

HOME IMPROVEMENTS AND STRUCTURAL ALTERATIONS (HISA) PROGRAM

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive updates the Department of Veterans Affairs (VA) procedures for governing the Home Improvements and Structural Alterations (HISA) benefit program for Veterans and Servicemembers.

2. SUMMARY OF MAJOR CHANGES: This VHA directive incorporates provisions of VHA Handbook 1173.14, and includes the following major changes in policy:

a. Incorporation of the provisions of Title 38 Code of Federal Regulations 17.3100-17.3130.

b. The benefit is paid directly to the beneficiary instead of through a purchase order to vendors.

c. There is no longer a requirement for the beneficiary to provide three bids.

3. RELATED ISSUES: VHA Handbooks 1173.1 through 1173.15.

4. RESPONSIBLE OFFICE: The National Director of Prosthetics and Sensory Aids Services (10P4RK) is responsible for the contents of this VHA Directive. Questions should be directed to 202-461-0389.

5. RESCISSIONS: VHA Handbook 1173.14, Home Improvements and Structural Alterations (HISA) Programs, dated April 18, 2008, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of December 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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HOME IMPROVEMENTS AND STRUCTURAL ALTERATIONS PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes uniform and consistent policy, processes, and procedures governing the Home Improvements and Structural Alterations (HISA) program. **AUTHORITY:** Title 38 United States Code (U.S.C.) 501, 1717(a)(2); 42 U.S.C. 12101 et seq.; Title 38 Code of Federal Regulations (CFR) 17.150; and 38 CFR 17.3100-17.3130.

2. BACKGROUND

a. The HISA program provides eligible beneficiaries with limited lifetime funds to use towards home improvements and structural alterations that originate from a medical prescription. The HISA program is complementary to Veterans Benefits Administration (VBA) housing adaptation grants such as Specially Adapted Housing (SAH), Special Housing Adaptation (SHA), and Temporary Residence Adaptation (TRA).

b. The HISA benefit is for medically necessary improvements or structural alterations to the beneficiary's primary residence that:

(1) Are necessary for the continuation of the provision of home health treatment of the beneficiary's disability; and/or

(2) Provide the beneficiary with access to the home or to an essential lavatory and sanitary facility.

c. An increase in the HISA benefits limit was authorized by the Caregivers and Veterans Omnibus Health Services Act of 2010, which also expanded services to Active Duty Servicemembers. The HISA benefit is subject to lifetime limits based on the nature of the beneficiary's disability (38 CFR 17.3105).

d. Title 38 CFR 17.3100-17.3130, the implementing regulations for the HISA program, became effective January 2, 2015. This directive provides national policy to ensure that the HISA benefits are delivered consistently across the VHA in accordance with these rules.

3. DEFINITIONS

a. **Access to Essential Lavatory and Sanitary Facilities.** Access to essential lavatory and sanitary facilities is having normal use of the standard structural components of those facilities.

b. **Access to the Home.** Access to the home is the ability of the beneficiary to enter and exit the home and to maneuver within the home to at least one bedroom and essential lavatory and sanitary facilities.

c. **Advance Payment.** An advance payment of HISA benefits is a payment to the beneficiary following authorization of an improvement or structural alteration and must be made no later than 30 days after approval of the HISA benefits application. An advance payment must be requested by the beneficiary via VA Form 10-0103, Veterans Application for Assistance In Acquiring Home Improvements and Structural Alterations, and if approved, may be equal to fifty percent of the total benefit authorized for the improvement or structural alteration.

d. **Beneficiary.** A beneficiary is a Veteran or Servicemember who is awarded or who is eligible to receive HISA benefits according to the eligibility criteria.

e. **Essential Lavatory and Sanitary Facilities.** Essential lavatory and sanitary facilities consist of one bathroom equipped with a toilet and a shower or bath, one kitchen, and one laundry facility.

f. **HISA Benefits.** HISA benefits are a monetary payment by VA to be used for improvements and structural alterations to the home of a beneficiary in accordance with 38 CFR 17.3100 through 17.3130.

g. **Home.** For purposes of this directive, home is the primary place where the beneficiary resides or, in the case of a Servicemember, where the beneficiary intends to reside after discharge from service.

h. **Improvement or Structural Alteration.** An improvement or structural alteration is a modification to a home or to an existing feature or fixture of a home, including repairs to or replacement of previously improved or altered features or fixtures.

i. **Undergoing Medical Discharge.** Undergoing medical discharge is a term applied to Servicemembers, and refers to cases where a Servicemember has been found unfit for duty due to a medical condition by their Service's Physical Evaluation Board, and a date of medical discharge has been issued.

4. POLICY

It is VHA policy that medically necessary HISAs be provided to eligible Veterans and Servicemembers through limited lifetime grants in accordance with the provisions of 38 CFR 17.3100-17.3130 and this directive.

5. RESPONSIBILITIES

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

b. **Deputy Under Secretary for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management, or designee, is responsible for:

(1) Communicating the contents of this directive to each Veterans Integrated Services Network (VISN).

(2) Ensuring that each VISN Director has the resources required to support the fulfillment of the terms of this directive in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations.

c. **National Director, Prosthetic and Sensory Aids Service.** The National Director of Prosthetic and Sensory Aids Service is responsible for:

(1) Establishing comprehensive system-wide procedures that define and ensure efficient operations of the HISA program.

(2) Allocating budgetary resources to the field and monitoring budget execution in support of the HISA program.

(3) Developing evaluation mechanisms and outcome measures for the HISA program on a national level.

(4) Providing leadership, direction, policy guidance and advice to VISN Prosthetic Representatives.

d. **Veterans Integrated Service Network (VISN) Director.** Each VISN Director is responsible for ensuring that resources are adequately allocated to HISA programs in the VISN facilities.

e. **VA Medical Facility Director or VISN Prosthetic Representative.** Depending on the staffing resources at each VA medical facility, either the VA medical facility Director or the VISN Prosthetic Representative has primary implementation and oversight responsibility for the HISA program. These responsibilities include:

(1) Developing and enforcing VISN / local facility policy memoranda to implement the HISA Program. These memoranda should include facility-specific responsibilities and operational procedures of the HISA program.

(2) Establishing, and ensuring appropriate actions by, a Major Medical Equipment (MME)/HISA Committee (at each facility within the VISN) that includes at least one staff physician from Physical Medicine and Rehabilitation; one or more occupational therapist, physical therapist, kinesiotherapists, rehabilitation engineer, nurse, and care management/social work provider; a SAH agent from VBA; and other staff as deemed necessary.

(3) Ensuring that each MME/HISA Committee carries out its responsibilities as outlined in paragraph 5.f

(4) Ensuring random inspections of HISA projects are conducted and reviewed annually. All deficiencies noted during the inspections must be reported and communicated to local officials for corrective actions. **NOTE:** *Frequency of inspections, procedures, and processes will be outlined in local policy memoranda.*

f. **Major Medical Equipment / HISA Committee.** *NOTE: Not every HISA application will need a review by the MME/HISA Committee.* Projects that are complex, unusual, not routine, and/or customary should be reviewed by the MME/HISA Committee which will be responsible for:

(1) Reviewing and evaluating specific needs of each beneficiary.

(2) Evaluating, approving and/or disapproving the HISA request and estimates. If disapproved, recommend any alternatives to HISA that may be available in VA, such as the SAH program.

(3) Confirming whether the beneficiary has or is receiving any VBA housing adaptation grants such as SAH, SHA, or Temporary Residence Adaptation (TRA).

(4) Developing local criteria for project inspections. Inspections may be conducted before approval or after completion of a HISA project, subject to the requirements of 38 CFR 17.3120(b) and 17.3130(c)(1). Such local criteria must ensure that inspections are conducted consistently and include objective criteria for selection of sites for inspection. Consider availability of local resources for inspections.

(5) Assisting in the determination of whether specific HISA adaptations require an inspection. Depending on the nature of the adaptation, this decision may involve individuals from the following: Physical Medicine & Rehabilitation (PM&R), Engineering, Home Based Primary Care, and Prosthetic Service. All deficiencies noted during the inspections must be reported and communicated to local officials for corrective actions.

(6) When appropriate, notifying the VA medical facility's Engineering Service to inspect the property, in accordance with established regulations.

g. **VA Medical Facility Chief of Prosthetics/Facility Prosthetic Representative.** The VA medical facility Chief of Prosthetics or the VA medical facility Prosthetic Representative is responsible for:

(1) Monitoring program operations to ensure appropriate funding and consistency in the administration of the HISA program.

(2) Ensuring that HISA program costs are posted to the appropriate Cost Center on each beneficiary's Computerized Patient Record System (CPRS) file using VAF 10-2319, referencing the appropriate Healthcare Common Procedure Coding System (HCPCS) and Budget Object Codes (BOC) codes.

(3) Serving as the HISA Committee coordinator and point of contact for beneficiaries by:

(a) Determining when an HISA application should be presented to the MME / HISA Committee and present completed HISA Applications (see paragraph f).

(b) Working closely with the VBA SAH agent to ensure the beneficiaries' grants are used in the most efficient way, and confirming that HISA benefits are not duplicated and/or funded by other VA housing adaptations programs (e.g., Loan Guaranty-Special Adaptive Housing/SHA/TRA; Vocational Rehabilitation & Employment).

(c) Exchanging pertinent information with the MME / HISA Committee and other VA stakeholders when improvements and structural alterations have been inspected and approved by the person conducting the pre- and post-inspection.

(4) Identifying and marketing the HISA program to potential beneficiaries, and educating VA staff and external stakeholders such as Veteran Service Organizations (VSOs), contractors, and vendors.

(5) Reviewing each HISA request to ensure that:

(a) The prescription includes a home modification or alteration that is within the scope of HISA, and the prescribed home modification or alteration addresses the identified clinical request.

(b) All documentation is received and complete. A HISA package must include the following to be considered complete:

1. A prescription that conforms to paragraph h(4) below.

2. A completed and signed VA Form 10-0103, Veterans Application for Assistance In Acquiring Home Improvements and Structural Alterations, including, if desired, a request for advance payment of HISA benefits.

3. A signed statement from the owner of the property authorizing the improvement or structural alteration to the property. The statement must be notarized if the beneficiary submitting the HISA benefits application is not the owner of the property.

4. A written itemized estimate of costs for labor, materials, permits, and inspections for the home improvement or structural alteration to be done by a licensed, bonded, and/or insured contractor.

5. A color photograph of the unimproved area.

(6) Notifying the beneficiary in writing whether the HISA application is approved or denied, and following up with the beneficiary as necessary. Samples of HISA decision letters are accessible under the HISA folder located on the Prosthetic and Sensory Aids Web site <https://vaww.infoshare.va.gov/sites/prosthetics/default.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(7) Adhering to all timelines for HISA notifications and payments, including ensuring compliance with all processes and procedures outlined in the HISA Process Map at <https://www.prosthetics.va.gov/psas/Documents/HISAProcess.pdf>.

(8) Administering the appropriate obligations to the beneficiary to facilitate the completion of the approved project.

(9) Initiating the 1358 payment process in the Integrated Funds Distribution, Control Point Monitoring, Accounting and Procurement (IFCAP) system, utilizing the correct costing center.

(10) Posting HISA lifetime benefit and remaining balance in the CPRS patient record using electronic VAF 10-2319. See Appendix A.

(11) Following instructions for uploading documents into the Invoice Payment Processing System (IPPS). The most recent instructions are accessible under the HISA folder located on the Prosthetic and Sensory Aids Web site <https://vaww.infoshare.va.gov/sites/prosthetics/default.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(12) Authorizing HISA claims for prompt advance and final payment to beneficiary in accordance with 38 CFR 17.3130(a)-(c).

(13) Ensuring that HISA claims without pre-approval are only approved for reimbursement when: The beneficiary meets both the eligibility and medical criteria for the modifications during the period of the improvement and structural alterations as if the HISA claim was already approved; and either

(a) The HISA claim is submitted within 30 days of the date that the HISA project was completed, or

(b) Documentation indicates that a prescription / consult or HISA request made on behalf of the beneficiary was warranted and required as if the HISA claim was already approved.

(14) Determining whether the HISA project was completed or cancelled (e.g., beneficiary death, relocation, request for cancellation).

(15) If a beneficiary resides in a Medical Foster Home (MFH), coordinating with the MFH Coordinator identified in VHA Handbook 1141.02, or subsequent policy, to ensure that the proposed project meets both HISA and MFH regulatory and policy requirements.

h. **VHA Physician/Prescribing Clinician.** The physician who prescribes the home improvement or structural alteration is responsible for:

(1) Initiating the HISA process by identifying the type of home improvement or structural alteration that the beneficiary requires based on medical justification.

(2) Developing the prescription for the home improvement or structural alteration based on the scope of HISA.

(3) Engaging in a consult as necessary; consideration should be given to consulting with knowledgeable VA clinicians or groups as necessary (e.g., Major Medical Equipment Committee; HISA Committee; Prosthetics; Primary Care; Nursing; Occupational therapists; Physical therapists; Kinesiotherapist, Home Based Primary Care physician / nurse).

(4) Submitting a prescription that describes the home improvement or structural alteration. The prescription must include:

(a) The beneficiary's name, address and telephone number;

(b) A description of the prescribed project, including the area of the home to be improved or structurally altered; type of modification and all alternatives to the modifications; and items requiring installation.

(c) The diagnosis and medical justification for the prescribed improvement or structural alteration. The medical justification should demonstrate the project's clinical appropriateness, that is, the beneficiary's clinical needs should support the type of home improvement or structural alterations being prescribed.

6. ELIGIBILITY

Veterans or Servicemembers meeting the following criteria are eligible for HISA benefits:

a. A Veteran who is eligible for medical services under 38 USC 1710(a); or

b. A Servicemember who is undergoing medical discharge from the Armed Forces for a permanent disability that was incurred or aggravated in the line of duty in the active military, naval, or air service. A Servicemember would be eligible for HISA benefits while hospitalized or receiving outpatient medical care, services, or treatment for such permanent disability.

7. EXAMPLES OF HOME IMPROVEMENTS AND ALTERATIONS PROJECT(S)

a. Examples of modifications that meet the scope of HISA include but not limited to:

(1) Permanent ramps that allow entrance to or exit from the residence;

(2) Access to kitchen or bathroom sinks or counters;

(3) Entrance pathways or driveways;

(4) Purchase and installation of environmental control units (ECUs) that require permanent improvements, alterations, and/or updates to the electrical system;

(5) Updates to plumbing systems to support medical equipment and other essential lavatories or sanitary facilities;

(6) Updates to electrical systems and whole-house generators to support of Life Sustaining Equipment;

(7) Central air conditioning;

(8) Hardwood flooring;

(9) Door latches;

(10) Electrical outlets and wall switches;

(11) Handrails (metal or wood);

(12) Lowering of windows;

(13) Modifying of kitchen or bathroom counters;

(14) Window tinting or shading;

(15) Roll-in, barrier-free showers, or conversion from bathtub to seated shower;

(16) Widening doorways to support wheelchair access, entry and exit to essential lavatory and sanitary facilities;

(17) Installation of overhead ceiling lifts that require permanent improvements, alterations, and /or updates to the residence;

(18) Fencing for visually impaired beneficiaries who are entitled to service dogs accredited by the Assistance Dogs International association and International Guide Dog Federation receiving veterinarian care;

(19) Interior and exterior lighting;

(20) Purchase of materials and labor;

(21) Costs related to taxes, permits, inspections, fees, which are required by State or local ordinances;

(22) Repairs or improvements to previous HISA projects.

b. Examples of modifications that do not meet the scope of HISA include:

(1) New home construction;

(2) Walk in, sit down, hydrotherapy, jetted, spa, Jacuzzi style tubs;

(3) Exterior decking;

(4) Pathways that lead to workshops and barns;

(5) Elevators;

(6) Any alterations or modifications that the property owner is required to furnish under the Americans With Disabilities Act due to commercial zoning or any other requirements;

(7) Home security systems;

(8) Projects which would duplicate services previously or currently being provided by the VBA SAH grant. HISA and SAH are mutually exclusive of each other; however, they may be used concurrently.

(9) Routine repairs as part of regular home maintenance like replacements of roofs, furnaces, or air conditioners.

(10) Medical equipment for home use (e.g., hospital beds, powered mobile floor based lifts, overhead ceiling lift that does not require structural alterations, stair glides, and room air conditioning only for the primary living quarters, porch lifts and modular / portable ramps) should be purchased using the Prosthetic Service's specific purpose funds and not HISA. **NOTE:** See VHA Directive 1141.02, Medical Foster Home Procedures, dated August 9, 2017, or subsequent policy.

8. USE OF HISA IN MEDICAL FOSTER HOMES AND GROUP HOMES

MFHs and Group Homes should be treated as rental property when using HISA funds, see 38 CFR 17.3120(a)(3). The following should be considered for HISA projects in MFH and Group Homes:

a. Shared Space in MFH and Group Homes: Each beneficiary is eligible to utilize their HISA benefits to meet their specific individual needs.

b. A group of beneficiaries may individually utilize their HISA benefits for a specific individually-prescribed modification, even when it is for a shared space. For example, one Veteran may be approved to modify the bathroom to accommodate multiple Veterans, another beneficiary may be approved to modify the driveway shared by multiple Veterans, and another Veteran may be approved to modify the kitchen sink that is being shared by multiple Veterans. All application and approval/disapproval procedures should be individually adhered to per 38 CFR 17.3120; 17.3125; and 17.3126.

9. DEATH OF A BENEFICIARY

a. The request for the HISA project should be cancelled when the death of the beneficiary occurs before the HISA project is started.

b. If a beneficiary death occurs during the HISA project:

(1) Per the request of the homeowner, the HISA project may continue and be

completed, or

(2) Per the request of the homeowner, the improvement / structural alteration may be altered back to its original state.

c. If the beneficiary's death occurs after the HISA project is completed, any improvements / structural alterations that were made will remain in the adapted state. It will be the homeowner's responsibility to return the structure to the desired original state.

10. REFERENCES

- a. 38 U.S.C. 501, 1717(a)(2).
- b. 42 U.S.C. 12101 to 12213.
- c. 38 CFR 17.150.
- d. 38 CFR 17.3100 to 3130.
- e. VHA Handbook 1173.2, Furnishing Prosthetic Appliances and Services, dated November 3, 2005, or subsequent policy.
- f. VHA Directive 1141.02, Medical Foster Home Procedures, dated August 9, 2017, or subsequent policy.
- g. VHA Directive 1048, Prosthetic and Sensory Aids Service Specific Purpose Funding, dated July 30, 2014, or subsequent policy.
- h. VA Form 10-0103, Veterans Application for Assistance In Acquiring Home Improvements and Structural Alterations, <https://www.va.gov/vaforms/medical/pdf/10-0103-fill.pdf>
- i. VHA Prosthetic and Sensory Aids Service Web site, HISA folder, at <http://vaww.infoshare.va.gov/sites/prosthetics/default.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*
- j. Frequently Asked Questions, <https://www.prosthetics.va.gov/psas/HISA2.asp>.
- k. Process Map for Home Improvements and Structural Alterations, <https://www.prosthetics.va.gov/psas/Documents/HISAProcess.pdf>.

December 26, 2017

VHA DIRECTIVE 1173.14
APPENDIX A

**EXAMPLE HOME IMPROVEMENTS AND STRUCTURAL ALTERATIONS PROGRAM
PROSTHETIC RECORD (CPRS, VAF 10-2319)**

REQUIRED DATA ENTRY FOR PATIENT PROSTHETIC RECORD (VAF 10-2319):

- (1) Date;
- (2) Quantity;
- (3) Healthcare Common Procedure Coding System (HCPCS);
- (4) Type of Modification;
- (5) Name of Vendor;
- (6) Station Number=Station approving the Home Improvements and Structural Alterations (HISA);
- (7) Serial Number= (Not Applicable (NA));
- (8) Delivery Date=Approval date;
- (9) Total Cost of the Project;
- (10) Type of Form=2421 or 1358;
- (11) Initiator=Name of Prosthetic Representative;
- (12) Date=Approval Date;
- (13) Vendor Name;
- (14) Vendor Address and Phone Number;
- (15) Delivery Date=Completion of Project;
- (16) Suspense Date=Date Project Began;
- (17) Total Costs=Total Costs Approved;
- (18) OBL=Obligation Number;
- (19) Remarks=Advance and/or Final Payment Approved;
- (20) Disability Served=Service Connected (SC)/Non-Service Connected (NSC);

- (21) Item Description=Type of Project approved for disability;
- (22) Appliance=NA;
- (23) Contract #=NA;
- (24) Excluded/Waiver=NA;
- (25) PSAS HCPCS=Type of Modification;
- (26) ICD-10 Code=Select type;
- (27) CPT Modifier=NA;
- (28) Description=Indicate HISA lifetime benefit remaining.