

# Automated 10-10SH version 3.7.17 Training Presentation

National State Home Per Diem Program Office



Choose **VA**

**VA**



U.S. Department  
of Veterans Affairs

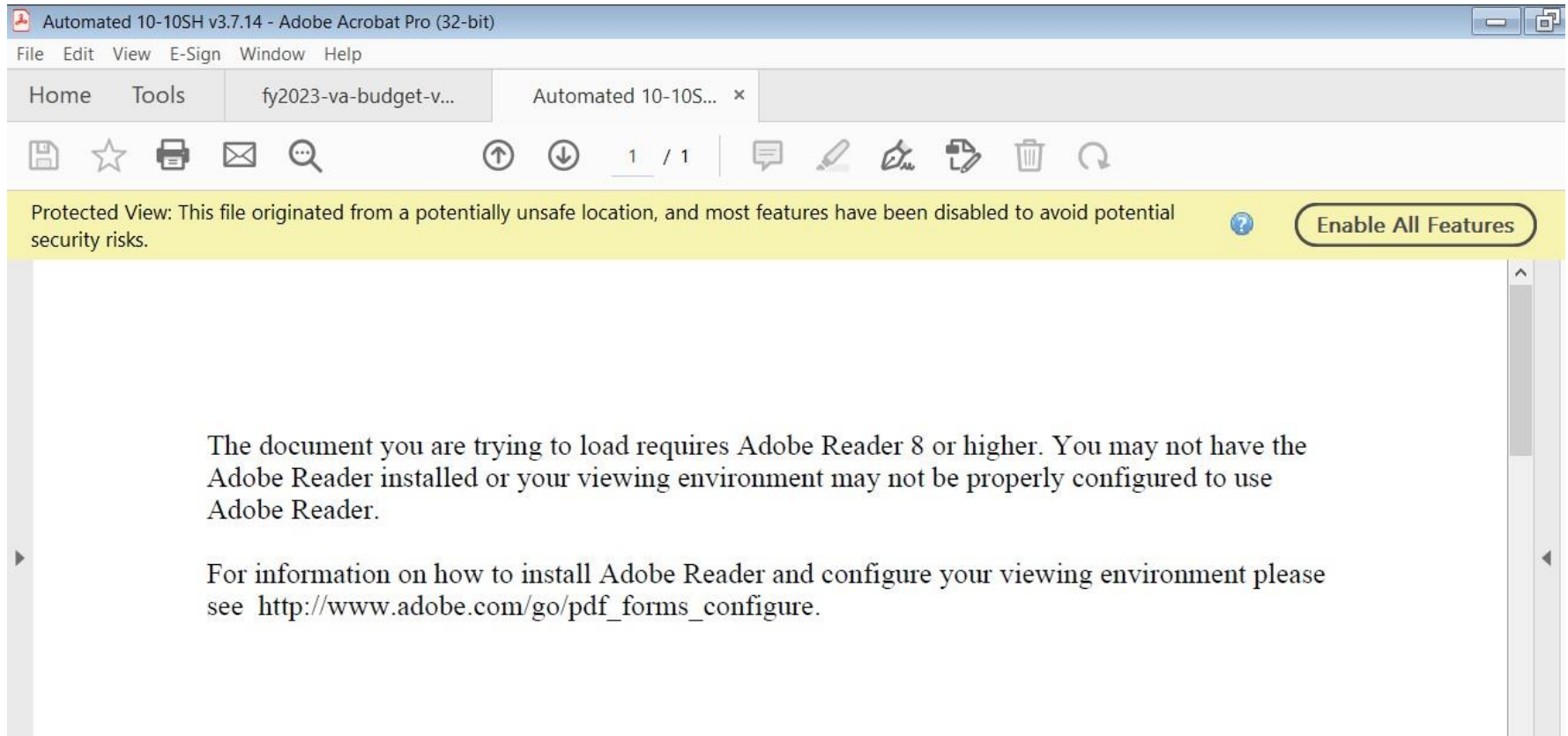
# BOTTOM LINE UP FRONT

- SVH workflow has changed very little
- SVH sections:
  - Logging into automated form requires credentials
  - Requires “Arrow” instead of “Hand”
  - Clinical signatures requires to click on “Save” button
  - Remarks tab (moved from “Social Work” tab)
- VAMC sections:
  - Eligibility sections – Purple Heart, Medal of Honor, toxic substance
  - Default denial when Veteran does not meet all eight ADLs for DOM
  - Prevailing rate for ADHC



# 10-10SH

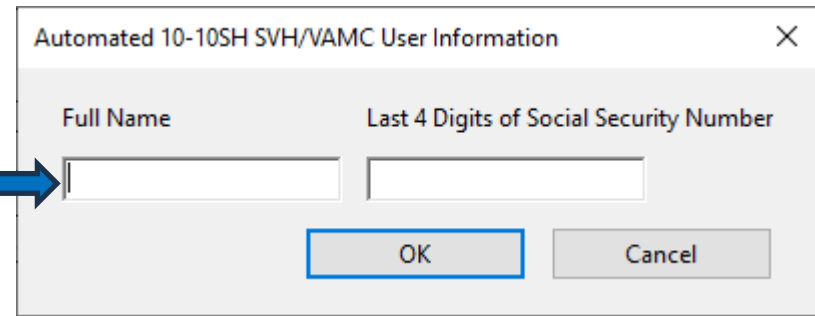
Select **Enable All Features** on yellow banner to open form



# 10-10SH cont.

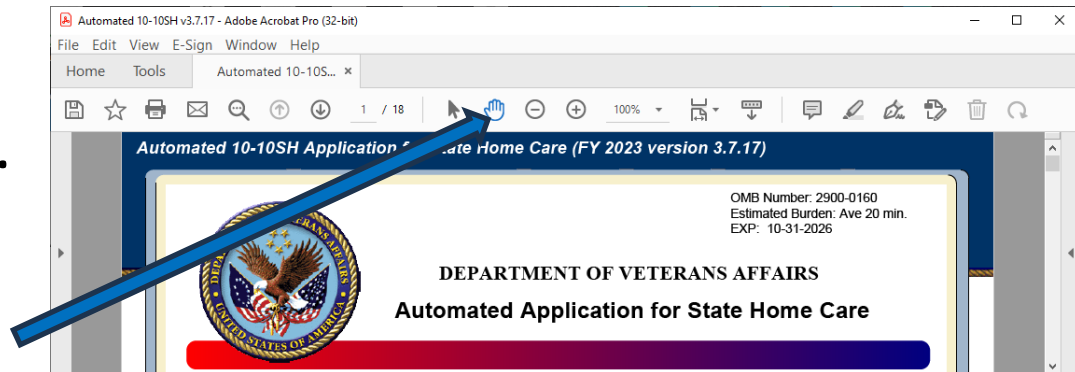
Sign into the form using full name **with credentials** and last four of SSN or EMP #.

- SVH clinical staff must indicate credentials (MD, RN, SW, etc.) when logging onto the form due to form using logon data for signature.



After signing in, select the **ARROW** instead of the hand.

- When the hand is selected, SVH users will NOT be able to sign the form.



# 10-10SH cont.

- VAMC tabs do not appear until all SVH sections are complete and signed
- Navigate using the three buttons at the bottom of the form or by clicking on the word **PART** in the blue header

*Automated 10-10SH Application for State Home Care (FY 2023 version 3.7.17)*

SECTION COMPLETE:  PART II  PART III Evaluation  PART III PT  PART IV  PART V Admin  PART V Clinical

Note: A Section is not complete until "X" appears in the box. SVH Parts II, III, and IV must be completed and signed before submitting to VAMC. VAMC must ensure all boxes are marked ("X") before uploading to State Home Per Diem Documentation Storage SharePoint.

State Home Administrative | SH History & Physical | VA Auth for Payment | Printable 10-10SH Form

**General Information**

\* Required fields

\* STATE HOME FACILITY

\* STATE HOME FACILITY ADDRESS

\* Street:

\* City:

\* State:

\* Zip Code:  (Zip Code+4)

\* DATE ADMITTED

\* RESIDENT'S NAME

\* Last:

\* First:

Middle:

\* SOCIAL SECURITY NUMBER

\* GENDER

\* DATE OF BIRTH  AGE

\* ADVANCED MEDICAL DIRECTIVE?  YES  NO

\* HAS THE VETERAN PROVIDED FINANCIAL DISCLOSURE FOR PURPOSES OF DETERMINING ELIGIBILITY FOR DOMICILIARY PER DIEM PAYMENTS?

YES  NO  NOT APPLICABLE

10-10EZ or 10-10EZR IS REQUIRED TO BE SUBMITTED EITHER IN PAPER FORM OR ELECTRONICALLY WITH THE 10-10SH



# 10-10SH cont.

Veteran's name will appear in the white space between the header and sub tabs on each page

**Automated 10-10SH Application for State Home Care (FY 2023 version 3.7.17)**

SECTION COMPLETE:  PART II  PART III Evaluation  PART III PT  PART IV  PART V Admin  PART V Clinical

Note: A Section is not complete until "X" appears in the box. SVH Parts II, III, and IV must be completed and signed before submitting to VAMC. VAMC must ensure all boxes are marked ("X") before uploading to State Home Per Diem Documentation Storage SharePoint.

State Home | SH History | Printable

Name Veteran

**General Information** \* Required fields

\* STATE HOME FACILITY

\* STATE HOME FACILITY ADDRESS

\* Street:

\* City:

\* State:

\* Zip Code:  (Zip Code+4)

\* DATE ADMITTED

\* RESIDENT'S NAME

\* Last:

\* First:

Middle:

\* SOCIAL SECURITY NUMBER

\* GENDER

\* DATE OF BIRTH  AGE

\* ADVANCED MEDICAL DIRECTIVE?  YES  NO

\* HAS THE VETERAN PROVIDED FINANCIAL DISCLOSURE FOR PURPOSES OF DETERMINING ELIGIBILITY FOR DOMICILIARY PER DIEM PAYMENTS?

YES  NO  NOT APPLICABLE



Choose VA

VA



U.S. Department of Veterans Affairs

- Signatures

- “Electronically Signed by ...” name and last four from sign in with date and time added
- **MUST** click **SAVE** on the automated form to lock in signature or the signature will disappear
  - If **SAVE** is not clicked in the form, the boxes in the header will be checked and VAMC will not be able to process form

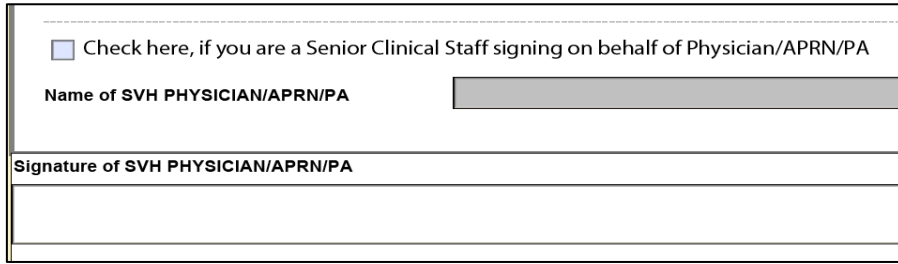
Check here, if you are a Senior Clinical Staff signing on behalf of Physician/APRN/PA

Name of SVH PHYSICIAN/APRN/PA

Signature of SVH PHYSICIAN/APRN/PA

# SVH cont.

SVH Senior Clinical Staff can now sign in lieu of the physician



Check here, if you are a Senior Clinical Staff signing on behalf of Physician/APRN/PA

Name of SVH PHYSICIAN/APRN/PA

Signature of SVH PHYSICIAN/APRN/PA

1. After clicking “check here box”, senior clinical staff type the offsite physician’s name in the text box.
2. Senior clinical staff sign the form by clicking on the signature box. This box will populate the staff’s signature.

## Follow the Offsite Physician Instructions to complete the process

- SVH completes Part I and print hard copy of page to be signed by offsite Physician
- During Veteran’s offsite physical, have Physician complete part II and sign
- Senior Clinical Staff complete part II using information from the Physician’s copy
- Block 43, enter Physician’s name who signed hard copy of page 1 of Part II
- In block 64 enter statement: **“H&P signed by Dr. (offsite Physician name); see attached. Block 44 signed by (name of staff) in lieu of Dr. (offsite Physician).”**
- SVH must attach Page 1 with the offsite Physician wet signature to the 10-10SH package when submitted to the VAMC
- VAMC POC will ensure the wet signature page is attached to the 10-10SH package and upload to the SHPD Documentation SharePoint
- **If the wet signature page is not uploaded; will cause an improper payment**



Choose **VA**

VA



U.S. Department  
of Veterans Affairs



# SVH cont.

- Remarks sub tab
  - Not required
  - Additional information to clarify Veteran’s admission
    - Example: Explanation for Veteran not having “adequate means of support” for DOM admission

The screenshot displays the SVH (State Home) interface. At the top, there are four tabs: "State Home Administrative", "SH History & Physical", "VA Auth for Payment", and "Printable 10-10SH Form". Below these, a row of sub-tabs includes "History", "X-Ray/Labs", "Mental Illness", "Additional", "Referring Physician", "Evaluation Screen 1", "Evaluation Screen 2", "Physical Therapy", "Social Work", and "Remarks". The "Remarks" tab is highlighted with a red box. Below the tabs, a large text area is labeled "REMARKS (To be completed by Everyone \*\*\*\*)" and "REMARKS". A small asterisk and the text "\* Required fields" are visible in the top right corner of the text area. At the bottom of the interface, there are three buttons: "Previous", "Next", and "Save".



## Administrative Review

The VA Administrative Review tab did not have any changes

### NH level of care

- Eligibility section
  - Purple Heart and Medal of Honor
  - Exposure to toxic substance
- **MUST** click **SAVE** on the automated form to lock in signature or the signature will disappear

VA Administrative Review
Nursing Home Care
Signature
VA Clinical Review

\* Required fields

**NURSING HOME CARE ELIGIBILITY**

\* DOES VETERAN MEET ONE OF THE FOLLOWING CATEGORIES? CHECK ALL CATEGORIES THAT APPLY.

- VETERAN WITH SERVICE-CONNECTED DISABILITIES
- VETERANS WHO ARE FORMER PRISONERS OF WAR, WHO WERE AWARDED THE PURPLE HEART, OR WHO WERE AWARDED THE MEDAL OF HONOR UNDER 10 U.S.C. 3741, 6241, or 8741 or 14 U.S.C. 491
- VETERAN WHO WAS DISCHARGED OR RELEASED FROM ACTIVE MILITARY SERVICE FOR A DISABILITY INCURRED OR AGGRAVATED IN THE LINE OF DUTY
- VETERAN WHO RECEIVE DISABILITY COMPENSATION UNDER 38 U.S.C. 1151
- VETERAN WHOSE ENTITLEMENT TO DISABILITY COMPENSATION IS SUSPENDED BECAUSE OF THE RECEIPT OF RETIRED PAY
- VETERAN WHOSE ENTITLEMENT TO DISABILITY COMPENSATION IS SUSPENDED PURSUANT TO 38 U.S.C. 1151, BUT ONLY TO THE EXTENT THAT SUCH VETERANS' CONTINUING ELIGIBILITY FOR NURSING HOME CARE IS PROVIDED FOR IN THE JUDGMENT OR SETTLEMENT DESCRIBED IN 38 U.S.C. 1151
- VETERAN WHO VA DETERMINES ARE UNABLE TO DEFRAY THE EXPENSES OF NECESSARY CARE AS SPECIFIED UNDER 38 U.S.C. 1722(a)
- VETERANS SOLELY SEEKING CARE FOR A DISORDER ASSOCIATED WITH EXPOSURE TO A TOXIC SUBSTANCE OR RADIATION, FOR A DISORDER ASSOCIATED WITH SERVICE IN THE SOUTHWEST ASIA THEATER OF OPERATIONS DURING THE PERSIAN GULF WAR, AS PROVIDED IN 38 U.S.C. 1710(e), 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, AS PROVIDED AND LIMITED IN 38 U.S.C. 1710(e)
- VETERAN WHO AGREES TO PAY TO THE UNITED STATES THE APPLICABLE CO-PAYMENT DETERMINED UNDER 38 U.S.C. 1710(f) and 1710(g)
- NONE OF THE ABOVE

ELIGIBLE FOR PER DIEM PAYMENT NURSING HOME CARE?  
 YES    NO

\* DOES VETERAN HAVE A SERVICE CONNECTED CONDITION RATING GREATER THAN OR EQUAL TO 70%?  
 YES    NO

\* DOES VETERAN HAVE A SERVICE-CONNECTED CONDITION RATING OF TOTAL DISABILITY BASED ON INDIVIDUAL UNEMPLOYABILITY?  
 YES    NO

\* DOES VETERAN HAVE A SERVICE CONNECTED CONDITION RATING 0 to 60%?  
 YES    NO

WILL NEED CLINICAL REVIEWER DETERMINATION DUE TO SERVICE CONNECTED RATING 0 TO 60 %?  
 YES    NO

VETERAN ELIGIBLE FOR PER DIEM PAYMENT  
 PREVAILING    BASIC    NO



## Clinical Review NH level of care

- First three statements are answered from administrative review
- VA clinical reviewers **MUST** enter service-connected condition in text box if **YES** is checked
- **MUST** click **SAVE** on the automated form to lock in signature or the signature will disappear

SECTION COMPLETE:  PART II  PART III Evaluation  PART III PT  PART IV  PART V Admin  PART V Clinical

Note: A Section is not complete until "X" appears in the box. SVH Parts II, III, and IV must be completed and signed before submitting to VAMC. VAMC must ensure all boxes are marked ("X") before uploading to State Home Per Diem Documentation Storage SharePoint.

State Home Administrative | SH History & Physical | VA Auth for Payment | Printable 10-10SH Form

VA Administrative Review | Nursing Home Care | Signature | VA Clinical Review

\* Required fields

\* TYPE OF CARE REQUESTED BY SVH:  
 NURSING HOME CARE  DOMICILIARY CARE  ADULT DAY HEALTH CARE

NURSING HOME CARE

HAS A SERVICE CONNECTED CONDITION RATING GREATER THAN OR EQUAL TO 70%  
 YES  NO

VETERAN HAS A SERVICE-CONNECTED CONDITION RATING OF TOTAL DISABILITY BASED ON INDIVIDUAL UNEMPLOYABILITY  
 YES  NO

DOES VETERAN HAVE A SERVICE CONNECTED CONDITION RATING 0 to 60%?  
 YES  NO

\* IS VETERAN BEING ADMITTED DUE TO SC CONDITION?  
 YES  NO

\* DOES THE VETERAN REQUIRE NURSING HOME LEVEL OF CARE?  
 YES  NO

LEVEL OF CARE APPROVED  
 NURSING HOME - PREVAILING  NURSING HOME - BASIC  NURSING HOME CARE NOT APPROVED

IF PER DIEM IS APPROVED: IMMEDIATELY NOTIFY SVH BY WRITTEN COMMUNICATION, PROVIDING LEVEL OF CARE, PER DIEM RATE, AND PER DIEM START DATE.

REMARKS

TO VALIDATE AND COMPLETE SIGNATURE OF VA PHYSICIAN/APRN/PA, CLICK ON THIS BUTTON



## Administrative Review DOM level of care

- Eligibility section
  - Purple Heart and Medal of Honor
  - Exposure to toxic substance
- **MUST** click **SAVE** on the automated form to lock in signature or the signature will disappear

SECTION COMPLETE:  PART II  PART III Evaluation  PART III PT  PART IV  PART V Admin  PART V Clinical

Note: A Section is not complete until "X" appears in the box. SVH Parts II, III, and IV must be completed and signed before submitting to VAMC. VAMC must ensure all boxes are marked ("X") before uploading to State Home Per Diem Documentation Storage SharePoint.

State Home Administrative | SH History & Physical | VA Auth for Payment | Printable 10-10SH Form

VA Administrative Review | **Domiciliary** | Signature | VA Clinical Review

\* Required fields

**DOMICILIARY CARE**

\* DOES VETERAN MEET ONE OF THE FOLLOWING CATEGORIES? CHECK ALL CATEGORIES THAT APPLY.

- VETERAN WITH SERVICE-CONNECTED DISABILITIES
- VETERANS WHO ARE FORMER PRISONERS OF WAR, WHO WERE AWARDED THE PURPLE HEART, OR WHO WERE AWARDED THE MEDAL OF HONOR UNDER 10 U.S.C. 3741, 6241, or 8741 or 14 U.S.C. 491
- VETERAN WHO WAS DISCHARGED OR RELEASED FROM ACTIVE MILITARY SERVICE FOR A DISABILITY INCURRED OR AGGRAVATED IN THE LINE OF DUTY
- VETERAN WHO RECEIVE DISABILITY COMPENSATION UNDER 38 U.S.C. 1151
- VETERAN WHOSE ENTITLEMENT TO DISABILITY COMPENSATION IS SUSPENDED BECAUSE OF THE RECEIPT OF RETIRED PAY
- VETERAN WHOSE ENTITLEMENT TO DISABILITY COMPENSATION IS SUSPENDED PURSUANT TO 38 U.S.C. 1151, BUT ONLY TO THE EXTENT THAT SUCH VETERANS' CONTINUING ELIGIBILITY FOR NURSING HOME CARE IS PROVIDED FOR IN THE JUDGMENT OR SETTLEMENT DESCRIBED IN 38 U.S.C. 1151
- VETERAN WHO VA DETERMINES ARE UNABLE TO DEFRAY THE EXPENSES OF NECESSARY CARE AS SPECIFIED UNDER 38 U.S.C. 1722(a)
- VETERANS SOLELY SEEKING CARE FOR A DISORDER ASSOCIATED WITH EXPOSURE TO A TOXIC SUBSTANCE OR RADIATION, FOR A DISORDER ASSOCIATED WITH SERVICE IN THE SOUTHWEST ASIA THEATER OF OPERATIONS DURING THE PERSIAN GULF WAR, AS PROVIDED IN 38 U.S.C. 1710(e), 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, AS PROVIDED AND LIMITED IN 38 U.S.C. 1710(e)
- VETERAN WHO AGREES TO PAY TO THE UNITED STATES THE APPLICABLE CO-PAYMENT DETERMINED UNDER 38 U.S.C. 1710(f) and 1710(g)
- NONE OF THE ABOVE

\* HAS THE VETERAN PROVIDED FINANCIAL DISCLOSURE FOR PURPOSES OF DETERMINING ELIGIBILITY FOR DOMICILIARY PER DIEM PAYMENTS?  
 YES  NO

MEETS GENERAL ELIGIBILITY REQUIREMENTS FOR PER DIEM PAYMENT?  
 YES  NO

VETERAN ELIGIBLE FOR PER DIEM PAYMENT  
 BASIC  NO



## Clinical Review DOM level of care

### • MORE INFO



For purposes of domiciliary care, "no adequate means of support" refers to an applicant whose annual income exceeds the rate of pension described in CRF 51.51, but who is able to demonstrate to VA medical authority, on the basis of objective evidence, that deficits in health or functional status render the applicant incapable of pursuing substantially gainful employment, and who is otherwise without the means to provide adequately for himself or herself, or be provided for in the community. Check "Yes" for Veteran who has deficits in health or functional status render the applicant incapable of pursuing substantially gainful employment, and who is otherwise without the means to provide adequately for himself or herself, or be provided for in the community. Check "No" for Veteran who do not qualify for per diem based on their ability to take care of self in the community.

- Default denial if Veteran does not meet 8 ADLs
- **MUST** click **SAVE** on the automated form to lock in signature or the signature will disappear

SECTION COMPLETE:  PART II  PART III Evaluation  PART III PT  PART IV  PART V Admin  PART V Clinical

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State Home Administrative | SH History & Physical | VA Auth for Payment | Printable 10-10SH Form

VA Administrative Review | Domiciliary | Signature | VA Clinical Review

\* Required fields

\* TYPE OF CARE REQUESTED BY SVH:

NURSING HOME CARE  DOMICILIARY CARE  ADULT DAY HEALTH CARE

DOMICILIARY CARE

← DOES INCOME EXCEED THRESHOLD FOR AID AND ATTENDANCE?

YES  NO

\* DOES VETERAN HAVE "NO ADEQUATE MEANS OF SUPPORT"?

YES  NO [More Info](#)

\* IS VETERAN CAPABLE OF PERFORMING THE FOLLOWING DAILY LIVING ACTIVITIES?

(1) PERFORM WITHOUT ASSISTANCE DAILY ADULTATIONS, SUCH AS BRUSHING TEETH, BATHING, COMBING HAIR, AND BODY ELIMINATIONS.  
(2) DRESS SELF, WITH MINIMUM OF ASSISTANCE.  
(3) PROCEED TO AND RETURN FROM THE DINING HALL WITHOUT AID.  
(4) FEED SELF.  
(5) SECURE MEDICAL ATTENTION ON AN AMBULATORY BASIS OR BY USE OF PERSONALLY PROPELLED WHEELCHAIR.  
(6) HAVE VOLUNTARY CONTROL OVER BODY ELIMINATIONS OR CONTROL BY USE OF AN APPROPRIATE PROSTHESIS.  
(7) PARTICIPATE IN SOME MEASURE, HOWEVER SLIGHT, IN WORK ASSIGNMENTS THAT SUPPORT THE MAINTENANCE AND OPERATION OF THE STATE HOME.  
(8) MAKE RATIONAL AND COMPETENT DECISIONS AS TO HIS OR HER DESIRE TO REMAIN OR LEAVE THE FACILITY.

IF ALL THE ABOVE CONDITIONS ARE MET, CHECK "YES" IN THE APPROPRIATE BOX.  
IF THESE CONDITIONS ARE NOT MET, CHECK "NO". IF ANY OF THE ABOVE QUESTIONS ARE ANSWERED "NO", PER DIEM IS NOT APPROVED.

YES  NO

\* VETERAN APPROVED FOR DOMICILIARY LEVEL OF CARE

YES  NO

LEVEL OF CARE APPROVED

DOMICILIARY  DOMICILIARY CARE NOT APPROVED

REMARKS



## Administrative Review ADHC level of care

- Eligibility Section
  - Purple Heart and Medal of Honor
  - Exposure to toxic substance
- **MUST** click **SAVE** on the automated form to lock in signature or the signature will disappear

SECTION COMPLETE:  PART II  PART III Evaluation  PART III PT  PART IV  PART V Admin  PART V Clinical

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State Home Administrative | SH History & Physical | **VA Auth for Payment** | Printable 10-10SH Form

VA Administrative Review | **Adult Day Health Care** | Signature | VA Clinical Review

\* Required fields

ADULT DAY HEALTH CARE (ADHC) ELIGIBILITY

\* DOES VETERAN MEET ONE OF THE FOLLOWING CATEGORIES? CHECK ALL CATEGORIES THAT APPLY.

VETERAN WITH SERVICE-CONNECTED DISABILITIES

VETERANS WHO ARE FORMER PRISONERS OF WAR, WHO WERE AWARDED THE PURPLE HEART, OR WHO WERE AWARDED THE MEDAL OF HONOR UNDER 10 U.S.C. 3741, 6241, or 6741 or 14 U.S.C. 491

VETERAN WHO WAS DISCHARGED OR RELEASED FROM ACTIVE MILITARY SERVICE FOR A DISABILITY INCURRED OR AGGRAVATED IN THE LINE OF DUTY

VETERAN WHO RECEIVE DISABILITY COMPENSATION UNDER 38 U.S.C. 1151

VETERAN WHOSE ENTITLEMENT TO DISABILITY COMPENSATION IS SUSPENDED BECAUSE OF THE RECEIPT OF RETIRED PAY

VETERAN WHOSE ENTITLEMENT TO DISABILITY COMPENSATION IS SUSPENDED PURSUANT TO 38 U.S.C. 1151, BUT ONLY TO THE EXTENT THAT SUCH VETERANS' CONTINUING ELIGIBILITY FOR NURSING HOME CARE IS PROVIDED FOR IN THE JUDGMENT OR SETTLEMENT DESCRIBED IN 38 U.S.C. 1151

VETERAN WHO VA DETERMINES ARE UNABLE TO DEFRAY THE EXPENSES OF NECESSARY CARE AS SPECIFIED UNDER 38 U.S.C. 1722(a)

VETERANS SOLELY SEEKING CARE FOR A DISORDER ASSOCIATED WITH EXPOSURE TO A TOXIC SUBSTANCE OR RADIATION, FOR A DISORDER ASSOCIATED WITH SERVICE IN THE SOUTHWEST ASIA THEATER OF OPERATIONS DURING THE PERSIAN GULF WAR, AS PROVIDED IN 38 U.S.C. 1710(e), 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, AS PROVIDED AND LIMITED IN 38 U.S.C. 1710(e)

VETERAN WHO AGREES TO PAY TO THE UNITED STATES THE APPLICABLE CO-PAYMENT DETERMINED UNDER 38 U.S.C. 1710(f) and 1710(g)

NONE OF THE ABOVE

\* IS VETERAN ENROLLED IN THE VA HEALTH CARE SYSTEM?

YES  NO

ELIGIBLE FOR PER DIEM PAYMENT FOR ADULT DAY HEALTH CARE?

YES  NO

\* DOES VETERAN HAVE A SERVICE CONNECTED CONDITION RATING GREATER THAN OR EQUAL TO 70%?

YES  NO

\* DOES VETERAN HAVE A SERVICE-CONNECTED CONDITION RATING OF TOTAL DISABILITY BASED ON INDIVIDUAL UNEMPLOYABILITY?

YES  NO

\* DOES VETERAN HAVE A SERVICE CONNECTED CONDITION RATING 0 to 60%?

YES  NO

WILL NEED CLINICAL REVIEWER DETERMINATION DUE TO SERVICE CONNECTED RATING 0 to 60 %?

YES  NO

VETERAN ELIGIBLE FOR PER DIEM PAYMENT

PREVAILING  BASIC  NO



## Clinical Review

### ADHC level of care

- ADHC prevailing rate added
- **MUST** click **SAVE** on the automated form to lock in signature or the signature will disappear

SECTION COMPLETE:  PART II  PART III Evaluation  PART III PT  PART IV  PART V Admin  PART V Clinical

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State Home Administrative | SH History & Physical | VA Auth for Payment | Printable 10-10SH Form

VA Administrative Review | Adult Day Health Care | Signature | VA Clinical Review

\* Required fields

\* TYPE OF CARE REQUESTED BY SVH:

NURSING HOME CARE  DOMICILIARY CARE  ADULT DAY HEALTH CARE

ADULT DAY HEALTH CARE

HAS A SERVICE CONNECTED CONDITION RATING GREATER THAN OR EQUAL TO 70%  
 YES  NO

VETERAN HAS A SERVICE-CONNECTED CONDITION RATING OF TOTAL DISABILITY BASED ON INDIVIDUAL UNEMPLOYABILITY  
 YES  NO

DOES VETERAN HAVE A SERVICE CONNECTED CONDITION RATING 0 to 60%?  
 YES  NO

\* IS VETERAN BEING ADMITTED DUE TO SC CONDITION?  
 YES  NO

\* IF NOT ENROLLED IN ADHC, WILL VETERAN REQUIRE NURSING HOME CARE (38 USC 1720(f)(1)(A))?  
 YES  NO

\* DOES THE VETERAN REQUIRE ADULT DAY HEALTH CARE LEVEL OF CARE?  
 YES  NO

LEVEL OF CARE APPROVED  
 ADHC - PREVAILING  ADHC - BASIC  ADULT DAY HEALTH CARE NOT RECOMMENDED

IF PER DIEM IS APPROVED, IMMEDIATELY NOTIFY SVH BY WRITTEN COMMUNICATION, PROVIDING LEVEL OF CARE, PER DIEM RATE, AND PER DIEM START DATE.

REMARKS



## Signatures

- If the individual is not eligible for per diem, a “Reason Denied” text box will appear
  - Item 71 on printed form
- **MUST** click **SAVE** on the automated form to lock in signature or the signature will disappear

SECTION COMPLETE:  PART II  PART III Evaluation  PART III PT  PART IV  PART V Admin  PART V Clinical

Note: A Section is not complete until "X" appears in the box. SVH Parts II, III, and IV must be completed and signed before submitting to VAMC. VAMC must ensure all boxes are marked ("X") before uploading to State Home Per Diem Documentation Storage SharePoint.

State Home Administrative | SH History & Physical | **VA Auth for Payment** | Printable 10-10SH Form

VA Administrative Review | Nursing Home Care | **Signature** | VA Clinical Review

\* Required fields

VA ADMINISTRATIVE SIGNATURE

REMARKS

TO VALIDATE AND COMPLETE SIGNATURE OF VA ADMINISTRATIVE REVIEWER, CLICK THIS BUTTON

Previous | Next | **Save**





# PRINTED FORM

Printable 10-10SH Form tab can be accessed at any time

- OMB 10-10SH format
- View form, data, and instructions
- **Print** and **Print to PDF** options creates a copy of the form without instructions
- **Return to Previous Page** takes you to the screen you were on

[Return to Previous Page](#)

*(Print to PDF requires Adobe Acrobat Pro/DC)*

[Print](#)

[Print to PDF](#)

*OMB Approval No. 2900-0160  
Estimated Burden: Avg. 20 min.  
Expiration Date: 10-31-2026*



Department of Veterans Affairs

VA FORM 10-10SH

STATE HOME PROGRAM APPLICATION FOR VETERAN CARE MEDICAL CERTIFICATION

PART I - ADMINISTRATIVE



Choose **VA**

**VA**



U.S. Department  
of Veterans Affairs

# SUMMARY

- SVH workflow has changed very little
- SVH sections:
  - Logging into automated form requires credentials
  - Requires “Arrow” instead of “Hand”
  - Clinical signatures requires to click on “Save” button
  - Remarks tab
- Changes to VAMC sections:
  - Eligibility sections – Purple Heart, Medal of Honor, toxic substance
  - Default denial when Veteran does not meet all eight ADLs for DOM
  - Prevailing rate for ADHC

# QUESTIONS



Questions regarding the Automated 10-10SH and SHPD Program should be directed to [VHA12GECStateHomePerDiemInquiries@va.gov](mailto:VHA12GECStateHomePerDiemInquiries@va.gov).



Choose **VA**

VA



U.S. Department  
of Veterans Affairs