law requires us to bill private health insurance companies for all care provided for Veteran's non-service connected disabilities. Keep in mind that you will not be responsible for any unpaid balance that the insurance company does not pay, except for VA co-payments.

Second, many insurance companies will apply VA health care charges toward the satisfaction of your annual deductible. Finally, and most importantly, the Michael E. DeBakey VA Medical Center's medical care budget is supplemented by the amount we are able to collect from private health insurance carriers. This means the money we collect here in Houston is used to pay our doctor and nurse salaries, buy medications for our pharmacy, and deliver medical services to the Veterans we serve in Southeast Texas. Your assistance in assuring that the insurance information we have for you

is current and accurate helps us meet the requirements of the law, and more importantly, helps us to provide health care services to all the Veterans we serve.

If I cannot be enrolled, will I still be eligible for VA hospital and outpatient care?

A Veteran who is not enrolled will still be eligible for hospital and outpatient care for conditions related to military sexual trauma, head or neck cancer related to nose or throat radium treatment while in the military, readjustment counseling services, and treatment related to service-connected conditions.

If you need more information, please contact the MEDVAMC Enrollment Office at (713) 794-7288.

Benefits & Services

What is the Medical Benefits Package?

In October 1996, Congress passed Public Law 104-262, the *Veterans' Health Care Eligibility Reform Act of 1996*. This legislation paved the way for the creation of a Medical Benefits Package - a standard enhanced health benefits plan generally available to all enrolled Veterans. Like other standard health care plans, the Medical Benefits Package emphasizes preventive and primary care, offering a full range of outpatient and inpatient services.

VA places a priority on improved Veteran satisfaction. Our goal is to ensure the quality of care and service you receive is consistently excellent, in every location, in every program.

What does it cover?

The Medical Benefits Package will generally be provided to all enrolled Veterans regardless of your priority group.

Public Law 104-262 calls for VA to provide you hospital care and outpatient care services that are defined as "needed." VA defines "needed" as care or service that will promote, preserve, and restore health. This includes treatment, procedures, supplies, or services. This decision of need will be based on the judgment of your health care provider and in accordance with generally accepted standards of clinical practice.

The following three categories contain a list of health care services that are provided under the Medical Benefits Package, a list of some that are not covered by VA, and a list of other services that are provided under special authority.

Category 1: Services Covered Under the Medical Benefits Package

Basic care

- Outpatient medical, surgical, and mental health care including care for substance abuse.
- Inpatient hospital, medical, surgical, and mental health care 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.
- Bereavement counseling.
- Comprehensive rehabilitative services other than vocational services.
- Consultation, professional counseling, training, and mental health services for the members of the immediate family or legal guardian of the Veteran.
- Durable medical equipment and prosthetic and orthotic devices including eyeglasses and hearing aids.

- Home health services.
- Reconstructive (plastic) surgery required as a result of a disease or trauma but not including cosmetic surgery that is not medically necessary.
- Respite, hospice, and palliative care.
- Low Vision and Blind Rehabilitation Services
- Emergency care in non-VA facilities in certain conditions: This benefit is a safety net for Veterans requiring emergency care for a service connected disability or enrolled Veterans who have no other means of paying a private facility emergency bill. If another health insurance provider pays all or part of a bill, VA cannot provide any reimbursement.

To qualify for payment or reimbursement for non-VA emergency care service for a **service-connected** disability, you must meet all of the following criteria:

- ✓ It must be for a Medical Emergency.
- ✓ Department of Veterans Affairs or other Federal facilities are not feasibly available at time of emergency event.
- ✓ The emergency was for a service-connected disability.

To qualify for payment or reimbursement for non-VA emergency care services for a **nonservice-connected** condition, you must meet all of the following criteria:

- ✓ You are enrolled in the VA Health Care System.
- ✓ You have been provided care by a VA clinician or provider within the last 24 months.
- ✓ You were provided care in a hospital emergency department or similar facility providing emergency care.
- ✓ You have no other form of health insurance.
- ✓ You do not have coverage under Medicare, Medicaid, or a state program.
- ✓ You do not have coverage under any other VA programs.
- ✓ Department of Veterans Affairs or other Federal facilities are not feasibly available at time of emergency event.
- ✓ A reasonable layperson would judge that any delay in medical attention would endanger your health or life.
- ✓ You are financially liable to the provider of the emergency treatment for that treatment.
- ✓ You have no other contractual or legal recourse against a third party that will pay all or part of the bill.
- Payment of and travel expenses for eligible Veterans:
 - ✓ A Veteran or other person traveling in connection with treatment for a service-connected disability (irrespective of percent of disability).
 - ✓ A Veteran with a service-connected disability rated at 30 percent or more, for treatment of any condition.
 - ✓ A Veteran receiving VA pension benefits.
 - ✓ A Veteran whose annual income does not exceed the maximum annual rate of pension, which would be payable if the Veteran were eligible for pension, or who is unable to defray the expenses of travel.
- Pregnancy and delivery service, to the extent authorized by law.
- Completion of forms. This coverage includes completion of forms such as 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 health care professionals based on an examination or knowledge of the Veteran's condition. This does not include the completion of forms for examinations if a third party customarily will pay health care practitioners for the examination but will not pay VA.

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.

Category 2: Services Not Covered Under the Medical Benefits Package

- Abortions and abortion counseling.
- In vitro fertilization.
- Drugs, biologicals, and medical devices not approved by the Food and Drug Administration unless the treating medical facility is conducting formal clinical trials under an Investigational Device Exemption (IDE) or an Investigational New Drug (IND) application, or the drugs, biologicals, or medical devices are prescribed under a compassionate use exemption.
- Gender alterations.
- Hospital and outpatient care for a Veteran who is either a patient or inmate in an institution of another government agency if that agency has a duty to give the care or services.
- Membership in spas and health clubs.
- Second pair of eyeglasses, transitions lenses, progressives lenses, or sunglasses.

Category 3: Services with Limited Coverage

- Commonwealth Army Veterans and new Philippine Scouts may receive hospital and outpatient care provided for in the Medical Benefits Package.
- A Veteran may receive certain types of VA hospital and outpatient care not included in the Medical Benefits Package such as humanitarian emergency care for which the individual will be billed, compensation and pension examinations, dental care, readjustment counseling, care as part of a VA-approved research project, sexual trauma counseling and treatment, special registry examinations.
- A Veteran may receive an examination to determine whether the Veteran is catastrophically disabled; and therefore, eligible for inclusion in priority group 4.
- Non-enrolled Veterans
 - ✓ A Veteran rated for service-connected disabilities at 50 percent or greater will receive VA hospital and outpatient care.
 - ✓ A Veteran who has a service-connected disability will receive VA hospital care for that service-connected disability.
 - ✓ A Veteran who was discharged or released from active military service for a disability incurred or aggravated in the line of duty will receive VA hospital and outpatient care for that disability for the 12-month period following discharge or release.
 - ✓ When there is a compelling medical need to complete a course of VA treatment started when the Veteran was enrolled in the VA health care system, a Veteran will receive that treatment.
 - ✓ A Veteran participating in VA's vocational rehabilitation will receive VA hospital and outpatient care.
 - ✓ A Veteran may receive VA hospital and outpatient care based on factors other than Veteran status e.g., a Veteran who is a private-hospital patient and is referred to VA for a diagnostic test by that hospital under a sharing contract; a Veteran who is a VA employee and is examined to determine physical or mental fitness to perform official duties; a Department of Defense retiree under a sharing agreement.

- ✓ A Veteran may receive VA hospital and outpatient care outside the United States, without regard to the Veteran's citizenship, if necessary for treatment of a service-connected disability, or any disability associated with and held to be aggravating a service-connected disability or if the care is furnished to a Veteran participating in a VA rehabilitation program.

Questions about Benefits & Services

What about other VA benefits?

For all non-medical related VA Benefits, such as filing for service-connection or pension, educational benefits, burial benefits, home loans, or vocational rehabilitation contact the VA Regional Office at **1-800-827-1000**.

How do I begin to receive VA medical benefits and medical services?

When you enroll for the VA Medical Benefits Package, you will be asked if you are interested in receiving care through the VA Prime Care Program. The full range of the VA Medical Benefits Package is delivered through our comprehensive Prime Care Program. If you are interested in receiving your primary medical care through the VA, call the VA Appointment Center at (713) 794-8985 or toll-free 1 (800) 639-5137 to have a Prime Care Provider assigned to you and to arrange an initial appointment.

At your first appointment, your VA Prime Care provider will conduct a thorough physical examination, obtain a complete medical history, review your current medications, and arrange for any laboratory or diagnostic tests required. This appointment is very important. To make the most of it, we request that you bring copies of your medical records from your private provider.

What if the closest VA facility does not have services I need?

If you are enrolled in the VA Medical Benefits package and wish to receive VA health care, we are responsible for providing you with a full range of services. These services will generally be provided through your Prime Care Provider at the MEDVAMC or the outpatient clinics in Lufkin, Beaumont, Conroe, Richmond, Texas City, Galveston, or Lake Jackson. Other services will be provided at the nearest VA facility that can provide the care you need. By law, the VA has to provide care within the VA system. If the VA cannot provide the medical care you need, a VA provider will arrange for you to receive care in a private facility or clinic at VA's expense.

Are there limits on days of care or number of outpatient visits VA will provide?

No. Your treating physician or Prime Care Provider will determine what is appropriate and necessary based on your individual needs and will provide care consistent with current medical practice.

Can I choose to get care outside the VA system at VA cost?

Generally, no. By law, the VA has to provide care within the VA system. If you meet certain eligibility criteria, VA may be able to pay for routine care you receive in your local community. This is called Fee Basis care. We may authorize you to receive Fee Basis care if we can't provide the medical services you need or if we find that you aren't physically able to travel to our facilities because of your health or the distance you must travel. To learn more about Fee Basis care and whether or not you are eligible, contact the MEDVAMC Fee Basis staff at (713) 794-7282.

Are there any special benefits for recently discharged combat Veterans?

Yes, recently discharged Veterans who served in combat locations can receive health care for conditions potentially related to their service for five years after their release from service. Call the Eligibility and Enrollment Office at (713) 794-7288 for information.

How do I get care in an emergency?

In any serious emergency, call 911 immediately. For urgent, but not life-threatening, health care needs, contact your Prime Care Provider during normal hospital administrative hours. His or her name and telephone number is on the inside front of this booklet. If taking the time to contact your Prime Care Provider might endanger your life, call 911 or go directly to the closest emergency room. Please remember, the VA does not automatically cover non-VA provided emergency care or ambulance transports.

Who pays for emergency services at non-VA facilities?

Please turn to the "Emergency Care in Non-VA Facilities" section of this booklet.

Who do I call if I have more questions?

For more information on the Uniform Benefits Package, priority groups, or the application process, call toll-free 1-877-222-VETS (1-877-222-8387) or access information on the Internet at www.va.gov/elig. At the Michael E. DeBakey VA Medical Center, call the Eligibility and Enrollment Office at (713) 794-7288.

Patient Travel

This section is designed to provide you helpful information under which transportation at Government expense may be furnished to beneficiaries traveling to or from VA facilities, or other places of examination, treatment or care. Questions regarding patient travel should be directed to Patient Travel/Funds office located in Room 1B-306, Main Hospital Building. Hours of Operation: Monday thru Friday (excluding holidays) 8:00 a.m. - 4:20 p.m. (Patient Travel); 8:00 a.m. - 3:00 p.m. (Patient Funds).

What travel can the Department of Veterans Affairs (VA) provide?

VA has authority to provide eligible beneficiaries reimbursement for mileage, special mode (wheelchair, lay down and ambulance) transportation (when medically justified by a VA health care provider), and in certain circumstances, taxi or hired car.

What are current mileage rates for travel? Why are rates different for Veterans and VA employees?

VA currently reimburses 41.5 cents per mile for ALL Veteran travel, including C&P exams. When VA has determined that a deficiency exists in relation to a C&P exam (need to repeat a lab test, x-ray, or through no fault of the Veteran not all exams in relation to the C&P were completed) reimbursement is 41.5 cents per mile. This is travel for the "Convenience of the Government". Mileage rates for Veterans and VA employees are determined under separate authorities and take different criteria under account. Title 38 United States Code (U.S.C.) 111 and 38 Code of Federal Regulations (CFR) 17.143-145 are authorities for Beneficiary Travel. 41 CFR Chapter 301 provides guidance for employee travel. A "per round trip deductible of \$6.00" is automatically applied to most vouchers with

a monthly cap of \$18.00 (excluding VA pensioners and those coming for C&P exams). Unscheduled appointments will be paid to eligible Veterans only as a one-way trip.

Are Veterans who work at a VA facility and receive their care there eligible for Beneficiary Travel reimbursement when they have a medical appointment? What about volunteers?

Eligible employee Veterans and Compensated Work Therapy (CWT) patients shall be provided mileage reimbursement in the same manner as other travel eligible Veterans when they have a scheduled health care appointment on the same day they are working. As always, in order to qualify the Veteran must meet Beneficiary Travel eligibility. In the case of an employee, sick or annual leave should be used to cover the period of the appointment if the appointment is during their tour of duty. CWT patients should have appropriate approval for absence from their CWT program. In cases of unscheduled visits, if the employee or CWT patient is seen as a Veteran (vs. employee), then they may be reimbursed for one-way travel the same as other Veterans. The following must be met in order to be eligible for such reimbursement:

The purpose for which the Veteran reported is one for which travel at VA expense would have been normally authorized, and the visit is satisfactorily completed. Volunteers are not employees and are therefore eligible for Beneficiary Travel reimbursement whether or not they volunteer on the same day as their appointment.

Travel Fraud, Gimming or Abuse

Beneficiary travel fraud can take money out of the pockets of deserving Veterans. Help ensure the integrity of departmental operations by reporting suspected fraud, waste or abuse in the VA Beneficiary Travel Program or operations by using one of the following methods: contact the MEDVAMC Police Department at (713) 794-7106; the VA Office of the Inspector General (toll-free hotline) at 1-800-488-8244 (8:30 a.m.–4 p.m. EST, Monday–Friday excluding federal holidays). You may also contact us by mail, e-mail and FAX at: VA Inspector General Hotline (53E), PO Box 50410, Washington, DC 20091-0410 or email vaoighotline@va.gov, or via FAX at (202) 565-7936.

Some inappropriate uses of beneficiary travel benefits include but are not limited to: Incorrect addresses provided resulting in increased mileage; driving/riding together (should one or more Veterans (especially married Veterans) travel together in a private vehicle, only the owner of the vehicle is actually incurring expenses and therefore is the only person entitled to travel reimbursement) and making separate claims; Veterans who take non-pay transportation such as DAV transportation, VA Network transportation systems or other no-cost city, state, or area systems are not incurring cost and therefore are not entitled to Beneficiary Travel reimbursement. Veterans making false statements for beneficiary travel reimbursement may be prosecuted under applicable laws. 38 Code of Federal Regulations, Part 70.41, "Recovery of Payments" 38 Code of Federal Regulations, Part 70.42, "False Statements" (Authority: 38 U.S.C. 101, 111, 501, 1701, 1714, 1720, 1728, 1782, 1783, E. O. 11302)

How is it determined that a Veteran requires "Special Mode" transportation? What eligibility requirements must be met?

- Special mode transportation includes ambulance, ambulette, air ambulance, wheelchair van, and other modes which are specially designed to transport certain disabled individuals. Special mode DOES NOT include bus, subway, train, airplane, or privately owned conveyance.
- In order to be eligible for special mode transportation two criteria must be met. The Veteran first has to be administratively eligible for transport at VA expense. Unless this basic criterion is met the Veteran is not eligible for special mode transportation.

- Once administrative eligibility is established, a VA clinician must then determine that a special mode of transportation is clinically required to transport the Veteran for VA health care. Unless one of the forms of special mode transportation is required and documented as such, this method of transportation is inappropriate. Should it be clinically determined at one VA facility that such transportation is required, this should be accepted at all VA facilities, unless there is reason to think a Veteran's condition may have changed. Local procedures should be established to determine special mode requirements, as well as communication guidelines to other VA facilities when it is necessary to send Veterans with this requirement to Tertiary Care, other VA facilities, or non-VA providers for treatment.

How much discretion does a facility have if a Veteran does not meet eligibility standards and extenuating circumstances exist?

There is no authority to provide transportation at VA expense for Veterans who do not meet eligibility requirements (VHA Handbook 1601B-05).

Is there anything we can do to obtain travel for ineligible beneficiaries?

- When a Veteran does not meet eligibility for Beneficiary Travel, other sources, including the DAV network, family, friends and community resources should be aggressively pursued.
- VA Form 3068, "Reduced Rate transportation" is also available for field use. This form can be presented to transportation carriers for possible reduced rates for Veterans needing to travel in relation to VA health care. It is mainly used for bus transportation; however acceptance by other carriers, including airlines is being explored.
- In addition, VA facilities should be pro-active in assisting the Veteran in exploring possible VA options that would give him/her eligibility for Beneficiary Travel. These include:
 - Service Connection: Is the Veteran potentially eligible? Refer to Service organization, VBA representative, Regional Office, VA Web site.
 - Housebound/A+A: For Veterans not receiving these benefits is their income at or below the income thresholds for these benefits? VHA Directive 2004-026, "Income Thresholds Used in Identifying Veterans Exempt from Extended Care Service and Outpatient Medication Co-payment and in Determining Eligibility for Beneficiary Travel" provides details how Veterans not receiving A&A, housebound may still be determined eligible for Beneficiary Travel.
 - "Hardship" review: -Is Veteran unable to defray the cost of transportation? Has Veteran lost job? Does it appear future income will be less?

Does VA have authority to provide transportation for FEE Basis or visits when an eligible Veteran chooses to use his other insurance to pay for care (such as dialysis)?

VA has authority to pay transportation to eligible Veterans traveling to non-VA health care authorized at VA expense. Therefore, VA can provide travel to eligible Veterans sent for FEE Basis care. If VA is not paying for the care, travel at VA expense cannot be provided.

What if a Veteran chooses to go to his "preferred" facility instead of the closest VA facility that can provide the care?

The Michael E. DeBakey VA Medical Center is responsible for 26 Texas counties. This is called our "Clinic of Jurisdiction or COJ." As a Veteran, you may receive medical care at any VA facility you choose, however, travel reimbursements are limited by law (VHA Handbook 1601B-05) to the nearest VA facility where your care could be given.

If you reside outside of our “COJ” and continue to come here for care, you will only be reimbursed to the nearest VA where your care could have been provided. In order to receive your care and (if eligible), travel reimbursement to this facility from your residence, you must be referred by another VA facility on an electronic Inter-Facility Consult (IFC) to the Diagnostic Referral Center located at our facility. Please contact your physician at your nearest VA facility to coordinate this request. Once the IFC has been accepted, you will receive travel reimbursement, if eligible, for a period of one year for care directly associated with your IFC. Without an approved IFC, you will be paid to the nearest VA facility in accordance with established program regulations.

How do we determine mileage for reimbursement purposes?

VA has not established use of a single reference. Mileage should be determined using authoritative guidance such as Rand McNally or Map Quest or Yahoo Maps. Most references are available on line. However, two new VA website are being used which calculates the mileage from the residence zip code of the Veteran to the zip code of the VA facility. This site is not available to Veterans or the public.

What if a Veteran has a P.O. Box and physically lives elsewhere?

Beneficiary Travel is intended to assist Veterans with transportation from their place of residence to the VA health care facility that can provide the needed care. Because of required implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Veterans now have the option of having their official mail sent any place they choose. Our system allows us to enter a “Confidential Address” under your registration information. The confidential address would tell us where would like to receive your medications, eligibility information, appointment letters, billing, medical records and other information that we would normally send to your physical address. However, this does not imply that travel should be paid from that point. Similarly, a Veteran’s home address could be in another state but he or she is currently staying in the area. In this case, travel should be paid from the address in the area rather than the distant address. In order to determine appropriate travel reimbursement it is necessary that a Veteran establish a current place of residence. If there is any question as to this, a Veteran can be asked to provide documentation establishing his or her address. Should a Veteran refuse to provide this information, travel reimbursement may be withheld.

Does the VA have the right to request information verifying my address in regards to travel reimbursements under the Beneficiary Travel program?

Current VA regulations declare payment is limited to travel from the beneficiary’s residence to the nearest VA facility where the care or services could be provided and from such facility to the beneficiary’s residence. For additional clarification, restrictions, and penalties for providing false information, refer to Federal Regulation 38 CFR § 70.30 available online at <http://ecfr.gpoaccess.gov>. If we need verification, this request will be provided to you in writing, either in person or by mail.

Is the \$18.00 per month deductible for each facility or does it pertain to travel to all VA facilities for health care? Who is required to pay the deductible?

The \$18.00 is the total monthly deductible amount for travel to all VA facilities. Therefore, should a Veteran go to multiple VA facilities, and the Veteran notes this when applying for travel reimbursement, it is incumbent upon the facility providing the care and travel to contact any other VA facilities to determine if the deductible has been met.

The only exemptions to the deductible are:

- Veterans traveling in conjunction with a C&P examination,

- Veterans requiring special mode transportation, and
- When it is determined that the imposition of the deductible would cause a severe financial hardship
- All other eligible Veterans, including those receiving care for SC conditions, are required to have the deductible applied.

Which facility is responsible for travel when a Veteran is referred to a Tertiary Care facility, or another facility that can provide the needed care on an outpatient basis? For inpatient treatment? What about Veterans who do not meet eligibility criteria?

- For outpatient treatment the VA facility that is providing the care, or in the case of non-VA care the facility that authorizes the care, is responsible for arranging and providing travel to eligible Veterans. Therefore, should a VA facility refer/consult a Veteran to another VA facility for care, the second facility is responsible for providing travel, as they will be providing the care (as well as authorizing it). For non-VA (FEE Basis) care the VA facility that authorizes and pays for the treatment is responsible for travel. In the case of all outpatient care, including referral to another VA facility, the Veteran has to meet eligibility requirements in order to receive travel at VA expense. Should a Veteran not meet travel eligibility requirements, other sources such as the DAV network, inter-facility VA transportation networks, family and community resources should be explored.
- When it is necessary to transport an inpatient between VA facilities (Inter-facility Travel) the releasing/sending VA facility is responsible for travel. Therefore, the initial transportation will be the responsibility of the first facility, and return transport is the responsibility of second facility. The only exceptions to these rules are for certain VA Special programs such as transplant. Some of these programs require that the sending VA facility provide round trip transportation, both for inpatient and outpatient treatment.

Who is responsible for transport of Veterans in a community nursing home in emergent situations?

For Veterans in a CNH at VA expense the placing VA facility is responsible for travel. Should a CNH Veteran be placed in another VA (VISN or facility) Clinic of Jurisdiction (COJ) the initial placing facility will be responsible for travel (and CNH payment) for the first 90 days. After that time, the receiving COJ will be responsible for costs incurred, including travel for VA placement of the Veteran. Veterans in a CNH at private expense must meet eligibility requirements for VA payment of non-VA emergency care as well as Beneficiary Travel in order to receive transport at VA expense.

What authority does VA have to transport Veterans in emergency situations?

VA can provide transportation of Veterans in emergency situations only in certain circumstances. Should a Veteran develop an emergency while in a VA facility and the facility cannot provide the care, it can transport the Veteran both ways regardless of eligibility. In cases of unauthorized care, it depends on whether the care is authorized for payment and under what authority payment is made. In any situation VA only has authority to pay for transportation when the non-VA emergency care is paid for by VA. When a Veterans unauthorized care meets the payment criteria of 38 U.S.C. 1728, "Reimbursement of certain medical expenses" (original unauthorized care legislation) travel to the point of emergency care, and in the case of Veterans transferred to a VA facility, can be authorized. Similarly, when emergency care is authorized under 38 U.S.C. 1725, "Reimbursement for emergency treatment" (Mill Bill) VA has authority to pay for transportation from the point of emergency to the initial treating non-VA facility. Should a "Mill Bill" Veteran require further transport, including to a VA

facility, for continued care, the Veteran must meet Beneficiary Travel eligibility criteria in order to receive travel at VA expense. *If a Veteran is transported to our facility via ambulance, an "unauthorized claim" may be filed, but, must be done within 30 days of the transport date. In order to process an "unauthorized ambulance claim", a Veteran must submit a copy of the transportation log sheet (run sheet) and a Medicare Form HCFA 1500. Both of these forms must be obtained from the ambulance provider and must be submitted within 30 days from the date of transport for consideration and processing. Basic rules for unauthorized ambulance transports are as follows:*

If a Veteran is accepted as a transfer from a non-VA facility, and is eligible for the Beneficiary Travel Program, the VA may consider the payment of said unauthorized claim if the required Medicare HCFA Form 1500 and a copy of the transportation log sheet or trip ticket are submitted within 30 days.

If a Veteran is brought to our emergency room from the scene of an incident (i.e. residence, shopping mall, accident, etc.) and is eligible for the Beneficiary Travel Program, the VA may consider the payment of said unauthorized claim if the required Medicare HCFA Form 1500 and a copy of the transportation log sheet or trip ticket are submitted within 30 days, and the VA's clinical review justifies that the transport was in fact considered as "emergent" under current VA rules.

Can VA pay for transport of an attendant, donor or other non-Veteran?

- VA has authority to pay for transportation and associated incidental costs (lodging, food, etc.) at VA expense of certain non-Veterans.
- When it is clinically determined by a VA provider that due to the Veterans mental or physical condition that an attendant is required when transporting the Veteran.
- When the non-Veteran is the donor or potential donor of tissue, organ, or parts to a Veteran receiving VA, or VA authorized non-VA health care.

Is VA required to pay for lodging, tolls etc. as part of authorized travel?

VA may provide reimbursement for meals, lodging, tolls, and other incidental costs when appropriate. The need for such additional costs should be determined on a case-by-case basis, and based upon the Veteran's medical condition, distance required to travel, and any other extenuating circumstances. Reimbursement should not be provided solely because the Veteran chooses to stop or take a less direct route to the VA facility.

Does VA have authority to transfer Veterans to where they "grew up", or where their family resides?

VA has limited authority to provide travel for such requests. Only Veterans receiving inpatient care at a VA facility, or non-VA facility at VA expense, in a terminal condition (estimated less than 6-months to live) can be transferred to a suitable health care facility in area other than where they lived upon entering the VA facility. In addition such transfer can occur only from one VA facility to another, or when VA is paying for care at a non-VA facility, and future care will be at VA expense. Veterans receiving care on an outpatient basis are not eligible for such transportation.

How should Beneficiary Travel at CBOC's be handled when there isn't a Travel Office or agent cashier on station?

Each "parent" facility must develop local guidelines in order to provide Beneficiary Travel benefits to eligible Veterans at remote facilities under their jurisdiction. These must include procedures to

capture appropriate documents and signatures in order to meet the requirements of the program as well as those of other involved services such as Fiscal.

How long do Veterans have to claim travel?

VHA Handbook 1601B-05, 38 CFR 111 and 38 USC 70 allows Veterans to claim travel reimbursement under the VA's Beneficiary Travel Program. All claims must be made within 30 days of the appointment date. Veterans can always submit an "unauthorized claim" for travel in accordance with 38 CFR 17.120. In these cases the Veteran can submit a claim within the time frames noted in 38CFR 17.126, "Timely filing." Veterans that previously may not have been eligible, and have received a letter awarding them either Aid and Attendance, Housebound or Pension benefits, or service connected award that would have made the Veteran eligible for travel, have 30 days from the date of the award letter to request travel reimbursement going back one year from the date of the award letter. If the award letter is not presented within the 30 day time frame, the VA cannot process your request.

What are the VA authorities for Beneficiary Travel, and where can copies be found?

The following are current legislative, regulatory and VHA Manual guidelines for VA Beneficiary Travel and can be located at the web sites indicated:

- 38 United States Code (U.S.C.) 111, "Payments or allowances for beneficiary travel",
- <http://www.gpoaccess.gov/> *
- 38 Code of Federal Regulations (CFR) 17.143, "Transportation of claimants and beneficiaries"; 17.144, "Limitations"; 17.145, "Approval of unauthorized travel of claimants and beneficiaries"; and 17.1003, "Emergency transportation" (Mill Bill)
- VHA Handbook 1601B-05, "Beneficiary Travel"
- <http://vaww.va.gov/publ/direc/health/publications.asp?publ=manual&order=Issue&dir=desc>

Patient Funds

The MEDVAMC Patient Funds Office is co-located with the Patient Travel Office (next to the Cashier's Office on the first floor)

The Patient Funds Office operates between 8:30 a.m. - 11 a.m. and 1 - 3 p.m., Monday – Friday, excluding holidays. If you are admitted to this facility, any money that you may have on your person is normally collected, counted and processed into the VA's Patient Funds Program for safekeeping. This allows you security of your funds while an inpatient. For more information on the VA's Patient Funds Program, please stop by the Patient Travel/Patient Funds Office and staff will provide the information you request or need.

We recommend that you have no more than \$25.00 with you on the nursing unit at any given time. If you retain funds over that amount, you are responsible for the safekeeping of these funds.

At any time during your stay, any requests for patient funds withdrawal will require proper identification before it can be processed. **This is not an option.** If you do not have proper identification with you at the time of your requests or discharge, and we have sufficient administrative

evidence of your identification, we can process and have a US Treasury check sent to you at the address in our database. This process can take up to six weeks from initiation of your request.

Only the Veteran may request a withdrawal from his or her patient funds account unless a proper "Financial Power of Attorney or a General Power of Attorney *with specific financial verbiage*" can be provided. This is a very strict part of the program's integrity and at times, requires further review by the Patient Funds Office Supervisor. Normally, the VA and non-VA medical "Power of Attorney" does not cover the program requirements allowing others to act in behalf of a Veteran on Patient Funds actions.

Transportation

Transportation to and from the Michael E. DeBakey VA Medical Center from outlying areas is available by way of vans operated by various Veteran service organizations. Call the telephone numbers listed below for availability, pick-up point, and schedule information. It is a good idea to call the day before your appointment to arrange your ride.

Bay City Van,	(979) 323-9235	Be at Courthouse @ 5:45 a.m.
Beaumont Vans,	(409) 981-8550	Beaumont Clinic, Main number
Brazoria County Van,	(979) 864-1289	Voice Mail, leave message
Conroe Van,	(936) 756-7614	VFW, Voice Mail not available
El Campo Van,	(979) 578-8387	DAV, 24 hour answering service
Harris County Precinct #2 Van,	(281) 452-6071	Informational Recording, no voice mail available
Harris County Social Services	(713) 696-1991	Appointment Desk
Lufkin Bus,	(936) 633-2740	Lufkin Clinic, Reception Desk, No voice mail available
Montgomery County Vans	(936) 756-5828	Voice Mail, leave message
Willis Van,	(936) 856-5224	American Legion, no voice mail, 7:30 a.m. - midnight
Woodville/Tyler County Van,	(409) 283-2493	Voice Mail available
Waller County	(979) 826-7733	VSO (5 day advance, if they can confirm driver and at least 2 riders)

Veterans Transportation Office, (713) 791-1414, ext. 4457, Room 2A-107

To and from the Conroe VA Outpatient Clinic:

Friendship Center Van: Call (936) 756-5828 for information
Sponsored by County Commissioner – Wheelchair accessible

To and from El Campo

El Campo Van: Call (979) 578-8387, 24 hour answering service

Local Montgomery County Transportation:

The District: Call 1-800-272-0039 for information
Buses are wheelchair accessible.

Commuter Service

Fort Bend County Public Transportation currently offers three fixed route commuter services into Harris County; [Trek Express Greenway Plaza](#), [Trek Express Uptown/Galleria](#), and [Fort Bend County Express / Texas Medical Center](#). Visit <http://www.co.fort-bend.tx.us/getSitePage.asp?sitePage=33655> for more information. **A fare applies to this public transportation.** For more information, call (281) 633-7433 or or 1-866-751-8747.

Emergency Room Procedures

The MEDVAMC Emergency Room (ER) functions under an Emergent Care Triage Protocol System. This means **critical cases** such as cardiac emergencies, pneumonia, and difficulty breathing are seen before non-critical ones – no matter when a patient came in. This may result in **very long waits** for patients with non-life threatening illnesses such as colds, ingrown toenails, rashes, minor cuts, prescription refills, or minor illness that have been present for several days.

The ER is not designed to serve as a primary care provider for patients. Patients are assigned a Primary Care Team at the MEDVAMC to ensure continuity of care. Prime care providers are supported by a team of nurses, clerks, social workers, dietitians, pharmacists, and other skilled professionals to assure patients receive well-coordinated medical care. If you have not been assigned a Primary Care Team, call the **VA Network Telecare Center** at **(713) 794-8985** or toll-free **1 (800) 639-5137**.

If you have a medical problem after hours and cannot wait until your next appointment, call the **VA Network Telecare Center** at **(713) 794-8985** or toll-free **1 (800) 639-5137**. Professionally trained, registered nurses are ready to help answer health care questions 24 hours a day, 7 days a week.

The VA Network Telecare can also put you in touch with your Primary Care Team.

If you are at home and have a life-threatening medical emergency, immediately call 911.

Emergency Care in Non-VA Facilities

In 2001, the U.S. Congress provided VA with authorization (called the Mill Bill) to pay for emergency care in non-VA facilities for Veterans enrolled in the VA health care system. The benefit will pay for emergency care rendered for non-service-connected conditions for enrolled Veterans who have no other source of payment for the care. However, VA will only pay for care to the point of medical stability. There are very strict guidelines concerning these types of claims. Veterans and their non-VA providers should be aware that these claims must be filed with the VA within 90 days from the last day of the emergent care.

How do I qualify?

This benefit is a safety net for enrolled Veterans who have no other means of paying a private facility emergency bill. If another health insurance provider pays all or part of a bill, VA cannot provide any reimbursement. Veterans who retired from the U.S. military are covered by TRICARE/CHAMPUS insurance and cannot file a Mill Bill claim. To qualify, you must meet all of these criteria:

- You were provided care in a hospital emergency department or similar facility providing emergency care.
- You are enrolled in the VA Health Care System.
- You have been provided care by a VA health care provider within the last 24 months (excludes C & P, Agent Orange, Ionized Radiation and Persian Gulf exams).
- You are financially liable to the provider of the emergency treatment for that treatment.
- You have no other form of health care insurance.
- You do not have coverage under Medicare, Medicaid, or a state program.
- You do not have coverage under any other VA programs.
- You have no other contractual or legal recourse against a third party (such as a Workman's Comp Claim or a Motor Vehicle Accident) that will pay all or part of the bill.
- VA or other Federal facilities were not feasibly available at time of the emergency.
- The care must have been rendered in a medical emergency of such nature that a prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health.

Should I cancel my current insurance to meet these requirements?

VA encourages you to keep all current health insurance coverage. If you cancel your current insurance, your spouse may not retain health insurance coverage and spouses of Veterans generally do not qualify for VA health care. Cancellation of current insurance coverage could result in you being disqualified for reinstatement based upon any pre-existing illnesses. If you are covered by Medicare Part B and you cancel it, it cannot be reinstated until January of the next year. If you are covered by a program or plan that would pay for the emergency care received, you would not qualify for this benefit.

What is the timeline to file?

Veterans have a responsibility to ensure that the VA Transfer Center is notified immediately upon any hospital admission. The MEDVAMC Transfer Center Coordinator can be reached during regular business hours at (713) 794-7109. If you are calling after hours, dial (713) 791-1414, ext. 3808 and ask to speak to the Medical Administrative Assistant on duty. Claims must be filed with the nearest VA Medical facility to where the services were rendered within 90 days of the discharge date of medical service; otherwise, the claim will be denied because it was not filed in a timely manner.

What type of emergency services will VA cover?

VA will reimburse health care providers for all medical services necessary to stabilize your condition up to the point you can be transferred to an approved VA health care facility or other federal facility.

What about pharmacy items?

The VA's authority for reimbursement of pharmacy items to Veterans from non-VA providers follows a strict set of guidelines. The Veteran must be actively enrolled in a Fee Basis Program; the pharmacy item must be considered as urgent or emergent by the initiating physician; the pharmacy item cannot be reimbursed past a ten day supply; and the prescription and receipts must be turned in to the Fee Basis Unit. The reimbursement is based upon the U.S. Government's Red Book cost and no taxes can be reimbursed.

Do I need to get approval before going to the emergency room?

No. If you are an eligible Veteran, and a VA facility is not feasibly available when you believe your health or life is in immediate danger, report directly to the closest emergency room. If hospitalization is required, you, your representative, or the treating facility should contact the nearest VA within 24 hours to arrange a transfer to VA care by calling the VA Transfer Center at (713) 794-7109.

How long will I stay in the private hospital?

If you are hospitalized, and the VA is notified, the VA will be in regular contact with your physician at the private hospital. As soon as your condition stabilizes, the VA will assist the private facility with arrangements to transport you to a VA, or VA-designated facility.

What if I do not wish to leave the private facility?

VA will pay for your emergency care services only until your condition is stabilized. If you stay beyond that point, you will assume full responsibility for the payment of costs associated with treatment.

Will I have to pay for my ambulance bill to the non-VA facility?

If the VA accepts responsibility for the emergency room visit and/or admission, the ambulance will be paid from the scene of the incident to the first non-VA facility providing necessary care.

Will I have to pay for an ambulance from the non-VA facility to a VA facility?

Yes. The VA is only authorized to pay for an ambulance to go from the scene of the incident to the first non-VA facility providing necessary care. Ambulance bills are considered unauthorized claims, and must be submitted to the VA in a timely manner.

What if the private hospital or providers bill me for services?

If you are billed for emergency care services **on or after May 15, 2007**, contact the VISN 16 Consolidated Fee Unit at 601-933-7700 or 1-866-388-5428, ext. 7700. **For care provided prior to May 15, 2007**, contact the Fee Basis Mill Bill office at (713) 794-7282 and a representative will assist you in resolving the issue. Under the law, payment from the VA is considered as "payment in full" for the dates authorized.

What if I am the victim of a crime?

If you are a victim of a crime in Texas, the claim must be filed with your local municipality because the state of Texas has various victim relief funds available. These claims cannot be supplemented by a payment from the VA.

What documents are required by VA to process claims for emergency care in non-VA facilities?

The following page contains a list of documents necessary for the VA to process claims for emergency care in non-VA facilities. Remember, there is a **90-day deadline** to file a Mill Bill Claim once you have been discharged from the Emergency Room/Hospital. Please submit all of the documents as a packet to the MEDVAMC Fee Basis Mill Bill Office for **claims dated on or after May 15, 2007**. The mailing address is: VISN 16, Consolidated Fee Unit, P.O. Box 320164, Flowood, MS 39232. If using a shipper such as FedEx, UPS, etc., the physical address is: VISN 16 Consolidated Fee Unit, 100 Spring Lake Cove, Pearl, MS 39208. Their telephone number is 601-933-7700 or 1-866-388-5428, ext. 7700. For **claims for service dated before May 15, 2007**, the mailing address is: MEDVAMC, 2002 Holcombe Blvd, ATTN: 00A FEE BASIS, Houston, TX 77030-4298.

Who do I call for more information?

For more information about emergency care in non-VA facilities, call the MEDVAMC Fee Basis Office at (713) 794-7282. *Remember, there is a 90-day deadline to file a Mill Bill Claim for non-service connected care once you have been discharged from the Emergency Room/Hospital.*

Documents Required by VA to Process Claims for Emergency Care in Non-VA Facilities (Mill Bill) (Non-Service Connected Care)

NAME: (Last, First, Mi) _____

SSN: _____

DATE OF ADMISSION / ER VISIT: From _____ Through _____

Non-VA Emergency Room Visit And/Or Hospitalization

- ✓ **HCFA Form UB-92 or other Approved Medicare Form (OCR)** (pink and white Medicare Billing Form) from the Hospital Business Finance Office
- ✓ **Itemized Billing Statement** from the Hospital Business Office
- ✓ A complete copy of **All Medical Records** pertaining to the admission through the date of discharge for this ER Visit/Hospitalization
- ✓ **Ambulance Provider HCFA Form 1500 or other Approved Medicare Form (OCR)** (pink and white Medicare billing form)
- ✓ **Ambulance Trip Ticket/Run Report**
- ✓ **ALL OTHER** Provider/Physician Medicare HCFA Form 1500 or other Approved Medicare Form (OCR)

Remember, there is a 90-day deadline to file a Mill Bill Claim for non-service connected care once you have been discharged from the Emergency Room/Hospital.

Please submit **ALL OF THE ABOVE ITEMS** as directed above in: What documents are required by VA to process claims for emergency care in non-VA facilities?

For more information about emergency care in non-VA facilities, visit our Web site at:
<http://www.houston.va.gov> (Mill Bill: Emergency Care in Non-VA Facilities)

Charges & Co-Payments

What are the types of co-payments?

There are four basic types of charges:

Medication – Prescription co-payment charges are established by the U.S. Congress. Veterans in Priority Groups 2-6 the charge is \$8 for each 30 day or less supply of medications provided on an outpatient basis for nonservice-connected conditions. Effective July 1, 2010, Veterans in Priority Groups 7-8, the charge is \$9 for each 30 day or less supply of medication for treatment of nonservice-connected condition.

- Outpatient – The co-payments will be based on primary care visits (\$15) and specialty care visits (\$50).
- Inpatient – Congress determined the appropriate inpatient co-payment should be the current inpatient Medicare Deductible Rate (\$1,156 in 2012) for the first 1 - 90 days that you remain in the hospital plus a \$10 per diem charge. Based on geographically-based means testing, lower income Veterans who live in high-cost areas may qualify for a reduction of 80% of inpatient copay charges.
- Long Term Care – VA charges for Long Term Care Services vary by type of service provided and the individual Veteran's ability to pay.

If I am enrolled, what cost will there be for me?

There is no monthly premium required to use VA care. Most nonservice-connected Veterans and noncompensable 0% service-connected Veterans are required to complete an annual Means Test or to agree to pay VA the applicable co-payment. The means test is based on their family's income and net worth and medical out-of-pocket expenses for the previous year. If you do not provide your annual income or as a new enrollee your annual income is more than the income below, you are automatically placed into Priority Group 8. VA has currently suspended care to this priority group.

Some Veterans are required to make co-payments for their care and medications. Veterans are requested to provide health insurance information. In 1985, the U.S. Congress passed Public Law 99-272 (Medical Care Cost Recovery Act) authorizing the Department of Veterans Affairs to bill third party health insurance carriers for medical care provided to Veterans for treatment of their non-service connected disabilities.

VA is required to submit claims to insurance carriers for treatment of all nonservice-connected conditions. Reimbursement received from insurance carriers is retained at the Michael E. DeBakey VA Medical Center. These funds are used to provide additional health care services to Veterans here.

Will I have out-of-pocket expenses?

You may be responsible for making co-payments in some cases. Co-payments are determined according to the eight VA priority groups (see the "Eligibility" section of this booklet). The dollar amounts of co-payments are updated annually and are set by Congress.

How are the co-payments calculated?

Veterans with no service-connected disability or Veterans with non-compensated 0% service-connected disability may be required to make co-payments for care received at the VA if he or she has a combined family income above the levels specified below. Some health insurance plans may pay for care received at the VA.

The following income levels are used to determine co-payment for outpatient or inpatient services, not including prescription drugs:

- Veterans with no dependents and have an income of \$30,460 and above will require a co-payment.

- Veterans with one (1) dependent and have an income of \$36,554 and above will require a co-payment.
- Add \$2,093 income levels for each additional dependent.

What is the three-tier co-payment system for outpatient services?

On December 6, 2001, VA implemented a three-tier co-payment system for outpatient services. This primarily affects Priority 7 and 8 enrollees.

- The first tier covers preventative care and will cost Veterans nothing. Care includes flu shots, lab tests, some radiology services, hepatitis C screening and other preventative services.
- The second tier covers primary care outpatient visits and requires a \$15 co-payment per day regardless of the number of primary care visits on a given day.
- The third tier includes specialty outpatient surgery, audiology, optometry and such specialty clinics as dermatology and cardiology. This care requires a referral from a primary care provider and will cost \$50 per day.

Veterans with income, below VA national income threshold, and assets, which exceed \$80,000, may be required to make a co-payment. For example, if you have income of \$20,000 and savings of \$65,000, the total would be \$85,000; which may require a co-payment. Medical deductions, which you have paid, may reduce your income amounts. Be sure to complete the Medical Deductions section on the enrollment application.

What are the medical expense deductions?

Medical expense deductions (Veteran, spouse and minor children) are subtracted from income. Medical expense deductions are those expenses not covered by insurance and which you had to pay from your personal funds.

Medical expenses include doctor or hospital bills, payments for prescription medicines, dental and eye expenses, travel to and from medical facilities, health insurance premiums, and other health related expenses. If you have had family medical expenses during the previous calendar year, be sure to specify the amounts on the enrollment application. All medical expenses are subject to a deductible (based on number of dependents), which will be deducted from the Non-reimbursed Medical Expenses you claim.

How is the co-payment for prescription drugs calculated?

The following income levels are used to determine co-payment for prescription drugs:

- Veterans with no dependents and an income of \$12,256 or above will require a co-payment.
- Veterans with one (1) dependent and an income of \$16,051 or above will require a co-payment.

Are there exceptions for the prescription drug co-payment?

If you are a POW, a Veteran with a 50% or greater service connected disability, or are receiving a VA NSC pension, there will be no charge for medications. If you have a service-connected disability rated at up to 40%, there will be no charge for prescriptions for your service-connected condition. However, there may be a co-payment for those prescriptions not related to your service-connected condition.

What is the co-payment for prescriptions?

Veterans in Priority Groups 2-6 are presently at the rate of \$8 per prescription for each 30-day (or less) supply. Pharmacy will dispense a 90-day supply of some medications, and the co-pay charge for these drugs will be \$24 for a 90-day supply. However, there is a \$960 yearly cap for Veterans enrolled in Priority Groups 2 through 6.

Effective July 1, 2010, Veterans in Priority Groups 7-8, the charge is \$9 for each 30 day or less supply of medication for treatment of nonservice-connected condition. There is no annual cap for Veterans enrolled in Priority Group 7 or 8.

Who pays for my hearing aids and eyeglasses?

Hearing aids and eyeglasses generally require a service-connected disability rating of 10% or more. Nonservice-connected Veterans with a pension, housebound Veterans, and aid & attendance Veterans are also eligible. Hearing aids and eyeglasses are usually not provided to nonservice-connected Veterans for generally occurring hearing or vision loss.

What about dental care?

Please see the Dental Care section in this booklet.

What about co-payments for Long Term Care?

For information about Long Term Care co-payments, contact the MEDVAMC Enrollment Office at (713) 794-7288.

Do enrolled Veterans have to pay the deductibles that their insurance carrier requires when treated at VA?

No. VA does not require Veterans to pay those charges. In fact, many insurance companies will apply VA co-payment charges toward satisfaction of their annual deductible.

I can't afford to make co-payments. What should I do?

There are options. The first option is to set up a repayment plan. The second option is to request a hardship determination. If you request a hardship, you are asking VA to change your Priority Group status. You will need to Contact the Health Revenue Center at (866)-802-6381.

Who do I call for more information?

For the current co-payment rates and to have your specific co-payment questions answered, contact the MEDVAMC Enrollment Office at (713) 794-7288. If you are looking for general information, visit <http://www.va.gov/revenue/overview.cfm> on the Internet.

Primary Care

Primary Care, known at the MEDVAMC as Prime Care, means having one provider in charge of your health care. Prime Care Providers are Family Practice or Internal Medicine Physicians, Nurse Practitioners, and Physician Assistants. The Prime Care Provider is supported by a team of nurses, clerks, social workers, dietitians, pharmacists, and other skilled professionals who assure you receive well-coordinated high quality care.

The Michael E. DeBakey VA Medical Center operates an active Prime Care Clinic that logs nearly one million visits each year. Satellite outpatient clinics in Lufkin, Beaumont, Conroe, Richmond, Texas City, Galveston, and Lake Jackson provide care to Veterans outside of Houston.

What is my Prime Care Provider responsible for?

- Managing any acute and chronic health problems you may have
- Health promotion and prevention services
- Immunizations

- Coordination of your health care
- Women's health services. At the Community Based Outpatient Clinics, women's health services are provided by all primary care providers.
- Referrals for VA specialty care and services such as Audiology, Optometry, Urology, Orthopedics, etc.
- Management of your medications
- Office visits for acute and chronic medical illnesses and periodic physical exams

How do I get the most out of my VA health care?

To get the most from your visit with your Prime Care Provider, bring a list of medications and vitamins you are taking; tell your health care provider everything you think or feel about your diagnosis and treatment plan; ask questions about your tests, medications, side effects, or symptoms; and know your personal and family medical history.

Secure Messaging (SM) is now offered for all Veterans interested in communicating with their provider through e-mail on a secure server. To access SM, Veterans must first enroll in My HealtheVet. My HealtheVet is VA's award-winning e-health website, which offers Veterans, active duty soldiers, their dependents and caregivers anywhere, anytime Internet access to VA health care information and services. My HealtheVet is a free, online Personal Health Record that empowers Veterans to become informed partners in their health care. With My HealtheVet, America's Veterans can access trusted, secure, and current health and benefits information as well as record and store important health and military history information at their convenience. Registering and using My HealtheVet is easy and it's free! You can register by visiting the following link:

<https://www.myhealth.va.gov>.

Do I have to check in when I have a Prime Care appointment? Do I have to stay in the clinic area during my wait?

You are asked to check in at your assigned station in the Prime Care Clinic and remain there until called for your appointment. If you have to leave the waiting area, notify the front desk staff, otherwise, you may be skipped and the next patient on the list called. You then may face a longer wait time because you must be worked into the schedule later in the day.

What kind of privacy do I have when I talk with my Prime Care Provider?

In order to protect the privacy of all Veterans, please do not enter the examination area unless you are escorted by a Prime Care staff member. You are strongly discouraged from walking into the exam areas to find a provider, social worker, or nurse. If you need assistance, check in at the clerks' station and the clerks will contact the staff member you are looking for. Because of the limited space in the exam rooms, only one family member should accompany the patient in to see his or her health care provider. All other family members are asked to wait in the waiting area.

How do I find out who my Prime Care Team is?

If you have already registered with the MEDVAMC, you can find out your Prime Care Team by calling the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137. If you are at the Medical Center, stop by the Information Desk and they can help you. If you are not registered with the MEDVAMC, you must first register at the Admissions/Registration Office located near the Emergency Room on the first floor. You may also apply via the Internet at www.va.gov/elig. The form you will complete to apply for enrollment is called the 10-10 EZ.

If you are HIV infected, you are automatically assigned to the Infectious Diseases Prime Care Team. Once you are registered, you can call (713) 794-7943 directly for an appointment.

Can I walk in and see my Prime Care Team anytime?

Just like any private doctor's office, the MEDVAMC Prime Care Teams are designed to see patients by appointment. When you are enrolled in Prime Care, the staff is available to answer your health care questions and concerns by telephone. Ask your care team for their business cards.

Please call your assigned team rather than walking into the clinic to ask questions. It's important to make sure the Prime Care Team has your most current telephone number and address. When leaving a message, give all information that is pertinent to your present problem or concern. Please give your name, full social security number, and a telephone number where you can be reached. Allow 24 hours for a response.

Who do I call if I have a problem after hours?

If you have medical problems after hours and cannot wait until your next appointment, you can talk with registered nurses and administrative clerks at our VA Network Telecare Center by calling (713) 794-8985 or toll-free 1 (800) 639-5137.

VA Network Telecare Center

Help is just a telephone call away. Professionally trained registered nurses at the VA Network Telecare Center are ready to help answer your health care questions 24/7. That's right - 24 hours a day, seven days a week. If you have medical questions or concerns, and cannot wait until your next appointment, call the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137.

The South Central VA Health Care Network created its Telecare Center as part of its on-going efforts to provide Veterans with timely health care information. All telephone calls are answered by a staff of professionals who are experienced in telephone assessment of medical situations and crisis intervention. To help Veterans who call, nurses use their training and experience as well as other readily available resources.

Telecare nurses provide both medical and emotional support. They are trained to provide symptom analysis, instruct on first aid procedures, help with stress and anxiety, answer medication questions, explain lab test results, educate patients about specific diseases, and check appointments.

What is the purpose of the VA Network Telecare Center?

The purpose of this service is to provide Veterans with timely access to information concerning your health care. A call to the Telecare Center might also help a Veteran avoid a long emergency room wait.

The VA Network Telecare Center is very beneficial to Veterans who are already enrolled in the system because the nurses can review patient records and document care for Veterans in the system. Non-enrolled Veterans or anonymous callers may receive emergency assistance, and they will be referred to community resources after being given enrollment information.

Should I call if it is a life-threatening emergency?

No. The VA Network Telecare Center is not for life-threatening emergencies. If you have a life-threatening emergency, immediately call 911.

What information will I need when I call?

You will be asked for your name, Social Security Number, the VA medical center you usually visit, and the reason for your call. You might also be asked some additional identifying information in accordance with the new Privacy Act regulations.

I have a complaint. Should I call the Telecare Center?

No. The VA Network Telecare Center is not a complaint line. Please limit your calls to questions about your health.

Who should I call if I have a health care complaint?

Contact your local VA medical center and ask to speak with a patient advocate. In Houston, the telephone number is (713) 794-7884. In Beaumont, please call (409) 981-8550, ext. 113, and in Lufkin, the telephone number is (936) 671-4362. In Galveston, the telephone number is (409) 761-3200, ext. 6586. In Conroe, the telephone number is (936) 522-4000. In Richmond, the telephone number is (832) 595-7700. In Texas City, the telephone number is (409) 986-2900. In Lake Jackson, the number is (979) 230-4852.

Make, Change or Cancel an Appointment

If, for some reason, you cannot keep your appointment, please immediately call the Appointment Center at (713) 794-8985 or toll-free 1 (800) 639-5137, choose Option 1, to reschedule or cancel. Please cancel at least 24 hours in advance so we can offer your appointment to another Veteran.

The Appointment Center provides you with one telephone number to cancel or reschedule any clinic appointment you may have at the Michael E. DeBakey VA Medical Center in Houston. The Appointment Center is open Monday – Friday, 6 a.m. – 8 p.m.

Don't forget to let your health care provider know when your address, telephone number, or other important contact information change.

To reschedule or cancel an appointment at one of the Outpatient Clinics, use the following telephone numbers:

Beaumont VA Outpatient Clinic	(409) 981-8550 or toll-free 1 (800) 833-7734
Conroe VA Outpatient Clinic	(936) 522-4000 or toll-free 1 (800) 553-2278, ext. 1949
Galveston VA Outpatient Clinic	(409) 761-3200 or toll-free 1 (800) 553-2278, ext. 12600
Lake Jackson VA Outpatient Clinic	(979) 230-4852
Lufkin - Charles Wilson VA Outpatient Clinic	(936) 671-4300 or toll-free 1 (800) 209-3120
Richmond VA Outpatient Clinic	832-595-7700 or toll-free

	1 (800) 553-2278, ext. 12800
Texas City VA Outpatient Clinic	(409) 986-2900 or toll-free 1 (800) 553-2278, ext. 12900
Appointment Center (Houston)	(713) 794-8985 or toll-free 1 (800) 639-5137, Option 1

Urgent Care

In any serious emergency, call 911 immediately.

What if I have an urgent, but not threatening health care need?

For urgent, but not life-threatening, health care needs, contact your Prime Care Provider. His or her name and telephone number are on the front, inside cover of this booklet.

Except for medical emergencies, all VA health care is provided through scheduled appointments. If you need to be seen prior to your next scheduled visit, call your Prime Care Team. An appointment will be scheduled appropriate to the urgency of your medical issues. Remember, the first person you speak to needs to have as much information "up front" in order to direct you to the right person in the timeliest manner and to prioritize correctly.

Professionally trained registered nurses at the VA Network Telecare Center are ready to help answer your non-emergency, health care questions 24 hours per day, 7 days a week. In Southeast Texas, dial (713) 794-8985 or toll-free 1 (800) 639-5137.

Prescriptions

Can VA fill my prescriptions from a private provider?

The VA will provide medications that are prescribed by VA providers in conjunction with VA medical care. VA will **not** fill or rewrite prescriptions prescribed by your private physician.

What should I know about my medications?

To take medications safely and effectively, ask yourself if you can answer these questions about your medications:

- What is the name of the medication?
- What is it supposed to do?
- How do I take the medication?
- Should I expect any side effects?
- Have I told my health care provider about my allergies to foods or medications?
- Should I avoid alcohol or certain foods?
- What about my other medications?
- How do I get prescription refills?

Before taking any medication, always check to see that each prescription bottle has YOUR name on it, and it is not another family member's medication.

What should I do if I have side effects?

If you have side effects, call the VA Network Telecare Center at (713) 794-8985 or *toll-free* 1 (800) 639-5137. Or call your Prime Care Team at the telephone number you have written down on the inside cover of this booklet.

How should I store my medications?

Medications should be stored in a cool, dry place unless the bottle says to refrigerate.

Why won't the VA fill my prescriptions from a private provider?

Medications are an important part of your health care. Managing medications is **serious** business. Medications need to be monitored and some require ongoing laboratory tests. Multiple medications taken together can cause dangerous side effects or become ineffective because of the combination of drugs. Some medications can cause side effects even without other medications being involved. Because of these risks, your VA provider cannot prescribe medications without managing your health care.

What is a drug formulary?

Medications are selected by your VA provider from a list of approved drugs (the VA "formulary"). A drug formulary is a list of medications that are readily available for use within our facility. The formulary helps to prevent duplication in the same medication class, reduces health care costs, and provides the best possible care to you. Drugs that are not on the VA formulary are generally not available; but in most cases, there is a drug on our formulary that can be substituted safely.

What if the drug I am currently taking is not on the VA formulary?

If the drug you take is not on the VA formulary, there is at least one similar product already there. Most of the time our providers can change you to our alternative formulary product without a major change in your condition. Our alternative formulary products are equally effective to non-formulary medications.

If my outside doctor prescribes a medication that is not on the VA formulary, can I obtain the drug through the VA pharmacy?

The VA does not have a "medication-only program." In order to receive medication from the VA pharmacy, you will need to be followed regularly in the VA Prime Care Clinic. If you wish to continue taking the medication prescribed by your private physician, you will be expected to purchase this medication through an outside pharmacy.

Patient safety is our utmost concern. Specific documentation must be provided by your community provider in order for you to obtain a non-formulary medication from the VA. This documentation must include past medical history, medication history and recent laboratory results.

What do I do if I am running out of my medication?

Your provider will make sure that you have enough refills to last until your next appointment. If you find that you are running out of medication and have no refills left, please contact your Prime Care Team or VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137. To avoid the risk of running out of medicine, it is recommended that you order your refills the same day you receive them.

How do I get my prescriptions?

When your health care provider orders a new prescription, Pharmacy Service will mail it to you. If you wish to wait and pick up your new prescription at the pharmacy, you must report to the pharmacy

check-in window and inform a pharmacy staff member that you wish to wait to pick up your prescriptions. Refills are always sent by mail except for items requiring constant refrigeration.

What do I do about expired prescriptions?

When a prescription has no refills remaining or has expired (over a year old), please contact your Prime Care provider to have the prescription reordered.

If you cannot locate your provider information, contact the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137.

Who do I talk to if I have questions about my medications?

If you have any questions about how to take your medication, the possible side effects, or any precautions you should take, please ask your Prime Care provider or a pharmacist.

How does Medicare Part D affect me?

The Department of Veterans Affairs (VA) administers the nation's largest health care system. Many of the Veterans enrolled in the VA health care system are also eligible for coverage by Medicare. With the advent of Medicare's new prescription drug program (Medicare Part D), VA offers the following information about this new program and its impact on Veterans.

Starting January 1, 2006, prescription drug coverage will be available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans will provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

VA has determined that its prescription drug coverage for Veterans enrolled in the VA health care program is at least as good as the standard Medicare prescription drug coverage benefit, meaning that enrollment in VA health care provides Veterans with "creditable coverage" for Medicare Part D purposes.

Veterans with Medicare can enroll in a Medicare prescription drug plan from November 15, 2005 through May 15, 2006. After that an annual enrollment period will be available each year, beginning in 2006, from November 15 through December 31.

Although some people who choose to enroll later may be subject to a penalty, Veterans enrolled in the VA health care system can be assured that they can choose to delay enrolling in Medicare Part D until later enrollment periods without penalty because VA enrollment provides "creditable coverage."

Veterans should remember that in addition to prescription drugs, VA's Medical Benefits Package provides a full range of health care benefits. Veterans will still be eligible to receive all current health and prescription drug benefits if they choose to enroll in a Medicare prescription drug plan.

Veterans do not have to choose between VA coverage and a Medicare prescription drug plan; they may participate in either or both. However, if a Veteran decides to enroll in a Medicare prescription drug plan and disenroll from VA, he or she may not be able to re-enroll later if VA is not enrolling all priority groups.

If VA takes some action that causes a Veteran to lose VA coverage (e.g., VA makes an enrollment decision that would further restrict access to certain Priority Groups), affected Veterans can enroll in a Medicare prescription drug plan, without penalty, within 62 days of the end of VA coverage. Enrollment in the Medicare Part D program must be applied for within the 62 day time limit to avoid the penalty.

In addition, a Veteran who is or who becomes a patient or inmate in an institution of another government agency (for example, a state Veterans home or a corrections facility), may not have creditable coverage from VA while in that institution. Veterans who are unsure whether this may apply to them should contact the institution where they reside or the VA Health Benefits Service Center at 1 877-222-VETS (8387).

Individuals with limited income and resources may be eligible for extra help paying for a Medicare prescription drug plan. Information about this extra help is available from the Social Security Administration at www.socialsecurity.gov or by calling them at 1-800-772-1213.

For information on how the Medicare prescription drug program may affect survivors and dependents of Veterans eligible for benefits under the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), call 1-800-733-8387 or visit www.va.gov/hac/forbeneficiaries/forbeneficiaries.asp.

Additional information about the new Medicare Prescription Drug Plan can be found by calling 1-877-222-8387 or visiting the VA's comprehensive Web site, www.va.gov/healtheligibility/home/hecmain.asp; Medicare, www.medicare.gov; or the Social Security Administration, www.socialsecurity.gov.

Prescription Refills

When your health care provider orders a new prescription, the VA Pharmacy will mail it to you. **Refills are always sent by mail** and will not be processed at the window except for items requiring constant refrigeration. If your provider wants you to start your new prescription the same day, you must go directly to the Outpatient Pharmacy and take a ticket to speak with a pharmacy staff member.

To avoid running out of medicine, order your next refill as soon as you receive a delivery and the pharmacy will process it for mail 7 days before you are scheduled to run out. **If you have run out of refills, you must contact your health care provider** or contact the 24-hour VA Telecare Center at 713-794-8985 or toll-free 1-800-639-5137.

There are several easy and quick ways to refill your prescriptions.

Internet – **Fast & Easy**

Use VA's [My HealthVet](http://www.myhealth.va.gov) website at www.myhealth.va.gov. It is fast, easy, convenient, and secure. This website offers Internet access to a wide variety of VA health care information and services including prescription refill and secure messaging with your health care provider. If you have questions about registration or in-person authentication, call 713-791-1414, ext. 6348, speak to the Administrative Assistant in your clinic, or e-mail vhahoumyhealthvet@va.gov.

Automated Telephone Refill Hotline – **Fast & Easy**

The Prescription Refill Hotline is available 7 days a week, 24 hours a day. The telephone number is 713-794-7648 or toll-free 1-800-454-1062. You will need a touch-tone telephone, your social security number, and prescription number. Your prescription number is located on the top left corner of your prescription container.

Mail

Mail the computerized refill form you received with your prescription when it was filled by the Pharmacy. This method takes longer because of postal delivery processing times.

Mail when Refill Slips Are Not Available

To request refills when you do not have the computerized refill slip, mail the VA Pharmacy your request in the form of a letter. This letter must contain your complete name, social security number, and the prescription number or name of medication. Mail your request to MEDVAMC 580/119, 2002 Holcombe Blvd., Houston, TX 77030-4298.

Drop-Off Boxes

For those patients who just need to drop their refill requests off and do not need to speak with the pharmacy staff, three (3) drop-off boxes are available at MEDVAMC: (1) Near the revolving doors at the main entrance, (2) Outside Prime Care Clinic #3, and (3) the Outpatient Pharmacy Waiting Room on the 1st Floor.

Outpatient Pharmacy

The Outpatient Pharmacy at the Michael E. DeBakey VA Medical Center is open Monday - Friday, 8 a.m. - 8 p.m. and Saturday, 8 a.m. - 4 p.m. The pharmacy is closed on Sundays and most federal holidays.

Pharmacy Helpline

If you are having trouble getting refills call the VA Telecare Center at 713-794-8985 or toll-free 1-800-639-5137., Monday – Friday, 8 a.m. - 4 p.m.

Dental Care

Outpatient dental benefits are provided by the Department of Veterans Affairs according to law. In some instances, VA may provide extensive dental care, while in other cases treatment may be limited.

Veterans are eligible for outpatient dental treatment if they are determined by VA to meet one of the following criteria:

- Those having a VA service-connected compensable dental disability or condition are eligible for any needed dental care.
- Those who were prisoners of war (POWs) and those whose service-connected disabilities have been rated at 100 percent or who are receiving the 100 percent rate by reason of individual unemployability are eligible for any needed dental care.
- Those who are participating in a VA vocational rehabilitation program under 38 U.S.C. chapter 31 are eligible for limited dental care necessary to: enter into a rehabilitation program, achieve the goals of the Veteran's vocational rehabilitation program; or prevent interruption of a rehabilitation program; or hasten the return to a rehabilitation program of a Veteran in interrupted or leave status; or hasten the return to a rehabilitation program of a Veteran placed in discontinued status because of illness, injury or a dental condition; or secure and adjust to employment during the period of employment assistance; or to achieve maximum independence in daily living.
- Effective January 28, 2008, recently discharged Veterans with a service-connected noncompensable dental condition or disability who served on active duty 90 days or more and who apply for VA dental care within 180 days of separation from active duty, may receive one time treatment for dental conditions if the dental condition is shown to have existed at the time of discharge or release and the Veteran's certificate of discharge does not indicate that the Veteran received necessary dental care within a 90-day period prior to discharge or release. This includes Veterans who reentered active military, naval, or air service within 90 days after the date of a prior discharge and; Veterans whose disqualifying discharge or release has been corrected by competent authority.
- Those having a service-connected noncompensable dental condition or disability resulting from combat wounds or service trauma are eligible for repeat care for the service-connected condition(s).
- Those having a dental condition clinically determined by VA to be currently aggravating a service-connected medical condition are eligible for limited dental care to resolve the problem.

- Those with nonservice-connected dental conditions or disabilities for which treatment was begun while the Veteran was in an inpatient status in a VA medical center, when it is clinically determined to be necessary to complete such dental treatment on an outpatient basis.
- Those receiving outpatient care or scheduled for inpatient care may receive dental care if the dental condition is clinically determined to be complicating a medical condition currently under treatment.
- Certain Veterans enrolled in a VA Homeless Program for 60 consecutive days or more may receive necessary outpatient dental services on a one time basis.

For more information about eligibility for VA medical and dental benefits, contact VA at 1-877-222-8387 or www.va.gov/healtheligibility.

Note: Veterans awarded a temporary total disability rating by the Veterans Benefits Administration are not eligible for comprehensive outpatient dental services.

Disabilities rated at 100% by scheduler evaluation with no future exams scheduled are considered permanent and Veterans would be eligible for comprehensive outpatient dental services.

Co-Managed Care: VA and Private Physicians

Can I receive care from both a VA and local community health care provider?

Yes, but if you do, you will want to participate in VA's Co-managed Care. Co-managed Care is when you and your VA health care provider team up with your community health care provider and agree to work together and share information about your health care. This ensures that any treatments, medications, or supplies VA provides are what you need and are safe for you. VA will not reimburse you for medications you purchase at a community pharmacy.

How do I participate in Co-Managed Care?

To participate in Co-managed Care, you should ask to be assigned to a VA Prime Care Team who will monitor, diagnose, and treat your medical problems and change your treatment, if needed. You must give the VA the name, address, and telephone number of your community health care provider. Ask your community health care provider for a copy of your medical information and reports and bring them with you to your first VA appointment. The information will help your VA health care provider understand the status of your health care.

Can I get my prescriptions filled at the VA and not see VA doctors?

Please remember the VA **cannot** be used only as your pharmacy. VA health care providers need to review and follow your care before prescribing medications and supplies. Your VA provider is responsible for prescribing medications that are safe and effective. Sometimes, it is necessary to have blood tests done or to visit the clinic more frequently to make sure your medications are working well and not causing you any problems. In most cases, this kind of monitoring must be done at a VA facility. If a medication prescribed by your community health care provider is not available through the VA pharmacy, you must purchase this medication at your own expense.

Can I get a form to give to my community doctor about my VA prescriptions?

The next page of this booklet contains a letter you should ask your community health care provider to fill out.

What should I bring to my first appointment with a VA health care provider?

A Check List of the documents you should bring with you from your community health care providers to your first appointment with a VA health care provider is listed on the next page.

Michael E. DeBakey VA Medical Center Co-Management Check List

*The VA will notify you, either by telephone or mail,
about the date of your first VA appointment.
Bring these documents with you to your first appointment
with your VA health care provider.*

- ✓ Problem List From All Your Providers
- ✓ Current List of Prescriptions
Including Over-The-Counter
(Not More than 1 Year Old)
From All Your Providers
- ✓ Most Recent Physical
- ✓ Most Recent ECG
- ✓ Most Recent Lab Procedure Reports
- ✓ Endoscopy and Stress Tests
- ✓ Discharge Summaries From Hospitalizations
(During The Last 2 Years)
- ✓ Dates Of Immunizations
- ✓ Most Recent Progress Notes
From All Your Providers

Michael E. DeBakey VA Medical Center
 Department of Veterans Affairs
 2002 Holcombe Blvd.
 Houston, TX 77030

Date:

In Reply Refer to: 580

Subject: Non-formulary/Restricted Medication Alternatives

Dear Community Health Care Provider:

Your patient, _____, has established primary care services at the Michael E. DeBakey VA Medical Center and would like to begin receiving prescription medication benefits through the VA Pharmacy. One or more of the medications that you have prescribed for this patient is not on the VA formulary (or their use is restricted). We have several therapeutic alternatives available in most cases. Please refer to the chart below and circle the formulary alternative(s) that is (are) best for your patient. If you feel that your patient is not a candidate for a formulary alternative(s), the VA Pharmacy will need certain documentation in order to approve the drug(s) for your patient. Please note the documentation that is necessary for each medication. Please return THIS form, along with any supporting medical documentation to justify the need for a non-formulary/restricted drug(s).

TO THE PATIENT: The patient should bring this information with him/her to the next scheduled VA Prime Care appointment.

Requested Medication	VA formulary Alternative(s)	Documentation necessary to justify use of non-formulary medication
Atorvastatin Cerivastatin Pravastatin Rosuvastatin	Lovastatin Simvastatin*	1. Failure to meet cholesterol goal while on 80mg simvastatin or equivalent for 6 weeks 2. Side effects from formulary agents 3. Pravastatin is available to our patients taking protease inhibitors
Celecoxib, Rofecoxib	Acetaminophen Naprosyn Etodolac	1. Ulcer on formulary agents 2. Concurrent use of high dose steroids 3. Concurrent use of warfarin 4. Failure of scheduled doses of acetaminophen (4 grams/day)
Clopidogrel	Aspirin	1. Aspirin allergy 2. Stroke while taking aspirin 3. 30 day use after stent procedure
Rosiglitazone Pioglitazone	Glyburide with or without metformin Glipizide with or without metformin	1. Failure of maximum doses of formulary agents (side effects or HgbA1 C > 8.5) 2. Contraindication to metformin
Tamsulosin	Terazosin	1. Side effects (low blood pressure, dizziness, or near fainting spells) while on formulary agent

* These drugs are available as second-line alternatives (failure of first-line agents is required).

Sincerely,
 Michael E. DeBakey VA Medical Center Provider

Informed Consent

Can I refuse medical treatment?

Every Veteran has the right to accept or refuse treatment based on informed participation in decisions involving his or her health care. This process of informed consent requires a practitioner to carefully describe a procedure or treatment such that the patient, or the patient's surrogate decision-maker:

- Understands the nature of the treatment or procedure.
- Understands the benefits and risks of the treatment.
- Understands the alternatives to the proposed treatment or procedure.
- Understands the expected outcome if the treatment or procedure is declined.
- Is offered the opportunity to ask questions.
and
- Is allowed to make a decision freely without coercion or duress.

How do consent forms work?

Consents are valid for up to 30 days providing there is no change in the patient's condition that might alter the treatment decision, the effect on the patient, or may constitute an increased risk. Signature consent is not required for administration of most drugs or the performance of minor procedures. However, the practitioner must discuss these treatments or procedures with the patient and should document the discussion in a progress note.

What happens when there is a loss of decision-making capacity?

The patient's right to accept or refuse treatment is not diminished by a loss of decision-making capacity that may be due to physical or mental impairment, disease, influence of medications, intoxicants or unconsciousness.

A surrogate decision-maker must be identified who will assume this responsibility using substituted judgment. If feasible, the proposed treatment or procedure should be explained to the patient even when the surrogate decision-maker has given consent.

How is a surrogate decision-maker selected?

The surrogate decision-maker is selected based on the following priority:

- Health care agent as named in a Durable Power-of-Attorney for Health Care (DPAHC) executed by a patient when s/he possessed decision-making capacity.
- Court-appointed (legal) guardian of person or for medical decision-making.
- Spouse.
- Consensus of children who must be 18 years of age or older.
- Parent.
- Consensus of siblings who must be 18 years of age or older.
- Grandparent.
- Grandchild who must be 18 years of age or older.
- Close friend or relative not listed above who must be 18 years of age or older and familiar with patient's activities, health, religious beliefs and values. A close friend must present a signed written statement to be filed in the medical record that describes (with specific examples) that person's relationship to and familiarity with the patient which must be concurred with in the medical record by Social Work Service.

- If none of the above surrogate decision-makers are available, then the attending physician and the MEDVAMC Chief of Staff or designee can authorize consent for a treatment or procedure except for consent to withhold or withdraw life-sustaining treatment that requires review by the Ethics Committee and the Chief of Staff. Consideration is given to whether the appropriate court should be petitioned to appoint a guardian.

What happens in a medical emergency?

In medical emergencies, the patient's consent is implied by law. The practitioner may provide necessary medical care in an emergency situation if immediate medical care is necessary to preserve life or prevent serious impairment when the patient is unable to consent to the treatment or procedure, and the patient has no surrogate or the practitioner determines that the waiting time to obtain consent from the patient's surrogate would increase the hazard to life or health of the patient or others.

Advance Directives

As a VA patient you have a say in the health care you receive. In most cases, your doctor will explain what treatments are available so you can decide which one is best for you. But, what if you were too ill to understand or decide your treatment options? Who would you want to make decisions for you? That is why the VA wants you to know about advance care planning.

What is an "Advance Directive"?

- ✓ It is a legal form you create that helps your doctors and family members understand your wishes about health care. It can help them decide about treatments should you become mentally or physically unable to make those decisions yourself.
- ✓ The types of Advance Directives we use are: (1) durable power of attorney for health care and (2) living will.
- ✓ A **Durable Power of Attorney for Health Care** lets you name a person you trust to make health care decisions for you. It's best to choose someone who knows you well and who knows your values. If you don't choose someone, your health care decisions will be made in accordance to the laws of your state.
- ✓ A **Living Will** is a legal form that states what kinds of medical care or treatments you would or wouldn't want if you become ill and can't speak for yourself. This is not a last will and testament. If you don't have a living will, medical decisions will be made for you based on what is known about your values.

What kinds of health care decisions are likely to be considered?

Examples of treatments likely to be considered are:

- ✓ Should you stop breathing or your heart stop beating, do you want CPR performed?
- ✓ The use of artificial breathing machines to keep you breathing.
- ✓ Should food/fluids given through a tube into your stomach or veins.

Do I have to create an Advance Directive?

- ✓ The choice is completely up to you.
- ✓ It is a good idea to have one. It protects your rights by allowing you to make these medical care decisions in advance.
- ✓ It only takes effect when you are unable to make decisions yourself.
- ✓ It helps your doctor to understand your values and your wishes.

- ✓ Before completing an Advance Directive, you should discuss your wishes with your family and friends.
- ✓ Your family and friends cannot go against your wishes once you have completed your Advance Directive, unless you indicate otherwise.

How do I complete an advance directive? Who can help me complete the paperwork?

- ✓ Your VA health care team (nurse, social worker, or chaplain), primary care doctor, or attorney can assist you in completing the required paperwork.
- ✓ Your advance directive does not have to be notarized. Two witnesses are required. They cannot be the person(s) named in the documents.
- ✓ If you have questions about this, ask your health care team

Once I create an Advance Directive what do I do with it?

- ✓ You should keep the original Advance Directive with your personal papers at home.
- ✓ A copy of it should be given to your physician, nurse, or social worker who will ensure that it is entered into your medical record.
- ✓ If you have selected or named someone else to make decisions on your behalf, then that person should receive a copy.

What if I change my mind?

- ✓ You can cancel the Advance Directive at any time by simply notifying your physician.
- ✓ You can also change some or all of your treatment preferences and this involves completing a brand new form. Old copies of your Advance Directive will be located and destroyed.
- ✓ You should review your advance directive periodically, especially if there is a change in your health, to make sure it's up to date.

Who can I contact for more information or to ask questions?

Social Work Service, (713) 794-7641

Consumer Affairs, (713) 794-7884

Your clinic or nursing unit Social Worker or visit *MyHealthVet* at www.myhealth.va.gov.

“Do Not Resuscitate” (DNR) & Code Status

What is the meaning of "resuscitate" and "do not resuscitate (DNR)?"

If you are in a clinic, hospital, or nursing home, you may be asked about code status. This term indicates to the staff what measures, if any, you want taken should you be found not breathing and without a heartbeat. Code status may be changed at any time.

What about CPR?

Cardiopulmonary resuscitation (CPR) was developed in the 1960s as a way to prevent sudden and unexpected death. When administered quickly, it is generally effective for heart attacks, drowning, drug overdoses, and similar acute situations. However, CPR is not generally as effective for people with chronic and severe illnesses or where death is expected to occur soon.

What is a full code?

A full code means that you want everything possible to be done to revive you. This includes administering chest compressions, electrical shocks, medication (to start your heart) and putting you on a ventilator (a machine to keep you breathing). This type of CPR has the most success but is still

less successful for people with chronic medical conditions. Some people request a limited code, which usually excludes being put on a ventilator and is much less often successful.

When CPR is medically futile, your doctor should explain why. In those cases, a no code order (DNR for Do Not Resuscitate) may be written. It is important to recognize that a DNR order only pertains to not having CPR and does not limit other types of treatment. A person should receive all indicated medical and nursing care, even when CPR would be of no benefit or not wanted by the patient. A discussion with your doctor about CPR is an excellent opportunity to review your overall medical condition and treatment plan.

Organ Donation

Does the MEDVAMC participate in organ donation?

The MEDVAMC is affiliated with the LifeGift Organ Donation Center.

Do I have to sign a consent form?

LifeGift will be notified of his or her death, or when he or she has been placed on a ventilator due to a severe brain injury.

The LifeGift Organ Donation Center will assess the medical suitability for donation of organs or tissues based on the patient's clinical history and diagnosis. The LifeGift Organ Donation Center will contact the next-of-kin to discuss organ and tissue donation and to ask for consent if the potential donor is determined to be medically suitable.

It is MEDVAMC's policy that families of potential donors be treated with the utmost respect and compassion, exercising discretion and sensitivity to their circumstances, religious and cultural beliefs, and desires during all of these discussions.

Where do I get more information?

For more information about the LifeGift Organ Donation Center, visit www.lifegift.org on the Internet or call (713) 798-4930.

Allowance for Housebound

What is housebound allowance?

The VA's Housebound Allowance is an additional amount available to eligible Veterans and dependents that are entitled to VA pension or VA compensation. For more information, call toll-free 1-800-827-1000.

Who is eligible for the housebound allowance?

A Veteran, dependent spouse or surviving spouse who because of their physical limitations is unable to walk or travel beyond their home. This allowance may be granted for those unable to meet the requirements of the greater aid and attendance allowance. If their disabilities are severe enough to confine them to their immediate premises for the foreseeable future, they may be entitled to higher income limitations or additional benefits, depending on the type of benefit received.

How do I apply?

You should furnish a medical statement covering the findings, diagnosis and prognosis of any recent medical treatment or examination. The doctor's statement or medical report should describe how your

ability to perform the personal functions of daily living, such as dressing, feeding, bathing, and attending to the needs of nature, is limited by your medical condition. It should also include the number of hours you spend in bed and describe your posture and general appearance. You may also furnish any other information indicating that you are unable to care for yourself or walk or travel beyond your home because of your condition.

Note: You are not required to incur the expense of the physical examination by a private physician in order to receive consideration. If the detailed medical information about your ability to care for yourself is not available from the doctor's or hospital's current records, VA may arrange for a physical examination.

Does this help me with medication expenses?

Veterans who have been adjudicated through the VA Regional Office for Aid and Attendance Compensation Pension, Allowance for Housebound or approved by the MEDVAMC for Fee Basis are entitled to receive medications through VA Pharmacy without being assigned to a Primary Care Provider. The medication prescribed must be on the VA formulary.

CHAMPVA

What is CHAMPVA?

CHAMPVA is a health care benefits program for dependents of Veterans who have been rated by VA as having a total and permanent disability; survivors of Veterans who died from VA-rated service-connected conditions, or who at the time of death, were rated permanently and totally disabled from a VA-rated service-connected condition; and survivors of persons who died in the line of duty and not due to misconduct who are not otherwise entitled to DOD Tricare benefits. Under CHAMPVA, VA shares the cost of covered health care services and supplies with eligible beneficiaries.

Due to the similarity between CHAMPVA and TRICARE (formerly known as CHAMPUS--a program administered by the Department of Defense for military retirees as well as families of active duty, retired, and deceased service members), the two programs are easily and often mistaken for each other. For more information about TRICARE, call toll-free 1-800-406-2832 or visit www.tricare.osd.mil on the Internet.

What are the benefits of CHAMPVA?

In general, CHAMPVA covers most health care services and supplies that are medically and psychologically necessary. Medications are free; however, over-the-counter medications are not provided. CHAMPVA does not include dental or eye care. Upon confirmation of eligibility, applicants will receive program material that specifically addresses covered and non-covered services and supplies.

Where do I get more information about CHAMPVA?

On the Internet, visit www.va.gov/hac/champva/champva.html. You can call CHAMPVA, which is managed by the VA's Health Administration Center, at 1 (800) 733-8387. Questions concerning CHAMPVA billing may be directed to (713) 791-1414 ext. 8728. However, the quickest way to obtain answers to questions is by sending an e-mail message to the following address: hac.inq@va.gov.

Admission Procedures

Where do I go for admission processing?

Admissions are processed by the Bed Control Clerk, located in Room 1A-801 in the Admissions Clinic. This office is on the first floor around the corner from the Wheelchair Check-out. The telephone number is (713) 791-1414, ext. 3789.

After registering, the Bed Control Clerk will locate a bed for you with the appropriate service. This process is handled after hours by the Medical Administrative Assistant (MAA) in the same room at the Registration/Sign-in counter (Station 1) in the Admissions Clinic. The telephone number is (713) 791-1414, ext. 3808.

What happens to my clothes and valuables when I am admitted?

Upon admission to the medical center, you will be asked to change into your pajamas and bathrobe. You will be supplied a hospital gown if you do not have pajamas. Please do not remove your slippers and go barefoot. For your own safety, always wear shoes or slippers. When leaving your room, please wear your bathrobe. It is recommended that valuables such as credit cards, driver's license, jewelry, etc. be sent home with a relative or friend. Dentures should never be placed on meal trays or bedside stands, but placed in a clearly marked denture cup to avoid accidental discarding. Be sure to search the pockets of your pajamas and robe before sending them to the laundry. Safekeeping of clothing and valuables is your responsibility. Misplaced or forgotten articles may not be recovered. The MEDVAMC cannot assume responsibility for loss or damage to personal belongings kept in your room.

Should I bring my hearing aid?

Hearing aids are often lost, damaged, or misplaced in a hospital stay. Do bring your own hearing aid with you and wear it so you can hear medical center caregivers, but realize that you are fully responsible for it while you are an inpatient. It is important to bring along the hearing aid carrying case with your name and social security number inside. Store your hearing aid in the case any time you are not wearing the aid.

Do I get an ID bracelet?

Upon admission to the Michael E. DeBakey VA Medical Center, an identification band will be fastened to your wrist. This wristband must be worn at all times, as treatment cannot be given to you without proper identification. In an emergency, this tag could save your life.

Do I bring my medications with me?

Do not bring any medications from home with you to the hospital unless requested by your physician. Any medication you bring will be returned to a family member. Your physician will order appropriate medications for you during your hospitalization and necessary medications will be furnished to you when you are discharged. It is a good idea to bring a list of your current medications.

Who do I talk to if I have questions or concerns?

Should you have any questions or concerns about your admission, please contact the Bed Control Coordinator at (713) 791-1414 ext. 3789 or the Medical Administrative Assistant (MAA) at (713) 791-1414, extension 3808.

Your Hospital Stay

Patient Safety

Patient safety is of utmost importance. As a means of promoting patient safety, you are encouraged to be an active participant in the care you receive.

Family members are encouraged to notify the staff if they notice any changes or worsening in the patient's condition so that assistance from the Rapid Response Team can be obtained. The Rapid Response Team will respond to the patient location called within ten minutes or less of the time the call is received; and complete a patient assessment and implement appropriate medical treatment.

- Don't hesitate to ask questions about your care or any safety concerns
- Involve a family member or friend in your care
- Learn as much as you can about your disease process, diagnosis, medical treatments and plan of care
- Know what medications you are taking and why they have been prescribed
- Help prevent the spread of infections by washing your hands after using the bathroom, before meals and before and after participating in other activities
- Report any concerns regarding your care to your healthcare provider or unit management. If the concern is not satisfactorily addressed, follow the steps outlined regarding, "Who do I talk to if I have a complaint?"

Medication, weakness caused by illness, and an unfamiliar environment can cause falls. If you are placed at bed rest and need something not at your bedside, please use the call button provided.

The VA uses Bar Code Medication Administration (BCMA) because we take patient safety seriously. We want to make sure that all of our patients receive the right medication at the right time.

When you are admitted to the hospital, a bar coded identification band is placed on your wrist. It includes your name, social security number and date of birth. Before your nurse gives you any medication, the nurse will scan the barcode on your identification band. This allows the nurse to view your current medication orders on the computer right at the bedside.

The pharmacy uses a unit of use system so the nurse can scan the barcode on all packages of medications before they are given to you. After the computer validates the medications are correct, the nurse will then administer the medication.

Calling Your Nurse

A button to call your nurse is located at your bedside. When you press the button, the nursing station is alerted that you need assistance and a light flashes above your door. A staff member will respond to your call as soon as possible either by intercom or in person. Your safety is one of our primary concerns; please let a member of your nursing staff know when you leave your unit.

Restrictions

Patients are expected to be at the bedside for doctors' rounds, laboratory rounds, and other treatments. Patients who wish to communicate with a hospital staff member should ask the unit clerk for assistance.

Face Mask

If a medical problem requires that you wear a facemask outside your room, please do not remove the mask and expose others, or yourself, to illness. Leave the mask in place at all times and follow your specific instructions from your health care provider.

Conduct and Behavior

Please be considerate of others and help us maintain a quiet atmosphere. Regulations do not permit the use of loud, abusive, or profane language; loud music or televisions; gambling, soliciting, bartering, or panhandling; or the sale, use, or possession of intoxicants or unauthorized drugs. If you should observe such misconduct by anyone, please report it immediately to a unit nurse. The VA Police are authorized to make arrests on the premises.

Patients may be given an irregular discharge from the medical center for the following reasons:

- Violation of medical center rules
- Leaving against medical advice (AMA)
- Leaving the premises without authorized leave (AWOL)
- Not returning by the stated time when on a pass
- Non-compliance with treatment plan
- Aggressive and/or abusive conduct towards staff and/or other patients
- Using or possessing intoxicants or unauthorized drugs

Smoking

The Michael E. DeBakey VA Medical Center is a smoke free facility. The designated smoking area is the ground floor terrace facing Old Spanish Trail.

Noise

Please be as quiet as possible. Loud sounds are disturbing to patients who are resting.

Meals

Good nutrition is the key to good health and an important part of your medical care and treatment. Your physician will order a regular diet or a modified diet, which will be planned to meet your medical requirements. Upon request, a registered dietitian will visit you to discuss your nutritional needs, eating habits, allergies, etc. If you are placed on a modified diet to continue after you leave the hospital, please request diet instructional materials. The nursing staff will consult the registered dietitian to provide the information to you and your caregiver before discharge or schedule an appointment for you with the Prime Care dietitian for a later date.

Visitors are requested to check with the nurse or registered dietitian before bringing food or snacks for patients to ensure that such items are included in the menu plan. Patients are asked to check with their nurse or registered dietitian before eating food brought in or purchased in the cafeteria, retail store, or from vending machines. If you have a need to speak with a dietitian, please notify the nursing staff.

Breakfast is served daily from 7 to 8:30 a.m.; lunch from noon to 1:30 p.m.; and dinner from 5 to 6:30 p.m.

Fire/Disaster Drills

The Michael E. DeBakey VA Medical Center has a fire and disaster plan in which all of the employees have been trained. Practice drills are held to ensure prompt and efficient action in the event of a real fire. If you hear fire alarm messages, be calm and follow the instructions given to you by the nursing personnel in your area.

Patient Day Rooms

Patient day rooms are located on every nursing unit. Most nursing units also have dining rooms where patient activities also take place.

Televisions

Television sets are provided for your entertainment and comfort. Televisions are to be turned off by 10:30 p.m. Please notify the unit staff if you need this assistance.

Hearing Impaired

TDDs and TV captioners are available by request. Ask the unit nurse to contact the Audiology Clinic as soon as you are admitted so these services are provided to you.

Telephones

Bedside telephones are provided to each patient. Incoming calls cannot be received at the bedside from 10 p.m. through 6 a.m. as the ringing mechanism is disabled during this time period. Local calls can be made any time from your room by dialing 97 and the telephone number.

To place a long distance telephone call, dial 97 + 00 to reach an outside operator (QWEST Communications). You will get an auto-attendant who will say, "Enter the area code and number you are calling." After you enter the number, you will hear "For collect calls, press 1. To bill this call to a credit card or calling card, enter the card number now, or for a third party billing, press 0 for operator assistance."

Do not dial 1 prior to entering the telephone number. When dialing direct, the auto-attendant will instruct you in placing the call.

Our telephone system will not allow the receipt of incoming collect calls. Calling cards may be purchased in the Canteen Retail Store.

You may tell your friends and family your telephone number is (713) 794- and the number on your telephone

Passes

Under limited conditions, your physician may allow you a short period of authorized absence from the MEDVAMC. If you are permitted to have an authorized absence, you must return to your unit by the specified date and time or you will be administratively discharged.

Fisher House and Courtesy Quarters

Planning Your Visit

The Michael E. DeBakey VA Medical Center (MEDVAMC) is proud to serve Veterans and provide support to their families. We are fortunate to have housing options available for those Veterans and their families who have a medical need for temporary lodging. Because of the large number of Veterans that we serve, we cannot guarantee that lodging will be available for everyone. For this reason, the requirements and other options you and your family may have regarding temporary lodging in Houston's Texas Medical Center are outlined below. Lodging is requested through your clinic, provider, social worker, or the through the Diagnostic Referral Center.

Planning for Your Stay

In preparing to come to the MEDVAMC, we ask that you consider and plan for your visit by following these steps:

1. Confirm with your local VA Medical Center or Clinic what you are being referred to the MEDVAMC for, when you're scheduled to be there and how long you may have to stay.
2. Ask if you are required to bring someone with you because you will need assistance after your procedure or stay.
3. If you're planning to drive to Houston, ask if you'll be able to drive yourself back unassisted after you are discharged. If not, what are your options?
4. Consider if you can afford to bring family with you. If you have children under the age of 18, please make arrangements for their care. Do you have available childcare?
5. How much money will you need to bring with you?
Meals (\$15-\$30 a day)
Lodging (Local motels in close proximity are \$57-90 a day)
Transportation (available at some motels)
6. Can you afford to do this on your own?

If you cannot afford your travel, meals and lodging, have issues regarding childcare or the need or desire to bring family with you, please make sure you have a plan before you come. Assistance should be available through your local VA Medical Center or Clinic. *Check with your local Social Worker* at your home VA Medical Center to see what resources are available.

Housing Options at the MEDVAMC:

Fisher House: 3 to 10 night stays (Inpatient families)

Each Fisher House room has a private room and bath plus a fully functional shared kitchen area. Families are encouraged to bring the food they will prepare during their stay.

Lodging: 1 to 6 night stays when available; however, Veteran **must** be with family member. Lodging for eligible Veterans who live more than 100 miles (using MapQuest) from the MEDVAMC), self care, or caregiver. Request placed by servicing clinic. Each room is limited to 2 guests and each must be older than 18 years of age. Check-in is 2 p.m., Sunday through Friday and check-out is 11 a.m. Lodging can no longer be utilized by those who have next day non-procedural appointments, unless travel from home to MEDVAMC is greater than 4 hours or they have two or more consecutive appointments.

General Criteria for MEDVAMC Lodging

- Housing is medically necessary for pre- or post-care.
- Be medically stable and capable of self-care or be accompanied by a caregiver able to provide care.
- Be required to travel more than 100 miles (using MapQuest) from their home to the VA.
- Can stay in an unsupervised setting.
- Have no communicable diseases.

Other Issues

- **Family Members:** We understand your desire to accompany your loved one on a trip to our facility, but housing is not always available for Veterans or family. If there is not a medical need for lodging or for you to be with the Veteran, you must make your own housing and meal arrangements prior to coming to Houston. You might ask your social worker for assistance in locating lodging.
- Since room availability is limited, it is your responsibility to make lodging, meals, and transportation plans, prior to coming to MEDVAMC. If you have any questions, please contact either your referring physician, social worker or the Diagnostic Referral Center.
- Veterans and families being treated on an outpatient basis are responsible for their own meals.

Facilities & Services Inside the Hospital

Canteen Services

The Veterans Canteen Service is located on the first floor near the main entrance to the Medical Center. The Canteen Service consists of a Retail Store, Cafeteria, Papa's Best Pizza, Vending Services, and a Barber Shop. The Retail Store has a wide selection of retail merchandise to include health and beauty aids, candy and snacks, men and ladies clothing, gift items, greeting cards, electronic products, and long distance telephone calling cards. The Canteen Cafeteria serving line is open for breakfast and lunch. Also available in the Cafeteria is a deli, grill, salad bar, and assorted dessert and snack items. The Canteen Main Vending room, located on the first floor, Room 1A-660, is open 24 hours a day. There are also snack and soda machines located near each Nursing Unit.

Cafeteria

Monday - Friday, 7 a.m. - 6 p.m.
Saturday - Sunday, 8 a.m. - 2:30 p.m.
Holidays, 8 a.m. - 2:30 p.m.

Retail Store

Monday - Friday,
7 am. – 5 p.m.
Saturday - Sunday & Holidays,
8 a.m. – 2:30 p.m.

Coffee House: Proudly Brewing Starbucks Coffee

Monday – Friday, 6:30 a.m. – 4:30 p.m.

Barber Shop

Monday - Friday, 7:30 a.m. - 4 p.m.

Fresh Choice Bistro

Monday - Friday, 7 a.m. - 6:00 p.m.

5th Avenue Deli

Monday - Friday, 10:30 a.m. – 2:00 p.m.

Papa's Best Pizza

Monday - Friday, 11 a.m. - 2:00 p.m.
Saturday - Sunday, Holidays Closed

Information Desk

The information desk, located on the first floor in the main lobby, is open Monday through Friday, 7:30 a.m. to 4:30 p.m. You can obtain information on such topics as the location of offices and services within the Michael E. DeBakey VA Medical Center, location of inpatients (with their consent), where to register for emergency care services, where to report for admission, where to check in for outpatient clinic visits, and how to get to the regional office.

Lost and Found

All articles classified as lost and found are forwarded to the Patient's Clothing Room, Room BA-203, at the end of each workday. Individuals searching for any lost item should report to Room BA-203, Monday through Friday between the hours of 8 a.m. and 4:30 p.m.

Patient Mail

Mail will normally be delivered to patients daily, Monday through Friday. All mail received after you have been discharged will be forwarded to your home address. It is, therefore, important to make sure we have your current address. Any changes should be reported to your nursing unit staff.

Mail sent to you while a patient should be addressed as follows:

(Your Full Name, Nursing Unit, and Room Number)

Michael E. DeBakey VA Medical Center

2002 Holcombe Blvd.

Houston, TX 77030-4298

Parking

Parking on VA grounds is restricted to patients, their family members and visitors. **Individuals who are not authorized to park on MEDVAMC property are subject to be fined and or towed at the owner's expense.** Valet parking is available free of charge to our Veterans with appointments at the main entrance. This service operates Monday through Friday, 7 a.m. - 6:30 p.m., except for federal holidays. A **"No Tipping"** sign is posted at the main entrance and this policy is strictly enforced.

Veterans using the valet parking service are greeted by a uniformed, valet-parking attendant when they pull up to the valet parking area at the main entrance. Veterans will be asked to present their VA I.D. card and/or their appointment letter to the attendant. The attendant will then ask the driver how long he or she expects to stay at the MEDVAMC. Next, the attendant gives the driver a claim check and parks the car in a parking space based on the length of stay, or directs the driver to a spot for self-parking. All attendant-parked vehicles are locked, and the keys are appropriately secured. All parking attendants are in uniform and hold a valid Texas driver's license.

When customers return, they hand over their claim tickets and the valet parking attendant will deliver their vehicle to them. After 6:30 p.m., parking attendants turn over the keys of any vehicle still on the premises to the VA Police Service. Owners of these vehicles are able to pick up their keys at the VA Police Service near the main entrance.

Handicapped persons can be dropped off at the main entrance, and the attendant will park the car. Parking attendants will also assist Veterans by removing wheelchairs and carts from their automobiles. Drivers with buses or large vans, who wish to park their own vehicles, are directed to a designated area by a parking attendant. Veteran service organization vans are able to drop off and pick up patients at the main entrance, and are directed to a designated area if they wish to park.

Veterans who are admitted should make arrangements for their vehicle to be removed from the property. The Department of Veterans Affairs cannot assume responsibility for the theft of or damage to any car on medical center property.

Handicap parking spaces are clearly marked by a standard sign indicating that they are reserved for those vehicles with either a VA handicap hangtag or the appropriate handicap placard or license plate assigned by the State of Texas. If you have a handicap license plate or hand tag from the Texas Department of Motor Vehicles, you are allowed to park in the spaces reserved for handicap persons here at the MEDVAMC.

Restricted parking areas include curbs painted with either yellow or red paint, and areas marked with signs prohibiting or limiting parking. Blocking ambulance entrances, parking in fire zones, blocking emergency exits, and parking in front of fire hydrants are examples of serious violations. Violators are subject to being towed at the owner's expense.

Release of Medical Information

In most cases, your written authorization is needed for MEDVAMC to use or disclose your health information. However, Federal law allows MEDVAMC to use and disclose your health information without your permission for certain purposes. If you wish to request or release your health information, please contact the Release of Information Unit, located on the first floor, Room 1B-304. For more information about patient privacy and your rights, turn to that section in this booklet.

Religious Services

Chaplains are on duty from 8 a.m. to 4 p.m. daily. The Chapel is open from 8 a.m. – 4 p.m. daily. Chaplains are available for crisis ministry 24 hours a day, seven days a week. To assure prompt response to your needs for a pastoral visit or consultation, indicate your request to the nurse or clerk on your nursing unit. The message will be promptly delivered to the chaplain.

If you wish to attend services or visit the chapel, it is located on the second floor, above the lobby, just to the left of the main elevators. Devotional literature is available in the chaplain's office upon request. Protestant services are offered on Sundays at 9 a.m. Roman Catholic Mass is offered Monday through Saturday at 11:00 a.m. Sunday Mass is at 10:00 a.m. Anticipated mass for Sunday obligation is on Saturday at 4:00 p.m. Sacraments of confession and anointing of the sick are also provided on request. All services may be viewed on television Channel 37 in patient rooms.

Social Workers

Social Workers are assigned to each nursing unit in the medical center and also provide coverage for most outpatient programs. They are available to help you with personal or family problems. The social worker has information about many community agencies and resources, which may be of assistance to your family while you are undergoing hospital treatment. The social worker can help those who need special post-hospital care to plan and prepare for whatever is needed. If you are in need of legal services, your social worker can help you identify resources in the community. Please notify your nursing unit or clinic staff if you need to contact your social worker or call the Social Work Service Office (713) 794-7641 and ask to be put in contact with the social worker assigned to your Primary Care doctor or unit.

Veterans Benefits Counselors

Veterans Benefits Counselors, representatives from service organizations, and the Texas Veterans Commission counselors are assigned to the Medical Center to assist you in matters concerning VA benefits such as compensation, pension, government insurance, education, GI loans, vocational rehabilitation, etc. The Veterans Assistance Office is located on the second floor, Room 2A-112.

Voluntary Service

Voluntary Service is affiliated with over 40 different community groups and service organizations and provides volunteers to assist the medical center's patients and staff with their daily activities.

The American Legion Auxiliary, Veterans of Foreign Wars Auxiliary, the American Red Cross, and Women Veterans of America provide personal care items and toiletries to in-patients as needed. Please notify your nursing unit staff if you are in need of these items. If you would like a volunteer to visit you, please contact the Volunteer Office or your nursing unit staff will assist you in getting in touch with Voluntary Service.

Volunteers are an integral part of the health care system provided by the Department of Veterans Affairs Medical Centers serving Veterans throughout the United States. Volunteers are a valuable supplemental addition to the staff at the MEDVAMC. In FY2011 MEDVAMC volunteers gave over 139,804 hours of service to our Veterans. To find out how you can be a part of the volunteer team contact the Volunteer Office at 713-794-7135 or stop by Room 2A-104 for a visit.

Escort Section

The Escort Section provides transport assistance to patients and hospital visitors and provides pickup and delivery of laboratory specimens throughout the medical center, Sunday through Saturday, from 6 a.m. to 10 p.m. The Escort Section also provides wheelchair checkout service in the Main Lobby from 7:30 a.m. until 6:00 p.m., Monday through Friday.

Recreation Therapy

Recreation Therapists are assigned to the mental health, community living center, rehabilitation, and spinal cord injury units. Unit level activities are available through the recreation therapists assigned to your unit. Your physician may write a consultation to recreation for units without assigned therapists. Periodically, hospital wide activities such as bingo, socials, and various tournaments are held. These are coordinated by Recreation Therapy. These activities are publicized within the MEDVAMC prior to the event.

Visiting Hours and Guidelines

Visiting Hours

The Michael E. DeBakey VA Medical Center respects the patient's right to make decisions about his or her care, treatment and services, and to involve the patient's family in care, services, and treatment decisions to the extent permitted by the patient or surrogate decision-maker. 'Family' is defined as a group of two or more persons united by blood, or adoptive, marital, domestic partnership, or other legal ties. The family may also be a person or persons not legally related to the individual (such as significant other, friend or caregiver) whom the individual considers to be family. A family member may be the surrogate decision-maker, as defined in VHA Handbook 1004.02, if authorized to make care decisions for the individual, should he or she lose decision-making capacity. The medical center allows a family member, friend or other individual to be present with the patient for emotional support during the course of a stay. The medical center allows for the presence of a support individual of the patient's choice, unless the individual's presence infringes on others' rights or safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient's surrogate decision-maker or legally authorized representative. The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

General

11 a.m. – 9 p.m. daily

Intensive Care Units (SICU, MICU, CCU, Unit 3D)

10 a.m. – 10 p.m. daily

Mental Health Care Units

Monday – Friday, 6:30 - 9 p.m.

Weekends & Holidays, 1:30 - 4 p.m. and 6:30 - 9 p.m.

What are the guidelines regarding visiting a patient?

Visiting hours may be changed to meet the needs of individual patients. Immediate family members may visit a patient before surgery. Patients are limited to two visitors at any one time. If limitations on visitors, telephone calls, or other communications are indicated for a particular patient, these limitations will be discussed and determined with the full participation of the patient and the patient's

family. All such restrictions will be fully explained to the patient and the patient's family. Please keep in mind that if a patient requires medical attention or personal care; or if visitors are unsettling to the patient, nursing staff members might ask visitors to leave regardless of the posted visiting hours.

Are children allowed to visit a patient?

Children are permitted to visit inpatient care areas. Children are allowed in MICU, CCU, and SICU when the attending physician and nurse have granted permission. Children are required to be accompanied by an adult at all times.

Patient Privacy

The following Summary Notice provides a summary of the VA Notice of Privacy Practices and briefly states 1) How your health information may be used and disclosed; 2) Your rights regarding your health information; and 3) Our legal duty to protect the privacy of your health information. For a more complete description of our privacy practices, you should carefully review the Detailed Notice of Privacy Practices available at your VA medical facility. This Summary Notice does not modify or limit the VA Detailed Notice of Privacy Practices.

What does health information include?

Health information is any information we create or receive about you and your past, present, or future physical or mental health or condition, health care, or payment for medical services.

How does the VA use and disclose health information?

In most cases, your written authorization is needed for us to use or disclose your health information.

However, Federal law allows us to use and disclose your health information without your permission for the following purposes: treatment, payment, health care operations, eligibility and enrollment for VA benefits, law enforcement, coroner or funeral activities (with limitation), public health, judicial or administrative proceedings, national security, research (with strict limitations), services, health care oversight, abuse reporting, correctional facilities, military activities, workers' compensation, when required by law, health or safety activities, patient directories, and family members or others involved in your care (with limitations). All other uses and disclosures of your health information will not be made without your prior written authorization.

Do I have privacy rights?

You have the right to review your health information, obtain a copy of your health information, request your health information be amended or corrected, request that we not use or disclose your health information, request that we provide your health information to you in an alternative way or at an alternative location in a confidential manner, an accounting or list of disclosures of your health information, and receive our VA notice of the privacy practices upon request.

Does the VA change its privacy practices?

We reserve the right to change the VA Notice of Privacy Practices. The revised privacy practices will be effective for all health information we already have about you, as well as information we receive in the future. We will send to your last address of record, and otherwise make available to you, a copy of the revised Notice within 60 days of any change.

Who do I contact if I have a complaint about my privacy?

If you are concerned that your privacy rights have been violated, you may file a complaint to VHA or to the Secretary of the U.S. Department of Health and Human Services. To file a complaint with VHA, you may contact your VA health care facility Privacy Officer, the VHA Privacy Officer, or VHA via Contact the VA at <http://www.va.gov> or dial toll-free 1-877-222-8387. At the Michael E. DeBakey VA Medical Center, the Privacy Officer can be reached by calling (713) 791-1414, extension 5529. Complaints do not have to be in writing, though it is recommended. You will not be penalized or retaliated against for filing a complaint.

Quality & Satisfaction

How can I be sure that I am getting high quality care?

MEDVAMC is committed to providing you high quality medical care. Clinical decision-making and patient care treatment is based on identified patient healthcare needs regardless of how compensation or financial risk is distributed or assigned to leaders, managers, clinical staff, and licensed independent practitioners.

We meet or exceed the same standards for quality and safety that private health care facilities do. The Michael E. DeBakey VA Medical Center is fully accredited by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities (CARF), the Commission on Cancer of the American College of Surgeons, American Dental Association, American Psychological Association Office of Accreditation, American Dietetic Association, as well as several other external review organizations.

Who do I talk to if I have a complaint?

The Michael E. DeBakey VA Medical Center strives for excellence in patient care. To ensure that we are meeting your needs, we want to help you know what action to take if you have a problem and what you can expect from our staff.

Please remember that there are some problems that result from expecting services that are outside our mission, not in keeping with acceptable clinical standards of care, or beyond our capacity to provide. Our goal is to resolve issues at the point of occurrence. To obtain solutions to concerns you have with our services, please take the following steps:

Step 1: Speak clearly and calmly to the person with whom you are having a problem. Make sure they understand what you want. It is our job to listen to your concerns in an appropriate and effective manner. Your care will never be jeopardized because you have a complaint. If you are unable to resolve the issue, proceed to Step 2.

Step 2: Ask another person to help you resolve the issue - a person on your treatment team, the supervisor, or the administrative officer in the area. If your concerns are not addressed to your satisfaction, proceed to Step 3.

Step 3: You may ask to speak to the Care or Service Line Executive, or Service Chief in the area where you are having a problem. The Executive or Service Chief will listen to your concerns and help to find a solution to your problem. If you are unable to resolve the issue at this level, proceed to Step 4.

Step 4: Seek the help of a Medical Center Patient Advocate in the Consumer Affairs Department (contact information is on the inside front cover of this publication). The first questions the Advocate will ask you are: “With who have you talked?” and “How have you tried to resolve this problem?” As a direct representative of the Medical Center Director, the Advocate’s goal is to help you work with the staff.

Since you are a partner in your health care, we want to help you manage your medical needs with your team. Toward this effort, the Advocate may prepare you to talk with the person with whom you are having the problem. Our Patient Advocates will also review your concerns and provide guidance on effective ways for you to deal with the issues.

After following the steps above, you believe the organization has not satisfactorily addressed your concerns regarding quality and safety of care, you may contact the Joint Commission’s Office of Quality Monitoring to report your concern or register a complaint by calling 1-800-994-6610 or by e-mailing complaint@jointcommission.org.

Patient Safety

How can I help prevent errors in my care?

- Expect health care workers to introduce themselves. Look for their identification (ID) badges.
- Make sure your nurse or doctor checks your ID. Make sure he or she checks your wristband and asks your name and social security number before he or she gives you your medicine or treatment. (At this facility, your wristband should be scanned using a bar code scanner)
- Carry an up-to-date list of the medicines you are taking in your purse or wallet. Write down how much you take and when you take it. Go over the list with your doctor and other caregivers.

What can I do to fight the spread of infection?

Clean your hands.

- Use soap and warm water. Rub your hands really well for at least 15 seconds. Rub your palms, fingernails, in between your fingers, and the backs of your hands.
- Or, if your hands do not look dirty, you may clean them with alcohol-based hand sanitizers. Rub the sanitizer all over your hands, especially under your nails and between your fingers, until your hands are dry.
- Clean your hands before touching or eating food. Clean them after you use the bathroom, take out the trash, change a diaper, visit someone who is ill, or play with a pet.

Make sure health care providers clean their hands or wear gloves.

- Doctors, nurses, dentists and other health care providers come into contact with lots of bacteria and viruses. So before they treat you, ask them if they’ve cleaned their hands.
- Health care providers should wear clean gloves when they perform tasks such as taking throat cultures, pulling teeth, taking blood, touching wounds or body fluids, and examining your mouth or private parts. Don’t be afraid to ask them if they should wear gloves.

Cover your mouth and nose.

Many diseases are spread through sneezes and coughs. Cover your mouth and nose to prevent the spread of infection to others.

- Use a tissue! Be sure to throw away used tissues and clean your hands after coughing or sneezing.
- If you don't have a tissue, cover your mouth and nose with the bend of your elbow or hands. If you use your hands, clean them right away.

Get shots to avoid disease and fight the spread of infection.

- Make sure that your vaccinations are current. Check with your doctor about shots you may need. Vaccinations are available to prevent these diseases:
Flu (also known as influenza)
Pneumonia

Prevent infection with antibiotic resistant bacteria at home and in the hospital

- When you are admitted to the hospital you will be screened to see if you carry Staph aureus-MRSA, a common skin bacteria that causes skin & soft tissue infections in the community and is now resistant to many common antibiotics.
- Since October 2007, MEDVAMC has been screening all inpatients for MRSA on admission, transfer and discharge
- Ask your doctor at your next visit about the results of the screening tests if you were in the hospital recently
- Tell your doctor if you have had an MRSA infection treated at another facility especially if you are planning to have surgery or another invasive procedure
- When you have MRSA, you can pass it on without knowing it.
- If you have a MRSA infection, ask your provider about hand hygiene, wound care practices, cleaning at home with disinfectants, and sharing of personal items.
- Infection protection is in **YOUR HANDS**- use hand sanitizers when your hands are clean and wash your hands if visibly dirty to kill germs like MRSA.

For your safety, the staff may ask you the same question many times. They will ask:

- Who you are?
- What kind of surgery you are having?
- The part of your body to be operated on?
- They will also double-check the records from your doctor's office.

Before your surgery

- A health care professional will mark the spot on your body to be operated on. Make sure they mark only the correct part and nowhere else. This helps avoid mistakes.
- Marking usually happens when you are awake. Sometimes you cannot be awake for the marking.
- Your neck, upper back or lower back will be marked if you are having spine surgery. The surgeon will check the exact place on your spine in the operating room after you are asleep.

- Ask your surgeon if they will take a “time out” just before your surgery. This is done to make sure they are doing the right surgery on the right body part on the right person.

After your surgery

- Tell your doctor or nurse about your pain.
- Ask questions about medicines that are given to you, especially new medicines. What is it? What is it for? Are there any side effects? Tell your caregivers about any allergies you have to medicines. If you have more questions about a medicine, talk to your doctor or nurse before taking it.

www.jointcommission.org

Care Choices

Your Prime Care Team needs to know if you have a living will and durable power of attorney for medical care. This means you have chosen someone to make medical decisions about your care only when you cannot make your wishes known. Information will be provided to you annually regarding Advance Directives and a Social Worker is available to assist you in implementation if you so desire. The Ethics Advisory Committee is also part of your health care team. This group can assist with identifying and resolving ethical issues. Ask your provider, social work service, or Patient Advocate for assistance.

Pain Management

In order to help you, you and your health care provider need to work together. Your Prime Care Team will refer you to the MEDVAMC Pain Management Clinic if your case requires specialized attention. The Pain Management Clinic uses state-of-the-art pain relief minimally-invasive procedure therapies along with pharmacological approaches when required; however, the emphasis is on the psychosocial issues of pain.

As a patient, you can expect:

- Information about pain and pain relief measures
- Concerned staff committed to pain prevention
- Health professionals who respond quickly to reports of pain
- State-of-the-art pain management including referral to the MEDVAMC Pain Management Clinic if your pain is difficult to manage

As a patient, we expect that you will:

- Ask your doctor or nurse what to expect regarding pain and pain management
- Discuss pain relief options with your doctor or nurse
- Work with your doctor or nurse to develop a pain management plan
- Ask for pain relief when pain first starts
- Help the doctor or nurse measure your pain
- Tell the doctor or nurse if your pain is not relieved
- Ask about managing side effects such as constipation
- Participate actively in non-medication management of your pain

You will be asked to answer these questions:

- Where do you hurt?
- Describe the quality of your pain (gripping, stabbing, burning, dull ache, stinging, crushing, sharp, gnawing, penetrating, etc.).
- What is the level of the pain on a scale of 0 to 10, with 5 being moderate and 10 being unbearable?
- Describe its pattern-occasional, continual, clusters.
- What makes it better? Worse?
- When did it first start?
- What are you doing for it now? Medication? Exercise? Do these things help?
- Has your pain affected your lifestyle? Relationships? Work? Sleep? Appetite?

It is important for your provider to know what diagnostic tests you have had. Keep a log of tests, medications, and their doses, and whether they worked or not. Also keep track of any side effects you experienced.

Patient Rights & Responsibilities

Veterans Health Administration (VHA) employees will respect and support your rights as a patient. We are pleased you have selected us to provide your health care. We plan to make your visit or stay as pleasant for you as possible. Your basic rights and responsibilities are outlined in this document. Please talk with VA treatment team members or a patient representative if you have any questions or would like more information about your rights.

Respect and Nondiscrimination

- You will be treated with dignity, compassion, and respect as an individual. Your privacy will be protected. You will receive care in a safe environment. We will seek to honor your personal and religious values.
- You or someone you choose have the right to keep and spend your own money. You have the right to receive an accounting of VA held funds.
- Treatment will respect your personal freedoms. In rare cases, the use of medication and physical restraints may be used if all other efforts to keep you or others free from harm have not worked.
- As an inpatient or long-term care resident, you may wear your own clothes and keep personal items. This depends on your medical condition.
- As an inpatient or long-term care resident, you have the right to social interaction and regular exercise. You will have the opportunity for religious worship and spiritual support. You may decide whether or not to participate in these activities. You may decide whether or not to perform tasks in or for the Medical Center.
- As an inpatient or long-term care resident, you have the right to communicate freely and privately. You may have or refuse visitors. You will have access to public telephones. You may participate in civic rights.
- As a long-term care resident, you can organize and take part in resident groups in the facility. Your family also can meet with the families of other residents.
- In order to provide a safe treatment environment for all patients and staff, you are asked to respect other patients and staff, and to follow the facility's rules. Avoid unsafe acts that place others at risk for accidents or injuries. Please immediately report any condition you think is unsafe.

Information Disclosure and Confidentiality

- You will be given information about the health benefits that you can receive. The information will be provided in a way you can understand.
- You will receive information about the costs of your care, if any, before you are treated. You are responsible for paying for your portion of the costs associated with your care.
- You will be informed of any injuries caused by your medical care. You will be informed about how to request compensation for injuries.
- Your medical record will be kept confidential. Information about you will not be released without your consent unless authorized by law (i.e., state public health reporting). You have the right to information in your medical record and may request a copy of your records. This will be provided except in rare situations where your VA physician feels the information will be harmful to you. In that situation, you have the right to have this discussed with you by your VA provider.

Participation in Treatment Decisions

- You, and any persons you choose, will be involved in all decisions about your care. You will be given information you can understand about the benefits and risks of treatment. You will be given other options. You can agree to or refuse treatment. Refusing treatment will not affect your rights to future care, but you have the responsibility to understand the possible results to your health. If you believe you cannot follow the treatment plan, you have a responsibility to notify the treatment team.
- As an inpatient or long-term care resident, you will be provided any transportation necessary for your treatment plan.
- You will be given, in writing, the name and professional title of the provider in charge of your care. As a partner in the health care process, you have the right to be involved in choosing your provider. You will be educated about your role and responsibilities as a patient. This includes care at the end of life.
- Tell your provider about your current condition, medicines including over the counter and herbals, and medical history. Also, share any other information that affects your health. You should ask questions when you don't understand something about your care. This will help in providing you the best care possible.
- You have the right to have your pain assessed and to receive treatment to manage your pain. You and your treatment team will develop a pain management plan together. You are expected to help the treatment team by telling them if you have pain and if the treatment is working.
- You have the right to choose whether or not you will participate in any research project. Any research will be clearly identified. Potential risks of the research will be identified and there will be no pressure on you to participate.
- You will be included in resolving any ethical issues about your care. You may consult with the Medical Center's Ethics Committee and/or other staff knowledgeable about health care ethics.
- If you or the Medical Center believes that you have been neglected, abused, or exploited, you will receive help.

Complaints

- You are encouraged and expected to seek help from your treatment team and/or a patient advocate if you have problems or complaints. You will be given understandable information about the complaint process available to you. You may complain verbally or in writing, without fear of retaliation.

Family Member Rights and Responsibilities

The Veterans Health Administration is pleased to provide health care to your family member. We will provide state-of-the-art and compassionate care. We will try to make the experience as positive and pleasant as we can. Our mission is to provide quality health care, train health care professionals, conduct research, and support our country in times of national emergency. In all of these activities, our employees will respect your family member's rights and respect and support your rights as a family member. This document outlines your basic rights and responsibilities. Please talk with VA treatment team members or a patient advocate if you have any questions or would like more information about your rights or the rights of your family member.

Respect and Nondiscrimination:

- ✓ Our staff will create a treatment environment based on dignity, compassion, respect, and nondiscrimination. We honor the personal, cultural and spiritual values of all patients and their families.
- ✓ Please help us offer care in a safe and respectful manner for our patients, family members and staff by following the facility's rules.

Keeping Health Information Private and Secure:

- ✓ Your family member's private health care information will be protected to the fullest extent authorized by law. Information about your family member may be disclosed to you at their request, (or with prior written request for certain protected health care information) or if you are your family member's personal representative.
- ✓ Please respect the privacy of other patients/family members and keep confidential (i.e., do not discuss) private health care information that you may overhear or learn about at meetings.

Partnering in Care:

Families are valued members of the VA care team. As members of the care team we encourage you to:

- ✓ Share your insights, opinions and observations about your family member's care and progress.
- ✓ Let the nursing staff know right away if you feel that your family member's condition has changed.
- ✓ Tell us right away if you are worried about your family member's care or treatment. Please ask questions if you do not understand the purpose of any part of your family member's care.

Taking an Active Role in Treatment Decisions:

When your family member is able to make health care decisions (i.e., has decision-making capacity)

Everyone has a right to make their own health care decisions as long as they are able to tell their doctor what they want. Everyone has a right to include or not include others, such as family members or friends, in decisions about their care. We will respect your family member's wishes.

When your family member is not able to make health care decisions (i.e., lacks decision-making capacity)

When your family member is not able to make health care decisions, another person (usually, but not always, a family member) is named to make health care decisions for your family member. The treatment team will offer that person (i.e., surrogate or health care agent):

- ✓ Treatment options based on your family member's unique medical circumstances and needs.
- ✓ Information you can understand about the benefits and risks of these treatment options.
- ✓ An interpreter or assistive device, if needed, to help you understand your family member's medical circumstances and treatment options.

If you are the surrogate or health care agent, you generally have the same rights and responsibilities as your family member would have in making treatment decisions.

- ✓ You may agree to or refuse any treatment option offered by the treatment team. Refusing treatment will not affect your family member's right to future care.
- ✓ Your decision about whether to accept or refuse treatments should be based on what you know your family member would want. If you do not know what your family member would want, the treatment team is available to help you consider what decisions are in your family member's best interest.

When you are the person who will make health care decisions for your family member, please:

- ✓ Share accurate and complete information about your family member's medical history to help us develop the best treatment plan.
- ✓ Take part in discussions and decisions about your family member's care.
- ✓ Help the treatment team understand how they can provide care that takes into account your family member's personal wishes, values, and spiritual beliefs.
- ✓ Talk with the treatment team when you think your family member's treatment plan may need to be changed.
- ✓ Let the treatment team know if you are not willing or able to follow the treatment plan. If the treatment team understands why the plan may be a problem, they may be able to make changes that address your concerns.
- ✓ Help us plan for your family member's move to the next level of care.

Visiting Your Family Member:

Visiting hours help you support your family member as he/she copes with illness or injuries.

- ✓ Plan a visit schedule that will meet your family member's medical and emotional needs. For example, many patients get tired easily so short visits may be better.
- ✓ Please keep a close eye on your children for their own safety and the safety of others.
- ✓ At times, your family member may not wish to have visitors or may wish to set other limits on visits. We will respect your family member's wishes for visits.

Concerns or Complaints:

Please tell the treatment team or the facility's patient advocate if you have problems or complaints. They will give you clear information about how to make a complaint. You may also discuss your concerns, or present them in writing, without fear of retaliation. If you have ethical issues or concerns, you may speak with the Medical Center's Ethics Service for help.

Discharge from the Hospital

The doctors, nurses, social workers and other health care professionals on your unit will plan your discharge with you. If you have any special concerns about leaving the medical center, please let them know. If you need a “return to work statement,” please discuss this with your physician before leaving the medical center. You and/or your family member will need to pick up your discharge medications and supplies before you leave. Your physician and nurse will provide you with information regarding your discharge and answer any other questions you may have.

The following information is important in preparing to be discharged:

- Understand your diagnosis
- Know how to use your equipment for therapy or treatments
- Understand how to manage your pain
- Recognize the limitations of your physical activity that, possibly short term, may include lifestyle changes
- Know what your diet should be, the types of food you can and can't eat
- Understand the procedures for doing your post discharge treatments
- Know what symptoms to report after discharge to your physician or health care contact at MEDVAMC
- Understand your medications, including purpose, when and how to take medication, side effects and any special instructions
- Know what activities that may improve or worsen your condition
- Know some resources in your community for follow-up care when appropriate

Also, be sure you have:

- A friend or family member who knows how to help you with your care at home.
- Transportation arranged to get home and to return for appointments.
- Supplies/equipment you will need at home.
- Medications you are to take home and instructions about how to get your medications refilled.
- A clinic appointment if your doctor wants you to return for a follow-up.
- Withdraw any funds you have on deposit with the Agent Cashier during the operating hours, 8 a.m. to 4:20 p.m., Monday through Friday (excluding holidays).

Remember, it is a federal crime to take VA property. We ask for your assistance to assure that VA property is not removed from the Michael E. DeBakey VA Medical Center. The cost of replacing lost or stolen VA property reduces the amount of money we have for high quality medical care.

Mental Health Services

The Mental Health Care Line offers comprehensive inpatient and outpatient services for Veterans with mental health needs. Mental Health Triage is embedded in the triage center located outside the Emergency Room, and provides initial screening and referral to various programs, including Emergency Room to address mental health emergencies. For mental health emergencies after hours, please call the MEDVAMC Operator at (713) 791-1414 and ask for the psychiatrist on call.

Primary Care-Mental Health Integration (PC-MH)

Primary Care-Mental Health Integration program (PC-MH) is embedded in the primary care clinics to facilitate improved access to mental health services and to facilitate mental health care on the day the Veteran has an appointment in the primary care clinic. The PC-MH program receives requests from the primary care providers and provides initial assessment and follows up of patients with positive Depression, PTSD and Alcohol use screens and other anxiety disorders and makes appropriate referrals to the specialized mental health programs when needed.

Consultation-Liaison Service (C-L)

C-L service provides psychiatric assessment and treatment to medically ill patients admitted to non-psychiatric services. The team also serves as a liaison for patients enrolled in our mental health programs admitted to non-psychiatric services. Whether these patients are admitted directly to a non-psychiatric bed or transferred from a psychiatry unit, the C-L service provides continuity of care to the patient by attending to their mental health needs during their medical treatment. Clinical services include assessment, psychopharmacologic treatment, brief psychotherapy, family interventions, and liaison services with health care personnel.

Comprehensive Mental Health Program (CMHP)

The Comprehensive Mental Health Program (CMHP) provides comprehensive treatment to Veterans with serious and persistent mental illness. This program treats patients with a variety of diagnoses, which include, but are not limited to psychotic disorders, mood disorders, and behavioral problems associated with dementia disorders. Family involvement is strongly encouraged since symptoms of these illnesses greatly influence family life. The CMH Program is a flexible program that allows Veterans to enter the part of the program best designed to serve their individual needs.

Trauma Recovery Program (TRP)

The Trauma Recovery Program (TRP) offers comprehensive treatment to Veterans with a diagnosis of posttraumatic stress disorder (PTSD) or a related disorder. This program provides a wide range of services to help Veterans better manage their symptoms. TRP uses a team approach because bringing together professionals from psychiatry, nursing, social work, psychology, and other disciplines allows the program to better assess, plan for, and treat Veterans seeking assistance.

Substance Dependence Treatment Program (SDTP)

The Substance Dependence Treatment Program assists Veterans recovery from drug and alcohol dependence through comprehensive treatment which may include detoxification, case management, addiction education, relapse prevention skill training, support groups, urine, drug and alcohol screens, social work services, health screening, referrals for residential treatment, medical care and/or vocational rehabilitation, psychiatric assessment and care, specific medications to assist with recovery from addiction, special groups for sober seniors, grief, smoking cessation, PTSD and Substance Use Disorders, and certificates of successful completion. Levels of care include intensive outpatient treatment, a seeking safety module to assist with treatment retention, day and night-time schedules for low intensity and continuing care groups, and an alumni group. Specialty opioid replacement (often Methadone) treatment is provided by the Opioid Treatment Program. The VA also hosts a variety of Alcoholics Anonymous groups lead by members of the recovery community and actively supports research in the field of addictions.

Health Care for Homeless Veterans Program (HCHV)

This program actively seeks homeless Veterans in the community, evaluates their physical and mental health needs, and links them with VA and community services. The program gives special

emphasis to the needs of the homeless chronically mentally ill, and provides supportive housing options for eligible Veterans.

Domiciliary Care for Homeless Veterans Program (DCHVP)

The Michael E. DeBakey VA Medical Center Domiciliary Care for Homeless Veterans Program provides homeless Veterans residential rehabilitation and treatment services within the community. In addition to psychosocial and vocational rehabilitation, the program offers homeless Veterans access to medical and psychiatric treatment, including substance dependence treatment. The program fosters recovery, resiliency, and wellness during the transition to independent, community living.

Community Integration Program (CIP)

CIP is dedicated to assisting facilitate patients' integration into the community. The goal is to work collaboratively with patients in a recovery focused model that assists the patient as he/she works toward their individual goals.

Scope of Clinical Services:

Psychosocial Rehabilitation and Recovery Center (PRRC): This program serves Veterans with severe chronic mental illness, and is a recovery focused program. Veterans enrolled in this program actively participate in skills training, recovery focused activities, family psychoeducation, and case management.

Vocational Rehabilitation Services (VRC): This program serves Veterans referred from all of the mental health programs and includes vocational assessment, psychoeducational groups, incentive therapy, work-for-pay employment, supported employment, and case management.

Neuropsychological Assessment: This program offers a highly specialized assessment of cognitive disorders and accepts referrals from all mental health programs as well as other medical staff throughout the MEDVAMC.

Compensation and Pension for Psychological Assessment: This program offers disability evaluations for Veterans' benefit claims and receives referrals from the VA Regional Office.

Services for Women Veterans

All the programs above serve women Veterans as well as men. In addition, our facility provides special mental health services for women including a Women's Therapy Group and a Women's Behavioral Health Liaison within the MEDVAMC Women's Center that provides psychiatric evaluation and treatment. The Women Veterans Coordinators at the Veterans Outreach Centers also offer a Sexual Trauma Counseling Program (aided by the Trauma Recovery Program) and individual, group, and family counseling.

Returning OEF/OIF Veteran Environment of Recovery Program (ROVER Program)

The OEF/OIF specialty inpatient programming consists of MH evidence-based interventions guided by findings in the literature for a comprehensive, integrated approach to war-zone and combat-specific treatment. This program offers a comprehensive and integrated approach that focuses on providing stabilization and building strengths within a recovery model. Pre-Admission criteria include the following, OEF/OIF Veteran status, male Veteran, a referral from a mental health provider who judges that the patient is likely to benefit from treatment, a documented diagnosis of PTSD and/or

substance dependence, a commitment to engage in comprehensive treatment, willingness to participate in group and individual therapy, the ability to engage in self-care and to live independently while on the unit and current participation in outpatient treatment (must have an outpatient mental health provider for follow up care).

Women’s Inpatient Specialty Environment of Recovery (WISER)

The inpatient program for women Veterans consists of MH evidence-based interventions guided by findings in the literature that women Veterans tend to have complex mental health presentations and a greater likelihood of a history of interpersonal violence. This program provides a comprehensive, integrated treatment approach tailored specifically for women. Pre-Admission criteria includes must be a female Veteran (includes OEF/OIF but not exclusive of other eras), a referral from a mental health provider who judges that the patient is likely to benefit from treatment, a documented diagnosis of PTSD, substance dependence, mood or anxiety disorder, with some flexibility for certain personality disorders, a commitment to engage in comprehensive treatment, a willingness to participate in group therapy, the ability to engage in self-care and to live independently while on the unit and current participation in outpatient treatment (must have an outpatient mental health provider for follow up care).

Legal Clinic

Veterans needing legal advice or representation have an additional resource thanks to the efforts of the Houston Volunteer Lawyer’s Program and the Houston Bar Association. They staff a weekly Legal Advice Clinic at the Michael E. DeBakey VA Medical Center. Volunteer attorneys provide brief legal advice to Veterans in all of the following areas and more.

- | | |
|-----------------------------|-----------------------------|
| Veteran’s Disability Claims | Social Security/SSI Appeals |
| Divorce or Custody | Child Support |
| Consumer/Contracts | Landlord/Tenant Disputes |
| Wills/Estate Planning | Guardianship/Probate |
| Chapter 7 Bankruptcies | Immigration Issues |

Referrals to other legal service providers in a Veteran’s home county are available. Appointments are not necessary. Walk-ins are accepted. For more information, ask your social worker.

Location: Geriatric & Neurology Clinic Area (Next to the ER on the 1st Floor)

Date/Time: Every Friday, 2:00 p.m.

Support Groups

Amputee Support Group

This group meets on the 4th Wednesday of each month, 3 p.m. in Nursing Unit 2A Dining Room. For more information, contact group facilitators Stacy Flynn, PT at (713) 794-7819 or Rosa Lane-Smith, LMSW, at (713) 791-1414, ext. 4034.

Breast Cancer Survivors Support Group

This group meets the last Tuesday of each month, 12 p.m., in the Cancer Center Family Room, 4C-365. Facilitators: Magdalena Ramirez, LCSW, 713-791-1414, ext. 5289 or Gail Menchaca, RN, at 713-791-1414, ext. 3924.

Cancer Support Group

The group meets the 3rd Tuesday of every month, 1 - 2 p.m., in the Cancer Center Family Room, 4C-365. Facilitator: Maria Lozano-Vasquez, LMSW, OSW-C, 713-791-1414, ext. 5273.

Depression and Bipolar Support Group for Veterans

This group meets every Wednesday, 7 - 8:30 p.m., at the MEDVAMC Domiciliary located at 7329 Fannin Street. For more information, contact Anthony Morris at 713 791-1414, ext 2323.

HIV Support/Educational Group

This group meets on the 3rd Tuesday of each month, 2 p.m., NASA Clinic 4, Room 1A-347 and every 2nd Thursday, 2 – 3 p.m., NASA Clinic 4, Room 1A-442. Facilitator: Patricia Suarez, 713-791-1414, ext. 6177.

Liver Transplant Support Group

The group meets every Tuesday, 3 - 4 p.m., in Room, 5B-166. Group facilitator: Juleena Masters, LMSW, (713) 791-1414, ext. 6286

Lung Cancer Support Group

This group meets on the 1st Tuesday of each month, 1:30 - 2:30 p.m., in the Cancer Center Family Room 4C-365. Facilitator: Maria Lozano-Vasquez, LMSW, OSW-C, 713-791-1414, ext. 5273

MOVE! Weight Management Support Group

The group meets the 1st and 3rd Friday each month, 9 a.m., in Room 4C-12. Group facilitator: Alicia Merritt, MS, RD, CSO, LD at (713) 791-1414, ext. 6166 or 3976.

Parkinson's Disease Education/Support Group (PADRECC)

This group meets the first Wednesday of each month (8 times/year), 12:30 - 2 p.m., in the 2A Dining Room (2B-210). Contact group facilitator: Shawna Johnson, RN, BS (713) 794-8410 for the schedule.

Prostate Cancer Support Group

This group meets on the 3rd Thursday of each month, 1 - 2 p.m., in the Cancer Center Conference Room 4C-345. Facilitator: Maria Lozano-Vasquez, LMSW, OSW-C, 713-791-1414, ext. 5273

Stroke Support Group

This group meets on the 3rd Tuesday of each month, 3 – 4 p.m., in the Nursing Unit 2A Dining Room. Contact group facilitators Kathryn Kertz, OTR at (713) 791-1414, ext. 4192 or Laura Lawhon, RKT at (713) 794-7816

Vet to Vet Support and Education Group

This peer education and support group meets every Wednesday, 6 – 7 p.m., in Room 6B-118 and every Thursday, 9 – 10 a.m., in Room 6B-117 and 11 a.m. – noon in Room 6C-167. For more information, contact Dr. Cristy Gamez-Galka at (713) 791-1414 ext. 4378.

Important VA Telephone Numbers

Michael E. DeBakey VA Medical Center www.houston.va.gov
2002 Holcombe Blvd., Houston, TX 77030
(713) 791-1414 or *toll-free* 1 (800) 553-2278

Beaumont VA Outpatient Clinic
3420 Veterans Circle, Beaumont, TX 77707
(409) 981-8550 or *toll-free* 1 (800) 833-7734

Charles Wilson VA Outpatient Clinic (Lufkin)
2206 North John Redditt Drive, Lufkin, TX 75904
(936) 671-4300 or *toll-free* 1 (800) 209-3120

Conroe VA Outpatient Clinic
800 Riverwood Court, Conroe, TX 77304
(936) 522-4000 or *toll-free* 1 (800) 553-2278, ext. 1949

Galveston VA Outpatient Clinic
3828 Avenue N., Galveston, TX 77550
(409) 761-3200 or *toll-free* 1 (800) 553-2278, ext. 12600

Lake Jackson VA Outpatient Clinic
208 South Oak Drive, Suites 700 & 800, Lake Jackson, TX 77566
(979) 230-4852

Richmond VA Outpatient Clinic
22001 Southwest Freeway, Suite 200, Richmond, TX 77469
(832) 595-7700 or *toll-free* 1 (800) 595-7700, ext. 12800

Texas City VA Outpatient Clinic
9300 Emmett F. Lowry Expressway, Suite 206, Texas City, TX 77591
(409) 986-2900 or *toll-free* 1 (800) 553-2278, ext. 12900

Post-Deployment Clinic (Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn)
Fern Taylor (713) 794-7034 or *toll-free* 1-800-553-2278
Cheryl Houlette (713) 794-7075
Vickie Toliver (713) 794-8825

Patient Advocates (Consumer Affairs)
Houston: (713) 794-7884
Beaumont: 1 (800) 833-7734, ext. 113
Conroe: (936) 522-4010
Galveston: (409) 761-3200, ext. 6586
Lake Jackson: (979) 230-4852
Lufkin: (936) 671-4362
Richmond: (832) 595-7700
Texas City: (409) 986-2900

Pharmacy

Refills: (713) 794-7648 or *toll-free* 1 (800) 454-1062

Helpline: (713) 794-8985 or *toll free* 1 (800) 639-5137 Monday – Friday, 8 a.m. – 4 p.m.

Internet Pharmacy Refills www.myhealth.va.gov

Additional Contact Information:

Appointment Center (make, change, or cancel an appointment) (713) 794-8985, Option 1

Automated Appointment Information (713) 794-7648 or *toll-free* 1 (800) 454-1062

Health Care for Homeless Veterans Program (713) 794-7848

McGovern Drop-In Center for Homeless Veterans (713) 794-7533

Medical Administrative Assistants (MAA)

Houston: (713) 791-1414, ext. 3808

Medical Administrative Assistants (MAA) handle such issues as the transfer of patients, hazard surveillance, and emergency situations after normal business hours.

National Caregiver Support Line 1-855-260-3274

Veterans Crisis Line *toll free* 1-800-273-TALK (8255)

VA Network Telecare Center

(713) 794-8985 or *toll-free* 1 (800) 639-5137, Option 2

The VA Network Telecare Center Hotline can assist you with a wide variety of medical problems and concerns including symptom analysis, medication questions, test results, appointments, and eligibility.

VA Eligibility and Enrollment (713) 794-7288 or www.va.gov/elig

Houston National Cemetery

www.cem.va.gov

(281) 447-8686

Vet Centers

Post Oak Road Vet Center, (713) 682-2288

Richmond Vet Center, (713) 523-0884

Harris County Vet Center, (713) 578-4002

Jefferson County Vet Center, (409) 981-8576

Veterans Affairs Regional Office (www.vba.va.gov)

Main Number: *toll-free* 1 (800) 827-1000

Compensation/Pension: *toll-free* 1 (800) 827-1000

Headstones and Markers: *toll-free* 1 (800) 697-6947

Federal Benefits for Veterans & Dependents Booklet

http://www1.va.gov/opa/publications/benefits_book.asp

UPDATED February 2012 - Communications Office (713) 794-7349



MICHAEL E. DEBAKEY
VETERANS AFFAIRS
MEDICAL CENTER