

ELIGIBILITY DETERMINATION

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive sets Department of Veterans Affairs (VA) policy on determining eligibility for VA health care benefits and provides procedures for identifying individuals who have been determined to be ineligible for VA medical benefits for nonservice-connected conditions.

2. SUMMARY OF MAJOR CHANGES:

a. Amendment dated March 6, 2024 revises the eligibility content for Indian and Urban Indian Veterans (see paragraph 9.g.).

b. Amendment dated February 26, 2024:

(1) Updates definitions for non-compensable disability and nonservice-connected and adds definition for Other Than Honorable (OTH) Former Servicemember (see paragraph 2).

(2) Deletes Hospital Inquiry Module (HINQ) from list of electronic sources (see Paragraph 4.d.(6)).

(3) Adds the access link for information on determining eligibility based on service in Southwest Asia (see paragraph 8.b.).

(4) Updates combat Veteran special eligibility dates (see paragraph 8.d.(2)(b)).

(5) Updates implementation date for eligibility based on Toxic Exposure Risk Activities, service in certain locations, and service in support of certain contingency operations (see paragraph 8.e.(2)).

(6) Adds copayment information for Indian and Urban Indian Veterans (see paragraph 9.g.).

(7) Deletes Recent Changes to Mental Health Treatment for Individuals with OTH Character of Service Discharge (TMS Course VA 4219759) (see paragraph 20.a.).

(8) Updates Eligibility for Mental and Behavioral Health Care for Other Than Honorable Former Servicemembers (see Appendix E, paragraphs a. and b.).

(9) Updates Access for Emergent Mental Health Services for Former Servicemembers (see Appendix F, paragraphs 1.a. and b.).

(10) Updates Combat Veteran Eligibility Determination (See, paragraph 8(d)(2)(b)).

(11) Updates enrollment eligibility date for Veterans identified in Section 103(a) of Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022, P.L. 117-168 (see Appendix H).

c. Amendment dated April 5, 2023:

(1) Adds information related to the Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022, P.L. 117-168, which provides eligibility based on toxic exposure and service in certain locations during specific periods (see paragraph 8 and Appendix H).

(2) Adds information related to mammography screening eligibility under the Supporting Expanded Review for Veterans in Combat Environments (SERVICE) Act, P.L. 117-133 (see paragraph 9).

(3) Establishes interim eligibility standards regarding suicide prevention services through the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (Hannon Act), P.L. 116-171 (see paragraph 13).

(4) Adds information related to the Veterans Comprehensive Prevention, Access to Care, and Treatment (COMPACT) Act of 2020, P.L. 116-214, for emergent suicide care to eligible individuals (see paragraph 14).

d. Amendment dated April 25, 2022, includes the following changes:

(1) Adds NA Form 13038, Certification of Military Service, to the list of documents that are accepted as proof of military service (see Appendix B).

(2) Clarifies documents that are acceptable as proof of service in the Republic of Vietnam, (see paragraph 8).

(3) Adds suicide prevention and mental health care services for current members of the reserve components as authorized by P.L. 116-283, (see paragraph 12).

(4) Adds information related to the Veterans COMPACT Act of 2020 in Appendix E, Eligibility for Mental Health and Behavioral Health Care for Other Than Honorable Former Servicemembers (see page E-2).

e. Amendment dated June 4, 2021, to reflect new military sexual trauma (MST) provisions in P.L. 116-315 § 5301. The amendment updates the definition of MST (see paragraph 2.i.), updates eligibility criteria for MST treatment under 38 U.S.C. § 1720 F (see paragraph 9.h.) and simplifies the language for mental health eligibility under 38 U.S.C. § 1720I (see Appendix E). The amendment also clarifies the requirements for accepting DD Form 256 as proof of military service (see Appendix B).

f. Amendment dated October 15, 2020, adds a reference on page 10 to the regulatory definition of active duty, for the purposes of this directive.

g. This recertified directive updates the roles and responsibilities at all levels of VHA related to the eligibility determination process.

h. This directive also combines three distinct eligibility directives, VHA Directive 1127, Provision of Health Care Services to Veterans Involved in Project 112/Shipboard and Land-Based Hazard and Defense Testing (Project 112/SHAD), dated March 24, 2015; VHA Directive 1606(1), Health Care Benefits for Combat Theater Veterans, dated June 22, 2015; and VHA Directive 1182, Vocational Rehabilitation: Chapter 31 Benefits Timely Access to Health Care Services, dated April 2, 2015, into the larger eligibility directive for ease of use and readability.

3. RELATED ISSUES: VHA Directive 1601A.01(1), Registration and Enrollment, dated July 7, 2020; VHA Handbook 1000.02, VHA Fugitive Felon Program, dated February 23, 2012, or subsequent publication date.

4. RESPONSIBLE OFFICE: The VHA Office of Member Services (15MEM) is responsible for the contents of this directive. Questions regarding Eligibility Determinations may be referred to the Member Services Business Policy Office by email to VHAMSBusinessPolicyOffice@va.gov.

5. RESCISSIONS: VHA Directive 1601A.02, Eligibility Determination, dated November 21, 2018; VHA Directive 1127, Provision of Health Care Services to Veterans Involved in Project 112/Shipboard and Land-Based Hazard and Defense Testing (Project 112/SHAD), dated March 24, 2015; VHA Directive 1606(1), Health Care Benefits for Combat Theater Veterans, dated June 22, 2015; VHA Directive 1182, Vocational Rehabilitation: Chapter 31 Benefits Timely Access to Health Care Services, dated April 2, 2015; and VHA Directive 2007-012, Eligibility Verification Process for VA Health Care Benefits, dated April 12, 2007, are rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of July 2025.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ Renee Oshinski
Assistant Under Secretary for Health for
Operations

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

July 6, 2020

VHA DIRECTIVE 1601A.02(6)

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ELIGIBILITY DETERMINATION

1. PURPOSE

This Veterans Health Administration (VHA) directive sets policy and procedures for determining eligibility for Department of Veterans Affairs (VA) health care benefits.

AUTHORITY: 38 U.S.C. §§ 1710, 7301(b).

2. DEFINITIONS

a. **Catastrophic Disability.** A catastrophic disability is a permanent, severely disabling injury, disorder, or disease that compromises the ability to carry out the activities of daily living to such a degree that the individual requires personal or mechanical assistance to leave home or bed or requires constant supervision to avoid physical harm to self or others.

b. **Compensable Service-Connected Disability.** A compensable service-connected disability is a disability rated by VA to be service connected and for which VA monetary compensation is authorized.

c. **Disability Compensation.** For the purposes of this directive, disability compensation means a monthly monetary benefit paid to Veterans with disabilities that are the result of a disease or injury incurred or aggravated during active military, naval, air, or space service. Generally, the benefit amount is graduated according to the degree of the Veteran's disability on a scale from 10% to 100% (in increments of 10%).

d. **Enrollment.** Enrollment is the acceptance of an eligible Veteran into the VA health care system and assignment to a Priority Group for the purpose of receiving the full medical benefits package as defined in 38 C.F.R. § 17.38.

e. **Extended Care.** Extended care refers to the range of residential and community-based programs available for supporting, with maximum safe independence, individuals who experience compromised self-care ability due to accumulated chronic diseases, injuries, and resulting disability, regardless of age. A newer term, essentially equivalent to extended care, is long term services and supports. **NOTE:** *For additional information, see VHA Directive 1140.11, Uniform Geriatrics and Extended Care Services in VA Medical Facilities, dated March 24, 2022.*

f. **Extended Care Services.** Extended care services consist of geriatric evaluation; nursing home care; domiciliary services; adult day health care; non-institutional palliative care, non-institutional hospice care, and home health care when there are no institutional alternatives to nursing home care; and respite care.

g. **Former Prisoner of War.** A Former Prisoner of War (POW) is a person who, while serving in the active military, naval, air, or space service, was forcibly detained by restraint, custody, or internment in the line of duty by:

- (1) An enemy government or its agents, or a hostile force, during a period of war.

(2) A foreign government, its agents, or a hostile force, under circumstances which the Secretary of VA finds to have been comparable to the circumstances under which persons have generally been forcibly detained or interned by enemy governments during periods of war. **NOTE:** *POW statuses must be verified using all verifiable source documents and military verification systems. For more information on military verification systems, see Paragraph 4.d.(6).*

h. **Former Servicemember.** A former Servicemember is an individual who has separated from active military, naval, air, or space service. **NOTE:** *For the purposes of this directive, service in the U.S. Coast Guard is considered to be naval service.*

i. **Ineligible Former Servicemember.** An ineligible former Servicemember is an individual with a dismissal, dishonorable discharge, or bad conduct discharge from a general court-martial. An individual with a bad conduct discharge from a special court-martial is an ineligible former Servicemember unless that individual has received a favorable character of discharge (COD) determination from VA.

j. **Medical Benefits Package.** The medical benefits package is the set of health care services available to Veterans enrolled in the VA health care system. **NOTE:** *For a list of services included in or excluded from the medical benefits package, see 38 C.F.R. § 17.38.*

k. **Military Sexual Trauma.** Military sexual trauma (MST) refers to sexual assault or threatening sexual harassment which occurred while the former Servicemember was serving on duty, regardless of duty status or line of duty determination. **NOTE:** *For MST eligibility criteria, see Paragraph 9.g.*

l. **Minimum Active Duty Requirement.** Individuals who enlisted after September 7, 1980, or entered active duty after October 16, 1981, must have served 24 months of continuous active duty or the full period for which they were called or ordered to active duty. **NOTE:** *For exceptions to the minimum active duty service requirement, see Appendix A.*

m. **Nonservice-connected.** Nonservice-connected means, with respect to a Veteran's disability, that VA has determined that such disability was not incurred or aggravated in the line of duty in the active military, naval, air, or space service.

n. **Non-compensable Disability.** A non-compensable disability is a service-connected disability for which VA has assigned a 0% rating and no financial compensation.

o. **Other Than Honorable Former Servicemember.** An other than honorable (OTH) former servicemember is an individual whose character of discharge requires an adjudication from VA using VA Form 20-0986, Character of Discharge Determination. **NOTE:** *A character of service adjudication is necessary to determine if the individual's character of service is a statutory bar to VA benefits under 38 C.F.R. 3.12.*

p. **Period of Hostilities.** Period of hostilities refers to an armed conflict in which members of the United States Armed Forces are subjected to danger comparable to danger to which members of the Armed Forces have been subjected in combat with enemy armed forces during a period of war, as determined by the Secretary in consultation with the Secretary of Defense.

***NOTE:** The term “hostilities” was previously defined in 38 U.S.C. § 1712A(a)(2)(B) to mean “an armed conflict in which the members of the Armed Forces are subjected to danger comparable to the danger to which members of the Armed Forces have been subjected in combat with enemy armed forces during a period of war, as determined by the Secretary [of Veterans Affairs] in consultation with the Secretary of Defense.” This definition was removed from 38 U.S.C. § 1712A by section 727 of P.L. 112-239, the National Defense Authorization Act for Fiscal Year 2013.*

q. **Priority Groups.** Priority Groups are established by 38 U.S.C. § 1705 to determine which categories of Veterans are eligible to be enrolled in the VA health care system. All enrolled Veterans must be placed in the highest Priority Group for which they are qualified. ***NOTE:*** For additional information on Priority Groups, see VHA Directive 1601A.01(1), *Registration and Enrollment*, dated July 7, 2020.

r. **Respite Care.** Respite care is care of limited duration, furnished on an intermittent basis to a Veteran who is suffering from a chronic illness and who resides primarily at home, and is furnished for the purpose of helping the Veteran to continue residing at home.

s. **Vet Centers.** Vet Centers are community-based counseling centers that provide a wide range of social and psychological services, including professional readjustment counseling to eligible Veterans, Servicemembers, including National Guard and Reserve components, and families.

t. **Vocational Rehabilitation and Employment Program.** A Vocational Rehabilitation and Employment Program is a program to provide services and assistance necessary to enable Servicemembers and Veterans with service-connected disabilities and an employment barrier to achieve maximum independence in daily living and, to the maximum extent feasible, to become employable and to obtain and maintain employment. ***NOTE:*** For additional information on eligibility and care for Veterans participating in a Vocational Rehabilitation and Employment Program, see Paragraph 9.h.

3. POLICY

It is VHA policy that Veterans receive VA health care benefits based on eligibility as defined by applicable statutes and regulations.

4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Providing assistance to VISN Directors to resolve implementation and compliance challenges.

(3) Ensuring that the Member Services Director has sufficient resources to fulfill the terms of this directive.

(4) Providing oversight of VISNs and Member Services to ensure compliance with this directive, applicable statutes and regulations.

c. **Member Services Director.** The Member Services Director is responsible for:

(1) Providing oversight of the Health Eligibility Center (HEC) to ensure compliance with this directive, applicable statutes and regulations.

(2) Ensuring that Member Services staff have the resources to implement this directive.

(3) Providing appropriate oversight to ensure the accuracy of the Knowledge Management System (KMS) content, to include Knowledge Management (KM) articles, SOPs, business processes, and job aids.

d. **Health Eligibility Center Director.** The HEC Director is responsible for:

NOTE: Eligibility Responsibilities for the HEC Enrollment and Eligibility staff in this directive are aligned with enrollment responsibilities defined in VHA Directive 1601A.01(1), Registration and Enrollment.

(1) Providing oversight of the HEC Enrollment and Eligibility staff to ensure that HEC staff is verifying and establishing eligibility for VA health care benefits, to include Priority Group assignment, income verification, and ensuring Enrollment and Eligibility Supervisors are conducting secondary reviews of new enrollment records.

(2) Establishing, publishing, and ensuring VA medical facilities are aware of protocols to request changes to eligibility data elements in the VHA Enrollment System (VES), Electronic Health Record (EHR) and VA/Department of Defense (DoD) electronic verification systems.

(3) Providing oversight of the HEC Enrollment and Eligibility staff to ensure that when individuals apply for VA health care benefits, they are notified in writing of their eligibility status. All individuals applying for enrollment in VA health care must be provided VA Form 10-0998, Your Rights to Seek Further Review of Our Healthcare Benefits Decision, and an Eight Point Notice. ***NOTE: Requirements for the Eight Point***

Notice and information on benefit appeals can be found in VHA Notice 2022-05, *The Appeals Modernization Act in Veterans Health Administration*, dated April 27, 2022. VA Form 10-0998 can be accessed at <https://www.va.gov/find-forms/about-form-10-0998/>.

(4) Providing oversight of HEC Enrollment and Eligibility staff to ensure verified eligibility records that are believed to be erroneous are reviewed and corrected, if necessary.

(5) Ensuring that HEC Enrollment and Eligibility staff determine eligibility for all Veterans who are eligible for VA health care based on receipt of the Purple Heart or Medal of Honor, Agent Orange exposure, or applications that are potentially covered by the VHA Fugitive Felon Program, even if the application is initially submitted to a VA medical facility. **NOTE:** *In situations when the Veteran has an immediate medical need, VA medical facility enrollment staff should call HEC Enrollment and Eligibility staff after submitting the HEC Alert so the Veteran's application can be processed immediately, and the Veteran can be notified of the eligibility status.*

(6) Ensuring that HEC Enrollment and Eligibility staff is making every effort to obtain a Veteran's military service information by accessing all available electronic sources including, but not limited to, Veterans Information System (VIS), Veterans Benefits Management System (VBMS), SHARE, or the Defense Personnel Records Information Retrieval System (DPRIS). **NOTE:** *If a Veteran's DD Form 214 is not found after searching all available military verification systems, VHA Enrollment and Eligibility staff should assist the Veteran in completing Standard Form 180 (SF-180), Request Pertaining to Military Records to obtain a copy of the DD Form 214, Report of Separation from Active Duty from the National Personnel Records Center (NPRC). Additional information on requesting military service records from NPRC can be accessed at <https://www.archives.gov/veterans/military-service-records>.*

(7) Ensuring HEC Enrollment and Eligibility staff is assisting Veterans with obtaining documentation of military service. **NOTE:** *For more information on proof of military service, see Paragraph 7.*

(8) Providing oversight of HEC Enrollment and Eligibility staff to ensure that financial information is collected from applicants to determine eligibility for medical care and copayment responsibilities.

(9) Ensuring that HEC Enrollment and Eligibility staff is contacting Veterans if financial information is received that indicates a change in VA health care benefits. **NOTE:** *Veterans should be advised that they may provide changes to income at any time, including deductible expenses, that may impact eligibility status.*

(10) Ensuring that HEC Enrollment and Eligibility staff is scanning a copy of all documentation provided by the Veteran to support the application, including but not limited to, proof of military service, medical information, and financial information, into VES.

(11) Ensuring that HEC Enrollment and Eligibility staff is generating and disseminating written notifications to Veterans before changing their eligibility or enrollment status.

(12) Ensuring HEC Enrollment and Eligibility staff are processing all Veteran requests for higher-level review of eligibility decisions.

e. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Providing oversight of VA medical facilities within the VISN to ensure compliance with this directive, applicable statutes and regulations, and informing leadership when barriers to compliance are identified.

(2) Communicating the contents of this directive to all VA medical facilities within the VISN.

(3) Ensuring that all VA medical facilities in the VISN have the resources to implement this directive.

f. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

NOTE: Eligibility responsibilities for the VA medical facility Director in this directive are aligned with enrollment responsibilities defined in VHA Directive 1601A.01(1), *Registration and Enrollment*.

(1) Ensuring that this directive is implemented at the VA medical facility.

(2) Maintaining oversight of all administrative aspects of VA medical facility eligibility determinations to include establishing written procedures to ensure that applicants and patients with medical or psychiatric problems are screened to determine if the need is emergent or urgent. **NOTE:** Additional information on humanitarian care for ineligible applicants with emergent conditions can be found in Paragraph 19.

(3) Ensuring there is a process in place to determine the appropriateness of VA medical care and services for Veterans participating in a VA Vocational Rehabilitation Program as described in Paragraph 9.h.

(4) Providing oversight to ensure VHA staff responsible for determining eligibility outside other than normal duty hours (Emergency Departments (ED), Administrative Officers of the Day (AOD) have access to the Veterans Information Solution (VIS). See Appendix F for additional details.

g. **VA Medical Facility Chief of Staff.** The VA medical facility Chief of Staff (COS) is responsible for:

(1) Determining eligibility for Catastrophically Disabled Veterans.

(2) Providing guidance to VA health care providers regarding the exercise of clinical judgment in determining whether a Veteran's condition may be related to the Veteran's service in a combat theater. **NOTE:** For additional information on clinical judgment related to Combat Veterans, see Paragraph 8.d.(3).

(3) Ensuring VA health care providers consider the following types of conditions, which are not ordinarily considered to be associated with occupational or military activities, when making the determination if the illness or disability is possibly related to a Veteran's participation in Project 112/SHAD:

(a) Congenital or developmental conditions (e.g., scoliosis).

(b) Conditions which are known to have existed before military service.

(c) Conditions having a specific and well-established etiology and began after military service ceased (e.g., bone fractures occurring after separation from military service, a common cold, etc.). **NOTE:** Additional information on Project 112/SHAD Veterans can be found in Paragraph 8.f.

h. **VA Medical Facility Enrollment Coordinator.** The VA medical facility Enrollment Coordinator is responsible for:

NOTE: Eligibility Responsibilities for the VA medical facility Enrollment Coordinator in this directive are aligned with enrollment responsibilities defined in VHA Directive 1601A.01(1), Registration and Enrollment.

(1) Ensuring that all VA medical facility Enrollment and Eligibility staff receive standardized eligibility training. **NOTE:** More information on training can be found in Paragraph 20.

(2) Serving as a liaison between the VA Medical Facility, the HEC, and Member Services.

(3) Managing access to VA/DoD electronic verification systems used in determining eligibility for VA health care benefits.

(4) Ensuring VHA staff responsible for determining eligibility outside other than normal duty hours (ED, AOD have access to the VIS. See Appendix F for additional details.

i. **VA Medical Facility Enrollment and Eligibility Staff.** VA Medical Facility Enrollment and Eligibility staff are responsible for:

NOTE: Eligibility Responsibilities for VA medical facility Enrollment and Eligibility staff in this directive are aligned with enrollment responsibilities defined in VHA Directive 1601A.01(1), Registration and Enrollment.

(1) Maintaining accurate knowledge of all possible Veteran eligibility statuses and processes for verifying a Veteran's eligibility.

(2) Ensuring eligibility status for Veterans who are eligible to receive medical care under this directive based on their military service record and dates of service are verified.

(3) Authorizing emergent treatment services in cases where eligibility cannot be immediately established and following up as appropriate by submitting VA Form 20-0986, Eligibility Determination for Character of Discharge (COD) Request Form, to the Veterans Benefit Administration (VBA) for verification and tracking to final determination. **NOTE:** VA Form 20-0986 can be accessed at <https://vbaw.vba.va.gov/bl/20/cio/20s5/forms/VBA-20-0986-ARE.pdf>. This is an internal website that is not available to the public.

(4) Ensuring if a verified eligibility record is believed to be erroneous, supporting documentation is submitted to the HEC for review and correction of the verified eligibility record.

(5) Ensuring Veterans who are determined to be ineligible and have no service-connected conditions are accurately identified in the EHR.

(6) Establishing eligibility for treatment of service-connected disabilities rated 0% and annotating the EHR of Veterans who are otherwise determined ineligible because they fail to meet the minimum active duty service requirements. **NOTE:** For additional information on minimum active duty service requirements see 38 U.S.C. § 5303A. Information on non-compensable 0% service-connected Veterans, can be accessed at https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001046/content/554400000091178/VAMC-Enroll-Elig-Non-Compensable-0-Percent-Service-Connected-Veterans?query=Treat%20for%20SC%20only. This is an internal VA website that is not available to the public.

(7) Ensuring that an individual who is determined to be ineligible is accurately identified in VES so written notification of this determination can be mailed. The individual must be provided written notification that includes the reason the individual is ineligible, VA Form 10-0998, Your Rights to Seek Further Review of Our Healthcare Benefits Decision, and the Eight Point Notice. **NOTE:** Additional information on the Eight Point Notice and benefit appeals can be found in VHA Notice 2022-05, The Appeals Modernization Act in the Veterans Health Administration, dated April 27, 2022. VA Form 10-0998 can be accessed at <https://www.va.gov/find-forms/about-form-10-0998/>.

(8) Informing Combat Veterans, as described in Paragraph 8.d. of this directive, the benefits of disclosing income information during the enrollment process, even though income information from these Veterans is not required for enrollment. *If a Veteran declines to provide income information, the Veteran must agree to pay any applicable*

copayments for care or services for any disability or condition that is determined by VHA not to be related to service in a combat theater.

(9) Recording the name of the specific Project 112/SHAD test or tests in which a Veteran participated while in military service and possible exposures in the Veteran's EHR. **NOTE:** *This data must be obtained from the Veteran or from the notification letter the Veteran received from VBA. Additional information on Project 112/SHAD Veterans can be found in Paragraph 8.f.*

(10) Determining whether a Veteran who is seeking care on the basis of presumptive eligibility for psychosis and mental illness other than psychosis, as described in Paragraph 10 of this directive, has any other basis of eligibility for VA health care benefits. **NOTE:** *For operational purposes, Veterans who are otherwise ineligible and who are presumed to have or report psychosis are added into VES using VBA disability rating code 9410 (other neurosis). This does not grant a VBA disability award but allows for the treatment of the Veteran. For additional information on Presumptive Eligibility for Psychosis and Mental Illness other than Psychosis, see 38 C.F.R. § 17.109.*

(11) Ensuring that former Servicemembers with Other Than Honorable (OTH) discharges who are eligible under 38 U.S.C. § 1720I are added into VES using VBA disability rating code 9410 (other neurosis).

(12) Assisting Veterans in obtaining service-related documentation of eligibility. **NOTE:** *Additional information on proof of military service can be found in Paragraph 7.*

5. TENTATIVE ELIGIBILITY FOR VA CARE

a. Criteria for when tentative eligibility determinations are appropriate can be found at 38 C.F.R. § 17.34.

b. Emergency health care, to include mental health care, may be provided under 38 C.F.R. § 17.34 to former Servicemembers with OTH discharges who present in an emergency with a condition they assert, or a VA health care provider reasonably believes, is related to military service. OTH former Servicemembers receiving emergent mental health care under this authority may receive stabilization treatment, including necessary inpatient care. After 90 days of treatment, the need for treatment is reassessed to determine if the emergent circumstance persists. **NOTE:** *OTH former Servicemembers may also be eligible to receive care under presumptive eligibility for psychosis or other mental illness under 38 U.S.C. § 1702 and 38 C.F.R. § 17.109, as described in Paragraph 10 of this directive, and mental and behavioral health care under 38 U.S.C. § 1720I, as described in Paragraph 11 of this directive.*

c. The applications of individuals receiving care under tentative eligibility are placed in a Pending Verification status until a final eligibility determination for VA health care is made. Individuals who ultimately are determined ineligible for VA health care are billed for the care and services they received. **NOTE:** *For more information, see 38 U.S.C. § 1784 and 38 C.F.R. § 17.102(a).*

6. BASIC ELIGIBILITY REQUIREMENTS FOR VA HEALTH CARE

a. Enrollment as a Condition of Receiving Hospital Care and Medical Services.

(1) Veterans must enroll with VA to receive VA health care benefits, unless one of the exemptions in 38 C.F.R. § 17.37 applies.

(2) OTH former Servicemembers may receive mental or behavioral health care under 38 U.S.C. § 1720I. **NOTE:** For additional information on OTH former Servicemembers, see Appendix E of this directive.

b. Basic Eligibility Criteria for VA Health Care. Individuals generally must meet the following basic eligibility criteria to receive VA health care:

(1) Other than dishonorable COD, as described in Paragraph 6.c.

(2) Served a minimum period of active duty as outlined in Paragraph 6.d.

(3) Served in the active military, naval, air, or space service. **NOTE:** A complete list of individuals and groups considered to have performed active military, naval, air, or space service, is available in 38 C.F.R. § 17.31 using the following link:

<https://www.ecfr.gov/current/title-38/chapter-I/part-17/subject-group-ECFRe9361d5a51078ea/section-17.31>. (38 C.F.R. § 17.31 does not include space service; however, it is included in 38 U.S.C. § 101.)

c. Character of Discharge Requirements. Unless an exception applies, to qualify for VA health care benefits, an individual's discharge or release from active military service must be under conditions other than dishonorable (Honorable, General, see 38 U.S.C. §§ 101(2) and 5303, and 38 C.F.R. § 3.12). **NOTE:** A discharge under honorable conditions satisfies this requirement. Some other discharges require VA to make a COD determination in order to assess VA eligibility. VA Form 20-0986, Eligibility Determination for Character of Discharge (COD) Request Form, is completed by VA medical facility staff to request a COD determination by VBA. The form can be accessed at <https://vbaw.vba.va.gov/bl/20/cio/20s5/forms/VBA-20-0986-ARE.pdf>. This is an internal VA website that is not available to the public.

d. Minimum Active Duty Service Requirements. Except as provided in Appendix A of this directive or otherwise exempted by statute, Veterans must meet the minimum active duty service requirements for VA eligibility, as established in 38 U.S.C. § 5303A.

e. Incarcerated Veterans. Incarcerated Veterans do not forfeit their eligibility for VA health care services. However, VA is prohibited from providing care when the institution where the Veteran is incarcerated has a duty to provide the Veteran's health care or services. Information about Incarcerated Veterans can be found at 38 C.F.R. § 17.38(c)(5).

f. Fugitive Felons. Veterans and dependents are not eligible for VA health care benefits while they are in a verified fugitive felon status. **NOTE:** When the Veteran is in

a verified fugitive felon status neither the Veteran nor the dependent is eligible for benefits. For additional information on fugitive felons, see VHA Handbook 1000.02, VHA Fugitive Felon Program, dated February 23, 2012.

7. PROOF OF MILITARY SERVICE

A Veteran's service record information, which includes length, time, and character of service or discharge, must be collected at the time of the application for benefits. This information may be found:

- a. In military records provided by the Veteran at the time of application.
- b. In the EHR for Veterans who may have previously applied for VA health care benefits. Inquiries into the EHR may only be submitted by an authorized VHA employee.
- c. HEC and VA medical facility Enrollment and Eligibility staff have the duty to assist Veterans who wish to enroll in VA health care to obtain service-related documentation of eligibility.

NOTE: *For documents that can be used as proof of military service, see Appendix B.*

8. ELIGIBILITY FOR TOXIC-EXPOSED VETERANS

Toxic-exposed Veterans, as defined in 38 U.S.C. § 101(38), are eligible for VA health care and are to be placed in Priority Group 6, unless they are eligible for enrollment in a higher Priority Group. The categories of toxic-exposed Veterans eligible for VA health care under 38 U.S.C. § 1710(e)(1) are listed in paragraphs 8.a. through g. below.

a. **Vietnam-era Herbicide-exposed Veterans.** A Veteran with active military, naval, air, or space service in one of the locations listed below during the specified period is eligible for VA hospital care, medical services, and nursing home care under 38 U.S.C. § 1710(e)(1)(A).

(1) For purposes of determining eligibility for VA health care, VA presumes herbicide exposure for any Veteran who physically served in or visited one of the following locations listed in Paragraphs (a) through (g) below during the specified period:

(a) Republic of Vietnam during the period from January 9, 1962, and ending May 7, 1975, including conducting operations on offshore naval vessels located within 12 nautical miles ("blue water") or vessels on the inland rivers and delta areas ("brown water") of the Republic of Vietnam.

(b) Any U.S. or Royal Thai military base in Thailand from January 9, 1962, through June 30, 1976.

(c) Laos from December 1, 1965, through September 30, 1969.

(d) Cambodia at Mimot or Krek, Kampong Cham Province from April 16, 1969, through April 30, 1969.

(e) Guam or American Samoa, or in the territorial waters off of Guam or American Samoa, from January 9, 1962, through July 31, 1980.

(f) Johnston Atoll or on a ship that called at Johnston Atoll from January 1, 1972, through September 30, 1977.

(g) Former Air Force or Air Force Reserve personnel who regularly and repeatedly operated, maintained, or served onboard a C-123 aircraft that was used to spray herbicide agents during the Vietnam era, as described in 38 C.F.R. § 3.307.

(2) Proof of Vietnam Service. The following source documents and other factors must be evaluated when determining proof of service in the Republic of Vietnam:

(a) DD Form 214 or Military Orders for Vietnam.

(b) Receipt of one or more of the following medals: Vietnam Service Medal and Vietnam Campaign Medal, Bronze Star Medal, Combat Action Ribbon, Armed Forces Expeditionary Medal, Republic of Vietnam Gallantry Cross Medal, or TET Offensive Ribbon. **NOTE:** *The Vietnam Service Medal cannot stand alone when determining eligibility based on proof of service in the Republic of Vietnam. For additional information on proof of service in the Republic of Vietnam, see https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001046/content/554400000049153/Agent-Orange-Exposure. This is an internal VA website not available to the public.*

(c) Ship logs and deck logs can be presented as evidence of possible exposure to herbicides. VHA Enrollment and Eligibility staff must submit a HEC Alert for submission to VBA for adjudication. **NOTE:** *VBA uses a ship locator tool to track the location of ships for Agent Orange exposure purposes.*

(3) Presumption of Herbicide Exposure. A Veteran with active military, naval, air, or space service in one of the locations listed in Paragraph 8.a.(1)(a) through (g) above is eligible for VA health care for any disability even in cases where there may be insufficient clinical evidence to conclude that such disability may be associated with herbicide exposure. **NOTE:** *Criteria for the presumption that Vietnam-era Veterans were exposed to herbicides can be found at 38 C.F.R. § 3.307(a)(6). For additional information on policy related to VA's Agent Orange Registry Program, see VHA Directive 1308, Health Outcomes Military Exposures Registry Programs, dated March 25, 2022.*

b. **Persian Gulf War Veterans.** A Veteran who served on active duty in the Southwest Asia theater of operations during the Persian Gulf War between August 2, 1990, and November 11, 1998, is eligible for VA health care under 38 U.S.C. § 1710(e)(1)(C) for any disability, even if there is insufficient medical evidence to conclude that such condition may be associated with service in Southwest Asia during the

Persian Gulf War. A VA health care provider determines whether a Veteran's disability is associated with service in the Southwest Asia theater of operations. Service in the Southwest Asia theater of operations can be verified by reviewing the Veteran's DD Form 214 or VIS report. **NOTE:** For additional information on determining eligibility based on Southwest Asia theatre of operations, see https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001046/content/554400000166665/Southwest-Asia-Conditions?query=Southwest%20Asia%20theatre%20of%20operations#Qualifying%20Proof. This is an internal VA website not available to the public.

c. **Radiation-exposed Veterans.** A radiation-exposed Veteran is a Veteran who, while serving on active duty, participated in a radiation-risk activity, or an individual who, while a member of a reserve component of the Armed Forces, participated in a radiation-risk activity during a period of active duty for training or inactive duty training.

(1) Under 38 U.S.C. § 1710(e)(1)(B), a radiation-exposed Veteran is eligible for hospital care, medical services, and nursing home care to Veterans exposed to radiation for any qualified presumptive disease. These Veterans are unofficially referred to as Atomic Veterans.

(2) VA considers a Veteran as having participated in a radiation-risk activity in cases where:

(a) The Veteran was involved with the onsite participation in a test involving the atmospheric detonation of a nuclear device (without regard to whether the nation conducting the test was the United States or another nation).

(b) The Veteran participated in the occupation of Hiroshima or Nagasaki from August 6, 1945, through July 1, 1946.

(c) The Veteran was subjected to internment as a Prisoner of War in Japan, or service on active duty in Japan immediately following such interment, during World War II, which is determined by the Secretary of VA to have resulted in an opportunity for exposure to ionizing radiation (IR) comparable to that of Veterans described immediately above in (b).

(d) The Veteran performed service in a capacity which, if performed as an employee of the Department of Energy, would qualify the individual for inclusion as a member of the Special Exposure Cohort under section 3621(14) of the Energy Employees Occupational Illness Compensation Program Act of 2000, (42 U.S.C. § 7384 et seq).

(e) Cleanup of Enewetak Atoll during the period beginning on January 1, 1977, and ending on December 31, 1980.

(f) Onsite participation in the response effort following the collision of an Air Force B-52 bomber and refueling plane that caused the release of four thermonuclear weapons in the vicinity of Palomares, Spain, during the period beginning January 17, 1966, and ending March 31, 1967.

(g) Onsite participation in the response effort following the on-board fire and crash of an Air Force B-52 bomber that caused the release of four thermonuclear weapons in the vicinity of Thule Air Force Base, Greenland, during the period beginning January 21, 1968, and ending September 25, 1968.

(3) Only the HEC may make ionizing radiation eligibility determinations. The HEC's determination becomes VHA's authoritative source for health care eligibility. In cases where the HEC cannot verify a Veteran's eligibility for Priority Group 6 based on exposure to ionizing radiation, the HEC will transmit a copy of the Veteran's relevant eligibility information by fax to the Defense Threat Reduction Agency (DTRA), for further verification.

d. **Combat Veterans.**

(1) Under 38 U.S.C. § 1710(e)(1)(D), "Combat Veterans" are defined as:

(a) Veterans in a Theater of Combat Operations after the Persian Gulf War. Veterans who served on active duty in a theater of combat operations (as determined by the VA in consultation with the Secretary of Defense) during a period of war after the Persian Gulf War (from August 2, 1990, to present) and were discharged or released after September 11, 2001. This includes Veterans who received the combat theater awards listed in Appendix G.

(b) Veterans in Combat Against a Hostile Force during a Period of Hostilities after November 11, 1998. Veterans who served on active duty in combat against a hostile force during a period of hostilities after November 11, 1998, and were discharged or released after September 11, 2001.

NOTE: For further information on qualifying locations and periods of service and the evidence or documentation needed to establish a Combat Veteran's eligibility for health care, see Appendix G.

(2) Combat Veterans are to be placed in Priority Group 6 and are eligible for VA health care during the following time periods:

(a) Veterans who were discharged/released after September 11, 2001, are eligible for medical care under this provision during the 10-year period beginning on the date of discharge or release.

(b) Veterans who were discharged or released after September 11, 2001, and before October 1, 2013, but did not enroll to receive care before October 1, 2022, are eligible for medical care under this provision. **NOTE:** This special eligibility enrollment period ended on September 30, 2023. Combat Veterans who applied for enrollment after this date and have no other special eligibility factor would be required to provide income to determine eligibility and priority group assignment.

(c) After a Combat Veteran's enrollment eligibility in Priority Group 6 ends, the Veteran is to remain continuously enrolled in VA's health care system but moved to the

appropriate Priority Group. If placed in a lower Priority Group and/or depending on income level, the Veteran may be required to make applicable copayments in connection with the receipt of VA care and services (including the types of care and services previously furnished to the Veteran at no cost when the Veteran was enrolled in Priority Group 6). (38 U.S.C. § 1710(e)(3))

(3) Copayments.

(a) Combat Veterans are eligible to receive copayment-free VA inpatient and outpatient care, outpatient medications, and extended care for any illness or injury related to the combat service. VA will not bill third parties for the costs of such care and services.

(b) Copayments will apply to VA care and services furnished for any illness or injury that a VA health care provider determines is not related to the Veteran's combat service. In such cases, third-party billing may occur.

NOTE: *Veterans seeking urgent care in the community may also be charged a copayment for conditions not covered by this special authority and based on the frequency of urgent care visits. See 38 C.F.R. § 17.4600 for additional information.*

(4) VA health care providers have wide latitude in exercising clinical judgment in determining whether a Veteran's condition may be related to the Veteran's service in a combat theater. This is strictly an individual clinical determination; as such, it is not subject to the same rigor or standards used by VBA in adjudicating a disability claim or awarding a service-connected rating. It therefore requires only a possibility in the clinical judgment of the Veteran's health care provider that the condition may be so related or associated; it does not provide definitive evidence of causation or association. In accordance with 38 U.S.C. § 1710(e)(2)(B), certain conditions are not considered related to combat service. These conditions include, but are not limited to:

(a) Congenital or developmental conditions (e.g., scoliosis).

(b) Conditions which are known to have existed before military service unless there is an indication that the preexisting condition has been aggravated or exacerbated by combat service.

(c) Conditions having a specific and well-established etiology and began after military combat service (e.g., bone fractures occurring after separation from military service, a common cold, etc.).

e. Eligibility Based on Toxic Exposure Risk Activities, Service in Certain Locations, and Service in Support of Certain Contingency Operations.

(1) The Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022, P.L. 117-168, expanded health care eligibility for the following toxic-exposed Veterans:

(a) Who participated in a toxic exposure risk activity, as defined by 38 U.S.C. § 1710(e)(4)(C), while serving on active duty, active duty for training, or inactive duty training. (38 U.S.C. § 1710(e)(1)(G)).

(b) Who performed active military, naval, air, or space service on or after August 2, 1990, while assigned to a duty station in (including airspace above) Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, Somalia, United Arab Emirates. (38 U.S.C. § 1710(e)(1)(H)).

(c) Who performed active military, naval, air, or space service on or after September 11, 2001, while assigned to a duty station in (including airspace above) Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Yemen, Uzbekistan, and any other country determined relevant by VA. (38 U.S.C. § 1710(e)(1)(H)).

(d) Who deployed in support of any of the following contingency operations: Operation Enduring Freedom, Operation Freedom's Sentinel, Operation Iraqi Freedom, Operation New Dawn, Operation Inherent Resolve, or Resolute Support Mission. (38 U.S.C. § 1710(e)(1)(I)).

(2) Eligibility for health care enrollment based on qualifying service listed in paragraph 8.e. will be implemented on March 5, 2024. Veterans must be enrolled in Priority Group 6, unless eligible for enrollment in a higher Priority Group. Veterans who are awarded a service-connected disability rating prior to the implementation date are eligible for care based on that disability rating. **NOTE:** *Qualifying service dates, locations, contingency operations and enrollment eligibility date are outlined in Appendix H of this directive. Veterans identified in Paragraph 8.e. must meet the minimum duty service requirement identified in Appendix H of this directive.*

f. Project 112/SHAD Veterans.

(1) Under 38 U.S.C. § 1710(e)(1)(A), Veterans who participated in a test conducted by the DoD Desert Test Center as part of a program for chemical and biological warfare testing from 1962 through 1973, including the program designated as "Project Shipboard Hazard and Defense (SHAD)" and related land-based tests, are offered enrollment in the VA health care system, with no cost for treatment for conditions that are clinically determined to be related to Project 112/SHAD exposures.

(2) When initially enrolled in VA health care, Project 112/SHAD Veterans are not exempt from the requirement to complete a Financial Assessment (Means Test). VA may charge a copayment for care for conditions found to have resulted from causes other than participation in Project 112/SHAD tests. **NOTE:** *For additional information on enrollment, see VHA Directive 1601A.01(1), Registration and Enrollment, and for additional information on financial assessments, see VHA Directive 1909(1), Income Verification (IV) Program, dated June 10, 2020.*

NOTE: *Veterans seeking urgent care in the community may also be charged a copayment for conditions not covered by this special authority and based on the frequency of urgent care visits. See 38 C.F.R. § 17.4600 for additional information.*

g. **Camp Lejeune Veterans.** Veterans who served on active duty in the Armed Forces at Camp Lejeune or traveled to Camp Lejeune as part of professional duties for not fewer than 30 (consecutive or nonconsecutive) days during the period beginning August 1, 1953 and ending on December 31, 1987, is eligible for health care. **NOTE:** *Veterans may be charged copayments for treatment of illnesses and medical conditions not related to Camp Lejeune environmental contaminants. For additional information on the 15 medical conditions presumed to be related to qualifying service at Camp Lejeune, see 38 U.S.C. § 1710(e)(1)(F) and 38 C.F.R. § 17.400.*

NOTE: *Veterans seeking urgent care in the community may also be charged a copayment for conditions not covered by this special authority and based on the frequency of urgent care visits. See 38 C.F.R. § 17.4600 for additional information.*

9. ELIGIBILITY FOR SPECIFIC CATEGORIES OF VETERANS

a. **Catastrophically Disabled.** Veterans determined Catastrophically Disabled are placed into Priority Group 4 unless eligible for a higher Priority Group placement based on other eligibility criteria such as being a compensable service-connected Veteran, a former Prisoner of War, or a Medal of Honor or Purple Heart recipient. The Catastrophic Disability determination is made through clinical examination or review of medical records by the Chief of Staff (or equivalent clinical official) at the VA medical facility where the patient was examined.

NOTE: *For additional information regarding catastrophic disability, see https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001046/content/554400000049163/Catastrophically-Disabled-CD#Evaluation. This is an internal VA website that is not available to the public.*

b. **Head and Neck Cancer.** Under 38 U.S.C. § 1720E, a Veteran is eligible for a medical examination, hospital care, medical services, and nursing home care needed for treatment of any cancer of the head or neck which the VA finds may be associated with receipt of nasopharyngeal (NP) radium irradiation treatments in active military, naval, air, or space service.

(1) Evidence of NP radium irradiation exposure must be documented in the Veteran's service or medical records.

(2) This documentation requirement does not apply to Veterans who served as aviators in the active military, naval, or air service before the end of the Korean conflict or who underwent submarine training in active naval service before January 1, 1965.

(3) The Veteran is exempt from any copayment requirement for such care, including outpatient prescriptions, and is not required to be enrolled to receive such care.

(4) Veterans who received NP radium irradiation treatment are not eligible to be enrolled in VA's system of patient enrollment based on NP radium irradiation exposure.

c. **Breast Cancer Screening for Veterans Exposed to Toxic Substances.** Under 38 U.S.C. § 7322, Veterans who were deployed in support of contingency operations in certain locations and during certain periods are eligible for a mammography screening by a VA health care provider. Eligibility for such screenings is outlined in Appendix H of this directive. **NOTE:** *Additional information on mammography services for Veterans can be found in VHA Directive 1105.03, Mammography Program Procedures and Standards, dated May 21, 2018.*

d. **Medal of Honor Veterans.** Veterans who are recipients of the Medal of Honor are eligible for enrollment in Priority Group 1 and are eligible for the complete medical benefits package under 38 C.F.R. § 17.38. Veterans awarded the Medal of Honor are exempt from VA copayments.

NOTE: *Veterans seeking urgent care in the community may also be charged a copayment based on the frequency of urgent care visits. See 38 C.F.R. § 17.4600 for additional information.*

e. **Purple Heart.** Veterans awarded the Purple Heart medal are eligible for enrollment in Priority Group 3 (unless otherwise eligible for placement in a higher Priority Group) and are eligible for the complete medical benefits package under 38 C.F.R. § 17.38. **NOTE:** *Documentation of the Purple Heart medal can be verified using the DD Form 214, DD Form 215, official service records, or military orders of award. A copy of this documentation must be sent to the HEC for confirmation.*

f. **Former Prisoners of War.** Veterans who are former Prisoners of War (POW) are eligible for enrollment in Priority Group 3 (unless otherwise eligible for enrollment in a higher Priority Group) and are eligible for the complete medical benefits package under 38 C.F.R. § 17.38. **NOTE:** *If POW status cannot be determined, contact the HEC.*

g. **Indian and Urban Indian Veterans.** Veterans who meet the definition of Indian or urban Indian are exempt from copayments for inpatient hospital care, outpatient medical care, medications, noninstitutional extended care services (including adult day health care, noninstitutional respite care, and noninstitutional geriatric evaluation), and urgent care provided on or after January 5, 2022. See 38 U.S.C. § 1730A(b)(2); 38 C.F.R. §17.108(d)(14), 17.110(c)(14), 17.111(f)(11), and 17.4600(d)(4)(i).

h. **Military Sexual Trauma.**

(1) Under 38 U.S.C. § 1720D, VA provides counseling, care, and services required to treat conditions that resulted from MST.

(2) To be eligible for MST-related care, individuals must either satisfy the definition of Veteran in 38 U.S.C. § 101(2) or be eligible for health care under 38 U.S.C. §1720I.

(a) Veteran status requires an individual to have served in the active military, naval, air, or space service and to have been discharged or released from such service under conditions other than dishonorable. Former Servicemembers do not have to meet the

minimum active duty service requirement set forth in 38 U.S.C. § 5303A to receive MST-related care.

(b) Eligibility under 38 U.S.C. § 1702I also requires active military, naval, or air service. Eligibility criteria for health care under 38 U.S.C. § 1720I can be found in Appendix E of this directive.

(c) Reserve component Servicemembers may have qualifying active military, naval, air, or space service based on prior service in an active component of the Armed Forces, may qualify based on a Federal activation under 10 U.S.C. § 12301, or may qualify due to a disability incurred during active duty for training or inactive duty training that is rated by VA to be service connected. Former Servicemembers are eligible for care related to MST that occurred during any duty period if the eligibility criteria above are met.

(d) If all other requirements have been met and VBA has not adjudicated the character of service or discharge as a statutory bar to benefits, an OTH former Servicemember is eligible for MST-related care and care must be provided while the character of service or discharge is being adjudicated.

(3) Care for MST-related mental and physical health conditions is provided free of charge, without a copayment requirement.

(4) Eligible former Servicemembers are not required to enroll, file a disability claim, be service connected, or provide material evidence of an MST incident to receive MST-related care. VA health care providers may determine in their clinical judgment when a patient's condition is the result of MST. **NOTE:** For additional information on MST, see VHA Directive 1115(1), *Military Sexual Trauma (MST) Program*, dated May 8, 2018.

i. **Care for Veterans Participating in a Vocational Rehabilitation and Employment Program.** Veterans participating in a Vocational Rehabilitation and Employment Program are eligible to receive care and services necessary to develop, carry out, and complete the services provided by the Vocational Rehabilitation and Employment Program.

(1) Veterans participating in a VA Vocational Rehabilitation and Employment Program are not exempt from copayments for inpatient, outpatient, prescription drug, or extended care services, or third-party billing for care relating to nonservice-connected conditions. Billing actions should be taken when appropriate.

(2) The following steps must be followed by VA medical facilities to manage access to care for Veterans participating in a Vocational Rehabilitation and Employment Program:

(a) Verification of participation in an approved VA Vocational Rehabilitation and Employment Program, and request for treatment via an electronic request through CAPRI (preferred); or by using VA Form 28-8861, Request for Medical Services, Chapter 31, from VBA.

(b) Upon confirmation of participation in a Vocational Rehabilitation and Employment Program, a clinical review must occur to determine:

1. Whether the care or treatment is medically necessary.
2. Whether the care or treatment is needed to develop, carry out and complete the services provided by the Vocational Rehabilitation and Employment Program.

10. PRESUMPTIVE ELIGIBILITY FOR PSYCHOSIS AND OTHER MENTAL ILLNESS

a. Certain Veterans who experience psychosis within a specified timeframe are to have the psychosis presumed to be service connected for purposes of VA medical benefits. **NOTE:** *For specific timeframes, see 38 C.F.R. § 17.109(a).*

b. In addition, VA will presume that Persian Gulf War Veterans are service-connected for purposes of VA medical benefits if such Veterans develop mental illness other than psychosis within two years after discharge or release from service and before the end of the 2-year period beginning on the last day of the Persian Gulf War. **NOTE:** *The Persian Gulf War period began on August 2, 1990, and as of the publication of this directive has no end date. These presumptions are granted by law and are to be used solely for the purposes of receiving VA medical benefits for those conditions. These Veterans do not have to file a claim for service-connection with VBA or have received a formal grant of service-connection from VBA before invoking this presumption to receive treatment for these specific conditions.*

c. Eligibility criteria applicable to these presumptions are set out in Appendix D.

d. OTH former Servicemembers are eligible for presumptive service-connected treatment for active psychosis or active mental illness other than psychosis provided no statutory bar applies and the eligibility and clinical criteria in Appendix D are met. The provisions in Paragraphs 11.b.(1) through (4) below apply to OTH former Servicemembers who are eligible under this authority.

(1) VA health care providers have wide latitude in exercising clinical judgment in determining whether a Veteran's condition developed within 2 years after discharge from service, as required. This is an individual clinical determination and has no bearing on adjudication of any disability claim for service connection. Veterans who qualify for this presumption do not have to be enrolled in VA health care to receive treatment for the psychosis or mental health illness other than psychosis or for conditions determined by the Veteran's VA health care provider to be associated with the Veteran's mental illness or psychosis. **NOTE:** *For example, a Veteran's gastric ulcer or skin ulcer that is determined by the Veteran's VA health care provider to be associated with the Veteran's mental illness would be included in the treatment authorized under this authority. For additional information, see 38 C.F.R. § 17.37(k).*

(2) Veterans who qualify for this presumption are not required to meet the minimum active duty service requirement before VA provides all necessary treatment (including

inpatient care) for the psychosis or mental illness other than psychosis. **NOTE:** For clarification of VHA eligibility criteria, including COD requirements, see Paragraph 6.

(3) No third party, copayment, or humanitarian billing is to be assessed for Veterans who are eligible to receive medical care under this paragraph.

(4) Under certain circumstances, VA has authority to authorize mental or behavioral health care services at a non-VA facility for individuals with OTH discharges, at VA's expense (i.e., for emergent suicide care authorized under 38 U.S.C. § 1720J). **NOTE:** Questions concerning the criteria or procedures applicable to community care should be referred to the VA medical facility's Community Care office.

(5) Referral to the local Readjustment Counseling Service (Vet Center) may also be an appropriate option for individuals who are Combat Veterans. **NOTE:** For additional information on Vet Center services, see <http://www.vetcenter.va.gov/>.

11. ELIGIBILITY FOR MENTAL AND BEHAVIORAL HEALTH SERVICES FOR OTHER THAN HONORABLE FORMER SERVICEMEMBERS

a. Certain OTH former Servicemembers are eligible for an initial mental health assessment and mental health care and behavioral health care services required to treat mental or behavioral health care needs, including risk of suicide or harming others. Eligibility criteria are set out in Appendix E.

b. OTH former Servicemembers are eligible under this authority for an initial mental health assessment and the mental and behavioral health care services required to treat mental or behavioral health care needs provided no statutory bar applies and the eligibility criteria in Appendix E are met. The provisions in paragraphs (1) through (4) below apply to OTH former Servicemembers eligible under this authority.

(1) OTH former Servicemembers eligible under this authority do not have to be enrolled in VA health care to receive treatment for mental and behavioral health care issues.

(2) OTH former Servicemembers are not required to meet the minimum active-duty service requirements prescribed in Appendix E.

(3) No third party, copayment, or humanitarian billing is to be created for OTH former Servicemembers who are eligible to receive mental and behavioral health care under this paragraph.

(4) OTH former Servicemembers will receive needed VA mental and behavioral health care provided for in the medical benefits package.

12. MENTAL HEALTH CARE SERVICES FOR MEMBERS OF THE RESERVE COMPONENTS

a. **Suicide Prevention.** All current members of the reserve components are eligible for suicide prevention care and treatment. VHA Directive 1160.07, Suicide Prevention Program, dated May 24, 2021, provides information on suicide prevention programs that are available to Veterans and current members of the reserve components. **NOTE:** *Former members of the reserve components are also eligible if they have Veteran status.*

b. **Mental Health Care.** Current members of the reserve components and former Servicemembers who served in a sensitive unit or participated in classified or sensitive missions as defined in 38 U.S.C. § 1720H are eligible for mental health care services and treatment. **NOTE:** *Former Servicemembers must have Veteran status.*

c. **Behavioral Health Care or Counseling through a Vet Center.** VHA Directive 1500(2), Readjustment Counseling Center, dated January 26, 2021, provides information on eligibility and readjustment counseling services.

13. MENTAL HEALTH CARE UNDER THE COMMANDER JOHN SCOTT HANNON VETERANS MENTAL HEALTH CARE IMPROVEMENT ACT

a. **Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP).** The SSG Fox SPGP is a 3-year community-based grant program that awards grants to eligible entities to provide or coordinate the provision of suicide prevention services to eligible individuals and their families for the purpose of reducing Veteran suicide. **NOTE:** *For information on program eligibility, see VHA Directive 1160.09, Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program, dated August 19, 2022.*

b. **Mental Health Care.** Under section 201(n) of the Hannon Act, eligible individuals who are receiving or have received suicide prevention services through the SSG Fox SPGP may receive an initial mental health assessment and mental health care services from VHA, when determined to be clinically appropriate. Care that is required to treat the mental health care needs of the eligible individual, including risk of suicide, is authorized under Chapter 17 of Title 38 U.S.C.

14. EMERGENT SUICIDE CARE UNDER THE VETERANS COMPREHENSIVE PREVENTION, ACCESS TO CARE, AND TREATMENT (COMPACT) ACT

Section 201 of the COMPACT Act requires VA to provide emergent suicide care to eligible individuals.

a. **Eligibility.** The following individuals are eligible for emergent suicide care under 38 U.S.C. § 1720J:

- (1) Individuals who meet the definition of a Veteran under 38 U.S.C § 101.
- (2) An individual described in 38 U.S.C. § 1720I(b).

b. **Emergent Suicide Care.** Under 38 U.S.C. § 1720J, eligible individuals who are determined to be at imminent risk of self-harm are authorized to receive emergent suicide care at a VA or non-VA facility (either pursuant to payment under the term of a contract or on a reimbursement basis). Inpatient or crisis residential care may be provided for a period not to exceed 30 days. When inpatient or crisis residential care is unavailable or not clinically appropriate, outpatient care may be provided for a period not to exceed 90 days. Periods of care may be extended if the individual remains at imminent risk of self-harm and VA determines extending care is clinically appropriate.

c. For additional guidance on COMPACT Act eligibility, see https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001046/content/554400000185322/COMPACT-Act. **NOTE:** This is an internal VA website that is not available to the public.

15. OUTPATIENT DENTAL TREATMENT

VA medical facilities and selected Community Based Outpatient Clinics (CBOCs) provide outpatient dental services and treatment to eligible Veterans in accordance with statute and VA regulations. The eligibility for outpatient dental care is not the same as for most other VA medical benefits. The scope of care is determined by the patient's dental classification. **NOTE:** For additional information on dental eligibility, see 38 U.S.C. § 1710(c), 38 U.S.C. § 1712, 38 C.F.R. §§ 17.160 through 17.166, and VHA Directive 1130(1), Veterans Health Administration Dental Program, dated March 6, 2020.

16. ELIGIBILITY FOR CARE IN A VA COMMUNITY LIVING CENTER

Veterans are eligible to receive care in VA Community Living Centers (CLCs) if they meet the nursing home eligibility criteria and if VA determines there is a need for a specific level of care and services available in a particular VA CLC. Certain Veterans have mandatory eligibility for nursing home care, while other Veterans may be provided nursing home care on a space- and resource- available basis. **NOTE:** Additional information about CLC eligibility can be found in 38 U.S.C. § 1710.

a. Under 38 U.S.C. § 1710, extended care will be provided in a CLC to any Veteran who VA determines to need such care and who has:

(1) A singular or combined rating of 70% or more based on one or more service-connected disabilities. This includes Veterans who have a service-connected rating of total disability based on individual unemployability (TDIU).

(2) Need of nursing home care for a service-connected disability.

b. All other Veterans may be provided needed nursing home care on a space- and resources-available basis if they agree to pay required copayments, if applicable.

NOTE: Additional information on copayments for nursing home care, including copayment amounts and exemptions, can be found at 38 C.F.R. § 17.111.

c. Veterans are exempt from the copayment requirement for long-term care services if household income is below the single Veteran maximum annual pension rate. **NOTE:** *The current pension rates are listed at: <https://www.va.gov/HEALTHBENEFITS/apps/explorer/AnnualIncomeLimits/HealthBenefits>. Additional exemptions to copayments for extended care services can be found at 38 C.F.R. § 17.111(f).*

17. NON-VETERAN BENEFICIARIES

Additional eligibility information for the following specific categories of individuals can be found in the references below:

a. Beneficiaries of the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) see VHA Directive 1601D.05, dated March 23, 2021. **NOTE:** *For additional information on the CHAMPVA Program, see the VHA Office of Community Care page at <https://www.va.gov/COMMUNITYCARE/programs/dependents/champva/index.asp>.*

b. Allied beneficiaries, see VHA Directive 1601D.02, Treatment of Allied Beneficiaries, dated February 5, 2018.

c. Children of Vietnam Veterans with spina bifida or covered birth defects, and children of Veterans of covered service in Korea who have spina bifida, see 38 C.F.R. §§ 17.900 through 17.905. **NOTE:** *For additional information on the Spina Bifida Health Care Benefits Program, see <https://www.va.gov/COMMUNITYCARE/programs/dependents/spinabifida/index.asp>. For additional information on the Children of Women Vietnam Veterans Health Care Benefits Program, see <https://www.va.gov/COMMUNITYCARE/programs/dependents/cwvv/index.asp>.*

d. In vitro fertilization treatment, see VHA Directive 1332(2), Infertility Evaluation and Treatment, dated June 20, 2017. **NOTE:** *For additional information on infertility, see the VHA Office of Community Care page at <https://www.va.gov/COMMUNITYCARE/programs/veterans/IVF.asp>.*

e. Live donors, see VHA Directive 2012-018(1), Solid Organ and Bone Marrow Transplantation, dated July 9, 2012. **NOTE:** *For additional information on donation, see <https://www.va.gov/health/services/transplant/>.*

f. Newborns, see VHA Directive 1330.03, Maternity Health Care and Coordination, dated November 3, 2020. **NOTE:** *For additional information on maternity care, see <https://www.womenshealth.va.gov/WOMENSHEALTH/outreachmaterials/GeneralHealthandWellness/maternity.asp>.*

18. TREATMENT FOR EMERGENCY MEDICAL CONDITIONS

If an individual who is not eligible for VA health care benefits comes to a VA medical facility with an emergency department and a request is made on behalf of the individual

for examination or treatment for a medical condition, the VA medical facility must provide for an appropriate medical screening examination. An appropriate examination, within the capability of the emergency department, includes ancillary services routinely available to the emergency department to determine whether or not an emergency medical condition exists. If the VA medical facility determines that the individual has an emergency medical condition, the VA medical facility must provide for such further medical examination and such treatment as may be required to stabilize the medical condition using available hospital staff and facilities or must transfer the individual to another medical facility.

a. The patient must be stabilized prior to transfer unless delays would result in more significant problems, or:

(1) The individual or a legal representative requests a transfer to another facility in writing, after being informed of the obligations of the facility under the law and of the risk of transfer to another medical facility;

(2) A VA health care provider of the emergency department has signed a certification that, based upon the information available, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or unborn child, in the case of labor, that may result from the transfer;

(3) When a VA health care provider at a VA emergency department is not physically present at the time an individual is transferred, and a qualified medical professional has signed a certification described in Paragraph 18.a. above, then a VA health care provider of the emergency department, in consultation with the medical professional, has made the determination described in such clause, and subsequently countersigns the certification; or

(4) A VA health care provider has determined that transfer to another facility is appropriate.

b. Evaluation and emergency care provided to individual patients presenting to a VA medical facility emergency department or urgent care center must be consistent with all applicable standards and regulations. **NOTE:** For more information on VA emergency medical treatment, see VHA Directive 1101.14, *Emergency Medicine*, dated March 20, 2023. For additional information regarding examination and treatment for emergency medical conditions, see 38 U.S.C. § 1784A.

19. HUMANITARIAN CARE IN EMERGENCY CASES

a. VA may furnish hospital care or medical services as a humanitarian service in emergency cases but is required to charge for such care and services. 38 U.S.C. § 1784, 38 C.F.R. § 17.102. **NOTE:** The determination of eligibility for benefits for patients with emergent conditions can be made after the initial examination and essential treatment. Based on the patient's medical condition, the examining physician

determines whether an administrative interview is permitted and to what extent the patient may be questioned.

b. Care under this authority may be provided to any person who presents in an emergency, regardless of eligibility for VA health care, Veteran status, etc.

c. Humanitarian Care for Ineligible Applicants with Emergent Conditions.

(1) If the applicant requires emergency care and has been determined to be administratively ineligible for enrollment, the applicant must be provided humanitarian emergency care, but only until the applicant's condition has stabilized and the applicant can be safely transferred to a community health care facility.

(2) Ineligible applicants receiving humanitarian emergency care may include the following:

(a) Non-Veterans, such as:

1. Visitors;
2. Family members; or
3. Persons with no military service.

(b) Applicants with an OTH discharge that has been adjudicated by VBA as a statutory bar to VA health care benefits.

(c) Veterans who do not meet minimum active duty requirements, if applicable.

(d) Veterans in a priority or sub-priority group, who are denied enrollment. **NOTE:** *For applicants with an OTH discharge without a bar to VA health care benefits who are pending adjudication by VBA, see Appendix E. Additional information on billing for humanitarian emergency care can be found at 38 C.F.R. § 17.102(b).*

(3) Individuals who ultimately are determined ineligible for VA health care are billed for the care and services they received. 38 U.S.C. § 1784, 38 C.F.R. § 17.102(a).

20. TRAINING

The following training is recommended for all VHA Enrollment and Eligibility staff:

a. Processing VA Form 20-0986 Eligibility Determination for Character of Discharge Request Form is available on the KMS website at https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001046/content/554400000080064/VAMC-Enroll-Elig-Character-of-Discharge-Eligibility-Determination-Requests-VA-Form-20-0986. **NOTE:** *This is an internal VA website that is not available to the public.*

b. Recommended training is available on the KMS website at https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001046/content/554400000087163/HEC-Academy. **NOTE:** This is an internal VA website that is not available to the public.

21. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created in the requirements of this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Any question regarding any aspect of records management, should be directed to the VA medical facility Records Manager or Records Liaison.

22. REFERENCES

- a. 10 U.S.C. § 510.
- b. 31 U.S.C. § 3711.
- c. 38 U.S.C. § 101, 1119, 1521, 1702, 1710, 1712, 1712A, 1720, 1720D, 1720H, 1720I, 1720J, 1724, 1729, 1730A(b)(2), 1745, 1784, 1784A, 5303, 5303A, 7322.
- d. 38 C.F.R. § 3.12.
- e. 38 C.F.R. § 17.102, 17.105, 17.108 through 17.111, 17.160 through 17.166, 17.31, 17.34 through 17.38, 17.4600(d)(4)(i).
- f. 38 C.F.R. §§ 21.1 through 21.430.
- g. VA Financial Policies and Procedures, Volume XII – Chapter 1B, <https://www.va.gov/finance/policy/pubs/volumeXII.asp>.
- h. VHA Directive 1308, Health Outcomes Military Exposures Registry Programs, dated March 25, 2022.
- i. VHA Directive 1101.14, Emergency Medicine, dated March 20, 2023.
- j. VHA Directive 1105.03, Mammography Program Procedures and Standards, dated May 21, 2018.
- k. VHA Directive 1115(1), Military Sexual Trauma (MST) Program, dated May 8, 2018.
- l. VHA Directive 1130(1), Veterans Health Administration Dental Program, dated March 6, 2020.
- m. VHA Directive 1140.11, Uniform Geriatrics and Extended Care Services in VA Medical Facilities, dated March 24, 2022.

n. VHA Directive 1160.09, Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program, dated August 19, 2022.

o. VHA Directive 1330.03, Maternity Health Care and Coordination, dated November 3, 2020.

p. VHA Directive 1332(2), Fertility Evaluation and Treatment, dated June 20, 2017.

q. VHA Directive 1601A.01(1), Registration and Enrollment, dated July 7, 2020.

r. VHA Directive 1601D.02, Treatment of Allied Beneficiaries, dated February 5, 2018.

s. VHA Directive 1601D.05(1), Civilian Health and Medical Program of the Department of Veterans Affairs, dated March 23, 2021.

t. VHA Directive 1909(1), Income Verification (IV) Program, dated June 10, 2020.

u. VHA Directive 2012-018(1), Solid Organ and Bone Marrow Transplantation, dated July 9, 2012.

v. VHA Handbook 1000.02, VHA Fugitive Felon Program, dated February 23, 2012.

w. VHA Notice 2022-05, The Appeals Modernization Act in the Veterans Health Administration, dated April 27, 2022.

x. VHA Notice 2022-19, Veterans Community Care Program, dated December 27, 2022.

MINIMUM ACTIVE DUTY SERVICE REQUIREMENTS

a. The minimum active duty service requirement for VA health care benefits is the shorter of:

(1) 24 months of continuous active duty.

(2) Completion of the full period for which the individual was called or ordered to active duty, including Veterans that enlisted under the 15-month enlistment program.

NOTE: *Non-duty periods, including lost time noted on the DD Form 214 or in the Veterans Information Solution (VIS) that are excludable in determining VA health care benefits, are not considered as a break in service for continuity purposes but are to be subtracted from total time served. Fifteen Month Enlistments under 10 U.S.C. § 510: Individuals enlisting under the National Call to Service initiative complete their initial entry training (basic and advanced individual training) followed by service on active duty for 15 months. Therefore, depending on their length of initial entry training, the actual length of enlistment can vary. Once this period is up, the individual must choose to serve an additional period of active duty as specified in the original contract or serve a period of 24 months in an active status as a member of a reserve component. Individuals who complete the time for which they were called to active duty under the National Call to Service initiative satisfy the minimum active duty requirement.*

b. The minimum active duty service requirement applies to the following:

(1) Individuals who enlisted in the Armed Forces for the first term of active duty after September 7, 1980.

(2) Individuals who originally signed up under a delayed entry program on or before September 7, 1980, and who subsequently entered active duty after that date.

(3) Any other person (officer as well as enlisted) who entered active duty after October 16, 1981, and who has:

(a) Not previously completed at least 24 months of continuous active duty service.

(b) Not previously been discharged or released from active duty under 10 U.S.C. § 1171.

(4) Members of the reserve components activated under 10 U.S.C. § 12301 must also satisfy the minimum active duty service requirements.

c. Exceptions to Minimum Active Duty Requirements that are annotated on the DD Form 214. Minimum active duty service requirements do not apply to individuals who were discharged due to the following:

(1) Discharged or released for reason of early out under 10 U.S.C. § 1171.

(2) Discharged or released for reason of hardships under 10 U.S.C. § 1173.

(3) Discharged or released for reason of disability(ies) incurred or aggravated in the line of duty.

NOTE: *The following exceptions also apply but may not be annotated on the DD Form 214:*

(4) Diagnosed with a VA-rated compensable service-connected disability.

(5) Provided a benefit for, or in connection with, a service-connected disability, condition, or death.

(6) Seeking care only for mental or physical health conditions related to MST, as described in Paragraph 9.g.

d. Acceptable Documentation of Minimum Active Duty Service Requirements.

(1) Acceptable documentation of minimum active duty service requirements, in addition to a DD Form 214 or a pre-1950 military certificate of discharge, includes:

(a) Proof of discharge under 10 U.S.C. § 1171 where a member of the Armed Forces may be discharged within 1 year before the expiration of the term of enlistment or extended enlistment.

(b) The narrative reason on the DD Form 214 specifies Overseas Returnee.

(2) VBA confirmation of eligibility under 10 U.S.C. § 1171 is needed if the DD Form 214 narrative shows the following as a reason for discharge:

(a) Convenience of the government.

(b) Unit inactivation.

(c) Secretarial authority.

(d) Physical disqualification for duty in Military Occupational Specialty (MOS).

(e) Hardship.

PROOF OF MILITARY SERVICE

Document	Description
DD Form 214, Armed Forces of the United States Report of Transfer or Discharge	The official certificate of release or discharge paper from the military used to support a Veteran's eligibility for VA health care benefits.
DD Form 215, Correction to DD Form 214, Certificate of Release or Discharge from Active Duty	This is an amended DD Form 214. It may reflect a correction of original DD Form 214.
DD Forms 256A, 256AF, 256N, or 256MC, Honorable Discharge Certificate	The DD Form 256 must indicate a period of active duty service dates.
NA Form 13038, Certification of Military Service	The official certificate provided by the National Archives, National Personnel Records Center, to verify active duty service when the original DD Form 214 is lost, destroyed or illegible.
NAVPERS 553, Notice of Separation from U.S. Naval Service NAVMC 553, Notice of Separation from U.S. Marine Corps NAVCG 553, Notice of Separation from U.S. Coast Guard	The official notice of separation from the military used to support a Veteran's eligibility for VA health care benefits.
Award Letter	An official notification letter to a Veteran from the Regional Office (RO) informing the Veteran of the decision regarding Compensation and Pension.

Document	Description
<p>War Department (WD) for Adjutant Generals Office (AGO) Form 53-55, Enlisted Record and Report of Separation - Honorable Discharge</p> <p>WD AGO Form 53-98, Military Records and Report of Separation Certificate of Service</p> <p>WD AGO Form 53, Enlisted Record and Report of Separation Honorable Discharge</p> <p>WD AGO Form 55, Honorable Discharge from The Army of the United States</p> <p>WD AGO Form 280, Certificate of Service, Army Veterinary Service (AVS)</p>	<p>Discharge and enlistment record documents prior to establishment of DD Forms 214, commonly used for World War II and Korean War records of active duty.</p>
<p>Rating Decision</p>	<p>An official notification to a Veteran from the RO after a decision is made regarding the Veteran's claim.</p> <p>NOTE: <i>An award letter often accompanies the rating decision.</i></p>

ELIGIBILITY FOR OUTPATIENT DENTAL CARE

If the Veteran:	The Veteran is eligible for:	Through
Has a service-connected compensable (10% or greater) dental disability or condition.	Any needed dental care	Class I
Is a former prisoner of war?	Any needed dental care.	Class II(c)
Has service-connected disabilities rated at 100 % (total) disabled or is unemployable and paid at the 100% rate due to service-connected conditions.	Any needed dental care. NOTE: <i>Veterans paid at the 100% rate based on a temporary rating, such as extended hospitalization for a service-connected disability, convalescence, or pre-stabilization are not eligible for comprehensive outpatient dental services based on this temporary rating.</i>	Class IV
Requests dental care within 180 days of discharge or release (under conditions other than dishonorable) from a period of active duty of 90 days or more.	One-time dental care if the Veteran's DD Form 214, certificate of discharge or release, does not indicate that a complete dental examination and all appropriate dental treatment had been rendered prior to discharge.	Class II
Has a service-connected non-compensable dental condition or disability resulting from combat wounds or service trauma.	Any dental care necessary to provide and maintain a functioning dentition. A Dental Trauma Rating (VA Form 10-564-D) or VA Regional Office Rating Decision letter (VA Form 10-7131) identifies the tooth/teeth/condition(s) that are trauma rated.	Class II(a)
Has a dental condition clinically determined by VA to be associated with and aggravating a service-connected medical condition.	Dental care to treat the oral conditions that are determined by a VA dental professional to have a direct and material detrimental effect to the Veteran's service-connected medical condition.	Class III

If the Veteran:	The Veteran is eligible for:	Through
Is enrolled in a qualifying homeless residential rehabilitation program for at least 60 days.	A one-time course of dental care that is determined medically necessary to relieve pain, assist the Veteran to gain employment, or treat moderate, severe, or complicated and severe gingival and periodontal conditions.	Class II(b)
Is actively engaged in a Vocational Rehabilitation and Employment Program under 38 U.S.C. chapter 31.	<p>Dental care to the extent necessary as determined by a VA dental professional to:</p> <ul style="list-style-type: none"> Make possible a Veteran's entrance into a rehabilitation program; Achieve the goals of a Veteran's vocational rehabilitation program; Prevent interruption of a Veteran's rehabilitation program; Hasten the return to a rehabilitation program if a Veteran is in an interrupted or leave status; Hasten the return to a rehabilitation program of a Veteran placed in discontinued status because of illness, injury or a dental condition; Secure and adjust to employment during the period of employment assistance; or Enable a Veteran to achieve maximum independence in daily living. 	Class V
Is receiving VA care or is scheduled for inpatient care and require dental care for a condition complicating a medical condition currently under treatment.	Dental care to treat the dental conditions that are determined by a VA dental professional to complicate a Veteran's medical condition currently under treatment.	Class VI

NOTE: P.L. 84-83 enacted June 16, 1955, amended Veterans' eligibility for outpatient dental services. As a result, any Veteran who received a dental award letter from VBA

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dated before 1955 in which VBA determined the dental conditions to be noncompensable is no longer eligible for Class II outpatient dental treatment.

ELIGIBILITY FOR PRESUMPTIVE PSYCHOSIS AND OTHER MENTAL ILLNESS

a. **Psychosis.** Eligibility for benefits is established by 38 U.S.C. § 1702 for treatment of active psychosis (see also 38 C.F.R. § 17.109), and care for such condition is exempted from copayments under 38 C.F.R. §§ 17.108, 17.110, and 17.111 for any Veteran who served in the United States active military, naval, or air service in World War II, the Korean conflict, the Vietnam era, or the Persian Gulf War and developed such psychosis:

(1) Within 2 years after discharge or release from the active military, naval, or air service; and

(2) Before the following date associated with the war or conflict in which the Veteran served:

Veteran Served During	Date:
World War II	July 26, 1949
Korean Conflict	February 1, 1957
Vietnam Era	May 8, 1977
Persian Gulf War	End of the 2-year period beginning on the last day of the Persian Gulf War (end date of the Persian Gulf War is not determined as of the date of publication of this directive)

b. **Mental Illness (other than Psychosis).** Eligibility for benefits is established by 38 U.S.C § 1702 for treatment of an active mental illness (other than psychosis), and such condition is exempted from copayments under 38 C.F.R. §§ 17.108, 17.110, and 17.111 for any Veteran of the Persian Gulf War who developed such mental illness:

(1) Within 2 years after discharge or release from the active military, naval, or air service; and

(2) Before the end of the 2-year period beginning on the last day of the Persian Gulf War (end date of the Persian Gulf War is not determined as of the date of publication of this directive).

c. **No Minimum Service Required.** Eligibility for care and waiver of copayments will be established for presumptive eligibility for psychosis and mental illness other than psychosis without regard to the Veteran’s length of active duty service.

ELIGIBILITY FOR MENTAL AND BEHAVIORAL HEALTH CARE FOR OTHER THAN HONORABLE FORMER SERVICEMEMBERS

a. **Mental and Behavioral Health Care.** Eligibility for benefits under 38 U.S.C. § 1720I is established as follows:

If the OTH former Servicemember (including members of the reserve components):	And either:	And is NOT:	The OTH former Servicemember is eligible to receive:
<p>Served in the active military, naval, air, or space service, and was discharged or released under a condition that is not dishonorable or by court-martial.</p> <p style="text-align: center;"><i>AND</i></p> <p>VBA has not adjudicated the OTH character of service or discharge as a statutory bar to benefits (VBA COD Determination Code 12C or Chapter 12D with or without Chapter 17).</p>	<p>Served more than 100 cumulative days, and deployed in:</p> <p>(1) a theater of combat operations,</p> <p>(2) in support of a contingency operation, or</p> <p>(3) in an area at a time during which hostilities are occurring in that area during such service, including by controlling an unmanned aerial vehicle from a location other than such theater or area;</p> <p style="text-align: center;"><i>OR</i></p> <p>Was a victim of:</p> <p>(1) physical assault of a sexual nature,</p> <p>(2) battery of a sexual nature, or</p> <p>(3) sexual harassment as it is stated and used in 38 U.S.C. § 1720D(f).</p>	<p>Enrolled in the VA health care system established by 38 U.S.C. § 1705</p>	<p>An initial mental health assessment</p> <p style="text-align: center;"><i>AND</i></p> <p>The mental health care and behavioral health care services included in the medical benefits package, 38 C.F.R. § 17.38, that are required to treat mental or behavioral health care needs, including risk of suicide or harming others.</p>

b. **Emergent Suicide Care under the COMPACT Act.** Eligibility for benefits under 38 U.S.C. § 1720J is established as follows:

If the individual:	And is:	The individual is eligible to receive:
<p>Served in the active military, naval, air, or space service, and was discharged or released under a condition other than dishonorable.</p> <p style="text-align: center;"><i>OR</i></p> <p>Is a former Servicemember (including the reserve components), discharged under a condition that is not dishonorable or by a court-martial, is not enrolled in the VA health care system, and either served for at least 100 cumulative days and was deployed to combat or area of hostility or was the victim of a sexual assault, battery, or harassment while serving.</p> <p style="text-align: center;"><i>AND</i></p> <p>VBA has not adjudicated the character of service or discharge as a statutory bar to benefits VBA COD Determination Code 12C, 12D with Chapter 17, or 12D without Chapter 17. NOTE: These individuals are not eligible for emergent suicide care.</p>	<p>In an acute suicidal crisis (imminent risk of self-harm), as determined by a trained crisis responder health care provider</p>	<p>Emergent suicide care for medical and mental health services related to the acute suicidal crisis which may include up to 30 days of inpatient or crisis residential care.</p> <p style="text-align: center;"><i>AND/OR</i></p> <p>Up to 90 days of outpatient care, if inpatient or crisis residential care is unavailable or not clinically appropriate.</p> <p>Periods of care may be extended if the individual remains in an acute suicidal crisis, and VA determines extending care is clinically appropriate.</p>

ACCESS FOR EMERGENT MENTAL HEALTH SERVICES FOR FORMER SERVICEMEMBERS

1. VA medical facility directors and Enrollment Coordinators must ensure VHA staff who determine eligibility outside other than normal duty hours (Emergency Departments (ED), Administrative Officers of the Day (AOD) have access to the Veterans Information Solution (VIS) and the Veterans Benefits management System (VBMS).

a. If an individual has an Other Than Honorable (OTH) discharge, that information will generally be available to determine eligibility. If the individual had an OTH that was subsequently adjudicated by VBA to be Honorable for VA purposes, this will be available on the Rating Codesheet in Veterans Benefits Management System (VBMS).

b. Additionally, the Rating Decision Codesheet within VBMS will display disability determination information made by VBA. The Rating Decision Codesheet in VBMS will display VBA decisions pertaining to Chapter 17 (38 C.F.R. § 3.360) and 38 U.S.C. § 1702 benefits. Enrollment coordinators may consider any of the verified statuses when making tentative eligibility determinations as follows:

If individual is not enrolled in VA health care and Discharge Status listed in the system is:	And VBA Information Systems Show:	Consider Eligibility Status for Tentative Eligibility for emergent mental health care as:
HON	Verified	Consider whether the individual is eligible for enrollment or other special treatment authority, if not eligible, they are eligible for Tentative Eligibility.
UHC	Verified	Consider whether the individual is eligible for enrollment or other special treatment authority, if not eligible, they are eligible for Tentative Eligibility.
HVA	Verified	Consider whether the individual is eligible for enrollment or other special treatment authority, if not eligible, they are eligible for Tentative Eligibility.
12C	Verified	Not Eligible
12D with Chapter 17	Verified	Eligible for Tentative Eligibility unless the Rating Codesheet in VBMS indicates the mental health condition is not service-connected.
12D without Chapter 17	Verified	Not Eligible
DIS	Verified	Not Eligible

If individual is not enrolled in VA health care and Discharge Status listed in the system is:	And VBA Information Systems Show:	Consider Eligibility Status for Tentative Eligibility for emergent mental health care as:
DVA	Verified	Eligible for Tentative Eligibility unless a statutory bar applies and the Rating Codesheet in VBMS indicates the mental health condition is not service-connected.
OTH (multiple periods of service)	N/A	Check for other eligible period, if no other eligible period, eligible for Tentative Eligibility unless the Rating Codesheet in VBMS indicates the mental health condition is not service-connected.
OTH (only one period of service)	N/A	Eligible for Tentative Eligibility unless the Rating Codesheet in VBMS indicates the mental health condition is not service-connected.
UNK	N/A	Humanitarian until discharge status can be verified with VBA.

2. PRESENTATION OF REFERRAL FOR SERVICES VIA THE VETERANS CRISIS LINE OR VISITING A VA EMERGENCY ROOM, OUTPATIENT CLINIC, OR VET CENTER

a. Ineligible Former Servicemember.

(1) An ineligible former Servicemember presenting under emergent circumstances will be evaluated and stabilized.

(2) If found to need inpatient services, former Servicemembers who were discharged under dishonorable conditions may be placed in an acute bed for stabilization. Discharge planning should begin upon admission and a care plan will be developed using community resources, beginning with a referral to a Vet Center. **NOTE:** *Under 38 C.F.R. § 17.2000(c), upon request, a Vet Center will provide an individual who does not meet the eligibility requirements solely because of a discharge under dishonorable conditions for Vet Center counseling with referral services “to assist such individual, to the maximum extent practicable, in obtaining mental health care and services from sources outside VA.”*

b. Other than Honorable Former Servicemembers.

(1) An OTH former Servicemember seeking mental health care in emergency circumstances for a mental health condition the former Servicemember asserts is, or a VA health care provider reasonably believes may be, related to military service qualifies

for tentative eligibility under 38 C.F.R. § 17.34, as described in Paragraph 5 of this directive, for mental health care.

(2) OTH former Servicemembers may also be eligible to receive care under presumptive eligibility for psychosis or other mental illness, 38 U.S.C. § 1702 and 38 C.F.R. § 17.109, as described in Paragraph 10 of this directive, and mental and behavioral health care under 38 U.S.C. § 1720I, as described in Paragraph 11 of this directive, and emergent suicide care under 38 U.S.C. § 1720J, as described in Paragraph 14 of this directive.

(3) OTH former Servicemembers receiving emergent mental health care under tentative eligibility are eligible to receive stabilization within the VA system for a mental health emergency, including inpatient treatment.

(4) If found to need inpatient services, the individual may be placed in any acute bed for stabilization. Discharge planning should begin upon admission. A care plan will be developed using resources within the VA system.

(5) Follow-up care for a mental health emergency will be authorized within the VA system for an episode of care of up to 90 days.

(6) If stabilized without the need for inpatient care but the mental health emergency persists, the Veteran will be given an appointment within VA's health care system.

(a) Follow-up outpatient, residential, and inpatient mental health and substance use disorder services may be provided for a mental health emergency for an episode of care of up to 90 days, with social work engagement to coordinate with treating VA health care provider a community transition to longer-term services, if needed. An episode of care can include mental health services in general and services at specialized outpatient mental health clinics; residential treatment programs; inpatient treatment units; or in other VA care settings.

(b) Services may include assessment, medication management/pharmacotherapy, lab work, case management/care coordination, psycho-education, and psychotherapy.

(c) Any condition associated with the emergency mental health illness should be considered as treatment under this episode of care. Care provided that is ultimately found to not be proximately due to or the result of a service-connected mental health condition will result in billing.

(d) A request for a second episode of care of up to 90 days must be submitted to the VISN Chief Medical Officer for approval. Approval will be based on a review of the treatment team's request, treatment notes and annotation of treating notes in the EHR.

(7) A former Servicemember with an OTH discharge who has yet to have a VBA determination for VA health care eligibility is generally not to receive more than 180

days of care in a 365-day period on a tentative eligibility basis. If VBA adjudication is not complete within 180 days, or the OTH former Servicemember has not been stabilized for community transition, the VISN Chief Medical Officer may authorize additional care. In general, it is anticipated a final determination regarding eligibility will have been made by the agency of original jurisdiction. In the instance of additional time delays due to extensive development of information pertaining to the facts and circumstances surrounding the military characterization of discharge, VBA will inform VA health eligibility of such delay that is beyond agency control.

3. PRESENTATION OF REFERRAL FOR SERVICES VIA COMMUNITY BASED OUTPATIENT CENTER

a. Ineligible Former Servicemember.

(1) If an ineligible former Servicemember presents under emergent circumstances to a CBOC, the individual will be sent to the closest receiving Emergency Department for evaluation and stabilization at the individual's expense.

(2) VA does not have the legal authority to utilize the Veterans Community Care Program to provide care to ineligible former Servicemembers at VA's expense.

b. Other than Honorable Former Servicemembers.

(1) An OTH former Servicemember, seeking mental health care in emergency circumstances for a mental health condition the former Servicemember asserts, or a VA health care provider reasonably believes that it may be, related to military service qualifies for tentative eligibility under 38 C.F.R. § 17.34, if eligibility is likely to be established as described in Paragraph 5 of this directive, for mental health care. **NOTE:** *As defined in this directive, an OTH former Servicemember is a former Servicemember with an OTH administrative separation or discharge whose eligibility for health care and benefits under title 38, United States Code, has not yet been finally adjudicated by the agency of original jurisdiction. The VA health care provider does not decide service connection when providing care.*

(2) OTH former Servicemembers may also be eligible to receive care under presumptive eligibility for psychosis or other mental illness, 38 U.S.C. § 1702 and 38 C.F.R. § 17.109, as described in Paragraph 10 of this directive, and mental and behavioral health care under 38 U.S.C. § 1720I, as described in Paragraph 11 of this directive.

(3) OTH former Servicemembers receiving emergent mental health care under tentative eligibility are eligible to receive stabilization care at a VA medical facility, including inpatient treatment.

(4) Follow-up care for a mental health emergency will be authorized within the VA system for an episode of care of up to 90 days. Under certain circumstances, VA has

the legal authority to provide emergent suicide care to eligible OTH former Servicemembers at a non-VA facility at VA's expense under 38 U.S.C. § 1720J.

(a) Once stabilized in the community, if the mental health emergency persists, follow-up outpatient, residential, and inpatient mental health and substance use disorder services may be provided for an episode of care of up to 90 days. Social work services will work with the treating VA health care provider to appropriately coordinate transition to the community for longer-term services, if needed. An episode of care can include mental health services in general specialized outpatient mental health clinics, residential treatment programs, inpatient treatment units, or in other VA care settings.

(b) Services may include assessment, medication management/pharmacotherapy, lab work, case management/care coordination, psycho-education, and psychotherapy.

(c) Any condition associated with the mental health illness should be considered as treatment under this episode of care.

(d) The VISN Chief Medical Officer must approve a second episode of care of up to 90 days. This will be based on a review of the treatment teams' request, treatment notes and annotation of treating notes in the EHR.

(e) A former Servicemember with an OTH discharge who has yet to have a VBA determination for VA health care eligibility is generally not to receive more than 180 days of care annually on a tentative eligibility basis. If VBA's adjudication is not complete within 180 days, the VISN Chief Medical Officer may authorize additional care if the OTH former Servicemember cannot be stabilized within the 180 days for transfer to the community. In general, it is anticipated that a final determination regarding eligibility will have been made by the agency of original jurisdiction. In the instance of additional time delays due to extensive development of information pertaining to the facts and circumstances surrounding the military characterization of discharge, VBA will inform VA health eligibility of such delay that is beyond agency control.

COMBAT VETERAN ELIGIBILITY DETERMINATION

Combat Veteran eligibility is provided in Paragraph 8.d.(1). VA utilizes the Department of Defense (DoD) Combat Zones listing of designated hostile fire or imminent danger pay areas. Although DoD Hostile Fire or Imminent Danger pay existed prior to November 11, 1998, only proof of such pay after November 11, 1998, is acceptable. **NOTE:** *The table provided at the link below should assist in the determination of Combat Veteran eligibility.*

a. **Combat Zones.** Combat zones are designated by an Executive Order from the President as areas in which the United States Armed Forces are engaging or have engaged in combat. An area usually becomes a combat zone and ceases to be a combat zone on the dates the President designates by Executive Order.

b. **Period of Hostilities.** The term “period of hostilities” is determined in consultation with the Secretary of Defense.

NOTE: *The term “hostilities” was previously defined in 38 U.S.C. § 1712A(a)(2)(B) to mean “an armed conflict in which the members of the Armed Forces are subjected to danger comparable to the danger to which members of the Armed Forces have been subjected in combat with enemy armed forces during a period of war, as determined by the Secretary [of Veterans Affairs] in consultation with the Secretary of Defense.” This definition was removed from 38 U.S.C. § 1712A by section 727 of P.L. 112-239, the National Defense Authorization Act for Fiscal Year 2013.*

To verify proof of service in a theater of combat operations or in an area during a period of hostilities, the source document or verification system must contain the Veteran’s deployment to designated theater of combat operations and combat service dates.

c. **Hostile Fire or Imminent Danger Pay.** Hostile fire pay is defined as pay to anyone exposed to hostile fire or mine explosion, while imminent danger pay is paid to anyone on duty outside the United States area who is subject to physical harm or imminent danger due to wartime conditions, terrorism, civil insurrection, or civil war.

NOTE: *This listing is current as of the date of publication of this directive. For the most current listing, see <http://www.va.gov/healthbenefits/resources/publications.asp>.*

ELIGIBILITY BASED ON TOXIC EXPOSURE RISK ACTIVITIES, SERVICE IN CERTAIN LOCATIONS, AND SERVICE IN SUPPORT OF CERTAIN CONTINGENCY OPERATIONS

1. Expanded Health Care Eligibility under the PACT Act. Eligibility for benefits under 38 U.S.C. § 1710(e)(1)(G) through (I) is as follows:

	And was:	Is eligible for enrollment on:
<p>A Veteran who participated in a toxic exposure risk activity, as defined by 38 U.S.C. § 1710(e)(4)(C), while serving on active duty, active duty for training, or inactive duty training (38 U.S.C. § 1710(e)(1)(G)).</p> <p style="text-align: center;"><i>OR</i></p> <p>A Veteran who performed active military, naval, air, or space service on or after August 2, 1990, while assigned to a duty station in (including airspace above): Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, Somalia, or United Arab Emirates (38 U.S.C. § 1710(e)(1)(H) and 38 U.S.C. § 1119(c)(1)(A)).</p> <p style="text-align: center;"><i>OR</i></p> <p>A Veteran who performed active military, naval, air, or space service on or after September 11, 2001, while assigned to a duty station in (including airspace above): Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Yemen, Uzbekistan, or any other country determined relevant by VA (38 U.S.C. §1710(e)(1)(H) and 38 U.S.C. §1119(c)(1)(B)).</p>	<p>Discharged or released from August 2, 1990, to September 11, 2001</p>	<p>March 5, 2024</p>

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	And was:	Is eligible for enrollment on:
<p>A Veteran who participated in a toxic exposure risk activity, as defined by 38 U.S.C. § 1710(e)(4)(C), while serving on active duty, active duty for training, or inactive duty training (38 U.S.C. § 1710(e)(1)(G)).</p> <p style="text-align: center;"><i>OR</i></p> <p>A Veteran who performed active military, naval, air, or space service on or after August 2, 1990, while assigned to a duty station in (including airspace above): Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, Somalia, or United Arab Emirates (38 U.S.C. § 1710(e)(1)(H) and 38 U.S.C. § 1119(c)(1)(A)).</p> <p style="text-align: center;"><i>OR</i></p> <p>A Veteran who performed active military, naval, air, or space service on or after September 11, 2001 while assigned to a duty station in (including airspace above): Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Yemen, Uzbekistan, or any other country determined relevant by VA (38 U.S.C. §1710(e)(1)(H) and 38 U.S.C. §1119(c)(1)(B)).</p>	<p>Discharged or released from September 12, 2001 to December 31, 2006</p>	<p>March 5, 2024</p>

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	And was:	Is eligible for enrollment on:
<p>A Veteran who participated in a toxic exposure risk activity, as defined by 38 U.S.C. § 1710(e)(4)(C), while serving on active duty, active duty for training, or inactive duty training (38 U.S.C. § 1710(e)(1)(G)).</p> <p style="text-align: center;"><i>OR</i></p> <p>A Veteran who performed active military, naval, air, or space service on or after August 2, 1990, while assigned to a duty station in (including airspace above): Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, Somalia, or United Arab Emirates (38 U.S.C. § 1710(e)(1)(H) and 38 U.S.C. § 1119(c)(1)(A)).</p> <p style="text-align: center;"><i>OR</i></p> <p>A Veteran who performed active military, naval, air, or space service on or after September 11, 2001, while assigned to a duty station in (including airspace above): Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Yemen, Uzbekistan, or any other country determined relevant by VA (38 U.S.C. §1710(e)(1)(H) and 38 U.S.C. §1119(c)(1)(B)).</p>	<p>Discharged or released from January 1, 2007, to December 31, 2012</p>	<p>March 5, 2024</p>

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	And was:	Is eligible for enrollment on:
<p>A Veteran who participated in a toxic exposure risk activity, as defined by 38 U.S.C. § 1710(e)(4)(C), while serving on active duty, active duty for training, or inactive duty training (38 U.S.C. § 1710(e)(1)(G)).</p> <p style="text-align: center;"><i>OR</i></p> <p>A Veteran who performed active military, naval, air, or space service on or after August 2, 1990, while assigned to a duty station in (including airspace above): Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, Somalia, or United Arab Emirates (38 U.S.C. § 1710(e)(1)(H) and 38 U.S.C. § 1119(c)(1)(A)).</p> <p style="text-align: center;"><i>OR</i></p> <p>A Veteran who performed active military, naval, air, or space service on or after September 11, 2001, while assigned to a duty station in (including airspace above): Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Yemen, Uzbekistan, or any other country determined relevant by VA (38 U.S.C. §1710(e)(1)(H) and 38 U.S.C. §1119(c)(1)(B)).</p>	<p>Discharged or released from January 1, 2013, to December 31, 2018</p>	<p>March 5, 2024</p>

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	Is eligible for enrollment on:
A Veteran who deployed in support of any of the following contingency operations: <ul style="list-style-type: none">• Operation Enduring Freedom• Operation Freedom’s Sentinel• Operation Iraqi Freedom• Operation New Dawn• Operation Inherent Resolve• Resolute Support Mission	March 5, 2024

NOTE: For additional information on burn pits, see <https://www.publichealth.va.gov/exposures/burnpits/registry.asp>.

2. Eligibility for Mammography Screening. Eligibility for mammography screening under 38 U.S.C. § 7322(c) for Veterans exposed to toxic substances is established as follows:

Who:	Located in:	During the periods:
<p>A Veteran who, during active military, naval, or air service, was deployed in support of a contingency operation.</p>	<p>Iraq</p>	<p>August 2, 1990, and ending February 28, 1991.</p> <p style="text-align: center;">OR</p> <p>March 19, 2003, until burn pits are no longer used in Iraq.</p>
	<p>The Southwest Asia theatre of operations, other than Iraq, including Kuwait, Saudi Arabia, Oman, Qatar</p>	<p>August 2, 1990, until burn pits are no longer used in such location.</p>
	<p>Afghanistan, Djibouti, Syria, Jordan, Egypt, Lebanon, Yemen</p>	<p>September 11, 2001, until burn pits are no longer used in such location.</p>
	<p>Any locations and corresponding periods set forth by the Airborne Hazards and Open Burn Pit Registry (see VHA Directive 1308, Health Outcomes Military Exposures Registry Program, dated March 25, 2022).</p>	
	<p>Any other locations and corresponding periods as established by VA in collaboration with DoD.</p>	