

PROSTHETIC AND SENSORY AIDS SERVICE

1. SUMMARY OF CONTENT: This new Veterans Health Administration (VHA) directive establishes policy and oversight responsibilities for the Prosthetic and Sensory Aids Service (PSAS).

2. RELATED ISSUES: VHA Directive 1173.3, VHA Outpatient Amputation Specialty Clinics, dated March 8, 2021; VHA Handbook 1173.4, Automobile Adaptive Equipment Program, dated October 30, 2000; VHA Directive 1173.06, Wheeled Mobility Devices, dated December 13, 2021; VHA Directive 1173.9, Therapeutic Footwear and In-Shoe Orthoses, dated October 22, 2021; VHA Directive 1173.13(1), Home Oxygen Program, dated August 5, 2020; VHA Directive 1173.14, Home Improvements and Structural Alterations (HISA) Program, dated December 26, 2017; VHA Handbook 1173.15, Clothing Allowance, dated May 14, 2015; VHA Directive 1174(1), Blind and Visual Impairment Rehabilitation Continuum of Care, dated April 19, 2021; VHA Directive 1034, Prescribing and Providing Eyeglasses, Contact Lenses and Hearing Aids, dated October 24, 2019; VHA Directive 1048, Prosthetic and Sensory Aids Service Specific Purpose Funding, dated March 17, 2020; VHA Directive 1081.01(1), Procurement of Surgical Implants Under 38 U.S.C. 8123, dated October 29, 2018.

3. POLICY OWNER: The Office of Prosthetic and Sensory Aids Service (12RPS7), operating under the Executive Director for the Office of Rehabilitation and Prosthetic Services (RPS), is responsible for the contents of this VHA directive. Questions should be directed to VHAPSASAdmin@VA.gov.

4. RESCISSIONS: None.

5. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of March 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

March 27, 2023

VHA DIRECTIVE 1173

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

/s/ M. Christopher Saslo
DNS, ARNP-BC, FAANP
Assistant Under Secretary for Health
for Patient Care Services/CNO

NOTE: *All references herein to the Department of Veteran Affairs (VA) and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

DISTRIBUTION: Emailed to the VHA Publications Distribution List on March 30, 2023.

CONTENTS

PROSTHETIC AND SENSORY AIDS SERVICE

1. POLICY 1

2. RESPONSIBILITIES 1

3. PROSTHETICS AND SENSORY AIDS SERVICE POLICY STRUCTURE 9

4. RECORDS MANAGEMENT 10

5. BACKGROUND 10

6. DEFINITIONS 11

7. REFERENCES 12

APPENDIX A

PROSTHETIC AND SENSORY AIDS SERVICE REGULATORY AUTHORITIESA-1

PROSTHETIC AND SENSORY AIDS SERVICE

1. POLICY

It is Veterans Health Administration (VHA) policy that all Department of Veterans Affairs (VA) medical facilities operate and maintain a comprehensive Prosthetics and Sensory Aids Service (PSAS) program that provides necessary products, equipment and benefits to eligible Veterans to ensure high-quality, efficient care delivery.

AUTHORITY: 38 U.S.C. §§ 1714, 1717(a)(2), 1719, 7301(b), 8123.

2. RESPONSIBILITIES

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

b. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for supporting PSAS, operating under the Office of Rehabilitation and Prosthetic Services (RPS), with implementation and oversight of this directive.

c. **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 Network (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Prosthetic and Sensory Aids Service.** The Executive Director, PSAS is responsible for:

(1) Ensuring PSAS benefits and prescribed PSAS items and equipment are procured or authorized according to existing authorities. **NOTE:** *Please refer to Appendix A for further information on regulatory authorities governing PSAS benefits, devices and equipment.*

(2) Establishing comprehensive VHA-wide procedures that define and ensure efficient operations, including business practice guidelines (BPGs) and standard operating procedures. **NOTE:** *For additional information about BPGs, see <https://dvagov.sharepoint.com/sites/VHAProsthetics/Business%20Practice%20Guidelines/Forms/AllItems.aspx>. This is an internal VA website that is not available to the public.*

(3) Establishing and maintaining a budget process to support the provision of PSAS items and benefits at VISNs and VA medical facilities. **NOTE:** *For additional information*

on budgetary requirements, see VHA Directive 1048, Prosthetic and Sensory Aids Service Specific Purpose Funding, dated March 17, 2020.

(4) Providing leadership, direction, policy implementation guidance and advice to VISN and VA medical facility PSAS staff on issues related to the PSAS authorities.

(5) Ensuring the development, publication and implementation of PSAS legislative requirements through appropriate regulations, policies and BPGs.

(6) Serving as Chair of the PSAS Board of Council Chairs. **NOTE:** *The PSAS Board of Council Chairs is a group of VISN and VA medical facility administrators and clinical leaders in PSAS who advise the Executive Director, PSAS in strategic planning and national objectives and professional trends relevant to PSAS, and shape policies and procedures on matters relevant to PSAS to ensure uniform and consistent provision of devices and benefits to Veteran beneficiaries.*

(7) Serving as the Chair of the Prosthetic Leadership Board (PLB). **NOTE:** *The PLB is a group of all PSAS program office staff and VISN Prosthetic Representatives (VPRs) who review and discuss all significant PSAS operational and policy impacts to ensure consistent communication to the VA medical facility PSAS staff.*

(8) Developing national training related to the provision of PSAS devices and benefits. **NOTE:** *All mandatory or required training must be developed in accordance with VHA Directive 1052, Appropriate and Effective Use of VHA Employee Mandatory and Required Training, dated June 29, 2018. See paragraph 4 for additional information about training.*

(9) Providing oversight and guidance on quality and performance metrics to VPRs by:

(a) Conducting VISN consultation calls to review applicable performance metrics and provide direction, policy guidance and advice on pertinent issues within their respective VISN.

(b) Ensuring adherence to the PSAS advisory council structure to facilitate formalized PSAS policy decisions. **NOTE:** *For additional information about the advisory council structure, see paragraph 3.*

(c) Recommending VISN and VA medical facility-level appointments to PSAS advisory councils based on relevant experience in the designated program area.

(d) Communicating all recommended policy decisions that result from the PSAS Board of Council Chairs to the PLB for discussion and dissemination to VA medical facilities.

(10) Setting PSAS performance metrics based on strategic direction and priorities. **NOTE:** *Definitions of performance metrics tracked on the scorecard report can be found at:*

<https://dvagov.sharepoint.com/:x:/r/sites/VHARPSSTAGE/PSAS/layouts/15/Doc.aspx?sourcedoc=%7B3C92AF0B-DF67-4B80-B647-041A0CCF99D7%7D&file=PSAS%20FY22%20Scorecard%20Measure%20Definitions.xlsx&action=default&mobileredirect=true&CID=6252A674-AF1E-47C5-BC4F-4BC4B28AC52D&wdLOR=cE96B8763-0A9E-4550-91D4-35960B56B8F2>. This is an internal VA website that is not available to the public.

(11) Providing a mechanism for VA medical facility staff to report quality concerns related to established PSAS contracts to ensure transparency, reliability, continuous improvement and accountability within PSAS. **NOTE:** Further information on the quality reporting process can be found at:

<https://dvagov.sharepoint.com/sites/VHAProthetics/Business%20Practice%20Guidelines/Forms/AllItems.aspx?id=%2Fsites%2FVHAProthetics%2FBusiness%20Practice%20Guidelines%2FBusiness%20Practice%20Guidelines%2DQuality%20Improvement%20Report%206%5F11%5F18%2Epdf&parent=%2Fsites%2FVHAProthetics%2FBusiness%20Practice%20Guidelines>. This is an internal VA website that is not available to the public.

(12) Providing national data reports outlining PSAS performance metrics to VISN leadership and PSAS VA medical facility staff to allow for visibility of overall compliance, use of standardized national data sources and consistent measurement across VISNs.

NOTE: All published data reports can be found at:

<https://dvagov.sharepoint.com/sites/VHARPSSTAGE/PSAS/Pages/DataPortal.aspx>.

This is an internal VA website that is not available to the public.

(13) Communicating with internal and external stakeholders, including but not limited to Veterans, Veteran Service Organizations (VSOs), auditing bodies and VA medical facility staff, to ensure all appropriate parties are knowledgeable about the scope of PSAS and are aware of all relevant policy changes affecting the provision of PSAS devices and benefits.

(14) Establishing or disbanding PSAS advisory councils as needed. **NOTE:** PSAS advisory councils are comprised of at least one VPR and several VA medical facility PSAS staff to address and discuss specific processes, issues and policy changes that have an impact on their council subject matter area. PSAS advisory councils are created based upon the strategic direction and priorities of VA leadership. For additional information, see paragraph 3.

(15) Communicating with national clinical program offices on matters of policy, Veteran care and strategy.

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

(1) Ensuring that all VA medical facilities within the VISN comply with this directive, allocating appropriate resources and informing PSAS leadership when barriers to compliance are identified.

(2) Ensuring at least one full-time equivalent is designated in the VISN to serve as the VPR to oversee and support VA medical facility PSAS programs within the VISN.

(3) Ensuring compliance with the appeals process for clinical decisions related to PSAS programs and authorities. **NOTE:** For additional information about appeals process requirements, see VHA Directive 1041, Appeal of Veterans Health Administration Clinical Decisions, dated September 28, 2020.

(4) Reporting issues through the VISN Issue Brief process that impact the ability of VA medical facilities in the VISN to provide safe and efficient VA medical facility PSAS operations (e.g., significant backlogs leading to disruptions in Veteran care, negligent procurement practices, security issues).

f. **Veterans Integrated Services Network Prosthetics Representative.** The VPR is responsible for:

(1) Ensuring that VISN and VA medical facility PSAS staff provide support to Veterans, clinical staff and others for VA medical facility initiatives related to the provision of prosthetic benefit programs and devices.

(2) Representing the VISN on all topics related to PSAS and facilitating communication between VA medical facilities within the VISN, between VISNs and with the PSAS program office.

(3) Conducting, at minimum, an annual comprehensive PSAS site review of each VA medical facility to ensure adherence to all applicable directives, policies and standards and identify opportunities to improve the delivery of PSAS devices and benefits to Veterans. **NOTE:** Audits can be conducted virtually or in person and can be conducted in conjunction with any other staff members necessary. The audit template can be found at:

<https://dvagov.sharepoint.com/sites/VHAProsthetics/Quality%20%20Compliance/Forms/AllItems.aspx?viewid=030a6039%2Dfdc5%2D48b2%2Da7cc%2D9dd6322056e4&id=%2Fsites%2FVHAProsthetics%2FQuality%20%20Compliance%2FSite%20Visit%20Auditing%20Tools>. This is an internal VA website that is not available to the public.

(4) Periodically auditing select PSAS transactions and expenditures are appropriately recorded and captured within the National Prosthetic Patient Database (NPPD) for VA medical facilities within the VISN.

(5) Ensuring proper use of PSAS specific purpose funding. **NOTE:** For additional information about funding requirements, see VHA Directive 1048.

(6) Communicating to VA medical facility PSAS staff all updates and changes to PSAS BPGs and ensuring adherence to those guidelines, available at: <https://dvagov.sharepoint.com/sites/VHAProsthetics/Business%20Practice%20Guidelines/Forms/AllItems.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

(7) Administering PSAS benefit programs, including the Automobile Adaptive Equipment (AAE) program, Home Improvements and Structural Alterations (HISA) program and Clothing Allowance. **NOTE:** For AAE program requirements, see VHA Handbook 1173.4, *Automobile Adaptive Equipment Program*, dated October 30, 2000. For HISA program requirements, see VHA Directive 1173.14, *Home Improvements and Structural Alterations (HISA) Program*, dated December 26, 2017. For Clothing Allowance requirements, see VHA Handbook 1173.15, *Clothing Allowance*, dated May 14, 2015.

(8) Reporting identified areas of high risk (e.g., Veteran safety issues, significant service disruption, ethical concerns) to VISN and VA medical facility leadership (e.g., VA medical facility Director, Associate Director for Patient Care Services, Chief of Staff) or the PSAS program office, as appropriate, for awareness, mitigation, and resolution.

(9) Monitoring status of all PSAS-assigned VA medical facility field corrections and recall actions initiated in VHA Alerts and Recalls application to ensure completion within the expected timeframe.

(10) Communicating changes to all applicable financial policies for procurement of goods and benefits to VA medical facility PSAS staff. **NOTE:** For requirements, see: <https://www.va.gov/finance/policy/pubs/volumeXVI.asp>. This is an internal VA website that is not available to the public.

(11) Overseeing PSAS administrative appeals in accordance with the PSAS Appeals Modernization Process. **NOTE:** More information on the review process can be found at: https://dvagov.sharepoint.com/:w:/r/sites/VHAProthetics/_layouts/15/Doc.aspx?source=doc=%7B42C8C131-6C46-431D-ACAE-3D8792DFC2A0%7D&file=PSAS%20Appeal%20Modernization%20Process.docx&action=default&mobileredirect=true&CID=FB18FC0D-6A2D-4BC6-8C39-669D61135D47&wdLOR=c6025D19A-A338-4DBE-A92D-6221C52B4B54. This is an internal VA website that is not available to the public.

(12) Advocating for VISN and VA medical facility PSAS resource needs (e.g., staffing, physical space, equipment) to ensure the VISN and VAMC allocate appropriate resources to provide Veterans with all needed PSAS program items and benefits.

(13) Promoting effective collaboration between VA clinical staff and PSAS staff.

(14) Routinely monitoring PSAS performance metrics for VA medical facility compliance.

(15) Partnering with the VA medical facility PSAS Chief, VA clinical staff, and VA medical facility leadership to implement all applicable PSAS policies, programmatic changes and action plans for identified areas of concern resulting from internal and external audits to ensure streamlined and consistent service delivery.

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

(1) Ensuring that an efficient process is in place for the clinical prescription, evaluation and procurement of PSAS program items and benefits.

(2) Providing oversight to ensure that VA medical facility staff comply with this directive.

(3) Ensuring that VA medical facilities include all required clinical and administrative staff necessary to comply with this directive.

(4) Allocating all needed resources for this directive (e.g., physical space, staffing needs, equipment, storage).

(5) Reviewing annual site review reports provided by the VPR, external audit reports related to VA medical facility PSAS program and ensuring appropriate follow-up actions are taken for any noted deficiencies. **NOTE:** *The VA medical facility Director partners with the VPR on follow-up actions when the PSAS service line is decentralized.*

(6) Using the VA medical facility Issue Brief process to ensure the reporting of issues that impact the ability to provide safe and efficient facility PSAS operations (e.g., significant backlogs leading to disruptions in Veteran care, negligent procurement practices, security issues).

h. VA Medical Facility Chief of Staff and Associate Director for Patient Care Services. The VA medical facility Chief of Staff and Associate Director for Patient Care Services are responsible for ensuring clinical service line staff understand and abide by the regulatory requirements for the provision of PSAS items, benefits, and equipment. **NOTE:** *Please refer to Appendix A for further information on regulatory authorities governing PSAS benefits, devices, and equipment.*

i. VA Medical Facility Prosthetic and Sensory Aids Service Chief. The VA medical facility PSAS Chief is responsible for:

(1) Representing the VA medical facility on all topics related to PSAS.

(2) Educating Veterans and clinicians on all PSAS programs and the administrative requirements for each.

(3) Collaborating with clinical staff to resolve PSAS administrative consult issues and ensure the streamlined provision of PSAS devices and benefits.

(4) Providing clinical staff information about devices that VA medical facility PSAS is authorized to purchase and PSAS programs available to Veterans.

(5) Assigning a VA medical facility COR for all VA medical facility-level PSAS contracts to monitor ongoing contractual compliance for all PSAS service contracts by accreditation standards and other associated governing bodies.

(6) Ensuring PSAS transactions and expenditures for PSAS items and services are recorded appropriately within the NPPD.

(7) Monitoring the VA medical facility PSAS budget and communicating all needs or excess through appropriate fiscal and VISN channels.

(8) Ensuring PSAS staff are educated on and adhere to all PSAS BPGs, available at:

<https://dvagov.sharepoint.com/sites/VHAProsthesis/Business%20Practice%20Guidelines/Forms/AllItems.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(9) Ensuring adherence to all PSAS administrative consult management procedures as outlined in the PSAS BPG to ensure the timely and accurate provision of devices and benefits to Veterans.

(10) Ensuring proper administration of all PSAS benefit programs, including the Automobile Adaptive Equipment (AAE) program, Home Improvements and Structural Alterations (HISA) program and Clothing Allowance in accordance with eligibility requirements and VHA regulations. **NOTE:** *For AAE program requirements, see VHA Handbook 1173.4. For HISA program requirements, see VHA Directive 1173.14. For Clothing Allowance requirements, see VHA Handbook 1173.15.*

(11) Ensuring the completion of all VA medical facility PSAS assigned VA medical facility field corrections and recall actions initiated in VHA Alerts and Recalls application within the expected timeframe. **NOTE:** *Recall actions are VA medical facility assignments made on an item that was issued by PSAS and may be in Veteran possession where the manufacturer has issued a recall or field correction.*

(12) Ensuring VA medical facility PSAS staff abide by all applicable financial policies for procurement of prosthetic devices. **NOTE:** *For requirements, see: <https://www.va.gov/finance/policy/pubs/volumeXVI.asp>. This is an internal VA website not available to the public.*

(13) Ensuring all PSAS performance metrics are routinely monitored to ensure VA medical facility compliance.

(14) Advocating for PSAS programs at VA medical facilities.

(15) Developing action plans to address recommendations identified by external and internal oversight groups (e.g., VSOs, VA Office of Inspector General, The Joint Commission, Payment Integrity Information Act, Commission on Accreditation of Rehabilitation Facilities (CARF)).

(16) Partnering with the VPR and VA medical facility leadership and clinical staff to implement all applicable PSAS policies, programmatic changes and action plans for identified areas of concern resulting from internal and external audits to ensure streamlined and consistent service delivery.

(17) Ensuring the completion of supplemental claim reviews for all administrative appeals received within 30 calendar days of receiving VA Form 20-0995.

j. **Prescribing VA Health Care Provider.** *NOTE: The VA medical facility prescribing VA health care provider is a VA clinical provider or eligible entity requesting a device or service from PSAS to support a Veteran. Eligible entity refers to a non-VA provider who has the authority to request devices and equipment through VA (e.g., community care providers, locums providers, Department of Defense providers). The prescribing VA health care provider is responsible for:*

(1) Evaluating Veterans and determining whether they require an item or service under PSAS programs.

(2) Providing clinical justification for the prescribed item or service as required by the corresponding regulations. *NOTE: Please refer to Appendix A for further information on regulatory authorities governing PSAS benefits, devices and equipment.*

(3) Performing and documenting in the Veteran's electronic health record (EHR) an evaluation of the Veteran to establish any clinical requirements under PSAS programs, including a justification for a PSAS item or service. *NOTE: For documentation requirements, see VHA Directive 1907.01, VHA Health Information Management and Health Records, dated April 5, 2021.*

(4) Ensuring the environment where items or equipment provided under PSAS programs will be used is considered or assessed to ensure it meets the Veteran's needs (e.g., HISA program or home medical equipment home assessment, AAE program vehicle assessment). *NOTE: Not all items or equipment provided by PSAS will require a home assessment if the home environment is not relevant to the safe and effective function of the items or equipment.*

(5) Coordinating equipment trials for the Veteran, if indicated, documenting trial results in the EHR and determining whether the trialed item or service is optimal for the Veteran's needs. *NOTE: Not all items will require an equipment trial. The determination on whether an item must be trialed is based upon manufacturer or clinical requirements.*

(6) Collaborating with administrative or clinical staff to provide additional information or clarification on requested PSAS program items and benefits to ensure timely delivery.

(7) Ensuring the Veteran is provided training and education to ensure safe and efficient use of PSAS program items or benefits, including discussing Veteran responsibilities. *NOTE: Education and training may be provided by personnel in specialty clinics that distribute items and equipment to the Veteran or other members of the clinical team.*

(8) Serving as the point of contact for Veterans when their conditions or circumstances change in such a way that may impact their use of PSAS programs, including conducting routine follow-up appointments with Veterans based on their needs (e.g., phone, telehealth, in-person visit).

k. **VA Medical Facility Contracting Officer Representative.** The VA medical facility COR is responsible for:

(1) Overseeing the technical performance requirements for VA medical facility PSAS contracts as delegated by the Contracting Officer, monitoring the contractor's delivery of required goods and performance of the work according to the delivery schedule in the contract, and reporting noncompliance when identified to the responsible Contracting Officer

(2) Monitoring the expenditure of funds within the contract ceiling.

3. PROSTHETIC AND SENSORY AIDS SERVICE POLICY STRUCTURE

a. The PSAS program office develops policies and strategies and provides tools to VA medical facilities in support of national goals. The PSAS program office has defined a policy structure to articulate decisional pathways, define roles at each level to increase coordination, maintain support for long-term initiatives and establish national PSAS priorities.

b. The policy structure within PSAS aligns through PSAS advisory councils that report up to the PSAS Board of Councils. The establishment or disbandment of a PSAS advisory council is determined by the Executive Director, PSAS based upon VISN or VA medical facility input, strategic direction and national priorities. All council discussions resulting in a policy or procedural change must be brought to the PSAS Board of Councils for discussion and approved by the Executive Director, PSAS. For the PSAS advisory council structure, see:

<https://dvagov.sharepoint.com/sites/VHAProsthetics/Policies/Forms/AllItems.aspx?id=%2Fsites%2FVHAProsthetics%2FPolicies%2FVHA%20Directive%201173%2FDirective%20Links&p=true&ct=1667336549476&or=Teams%2DHL&ga=1>. **NOTE:** *This is an internal VA website that is not available to the public.*

4. TRAINING

a. The following training is recommended for all VA medical facility PSAS staff:

(1) Introduction to Prosthetics and Sensory Aids Service (PSAS) Web Course (Talent Management System (TMS) VA 15400). This course provides a general introduction to PSAS.

(2) Advanced Prosthetics Acquisition Tool (APAT) Navigation (TMS VA 4571637).

(3) Advanced Prosthetics Acquisition Tool (APAT) Reports (TMS VA 4571629).

(4) Advanced Prosthetics Acquisition Tool (APAT) Document Library (TMS VA 4571633).

(5) Advanced Prosthetics Acquisition Tool (APAT) Stock Issue (TMS VA 4571631).

(6) Advanced Prosthetics Acquisition Tool (APAT) Scan and Index (TMS VA 4571630).

(7) Advanced Prosthetics Acquisition Tool (APAT) Create Purchase Order (PO) (TMS VA 4571638).

(8) Advanced Prosthetics Acquisition Tool (APAT) Request for Quote (RFQ) (TMS VA 4571635).

(9) Advanced Prosthetics Acquisition Tool (APAT) Retrieve Purchase Order (PO) (TMS VA 4571634).

(10) Advanced Prosthetics Acquisition Tool (APAT) Create a Detailed Purchase Order (PO) (TMS VA 4571632).

(11) Introduction to FLOW3 (TMS VA 42599).

(12) FLOW3 Training for Purchasing and Contracting Staff (TMS VA 42597).

(13) Request for DME and Prosthetics from Community Providers (TMS VA 4527921).

(14) Purchasing Surgical Implants under Limited 38 USC 8123 Authority (TMS VA 38280).

b. The following training is recommended for all Prosthetic Representatives.

(1) Advanced Prosthetics Acquisition Tool (APAT) User Admin and Reports (TMS VA 4571627).

(2) Advanced Prosthetics Acquisition Tool (APAT) Admin Tool (TMS VA 4571628).

c. The following training is required for all Prosthetic Representatives and Prosthetic Purchasing Agents who administer clothing allowances: Prosthetics Clothing Allowance Web Course (TMS VA 19063). This course provides an overview of the Clothing Allowance program.

5. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by 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. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

6. BACKGROUND

a. PSAS is an essential component of health care delivery in VA that provides comprehensive support to optimize Veterans' health and independence. PSAS

develops patient-centered protocols for the procurement and distribution of items and benefits to Veterans that support and are aligned with clinical standards of care. PSAS staff consult relevant clinical standard operating procedures and provide items and equipment under prosthetic programs.

b. Items and benefits provided include, but are not limited to, sensory aids, such as hearing and blind aids; mobility aids, such as walkers and wheelchairs; communication and assistive devices; orthotic and prosthetic devices; home respiratory therapy, such as home oxygen services; recreational and rehabilitative equipment; surgical implants; durable medical equipment and prosthetic item repairs; and service dog insurance.

c. Additionally, PSAS administers several Veteran benefits programs such as AAE, HISA and Clothing Allowance.

7. DEFINITIONS

a. **Administrative Appeal.** An administrative appeal is a request for additional review or reconsideration of a benefit decision or determination made by VHA. **NOTE:** *Requests for review or reconsideration of medical determinations are considered clinical appeals and subject to the procedures outlined in VHA Directive 1041.*

b. **Automobile Adaptive Equipment Program.** The AAE program is a Veteran benefits program that provides the necessary equipment and training to enable a disabled Veteran to operate a motor vehicle and permit access to and from the vehicle safely.

c. **Business Practice Guidelines.** For purposes of this directive, BPGs are PSAS guidance documents that outline operating procedures when processing PSAS acquisition requests, benefit applications and other operational requirements.

d. **Clothing Allowance.** Clothing Allowance is an entitlement for Veterans with service-connected disabilities and disabilities compensable under 38 U.S.C. § 1151.

e. **Electronic Health Record.** EHR is the digital collection of Veteran health information resulting from clinical Veteran care, medical testing and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software, including Computerized Patient Record System (CPRS), Veterans Health Information System and Technology Architecture (VistA) and Cerner platforms. **NOTE:** *The purpose of this definition is to adopt a general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions software platforms.*

f. **Home Improvement Structural Alteration Program.** The HISA program is a Veteran benefit program that provides eligible beneficiaries with limited lifetime funds for home improvements and structural alterations originating from a medical prescription. **NOTE:** *All home improvements must be requested by a prescribing VA health care provider via order or PSAS administrative consult.*

g. **National Prosthetic Patient Database.** NPPD is a central database of prosthetic data recorded at each VA medical facility in the prosthetic software package that reflects fiscal data and individualized Veteran transactions.

h. **Prosthetic and Sensory Aids Service Administrative Consult.** A PSAS administrative consult is the method for a prescribing VA health care provider to prescribe or request a PSAS appliance or benefit for the Veteran.

8. REFERENCES

a. 38 U.S.C. §§ 1151, 1162, 1701(6)(F), 1707(b), 1710, 1714, 1717(a)(2), 1717(b) and (C), 1719, 3901 et seq., 7301(b), 8123.

b. 38 C.F.R. §§ 3.810, 17.148-17.149, 17.151-17.152, 17.154, 17.155-17.159, 17.3100-17.3130, 17.38, 17.3200-3250.

c. VHA Directive 1041, Appeal of Veterans Health Administration Clinical Decisions, dated September 28, 2020.

d. VHA Directive 1048, Prosthetic and Sensory Aids Service Specific Purpose Funding, dated March 17, 2020.

e. VHA Directive 1052, Appropriate and Effective Use of VHA Employee Mandatory and Required Training, dated June 29, 2018.

f. VHA Directive 1173.14, Home Improvements and Structural Alterations (HISA) Program, dated December 26, 2017.

g. VHA Directive 1907.01, VHA Health Information Management and Health Records, dated April 5, 2021.

h. VHA Handbook 1173.15, Clothing Allowance, dated May 14, 2015.

i. VHA Handbook 1173.4, Automobile Adaptative Equipment Program, dated October 30, 2000.

j. VA Form 20-0995, Decision Review Request: Supplemental Claim.

k. VA Form 20-0996, Decision Review Request: Higher-Level Review.

l. Prosthetic Clinical Management (PCM) Report Center:
<https://dvagov.sharepoint.com/sites/VHARPSSTAGE/PSAS/Pages/default.aspx>. **NOTE:**
This is an internal VA website that is not available to the public.

m. PSAS Appeal Modernization Process:
https://dvagov.sharepoint.com/:w:/r/sites/VHAProsthetics/_layouts/15/Doc.aspx?source doc=%7B42C8C131-6C46-431D-ACAE-3D8792DFC2A0%7D&file=PSAS%20Appeal%20Modernization%20Process.docx&actio

[n=default&mobileredirect=true&CID=FB18FC0D-6A2D-4BC6-8C39-669D61135D47&wdLOR=c6025D19A-A338-4DBE-A92D-6221C52B4B54](https://dvagov.sharepoint.com/sites/VHAProsthethics/Business%20Practice%20Guidelines/Forms/AllItems.aspx?id=%2Fsites%2FVHAProsthethics%2FBusiness%20Practice%20Guidelines%2FBusiness%20Practice%20Guidelines-Quality%20Improvement%20Report%206_11_18%2Epdf&parent=%2Fsites%2FVHAProsthethics%2FBusiness%20Practice%20Guidelines). **NOTE:** This is an internal VA website that is not available to the public.

n. PSAS Business Practice Guidelines:
<https://dvagov.sharepoint.com/sites/VHAProsthethics/Business%20Practice%20Guidelines/Forms/AllItems.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

o. PSAS Business Practice Guidelines for Quality Improvement Report:
https://dvagov.sharepoint.com/sites/VHAProsthethics/Business%20Practice%20Guidelines/Forms/AllItems.aspx?id=%2Fsites%2FVHAProsthethics%2FBusiness%20Practice%20Guidelines%2FBusiness%20Practice%20Guidelines-Quality%20Improvement%20Report%206_11_18%2Epdf&parent=%2Fsites%2FVHAProsthethics%2FBusiness%20Practice%20Guidelines. **NOTE:** This is an internal VA website that is not available to the public.

p. PSAS Data Portal:
<https://dvagov.sharepoint.com/sites/VHARPSSTAGE/PSAS/Pages/DataPortal.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

q. PSAS FY22 Scorecard Measure Definitions:
https://dvagov.sharepoint.com/:x:/r/sites/VHARPSSTAGE/PSAS/_layouts/15/Doc.aspx?sourcedoc=%7B3C92AF0B-DF67-4B80-B647-041A0CCF99D7%7D&file=PSAS%20FY22%20Scorecard%20Measure%20Definitions.xlsx&action=default&mobileredirect=true&CID=6252A674-AF1E-47C5-BC4F-4BC4B28AC52D&wdLOR=cE96B8763-0A9E-4550-91D4-35960B56B8F2. **NOTE:** This is an internal VA website that is not available to the public.

r. PSAS SharePoint:
<https://dvagov.sharepoint.com/sites/VHAProsthethics/SitePages/Home.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

s. PSAS Site Visit Auditing template:
<https://dvagov.sharepoint.com/sites/VHAProsthethics/Quality%20%20Compliance/Forms/AllItems.aspx?viewid=030a6039%2Dfdc5%2D48b2%2Da7cc%2D9dd6322056e4&id=%2Fsites%2FVHAProsthethics%2FQuality%20%20Compliance%2FSite%20Visit%20Auditing%20Tools>. **NOTE:** This is an internal VA website that is not available to the public.

t. VA Office of Finance Charge Card Programs:
<https://www.va.gov/finance/policy/pubs/volumeXVI.asp>. **NOTE:** This is an internal VA website that is not available to the public.

PROSTHETIC AND SENSORY AIDS SERVICE PSAS REGULATORY AUTHORITIES

The provision of items, benefits and equipment provided by the Prosthetics and Sensory Aids Service (PSAS) are authorized in whole or in part by separate statutes and controlled by several different implementing regulations. The diagram below breaks down the authorities by PSAS program area.

Item/Benefit/Service	Statute	Regulation(s)
Prosthetic and Rehabilitative Items and Services	38 U.S.C. §§ 1701(6)(F) and 1710	38 C.F.R. § 17.3200-17.3250
Clothing Allowance	38 U.S.C § 1162	38 C.F.R. § 3.810
Service and Guide Dog Benefits	38 U.S.C § 1714(b) and (c)	38 C.F.R. § 17.148
SensoriNeural Aids	38 U.S.C § 1707(b)	38 C.F.R. § 17.149
Patient Lifts and other Rehabilitative Devices	38 U.S.C § 1717(b)	38 C.F.R. § 17.151
Devices for Deaf Veterans	38 U.S.C § 1717(C)	38 C.F.R. § 17.152
Equipment for Blind Veterans	38 U.S.C § 1714(b)	38 C.F.R. § 17.154
Automobile Adaptive Equipment	38 U.S.C § 3901 et seq.	38 C.F.R. § 17.155-17.159
Home Improvement and Structural Alterations	38 U.S.C § 1717(a)(2)	38 C.F.R. § 17.3100-17.3130