



VHA HAS DEFINED A "CATASTROPHICALLY DISABLED" VETERAN TO BE A VETERAN WHO HAS 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. THIS DEFINITION IS MET BY CONDITIONS LISTED UNDER 1A OR 1B OR 2.

PATIENT NAME (Last, First and Middle)

SOCIAL SECURITY NUMBER

OTHER IDENTIFYING PATIENT INFORMATION

1A. THE VETERAN IS CATASTROPHICALLY DISABLED IF THE VETERAN HAS ONE OF THE FOLLOWING PERMANENT CONDITIONS. CHECK THE CONDITIONS FOR WHICH THE VETERAN QUALIFIES.

- 1. Quadriplegia and quadriparesis
2. Paraplegia
3. Legal blindness defined as visual impairment of 20/200 or less visual acuity in the better seeing eye with corrective lenses, or a visual field restriction of 20 degrees or less in the better seeing eye with corrective lenses.
4. Persistent vegetative state

1B. THE VETERAN IS CATASTROPHICALLY DISABLED IF THE VETERAN HAS A PERMANENT CONDITION RESULTING FROM TWO OF THE FOLLOWING PROCEDURES PROVIDED THE TWO PROCEDURES WERE NOT ON THE SAME LIMB. Check the procedure.

- 1. Amputation, detachment, or re-amputation of or through the hand
2. Disarticulation, detachment, or re-amputation of or through the wrist
3. Amputation, detachment, or re-amputation of the forearm at or through the radius and ulna
4. Amputation, detachment, or disarticulation of the forearm at or through the elbow
5. Amputation, detachment, or re-amputation of the arm at or through the humerus
6. Disarticulation or detachment of the of the arm at or through the shoulder
7. Interthoracoscapular (forequarter) amputation or detachment
8. Amputation, detachment, or re-amputation of the leg at or through the tibia and fibula
9. Amputation or detachment of or through the great toe
10. Amputation or detachment of or through the foot
11. Disarticulation or detachment of the foot at or through the ankle
12. Amputation or detachment of the foot at or through malleoli of the tibia and fibula
13. Amputation or detachment of the lower leg at or through the knee
14. Amputation, detachment, or re-amputation of the leg at or through the femur
15. Disarticulation or detachment of the leg at or through the hip
16. Interpelviaabdominal (hindquarter) amputation or detachment

DEFICIENCIES OF PHYSICAL OR MENTAL FUNCTION

NOTE: In DSM-5, the multi-axial system was removed including Axis V disability Global Assessment of Functioning (GAF). The DSM-5 task force recommended the GAF be dropped. The DSM-5 Disability Study Group judged the World Health Organization Disability Assessment Schedule (WHODAS 2.0) as the best measure of disability for routine clinical use. The WHODAS 2.0 is based on the International Classification of Functioning, Disability, and Health (ICF) and aligns DSM-5 with the World Health Organization's approach to defining disability. Until scientific study provides a validated cut-off score for catastrophic disability, clinicians may continue to use GAF as one of the measures for assessing catastrophic disability, although it will not be part of a multi-axial diagnosis.

2. THE VETERAN IS CATASTROPHICALLY DISABLED IF THE VETERAN PERMANENTLY MEETS ONE OF THE CONDITIONS SPECIFIED IN THE FOLLOWING SECTION: (Check the appropriate item for which the veteran qualifies, and attach the completed assessment tool.)

- 1. Dependent in three or more activities of daily living (eating, dressing, bathing, toileting, transferring, incontinence of bowel and/or bladder), with at least three of the dependencies being permanent with a score of 1, using the Katz scale.
2. A score of 2 or lower on at least 4 items of the combined self-care items (GG0130 - A-H) and mobility items (GG0170 - A-J) using Section GG on the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF PAI) or the Resident Assessment Instrument Minimum Data Set (RAI MDS).
3. A score of 30 or lower using the global assessment of functioning (GAF).

COMPLETED BY (Signature)

DATE (MM/DD/YYYY)

## CATASTROPHICALLY DISABLED VETERAN ENROLLMENT APPROVAL REQUEST

REQUEST OR REVIEW TYPE <input type="checkbox"/> VETERAN INITIATED <input type="checkbox"/> VA FACILITY INITIATED		DATE INITIATED (MM/DD/YYYY)
PATIENT NAME (Last, First and Middle)		DATE OF BIRTH (MM/DD/YYYY)
ADDRESS		RESIDENTIAL PHONE NUMBER
		BUSINESS PHONE NUMBER
VETERAN REPRESENTATIVE'S NAME		PHONE NUMBER
CATASTROPHICALLY DISABLED CONDITIONS CLAIMED BY THE VETERAN		
CONDITIONS THAT VETERAN QUALIFIES FOR BY RECORD REVIEW (Fill out Page 1 of VA Form 10-0383)		RECORD REVIEW DATE (MM/DD/YYYY) _____
VETERAN NEEDS CLINICAL EXAMINATION <input type="checkbox"/> YES <input type="checkbox"/> NO    (If Yes, Clinical Examination Date) (MM/DD/YYYY)		
CONDITIONS THAT VETERAN QUALIFIES FOR BY CLINICAL EXAMINATION (Fill out Page 1 of VA Form 10-0383)		
CATASTROPHICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	RECOMMENDED BY (Signature)	DATE (MM/DD/YYYY)
IS THE COMPLETED ASSESSMENT TOOL ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO    (Specify)		
RATIONALE FOR NOT RECOMMENDING CATASTROPHICALLY DISABLED		
APPROVAL BY COS <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	(Signature)	DATE (MM/DD/YYYY)
RATIONALE FOR DISAPPROVAL		
*VETERAN AND VETERAN REPRESENTATIVE NOTIFIED <input type="checkbox"/> BY PHONE <input type="checkbox"/> BY MAIL	FIRST NOTIFICATION DATE (MM/DD/YYYY)	INITIALS
*Our goal is for the total time between the veteran's request for evaluation and the notification of results not to exceed 35 calendar days		
<b>NOTE: VA Form 10-0383 will be placed in the patient's record.</b>		