

**DISTRESSED VETERANS**  
STANDARD OPERATING PROCEDURE



# Table of Contents

1	History and Program Overview .....	1
1.1	Definitions .....	1
1.2	Special Emphasis .....	2
1.2.1	Homeless .....	2
1.2.1.1	Encountering a Homeless Veteran .....	3
a.	Regional Office (RO) Personnel .....	3
b.	National Call Center (NCC) Personnel .....	3
1.2.1.2	Veterans Benefits Administration (VBA) Homeless Veteran Programs .....	3
1.2.1.3	Veterans Health Administration (VHA) Homeless Veteran Programs .....	5
1.2.1.4	Local Homeless Veteran Resources .....	8
1.2.2	Elderly Veterans .....	9
1.2.2.1	Encountering an Elderly Veteran .....	9
a.	Regional Office (RO) Personnel .....	9
b.	National Call Center (NCC) Personnel .....	9
1.2.2.2	VBA Elderly Veteran Programs .....	9
1.2.2.3	VHA Elderly Veteran Programs .....	11
1.2.2.4	National Cemetery Administration (NCA) Elderly Veteran Programs .....	12
1.3	Financial Distress .....	12
1.3.1	Encountering a Veteran experiencing Financial Distress .....	12
a.	Regional Office (RO) Personnel .....	12
b.	National Call Center (NCC) Personnel .....	12
1.3.2	VBA Financial Distress Resources .....	13
1.3.3	VHA Financial Distress Resources .....	13
1.3.4	Local Financial Resources .....	13
1.4	Mental Distress .....	14
1.4.1	Encountering a Veteran Experiencing Mental Distress .....	14
a.	Regional Office (RO) Personnel .....	14
b.	National Call Center (NCC) Personnel .....	15
1.4.2	VBA Mental Distress Resources .....	16
1.4.2	VHA Mental Distress Resources .....	16
1.4.3	Local Mental Distress Resources .....	17
1.5	Physical Distress .....	17
1.5.1	Encountering a Veteran in Physical Distress .....	17

a.	Regional Office (RO) Personnel .....	17
b.	National Call Center (NCC) Personnel .....	18
1.5.2	VBA Physical Distress Resources.....	18
1.5.3	VHA Physical Distress Resources .....	19
1.5.4	Local Physical Distress Resources.....	19
1.6	Natural Disasters .....	19
1.6.1	Encountering a Veteran who has experienced a Natural Disaster .....	19
a.	Regional Office (RO) Personnel .....	19
b.	National Call Center (NCC) Personnel .....	19
1.6.2	VBA Natural Disaster Resources.....	19
1.6.2	VHA Natural Disaster Resources .....	20
1.6.3	Local Natural Disaster Resources.....	21
1.7	References/Endnotes .....	22

# 1 History and Program Overview

This Standard Operating Procedure (SOP) sets forth the policies and procedures the Department of Veterans Affairs (VA) Veterans Benefits Administration (VBA) will utilize when engaging distressed Veterans. This integrated approach will identify the types of distress and designate specific resource management for Veterans seeking assistance.

## 1.1 Definitions

VBA has identified five (5) main categories of “distress” which can affect Veterans and other VA beneficiaries seeking assistance from VBA Regional Offices (RO). The following definitions outline procedural guidelines for working with the following groups:

### 1. **Special Emphasis**

#### a. Homeless

- i. Has a primary nighttime residence that is a public or private place and is not meant for human habitation. May include any of the following, but not limited to: streets, bridges, alleys, and parks.
- ii. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs.
- iii. Is exiting an institution where s/he has resided for 90 days or less with no occupancy agreement for a fixed, regular, adequate nighttime residence.<sup>i</sup>
- iv. The Veteran self-identifies as homeless.
- v. Is living with a family member or friend due to lack of his or her own housing or economic hardship.
- vi. Is fleeing or attempting to flee domestic violence when there is evidence the Veteran has no other residence and lacks the resources including social support networks to obtain permanent housing.

#### b. Elderly

- i. A Veteran or VA beneficiary who is more than 85 years old<sup>ii</sup> (for expedited claims purposes).
- ii. Veterans who are advanced in age and require additional geriatric care.

### 2. **Financial Distress**

- a. If a Veteran states that s/he is experiencing extreme financial hardship and submits documentation to support the assertion, accept the claimant’s statement as factual.<sup>iii</sup>
- b. Documentation to support the assertion of extreme financial hardship includes, but is not limited to:
  - i. An eviction notice or statement of foreclosure,
  - ii. Past due utilities notices, and/or
  - iii. Collection notices from creditors.

### 3. **Mental Distress**

- a. Psychological or other mental health conditions which impede or threaten a Veteran's ability to function optimally. These conditions may be chronic or acute in nature, and the spectrum of severity may vary.
- b. Mental distress situations can be life-threatening and result in a necessity for emergency response.

### 4. **Physical Distress**

- a. A Veteran may experience symptoms (acute or chronic) resulting from a physiological medical diagnosis, which may create either an emergency medical situation or an impediment to seeking benefits or VA services.
- b. A Veteran or other VA beneficiary may undergo duress from an internal or external source which presents a physical barrier to care or benefits. Such situations could be life-threatening and result in a necessity for emergency response.

### 5. **Natural Disaster**

- a. Federal Emergency Management Agency (FEMA) defines a major natural disaster as follows: Any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought) or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which, in the determination of the President, causes damage of sufficient severity and magnitude to warrant major disaster assistance under the Stafford Act to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.<sup>iv</sup>
- b. United Nations (UN) defines a natural disaster as follows: A serious disruption of the functioning of society, causing widespread human, material, or environmental losses **which exceed the ability of affected society to cope using only its own resources.**<sup>v</sup>

## 1.2 Special Emphasis

### 1.2.1 *Homeless*

VA has established extensive procedures in an effort to eliminate Veteran homelessness, including expedited claims processing and community resource management.

VA is committed to ending homelessness among Veterans. The focus is threefold:

- Conducting coordinated outreach to proactively seek out Veterans in need of assistance
- Connecting homeless and at-risk Veterans with housing solutions, health care, community employment services and other required supports
- Collaborating with public and private partners to expand employment and affordable housing options for Veterans exiting homelessness

VA's goal is a systematic end to homelessness, which means that every Veteran has access to permanent housing. Should a Veteran be at-risk or become homeless, VA will have the capacity to quickly connect them with resources needed to achieve housing stability. The ultimate goal is that all Veterans have permanent, sustainable housing with access to high-quality health care and other supportive services.<sup>vi</sup> VA's main homeless Veteran home page may be accessed at <https://www.va.gov/HOMELESS/index.asp>.

### *1.2.1.1 Encountering a Homeless Veteran*

#### *a. Regional Office (RO) Personnel*

When a Homeless Veteran contacts or appears at a VA Regional Office, public contact or other personnel shall take the following actions:

1. Refer Veteran to Homeless Veteran Outreach Coordinator (HVOC) if applicable (20 ROs employ full-time HVOCs<sup>vii</sup>). If the Regional Office does not have a HVOC, the Public Contact personnel should assist the Veteran with his/her request
2. Determine if the Veteran has immediate shelter
  - If immediate shelter is required, assist the Veteran with obtaining shelter by referring to the National Homeless Shelter Directory located at [http://vbaw.vba.va.gov/BAS/outreach/docs/National\\_Homeless\\_Shelter\\_Directory\\_12-15.xlsx](http://vbaw.vba.va.gov/BAS/outreach/docs/National_Homeless_Shelter_Directory_12-15.xlsx)
3. Flash the Veteran's Corporate Record to match his/her homeless status
4. Assist with filing a claim for benefits, if applicable
5. Provide a warm handoff to VHA Social Worker and/or Local Agency/Shelter

#### *b. National Call Center (NCC) Personnel*

When a Homeless Veteran contacts the National Call Center, personnel shall take the following actions:

1. Provide a warm handoff to the National Call Center for Homeless Veterans, if authorized by the Veteran. Call Center personnel are trained on this procedure. The phone number for the NCC for Homeless Veterans is 1-877-424-3838.
2. Refer the Veteran to the local Regional Office HVOC.
3. Email or call the local HVOC and provide the Veteran's information.

### *1.2.1.2 Veterans Benefits Administration (VBA) Homeless Veteran Programs*

**Expedited Claims Processing:** Leadership in each VA Regional Office (VARO) will:

1. Ensure that all claims initiated by homeless Veterans are processed within a maximum of 90 calendar days from receipt on station,<sup>viii</sup>
2. Require that each division provide control and assume responsibility for expedited processing of homeless Veterans' claims;
3. Ensure the requirements of 38 CFR 1.710 are facilitated, which requires VA to take necessary steps to provide delivery and payment of benefits and notification correspondence.<sup>ix</sup>

4. Establish effective coordination between the VARO and VA Medical Center (VAMC) within the RO's jurisdiction. An effective working relationship is imperative to ensure that holistic services are provided to homeless claimants and appropriate contact and referral points are established for use by the VARO to aid in the processing of homeless Veterans claims.
5. Upon receipt of a claim from individuals identified in M21-1, Part III, Subpart ii, 1.D.1.a, ROs must take any action on the claim that is necessary to move it to the next stage in the claims process *before* taking action on any other non-priority claim.<sup>x</sup>

To ensure a claim requiring priority processing is expedited at all stages of the claims process, ROs must also case-manage such claims by:

- Frequently following up on pending actions
  - Utilizing issue specific coordinators, where applicable
  - Using the telephone to contact homeless Veterans and to conduct development activities, whenever possible, and
  - Collaborating with the Veterans Health Administration (VHA) and other involved counterparts.<sup>xi</sup>
6. Procedures are outlined in M21-1 III.ii.1.D.2 for expediting a homeless Veteran's claim for benefits.

**Homeless Veteran Outreach:** VBA has historically advocated the importance of providing outreach services to Veterans. Outreach is an effective means by which VA can personally contact those Veterans who, because of age, disability, mental condition, or social status, are either unable or unwilling to solicit assistance and information from local VA Regional Offices (RO). VBAs outreach programs are designed to address the needs of homeless Veterans and the day-to-day problems incurred as a result of homelessness. M27-1, Part II, Chapter 3 outlines outreach procedures to Homeless Veterans.

1. Establish a direct contact point within each RO for homeless service providers. When a service provider contacts the RO for assistance, clients often require immediate attention. If the provider is unable to obtain assistance, s/he may not continue to include VA in their referral system. Confidence in the RO support structure can be enhanced through effective communication with service providers.
2. Contact homeless service providers regularly. Contacts can be made by the designated VARO homeless coordinator(s) or by fiduciary hub field examiners in person or by telephone. The coordinator should elicit methods of assisting the service providers and their clients and emphasize the importance of a VA presence in an effective information and referral system.
3. The HVOC is responsible for coordinating homeless Veterans services with regional, state, municipal and community government programs as well as non-profit and charitable organizations. These programs and organizations will vary based on locality.

4. Develop, implement, and maintain a location specific Regional Office Homeless Veteran Program Plan, ensuring proper prioritization for claims identified as involving a homeless Veteran and Veterans at immediate risk of homelessness and designating and maintaining accurate reporting of employees assigned to the roles of Homeless Veterans Outreach Coordinator (when required), Justice Involved Veteran Coordinator, and Homeless Veterans Claims Coordinator.<sup>xii</sup>
5. Advertise the availability of VA benefits and services in places where homeless Veterans may congregate within communities, e.g., bus stations, shelters, soup kitchens, assistance offices, libraries, public buildings, federal buildings, and public transit facilities.
6. Develop and provide training for VARO personnel designed to improve awareness and achieve sensitivity to the challenges which face homeless Veterans. Training may include homeless service provider presentations and group discussions.
7. Enlist the help and support of Veterans' Service Organizations (VSO), and Community Engagement Board Members to support the VARO homeless outreach programs and assist in providing services in out-based communities.<sup>xiii</sup>

Homeless Veteran Outreach Coordinators can be located at the Benefits Assistance Service (BAS) Homeless Outreach Website  
[http://vbaw.vba.va.gov/BAS/outreach/veterans/homeless/Main\\_Homeless.asp](http://vbaw.vba.va.gov/BAS/outreach/veterans/homeless/Main_Homeless.asp).


### *1.2.1.3 Veterans Health Administration (VHA) Homeless Veteran Programs*

**Community Resource and Referral Centers (CRRC):** CRRCs are a collaborative effort of VA, the community, service providers, and agency partners. CRRCs are located in strategically selected areas to provide both a refuge from the streets and a central location to engage homeless Veterans in services. Veterans are referred to health care resources, job development programs, housing options, and other VA and non-VA benefits. Additional information is available at <https://www.va.gov/homeless/nchav/models/crrc.asp>.

**Domiciliary Care for Homeless Veterans (DCHV):** The DCHV program provides time-limited residential treatment to homeless Veterans with mental health and substance use disorders, co-occurring medical concerns, and psychosocial needs including homelessness and unemployment. DCHV programs provide homeless Veterans access to medical, mental health, and substance use disorder treatment in addition to psychosocial and vocational rehabilitation treatment programs. Additional information is available at <https://www.va.gov/homeless/dchv.asp>.

**Health Care for Homeless Veterans (HCHV):** The central goal of HCHV programs is to reduce homelessness among Veterans by engaging and connecting homeless Veterans with health care and other needed services. HCHV programs provide outreach, case management and HCHV Contract Residential Services ensuring that chronically homeless Veterans, particularly those with serious mental health diagnoses and/or substance use disorders, can be placed in VA or community-based programs that provide quality housing and services that meet the needs of this special population. Additional information is available at <https://www.va.gov/HOMELESS/hchv.asp>.





**Health Care for Reentry Veterans Services (HCRV):** The HCRV program is designed to address the community re-entry needs of incarcerated Veterans. HCRV's goals are to prevent homelessness, reduce the impact of medical, psychiatric, and substance abuse problems upon community re-adjustment, and decrease the likelihood of re-incarceration for justice involved Veterans. Additional information is available at <https://www.va.gov/homeless/reentry.asp>.

**Homeless Patient Aligned Care Teams (H-PACT):** H-PACT provides a coordinated “medical home” specifically tailored to the needs of homeless Veterans. At selected VA facilities, Veterans are assigned to an H-PACT care team that includes a primary care provider, nurse, social worker, homeless program staff and others who provide medical care, case management, housing and social services assistance, to provide and coordinate the health care they may need while assisting them in obtaining and staying in permanent housing. Additional information is available at [https://www.va.gov/homeless/h\\_pact.asp](https://www.va.gov/homeless/h_pact.asp).

**Homeless Providers Grant and Per Diem Program (GPD):** The GPD program allows VA to award grants to community-based agencies to create transitional housing programs and offer per diem payments. The purpose is to promote the development and provision of supportive housing and/or supportive services with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. GPD-funded projects offer communities a way to help homeless Veterans with housing and services while assisting VA medical centers (VAMC) by augmenting or supplementing care. Additional information is available at <https://www.va.gov/homeless/GPD.asp>.

**Homeless Veterans Dental Program (HVDP):** The Homeless Veteran Dental Program helps increase the accessibility of quality dental care to homeless and certain other Veteran patients enrolled in VA-sponsored and VA partnership homeless rehabilitation programs throughout the U.S. Additional information is available at <https://www.va.gov/homeless/dental.asp>.

**Homeless Veteran Community Employment Services (HVCES):** To improve employment outcomes and reach the most difficult to serve homeless Veterans, each VA medical center (VAMC) received funding to hire new Vocational Development Specialists (VDS) to serve as Community Employment Coordinators (CEC) within the Homeless Veteran Community Employment Services (HVCES) framework. CECs are responsible for the ongoing orientation and training of the Homeless Services continuum and for providing direct assistance in connecting Veterans to the most appropriate and least restrictive VA and/or community-based employment service leading to competitive employment with appropriate supports. Additional information is available at <https://www.va.gov/HOMELESS/HVCES.asp>.

### **Housing and Urban Development - Veterans Affairs Supportive Housing (HUD-VASH)**

**Program:** A collaborative program between HUD and VA where eligible homeless Veterans receive a Housing Choice rental voucher from HUD, while VA provides case management and supportive services to sustain housing stability and recovery from physical and mental health problems, substance use disorders, and functional concerns contributing to or resulting from homelessness. HUD-VASH subscribes to the principles of the “Housing First” model of care. Housing First is an evidence based practice model that has demonstrated rapidly moving individuals into housing, and then wrapping supportive services around them as needed. Program goals include housing stability while promoting maximum Veteran recovery and independence in the community for the Veteran and the Veteran’s family. Additional information about the HUD-VASH program is available at <https://www.va.gov/homeless/hud-vash.asp>.

**National Call Center for Homeless Veterans (NCCHV):** The NCCHV was founded to ensure that homeless Veterans or Veterans at-risk for homelessness have free, 24/7 access to VA staff. The hotline is intended to assist homeless and at-risk Veterans and their families, VAMCs, federal, state and local partners, community agencies, service providers and others in the community. The NCCHV may be reached at 1-877-4AID VET (1-877-424-3838) or <https://www.va.gov/homeless/nationalcallcenter.asp>.

**National Center on Homelessness among Veterans (NCHAV):** The National Center on Homelessness among Veterans (NCHAV) works to promote recovery-oriented care for Veterans who are homeless or at-risk for homelessness by developing and disseminating evidence-based policies, programs, and best practices. The Center is active in research, management and education development that can be directly applied to improve services for Veterans who are homeless. Additional information regarding the NCHAV may be found at <https://www.va.gov/homeless/nchav/>.

**Community Homelessness Assessment, Local Educations and Networking Groups (Project CHALENG) for Veterans:** This program unites consumers, providers, advocates, local officials and other concerned citizens to identify the needs of homeless Veterans and work to meet those needs through planning and cooperative action. CHALENG is designed to be an ongoing assessment process that describes the needs of homeless Veterans and identifies the barriers they face to successful community reentry. This process has helped build thousands of relationships with community agencies, Veterans groups, law enforcement agencies, and Federal, state, and local government. Local CHALENG meetings represent important opportunities for VA, public and private agency representatives to meet and develop meaningful partnerships to better serve homeless Veterans. Additional information is available at <https://www.va.gov/homeless/challeng.asp>.

**Safe Havens:** Safe havens provide a transitional residence for hard to reach homeless persons with mental illness and substance use problems who have failed in traditional programs. The low-demand, non-intrusive environment is designed to establish trust and eventually engage the homeless Veteran in needed treatment services and transitional or permanent housing options. Additional information is available at <https://www.va.gov/homeless/nchav/models/safe-havens.asp>

**Stand Downs:** Stand downs are typically one to three day events providing services to homeless Veterans such as: food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services not limited to housing, employment and substance use treatment. Stand downs are collaborative events, coordinated between local VAs, other government and community agencies who serve the homeless. VA outreach guidance requires each Regional Office (RO) to conduct or participate in at least one (1) stand down event annually.<sup>xiv</sup> A schedule of Stand Downs may be accessed at <https://www.va.gov/homeless/events.asp>.

**Supportive Services for Veteran Families (SSVF):** This program was authorized by Public Law 110-387 and provides supportive services to very low-income Veteran families in or transitioning to permanent housing. SSVF is designed to rapidly re-house homeless Veteran families and prevent homelessness for those at imminent risk due to a housing crisis. Funds are granted to private non-profit organizations and consumer cooperatives that will assist very low-income Veteran families by providing a range of supportive services designed to promote housing stability. Additional information is available at [https://www.va.gov/HOMELESS/Supportive\\_Services\\_for\\_Veteran\\_Families.asp](https://www.va.gov/HOMELESS/Supportive_Services_for_Veteran_Families.asp).

**Veteran Justice Outreach (VJO):** The purpose of the Veteran Justice Outreach (VJO) Program is to prevent homelessness, and avoid the unnecessary criminalization of mental illness and extended incarceration among Veterans. This is accomplished by ensuring eligible justice-involved Veterans encountered by police, and in jails or courts, have timely access to VHA mental health, substance abuse, and homeless services when clinically indicated, and other VA services and benefits as appropriate. Additional information is available <https://www.va.gov/HOMELESS/VJO.asp>.

#### *1.2.1.4 Local Homeless Veteran Resources*

**This section provides local information available to homeless Veterans.**

- National Coalition for Homeless Veterans  
[http://nchv.org/index.php/help/help/locate\\_organization/](http://nchv.org/index.php/help/help/locate_organization/)
- National Resource Directory  
<https://www.nrd.gov/>
- The Salvation Army  
<http://www.salvationarmyusa.org/>
- National Homeless Shelter Directory  
[http://vbaw.vba.va.gov/BAS/outreach/docs/National\\_Homeless\\_Shelter\\_Directory\\_12-15.xlsx](http://vbaw.vba.va.gov/BAS/outreach/docs/National_Homeless_Shelter_Directory_12-15.xlsx)

## 1.2.2 Elderly Veterans

As Veterans age, VA is committed to providing benefits and services that address a variety of issues including the changing health risks they face, as well as financial challenges through VA benefits and health services.

### 1.2.2.1 Encountering an Elderly Veteran

#### a. Regional Office (RO) Personnel

When an Elderly Veteran contacts or appears at a VA Regional Office, Elderly Veteran Outreach Coordinator (EVOC), public contact or other personnel shall take the following actions:

1. Flash the Veteran's corporate record appropriately
2. Assist with the issue at hand, including assisting with filing a claim if appropriate
3. Refer Veteran to the EVOC if appropriate. A list of EVOCs may be found at <http://vbaw.vba.va.gov/bas/outreach/veterans/elderly/eld-index.asp>

#### b. National Call Center (NCC) Personnel

When an Elderly Veteran contacts the National Call Center (NCC), personnel shall take the following actions:

1. Flash the Veteran's Corporate Record
2. Assist with the issue at hand
3. If appropriate, refer the Veteran to the local RO EVOC
4. Follow established training procedures for the National Call Center

### 1.2.2.2 VBA Elderly Veteran Programs

**Expedited Claims Processing:** Veterans and VA beneficiaries who file claims with a VARO or Pension Maintenance Center (PMC) are given priority processing if the Veteran is 85 years of age or greater. These claims are placed in a priority pool in the National Work Queue (NWQ) for expedited processing.

**Pension, Aid & Attendance (A&A) Benefits:** VA helps Veterans and their families cope with financial challenges by providing supplemental income through the Veterans Pension and Survivor's Pension benefit. Pensions are a tax-free monetary benefit payable to low-income wartime Veterans or their survivors. Veteran's pension is a needs-based benefit paid to:

- A wartime Veteran based on permanent and total disability **OR** having attained age 65
- A surviving spouse or surviving child because of a wartime Veteran's death<sup>xv</sup>

**Survivors Pension Benefits:** The Survivors Pension benefit, also referred to as Death Pension, is a tax-free monetary benefit payable to a low-income, un-remarried surviving spouse and/or unmarried child(ren) of a deceased Veteran with wartime service.

The deceased Veteran must have met the following service requirements:

- For service on or before September 7, 1980, the Veteran must have served at least 90 days of active military service, with at least one day during a wartime period.
- If the Veteran entered active duty after September 7, 1980, generally s/he must have served at least 24 months or the full period for which called or ordered to active duty with at least one day during a wartime period.
- Was discharged from service under other than dishonorable conditions.

Survivors Pension is also based on yearly family income, which must be less than the amount set by Congress to qualify. While an un-remarried spouse is eligible at any age, a child of a deceased wartime Veteran must be:

- Under 18, *or*
- Under age 23 if attending a VA-approved school, *or*
- Permanently incapable of self-support due to a disability before age 18.

**Aid & Attendance (A&A):** A&A is defined as helplessness or being so nearly helpless as to require the regular aid and attendance of another person. The criteria set forth in paragraph (c) of 38 CFR 3.351 will be applied in determining whether such need exists.<sup>xvi</sup>

**Housebound:** Housebound is defined as substantial confinement to one's immediate premises due to permanent disability.

- Veterans and survivors eligible for VA pension and require the aid and attendance of another person, or are housebound, may be eligible for additional monetary payment. These benefits are paid in addition to monthly pension, and are not paid without eligibility to pension.
- Veterans eligible for disability pension qualify for nonservice-connected (NSC) housebound status if they:
  - Have a single permanent disability rated 100 percent under a schedule evaluation, and
  - Have other disabilities independently ratable at 60 percent or more, or
  - Are permanently housebound by reason of their disabilities, per [38 CFR 3.351\(d\)](#), or
  - Qualify under *Hartness v. Nicholson* (2006) when pension was granted based on the Veteran's being age 65 or older.

A Veteran or surviving spouse may not receive A&A and housebound benefits at the same time. Additional information regarding the processing and payment of Pension claims may be found in M21-1 Part III.

**Fiduciary Services<sup>xvii</sup>:** VBA has established the Fiduciary Program, administered by Pension and Fiduciary (P&F) Service, to protect Veterans and other beneficiaries who, due to injury, disease or age, are unable to manage their financial affairs. VA will only determine an individual to be unable to manage his or her financial affairs after receipt of medical documentation or court order.

1. Program responsibilities include assessing the competence, adjustment, and personal welfare of beneficiaries. This assessment is for the purpose of evaluating whether the beneficiary needs assistance in managing his/her VA benefits.<sup>xviii</sup>

2. Upon determining a beneficiary is unable to manage his or her financial affairs, VA will appoint a fiduciary. The fiduciary, normally chosen by the beneficiary, must undergo an investigation of their suitability to serve. This investigation includes a criminal background check, review of credit report, personal interview, and recommendations of character references. Only after a complete investigation is a fiduciary appointed to manage a beneficiaries VA benefits.
3. The fiduciary is responsible to the beneficiary and oversees financial management of VA benefit payments. Generally, family members or friends serve as fiduciaries for beneficiaries; however, when friends and family are not able to serve, VA looks for qualified individuals or organizations to serve as a fiduciary.

Fiduciary hub contact information may be located at <http://www.benefits.va.gov/fiduciary/contact-us.asp>.

**Elderly Veterans Outreach:** Benefits Assistance Service (BAS) will coordinate and direct VBA Elderly outreach efforts. Each RO Director will appoint an Elderly Veteran Coordinator to act as a liaison to the local Area Agency for the Aging (AAA). The coordinator will have a broad knowledge of VA policy and eligibility requirements. Coordinator duties may be found in M27-1 Part II, Chapter 9. Elderly Veteran Outreach Coordinators can be located at the Benefits Assistance Service (BAS) Elderly Veteran Outreach Website at <http://vbaw.vba.va.gov/bas/outreach/veterans/elderly/eld-index.asp>

### *1.2.2.3 VHA Elderly Veteran Programs*

**Geriatrics and Extended Care Services (GEC):** GEC is committed to optimizing the health and well-being of Veterans with multiple chronic conditions, life-limiting illness, frailty or disability associated with chronic disease, aging or injury.

**Home and Community-Based Care<sup>xix</sup>:** Home and Community-Based Care supports Veterans independence so they can remain in their own home as long as possible. Services include homemaker/home health aide, respite care and adult day healthcare.

**Residential Settings:** Residential Settings are supervised living situations that provide meals and assistance with activities of daily living. These settings include: Adult Family Homes (not VA), Assisted Living Facilities (not VA), Medical Foster Homes, and Community Residential Care. Veterans pay rent for living in these settings, but if they have certified needs and are enrolled in VHA, home and community-based services may be provided in these settings.

**Nursing Homes:** Nursing Homes are settings in which skilled nursing care, along with other supportive and medical care services are available 24 hours a day. Nursing Homes include: Community Living Centers (VA Nursing Homes), Community Nursing Homes, and State Veterans Homes.

**Geriatric Services:** Additional Geriatric Services provided by GEC include: Geriatric Patient-Aligned Care Teams (GeriPACT), Geriatric Evaluation and Management (GEM), and a variety of dementia and delirium programs. For more information on eligibility or enrollment in any of the above programs, refer Veterans to their local VAMC at <https://www.va.gov/directory/guide/home.asp>

### *1.2.2.4 National Cemetery Administration (NCA) Elderly Veteran Programs*

#### **Cemetery Services:**

1. Burial benefits available include a gravesite in any of NCA's 135 national cemeteries with available space, opening and closing of the grave, perpetual care of the grave, Government headstone or marker, burial flag, and a Presidential Memorial Certificate at no cost to the family. Some Veterans may also be eligible for burial allowances. Cremated remains are buried or inurned in national cemeteries in the same manner and with the same honors as casketed remains.
2. Burial benefits available for spouses and dependents buried in a national cemetery include burial with the Veteran, perpetual care of the grave, and the spouse's or dependents name, date of birth and death will be inscribed on the Veteran's headstone, at no cost to the family. Eligible spouses and dependents may be buried, even if they predecease the Veteran.

**Pre-Need Burial Planning:** VA implemented the pre-need burial eligibility determination program to assist anyone who would like to know if they are eligible for burial in a VA national cemetery. VA is promoting pre-need eligibility determinations to encourage Veterans and their eligible family members to plan in advance to use VA burial benefits that Veterans have earned through their military service. Additional information may be found at <http://www.cem.va.gov/pre-need/>.

## 1.3 Financial Distress

VA works to alleviate extreme financial hardships by providing benefits assistance to eligible Veterans and their families.

### *1.3.1 Encountering a Veteran experiencing Financial Distress*

#### *a. Regional Office (RO) Personnel*

When a Veteran appears at a VA Regional Office and identifies financial distress, public contact personnel shall take the following actions:

1. Determine the cause of the financial distress
2. Assist with the matter at hand
3. If the Veteran indicates the financial distress to cause a risk of homelessness, provide homeless resources as indicated above.
4. If the Veteran in financial distress indicates that s/he has a VA Home Loan, direct him/her to Loan Guaranty. Information on this resource may be found below.
5. Flash the Veteran's Corporate Record appropriately, if the hardship is demonstrated per M21-1 III.ii.1.D.3.a.

#### *b. National Call Center (NCC) Personnel*

When a Veteran contacts the National Call Center and identifies financial distress, personnel shall take the following actions:

1. Read scripts as directed by training found on Knowledge Management (KM)
2. Request Veteran to send evidence of the financial distress so the RO may take appropriate action.

### *1.3.2 VBA Financial Distress Resources*

**Debt Management Center (DMC):** VA's DMC was established to assist Service members, Veterans and eligible family members who incur debts as a result of their participation in compensation, pension, education and home loan programs. Payment plan and offset assistance is available by calling 1-800-827-0648 or online at <https://www.va.gov/DEBTMAN/>.

**VA Home Loan Assistance:** To assist Veterans in serious financial trouble, VA Regional Loan Centers have technicians available to conduct financial counseling. Counseling is designed to help Veterans avoid foreclosure. Assistance is available by calling 1-877-827-3702 or online at [http://www.benefits.va.gov/HOMELOANS/resources\\_payments.asp](http://www.benefits.va.gov/HOMELOANS/resources_payments.asp).

**Expedited Claims Processing:** A Veterans Service Center Manager (VSCM) or Pension Management Center Manager (PMCM) may determine that a claim requires priority processing due to extreme financial hardship.

- A "Hardship Corporate Flash" is appended to a claimant's record when extreme financial hardship has been adequately demonstrated.<sup>xx</sup>
- Such claims are prioritized and expedited in attempt to alleviate some of the financial burden and begin payment of VA benefits expeditiously.

### *1.3.3 VHA Financial Distress Resources*

VA has programs to assist Veterans suffering from financial distress and struggling to pay VA copayments as a result of personal circumstances such as: unemployment, a sudden decrease in income, or increases in out-of-pocket family health care expenses.

**Repayment Plan:** Veterans have the right to establish a monthly repayment plan at any time during their enrollment in VA health care if they are unable to pay a debt in full. To participate, a completed Agreement to Pay Indebtedness (VA Form 1100) should be submitted. Veterans indicate a proposed monthly payment amount, and VA will consider the size of the debt, ability to pay and repayment period. Typically, a repayment plan cannot extend beyond three (3) years.

**Waiver of Existing Debt:** Veterans have the right to request a waiver of part or all of a healthcare debt.

### *1.3.4 Local Financial Resources*

**This section provides local information available to Veterans in financial distress.**

Veterans in financial distress may be directed to local Regional Offices, who will be able to provide contact information for local resources and assistance. Regional Office contact information may be found at <http://www.benefits.va.gov/benefits/offices.asp>.



## 1.4 Mental Distress

As the largest integrated health care system in the country, VA is committed to providing timely access to high-quality, recovery-oriented mental health care that anticipates and responds to Veterans' needs, such as treatment for PTSD, substance use disorders, depression, and suicidal ideation.<sup>xxi</sup>

VA mental health care focuses on the following basic principles to form the foundation for care:

- Coordinated Care for the Whole Person
- Mental Health Treatment in Primary Care
- Mental Health Treatment Coordinators
- Around the Clock Service
- Care that is Sensitive to Gender and Cultural Issues
- Care Close to Home
- Evidence-Based Treatment
- Family and Couple Services<sup>xxii</sup>

### 1.4.1 *Encountering a Veteran Experiencing Mental Distress*

VA's primary goal is ensuring the safety and care for our nation's Veterans. A Veteran experiencing Mental Distress may have suicidal ideation. It is imperative for VA personnel to take immediate and appropriate action to assist the veteran and potentially save his or her life.

#### *a. Regional Office (RO) Personnel*

When a Veteran experiencing mental distress appears at a VA Regional Office and identifies that they are feeling emotionally distraught or have questions about their emotional health, public contact or other personnel shall take the following actions:

1. Ask the Veteran verbally if s/he is considering harming himself/herself.
2. If the Veteran indicates "YES," DO NOT keep their behavior a secret or leave him or her alone.
3. Assist the person in getting to a care facility or hospital emergency room
  - If the RO is co-located with a VAMC:
    - a. request emergency personnel assistance
    - b. notify security to escort as needed
  - If the RO is not co-located with a VAMC:
    - a. request emergency personnel assistance from the nearest care facility
    - b. notify security and arrange for escorted transportation
4. In the event that the Veteran declines assistance with getting to a care facility or hospital emergency room, call, or have a colleague call, the Veterans Crisis Line at 1-800-273-8255 and press 1.

*b. National Call Center (NCC) Personnel*

When a Veteran who is experiencing mental distress calls the National Call Center (NCC), personnel shall take the following actions:

(NOTE: The following steps are located on the Knowledge Management (KM) site, which should be followed in all instances for training purposes. The site is continuously updated with current information by the NCC Quality and Training team.)

If caller...	Then ask caller...	
Is feeling emotionally distraught or has questions about their emotional health	"Are you willing to speak with a Veteran's Crisis Line responder?"	
	If caller...	Then respond...
	Agrees to speak with a Veteran's Crisis Line (VCL) responder	<p>"Before I transfer you to the Veterans Crisis Line, I need to gather some information from you."</p> <p>Obtain the following information:</p> <ul style="list-style-type: none"> <li>• Caller's name</li> <li>• Present location</li> <li>• Social Security Number (SSN)</li> <li>• Phone number, and</li> <li>• VA facility enrolled at, or if not If enrolled, city and state where they live.</li> <li>• After gathering information, respond:</li> </ul> <p>"I will warm transfer you to the Veterans Crisis Line. You will briefly be placed on hold while the call is being transferred. In case we get disconnected their number is 1-800-273-8255, press option 1."</p>
	Refuses to be warm transferred	<p>"There are several ways you can contact the Veterans Crisis Line.</p> <ul style="list-style-type: none"> <li>• Call the Veterans Crisis Line at 1-800-273-8255 (Spanish/Español 1-888-628-9454) and press option 1</li> <li>• Go to the <a href="#">Veterans Crisis Line</a> website to chat live with a responder any time 24 hours a day, or</li> <li>• Send a text message to 838255."</li> </ul>
Is disconnected or hangs up in the process of transferring the call	Contact Rep will call the crisis line at 1-800-273-8255, press option 1 and provide the caller's information for them to follow up with intervention.	

*Note: All VBA Personnel shall be required to attend annual Suicide Prevention training.*

### *1.4.2 VBA Mental Distress Resources*

**Mental Health Outreach:** In tandem with VHA health care, VBA actively participates in outreach events to seek out and provide benefits information for mental health conditions.

**Military Sexual Trauma (MST) Coordinators:** MST is the term used by VA to refer to experiences of sexual assault or repeated, threatening sexual harassment that a Veteran experienced during his or her military service. MST includes any sexual activity where a Service member is involved against his or her will. VA is strongly committed to ensuring that Veterans have access to the help they need in order to recover from MST and require one (1) male and one (1) female MST coordinator be designated in each regional office. All MST coordinators and employees processing MST claims must complete mandatory training in VA's Talent Management System (TMS). Additional information may be found through Benefits Assistance Service at <http://vbaw.vba.va.gov/bas/outreach/veterans/women/wvc-index.asp>.

**Fiduciary Services:** Fiduciary services exist to protect the financial assets of VA beneficiaries in mental distress. See fiduciary service information provided in section 1.2.2.2. Fiduciary hub contact information may be located at <http://www.benefits.va.gov/fiduciary/contact-us.asp>.

### *1.4.2 VHA Mental Distress Resources*

**Veterans Crisis Line:** VHA is committed to providing top-tier service to Veterans in mental distress. Veterans in crisis may call the crisis line at 1-800-273-8255 (1-888-628-9454-Español) or chat online with a crisis counselor at the Veterans Crisis Line website <https://www.veteranscrisisline.net>. VA employs a Suicide Prevention Coordinator (SPC) at each of the 152 VA Medical Centers and in the largest community outpatient-based clinics across the country to ensure Veterans receive the counseling services and support they need.

**Defense Suicide Prevention Office (DoD/VA Suicide Outreach) – Resources for Suicide Prevention:** Ready access to hotlines, treatments, professional resources, forums, and multiple media designed to link Veterans to others. This website supports all Service Branches, the National Guard and Reserves, Veterans, families, and providers. Additional information may be found at <http://www.dspo.mil/>.

**Substance Abuse Programs:** Available resources through VAMCs and online assistance to help Veterans and their loved ones answer questions, find support, get treatment, and recover may be located at <http://www.mentalhealth.va.gov/MENTALHEALTH/substanceabuse.asp>.

**Post-Traumatic Stress Disorder (PTSD) Programs:** VA is a global leader in treatment for PTSD. Each VA medical center offers one or more specific evidence-based psychotherapies for PTSD. Many medical centers and clinics provide other treatments and additional psychotherapy services for post-traumatic stress. Additional PTSD resources may be found at <http://www.ptsd.va.gov/>.

**Military Sexual Trauma:** Women and men can experience MST during their service. All Veterans seen at VHA facilities are asked about experiences of sexual trauma as it can affect a person's physical and mental health significantly. VA has free services to help Veterans who have experienced MST. A VA disability rating is not required to receive these services, and Veterans may be able to receive services even if they are not eligible for other VA care. A Veteran is not required to have reported the incident(s) when they happened or have other documentation the incident(s) occurred. For help with treatment and health care related to experiences of MST, please refer Veterans to their [local VAMC](#).

### *1.4.3 Local Mental Distress Resources*

Veterans experiencing mental distress may be directed to their local VAMC at <https://www.va.gov/directory/guide/home.asp>.

## 1.5 Physical Distress

VA recognizes the need in providing highest quality care for veterans experiencing symptoms (acute or chronic) resulting from a physiological medical diagnosis which may create either an emergency medical situation or an impediment to seeking benefits.

### *1.5.1 Encountering a Veteran in Physical Distress*

#### *a. Regional Office (RO) Personnel*

When a Veteran experiencing physical distress appears at a VA Regional Office, public contact or other appropriate personnel shall take the following actions:

1. If the physical distress is a life-threatening emergency, dial 911 and assist with getting the Veteran to emergency services.
2. If the Veteran's physical distress is causing suicidal ideation or other mental distress, refer to steps located in Section [1.4.1](#) above.
3. If the physical distress is not life threatening, assist with the issue at hand. If the Veteran presents as Terminally Ill, request medical evidence showing a Veteran has an illness that is likely terminal in nature. If the evidence exists, append the *Terminally Ill* corporate Flash to the Veteran's record.<sup>xxiii</sup>
4. Discuss any ancillary benefits with the Veteran to include, but not limited to, burial and survivor's benefits.
5. If the Veteran reports physical abuse, call Police and Adult Protective Services. Send VA Form 27-0820, Report of General Information, to the fiduciary hub of jurisdiction and request an immediate field examination (regardless if the Veteran is rated incompetent) to assess the situation.

## *b. National Call Center (NCC) Personnel*

When a Veteran who is experiencing physical distress contacts the National Call Center (NCC), personnel shall take the following actions:

1. Follow all procedures as indicated in KM Training guides, to include the Terminal Illness Hardship script, if appropriate.
2. If the caller indicates the physical distress to be causing mental distress or suicidal ideation, refer to steps located in Section 1.4.1 above.
3. If the caller indicates physical abuse, call Police and Adult Protective Services. Send VA Form 27-0820, Report of General information, to the fiduciary hub of jurisdiction via PCT mailbox and request to conduct an immediate field examination (regardless if they are rated incompetent) to assess the situation.

### *1.5.2 VBA Physical Distress Resources*

#### **Expedited Claims Processing:**

1. Terminally Ill - If a claim is submitted with medical evidence of an illness that is likely to be terminal, the first line supervisor will determine prioritization. Prioritized cases are:
  - a. Marked with a special issue flash as terminally ill, and
  - b. Changed claim priority to high in the Veterans Benefits Management System (VBMS).
2. Seriously Injured/Very Seriously Injured (SI/VSI) – For the purposes of the SI/VSI program, a **serious disability** is defined as a disability that:
  - a. Occurred as a result of participation in a military operation, and
  - b. Will likely result in discharge from military service.

The Department of Defense (DoD) classifies these injuries and illness into the following categories:

- Very Seriously Ill or Injured (VSI)
- Seriously Ill or Injured (SI), and
- Not Seriously Ill or Injured (NSI).

**Important:** All service members categorized as SI or VSI are considered seriously disabled for VA purposes.

ROs are required to have a SI/VSI Coordinator. The VSCM is responsible for ensuring each SI/VSI claim is managed by the Special Operations Team. <sup>xxiv</sup>

**Veterans Crisis Line:** The Veterans Crisis Line exists for any crisis or distress situation in which Veterans may find him or herself. See information provided in 1.4.2 above.

**Outreach:** VA outreach staff is trained to look for signs of distress. In the event physical distress is identified or suspected, staff must follow locally established reporting protocols to provide necessary assistance. Distress may be identified in a VARO Public Contact setting or in an outreach event in the community.

### *1.5.3 VHA Physical Distress Resources*

**Primary Care:** VHA promotes primary care at any of the more than 1,700 health care sites nationwide. A Veteran in physical distress may seek care at a VAMC, where VA trained staff will identify and attempt to mitigate the source of distress.

### *1.5.4 Local Physical Distress Resources*

Veterans experiencing physical distress may be directed to their local VAMC at <https://www.va.gov/directory/guide/home.asp>.

## 1.6 Natural Disasters

VA is committed to meeting the needs of Veterans during natural disasters by assuring mitigation, preparedness, response, and recovery activities focused on continuity of Veterans care and services in the event of emergencies and disasters.

### *1.6.1 Encountering a Veteran who has experienced a Natural Disaster*

#### *a. Regional Office (RO) Personnel*

When a Veteran who has endured a Natural Disaster appears at a VA Regional Office (RO), public contact or other appropriate personnel shall take the following actions:

1. If the Veteran is in financial, mental, or physical distress due to the disaster, refer to the appropriate section above.
2. Assist the Veteran with the issue at hand and file any additional claims if appropriate.
3. Follow procedures indicated in Continuity of Operations (COOP) training if the natural disaster also affected the Regional Office.

#### *b. National Call Center (NCC) Personnel*

When a Veteran contacts the National Call Center (NCC) and indicates s/he has been involved in a natural disaster, personnel shall take the following actions:

1. Ask if the Veteran is in a life-threatening situation. If so, contact local emergency services to provide immediate assistance to the veteran.
2. Refer to VA Office of Emergency Management homepage, which can be found at <https://www.va.gov/vhaemergencymanagement/>.
3. Provide the Veteran with resources to FEMA and VA Loan Guaranty, if appropriate.

### *1.6.2 VBA Natural Disaster Resources*

**Home Loans:** VA has guidance in place for Veteran borrowers who are participating in the VA Home Loan program and have experienced a natural disaster. Veterans are instructed to:

1. Contact FEMA
2. Contact their mortgage company
3. Contact their Insurance company
4. Change their address (if applicable)
5. Check for other sources of assistance, by contacting local VSO offices

VA is diligent in working with FEMA and other organizations to prevent additional financial catastrophes from striking affected Veterans. VA regulations on Prepayments (38 CFR 36.4311), Advances (38 CFR 36.4314), Loan Modifications (38 CFR 36.4315) and Supplemental Loans (38 CFR 36.4359) may be of assistance in appropriate cases. It is the loan holder's responsibility to counsel borrowers concerning assistance which may be available.<sup>xxv</sup> Borrowers are encouraged to contact the appropriate VA Regional Loan Center in case of a natural disaster (see section 1.3.2).  
[http://www.benefits.va.gov/homeloans/documents/docs/va\\_policy\\_regarding\\_natural\\_disasters.pdf](http://www.benefits.va.gov/homeloans/documents/docs/va_policy_regarding_natural_disasters.pdf).

**Automobile Adaptive Allowance:** A certificate of eligibility for financial assistance in the purchase of a new or used automobile or other conveyance may be made to a Veteran:

- Once in his/her lifetime
- In an amount not exceeding the amount specified in 38 U.S.C. 3902, and
- If the eligibility requirements are met.

Exception: PL 112-154 authorizes VA to provide or assist in providing eligible Veterans with a second automobile or other conveyance when:

- The first vehicle purchased with VA financial assistance is destroyed as a result of natural or other disaster
- The destruction was not the Veteran's fault, and
- The Veteran does not receive compensation for the loss from a property insurer.

The law prohibits VA from making payments for automobile/conveyance grants directly to Veterans. VA is required to pay the benefits to the seller.

**Vocational Rehabilitation & Employment (VR&E):** Veterans participating in VR&E employment services programs may be eligible for up to two (2) additional months of the Employment Adjustment Allowance (EAA) if they are displaced from their home as a result of a natural or other disaster. Veterans must contact their assigned VR&E counselor for eligibility questions/criteria.

### *1.6.2 VHA Natural Disaster Resources*

**Office of Emergency Management:** The Office of Emergency Management (OEM) is the program office for the VHA Comprehensive Emergency Management Program (CEMP), and has overall responsibility for CEMP program development and implementation. In an emergency or disaster, OEM coordinates essential VA emergency medical response and support services at the local, regional, and national levels to ensure the health and safety of Veteran patients and their families, staff, and visitors, and continued delivery of VHA health care services.

OEM delivers and coordinates VHA support missions for VHA facilities affected by disasters and also performs missions assigned to VA by FEMA or the U.S. Department of Health and Human Services for response to and recovery from nationally-declared emergencies and disasters.



OEM's capabilities for response and recovery include:

- Coordination of VHA-level incident response operations
- Patient reception under the National Disaster Medical System (NDMS)
- Mobilization of support personnel through Disaster Emergency Medical Personnel System (DEMPS) - VHA Office of Emergency Management
- Mobilization of mobile response/recovery assets
- Mobilization of VHA's incident management & response teams
- Coordination of resource sharing within VHA through the Emergency Mobile Asset Inventory (EMAI)

Additional information regarding VHA OEM resources may be located at:

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

### *1.6.3 Local Natural Disaster Resources*

Veterans experiencing a natural disaster may be directed to local Regional Offices at <http://www.benefits.va.gov/benefits/offices.asp>.



## 1.7 References/Endnotes

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<sup>i</sup> [M27-1 II.3.b](#)

<sup>ii</sup> M21-1 III.ii.1.D.1.a

<sup>iii</sup> M21-1MR III.ii.1.D.3.a

<sup>iv</sup> Robert T. Stafford Act 102; 44 CFR 206.2 and 206.36

<sup>v</sup> UN, 1992; Theory, Principles and Fundamentals of Hazards, Disasters, and U.S. Emergency Management, FEMA briefing

<sup>vi</sup> VA Fact Sheet, Office of Public Affairs, Media Relations, “VA Programs for Homeless Veterans.” February 2015

<sup>vii</sup> [M27-1 II.3.f](#)

<sup>viii</sup> [VBA Letter 20-13-19](#)

<sup>ix</sup> [38 CFR 1.710](#)

<sup>x</sup> M21-1 III.ii.1.D.1.b

<sup>xi</sup> M21-1 III.ii.1.D.1.b

<sup>xii</sup> [M27-1 II.3.e](#)

<sup>xiii</sup> [VBA Letter 20-13-19](#)

<sup>xiv</sup> [M27-1 II.3.n](#)

<sup>xv</sup> M21-1 V.i.1.1.a

<sup>xvi</sup> 38 CFR 3.351(b)

<sup>xvii</sup> [Fiduciary Program Manual](#), Pension Program Manual: [M21-1 Part V](#):

<sup>xviii</sup> [Fiduciary Program Manual 1.A.1.a](#)

<sup>xix</sup> VHA Geriatric Care: <https://www.va.gov/geriatrics/>

<sup>xx</sup> M21-1MR III.ii.1.D.3.a

<sup>xxi</sup> “Suicide among Veterans and Other Americans: 2001-2014.” Office of Suicide Prevention, August 3, 2016

<sup>xxii</sup> Guide to VA Mental Health Services for Veterans and Families

<sup>xxiii</sup> M21-1 III.ii.1.D.5.a

<sup>xxiv</sup> M21-1 III.ii.1.D.4.a-c

<sup>xxv</sup> VA Guidance on Natural Disasters, version 1