

AUTOMOBILE ADAPTIVE EQUIPMENT PROGRAM

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook updates the previous procedures for the Department of Veterans Affairs (VA) in providing automobile adaptive equipment to veteran beneficiaries.
- 2. SUMMARY OF CHANGES:** This VHA Handbook updates current policies, procedures, and terminology in administering the Automobile Adaptive Equipment Program throughout VHA.
- 3. RELATED ISSUES:** VHA Directive 1173, and VHA Handbooks 1173.1 through 1173.15.
- 4. RESPONSIBLE OFFICE:** The Chief Consultant, Prosthetic and Sensory Aids Service Strategic Healthcare Group (113), is responsible for the contents of this VHA Handbook. Questions may be referred to 202-273-8515.
- 5. RESCISSIONS:** VHA Manual M-2, Part IX, Chapter 4 is rescinded.
- 6. RECERTIFICATION:** This document is scheduled for recertification on or before the last working day of July 2005.

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AUTOMOBILE ADAPTIVE EQUIPMENT PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes uniform and consistent system-wide and procedures for all field stations when furnishing automobile adaptive equipment. The VHA automobile adaptive equipment program provides the necessary equipment and training to enable a disabled veteran to operate a motor vehicle safely and permit access to and from the vehicle in a safe manner. The primary concerns are the safety of the veteran and other people on our nation's highways. To do this requires cooperation of physicians, driver rehabilitation specialists, and prosthetic representatives.

2. BACKGROUND

Driving an automobile can be a complex undertaking for most people. Consequently, persons with disabilities find this process even more complex and challenging. Mastering the tasks involved in driving may be quite difficult, in as much that the vehicle may require adaptive equipment to meet the needs of a disabled driver.

3. DEFINITIONS

a. **Automobile Adaptive Equipment.** Automobile adaptive equipment is used to permit physically challenged persons to enter, exit, and or operate a motor vehicle or other conveyance. It includes, but is not limited to, power steering, power brakes, power windows, power seats, and other special equipment necessary to assist the eligible person. The term also includes air-conditioning when necessary for the health and safety of the person, and any modification of the size of the interior space of the automobile or other conveyance if needed because of the physical condition of such persons when deemed essential.

b. **Ankylosis.** Ankylosis is the immobility and fusion of a joint, due to disease, injury, or surgical procedure. For the purpose of this handbook, this term is applicable to knee(s) and hip(s).

c. **Conveyance.** A conveyance is a means of transportation that includes but is not limited to conventional vehicles such as a car, truck or van.

d. **Acuity.** Acuity refers to detectable, recognizable or being able to resolve or localize.

e. **Reimbursement.** Repayment for money spent for adaptive equipment, whether new or repaired.

f. **Repairs.** Repair means to restore to sound working condition; to renew, e.g., to rebuild an automatic transmission.

g. **Vehicle Modification.** Vehicle modification generally means alterations that permit eligible veterans to enter, exit, and safely operate the vehicle.

h. **Medical Equipment.** Medical equipment is non-operational automobile adaptive equipment such as equipment necessary for entering or leaving the vehicle, air conditioning, etc.

i. **Operational Equipment.** Operational equipment is equipment medically necessary for the safe operation of the vehicle. Examples include hand controls, low-effort steering, automatic transmission, power brakes, power transfer seat, etc.

4. SCOPE

a. VA policy requires that certain items of automotive adaptive equipment be issued on the prescription of a physician. Such prescriptions must be based upon a knowledge of the skills and abilities required for safe and effective driving, the limitations imposed by disease and disability, and how these limitations can be compensated for by adaptive equipment and driver rehabilitation. Current adaptive equipment allows many disabled individuals to drive who could not do so a few years ago, and advances in adaptive equipment technology are appearing at an accelerated pace. As adaptive equipment becomes more sophisticated, it becomes mandatory that the prescription be individualized. In addition, more sophisticated driver rehabilitation becomes necessary. Thus, although the prescription must be issued by a physician, it will most likely be developed as a team effort involving the physician, the driver rehabilitation specialist and the prosthetic representative.

b. In many cases, the problem is simple. For example, in the case of the loss of or loss of use of an extremity, the adaptive equipment needed is standardized (see par. 19.). In other cases, particularly those with multiple handicaps, an individualized prescription is needed. Unless the physician has had the opportunity to keep abreast of the current state-of-the-art in adaptive equipment, it is best to have applicants evaluated by a driver rehabilitation specialist. The physician should report any defects or limitations identified that might affect driving to the driver training instructor as part of the referral. The driver rehabilitation specialist can make an evaluation of the applicant under simulated driving conditions and in actual adapted vehicles. The final prescription for adaptive equipment will then reflect the applicant's needs and demonstrated abilities, and is more likely to assure safe and effective driving.

5. AUTHORITY

a. The basic authority to provide automobile adaptive equipment is Title 38 United States Code (U.S.C.) Chapter 39 and implementing regulations in Title 38 Code of Federal Regulations (CFR) 17.155 – 17.159. This authority is extended to the following:

(1) Veterans who are service connected for the loss or loss of use of one or both feet or hands, or who have a service connected ankylosis of one or both knees or one or both hips.

(2) Veterans with service connection for permanent impairment of vision of both eyes who have a central visual acuity of 20/200 or less in the better eye with corrective eyewear, or greater than 20/200 where the visual field of the better eye is 20 degrees or less, and who are licensed and capable of operating a motor vehicle.

b. Veterans must be in receipt of an approved VA Form 21-4502, Application for Automobile or Other Conveyance and Adaptive Equipment, or their rating sheet. The VA Regional Office Adjudication Officer approves applications for automobile adaptive equipment by certifying Section II of this form (ref. Public Law (Pub. L.) 91-666 (1-11-71)).

c. Veterans rated service connected for ankylosis of one or both knees or of one or both hips must be in receipt of a letter from the Adjudication Officer from the Regional Office verifying service connection for the disability (ref. Pub. L. 97-66 (10-1-81)).

d. Veterans undergoing vocational rehabilitation under 38 U.S.C. Chapter 31, in order to achieve their goals of the rehabilitation program, and whose Vocational Rehabilitation and Counseling (VR&C) Division case manager, has determined that the veteran is eligible due to service connected disabilities, but not under 38 U.S.C. Chapter 39, and the veteran has been evaluated and deemed unable to achieve rehabilitation by alternate means, such as: training in home or by an individualized instructor when alternative means are less expensive and equally suitable (ref. Pub. L. 96-466 (10-17-80)). **NOTE:** *Automobile adaptive equipment provided under this authority may be provided for one vehicle and will not exceed the benefit for veterans under 38 U.S.C. Chapter 39.*

e. Certain items, i.e., van lifts, raised doors, raised roofs, air-conditioning and wheelchair tiedowns for passenger use, may be furnished as part of medical services VA is providing under 38 U.S.C. 1701, as a follow-up to VA hospitalization, provided the equipment is medically necessary for the care and treatment of the veteran. Vehicle modifications, such as raised doors or van lifts, may be furnished to eligible veterans, who are wheelchair-bound, when necessary to allow such person to enter and exit. **NOTE:** *Automobile adaptive equipment provided under this authority may be provided for one vehicle and will not exceed the benefit for veterans under 38 U.S.C. Chapter 39. Operational equipment, hand controls, power brakes, power steering, automatic transmission, etc., will not be authorized.*

NOTE: *All enrolled veterans who are prescribed medical equipment described in this paragraph are eligible for such equipment. Enrolled veterans do not need additional documentation to establish eligibility for non-operational adaptive equipment.*

6. REIMBURSEMENT

a. VA may not reimburse a veteran for automobile adaptive equipment more than two times within a 4-year period. The establishment of the 4-year period begins on the date the adaptive equipment is authorized. VA may not reimburse a veteran for adaptive equipment for more than two vehicles at any one time. An exception may be made to the limitation of two reimbursements in the 4-year period in cases where one of the two authorized adapted vehicles is not available for the veteran's use due to uncontrollable circumstances, e.g., theft, fire, accident, court or legal action, repairs so costly as to be prohibitive or changes in a veteran's physical condition necessitating a different type of vehicle.

b. If the veteran already has two vehicles of record, the veteran must show proof of disposition for at least one vehicle to be eligible for reimbursement for another adapted vehicle to be within the two vehicle limitation. These vehicles may not be sold or given to a spouse, family member or other party residing in the same household as the veteran, or transferred to a business owned by the veteran.

c. Cost limitations are not to exceed the allowable reimbursable amounts for certain items of automobile adaptive equipment, e.g., automatic transmissions, power brakes, power steering, etc. **NOTE:** *The allowances for this equipment shall be updated annually in a VHA directive to reflect increases or decreases in retail prices.*

7. ADAPTIVE EQUIPMENT

a. Requests for automobile adaptive equipment for eligible Chiefs, Prosthetics Services, require the approval of the Chief Consultant, Prosthetic and Sensory Aids Service (PSAS) Strategic Health Group (SHG), VHA Headquarters, prior to being submitted to the regional office. **NOTE:** *VA Form 10-1394, Application for Adaptive Equipment – Motor Vehicle, for these veterans is to be referred to VHA Headquarters with all supporting documentation through the appropriate Network Director (10N_/113).*

b. Automobile adaptive equipment, available to the general public, which is manufactured under standards of safety imposed by a Federal agency, shall be deemed to meet the required standards for use as adaptive equipment. Only approved equipment listed in current VHA directives pertaining to these types of items may be furnished to eligible persons. These items include automatic transmissions, power brakes, power steering, etc. This equipment list will be updated frequently as the results of testing become available.

(1) Certain items of adaptive equipment for which standards have not been developed may be furnished under the authority of Title 38 Code of Federal Regulations (CFR) 17. 155(c), provided the equipment meets industry standards and authorizing officials are assured of its safety and quality.

(2) Special equipment to assist a veteran who is eligible for automobile adaptive equipment in getting into and out of an automobile or other conveyance, or interior space modifications necessary because of the size or physical condition of an eligible veteran, may be approved locally subject to the special conditions set forth in this Handbook. This applies regardless of whether the vehicle is to be operated by the eligible veteran or if it is to be operated by another person for the veteran.

c. No operational equipment, e.g., automatic transmission, power brakes, power steering, hand controls, modifications of the driver's area, etc., may be furnished to a veteran who is eligible for adaptive equipment if the veteran does not desire to drive, or if the veteran cannot drive because of the severity of the disability, e.g., total blindness, advanced multiple sclerosis, high level quadriplegic, etc. Furthermore, no operational equipment may be furnished as part of medical services to veterans who are not eligible for automobile adaptive equipment but who otherwise are eligible for prosthetic services.

d. Vehicle modifications and modifications to motor homes require prior authorization.

e. Repairs to automobile adaptive equipment on leased vehicles will not be authorized unless the lease clearly states that the repairs are the responsibility of the person who has leased the vehicle, in this case, the eligible veteran.

f. The following items will not be authorized as automobile adaptive equipment: refrigerators, intermittent windshield wipers, power trunk locks, tires, remote controlled starting devices, garage door openers, or any item which may be construed as being furnished for comfort or convenience purposes.

8. PROSTHETIC REPRESENTATIVE

a. **Role.** The Prosthetic representative will ensure that:

(1) A copy of a certified VA Form 21-4502, is on file in the veteran's outpatient treatment file to support eligibility determinations; or if the veteran's eligibility for adaptive equipment is based on a service connected ankylosis, a copy of the veteran's VA Form 21-6796, Rating Decision, will be filed. If the veteran is seeking only medical equipment, the Prosthetic representative will ensure that the veteran is enrolled in VA's health care system. **NOTE:** *A VA Form 21-4502 will not exist for these veterans since they have no eligibility for the automobile grant.*

(2) The veteran has a valid driver's license and is capable of operating a motor vehicle, if operational equipment is authorized.

(3) Reimbursement for a replacement vehicle does not exceed two vehicles in any 4-year period.

(4) All adaptive equipment authorized is consistent with VA policy, e.g., cost limitations have not been exceeded, the equipment has been approved for issue to VA beneficiaries, etc.

(5) Prescriptions have been written and are supported by medical findings for all items where a prescription is required.

(6) The supplier has certified that the amounts billed do not exceed the usual and customary cost for the items or services furnished.

(7) The equipment furnished has been inspected (if required).

(8) The veteran's request for adaptive equipment is processed within 5 days after all information, invoices, prescriptions, reviews, inspections, etc., have been completed. After posting to the veteran's VA Form 10-2319, Record of Prosthetic Services, the original VA Form 10-1394, Application for Adaptive Equipment – Motor Vehicle, the window sticker and supporting invoices will be forwarded to the Finance activity of the regional office having jurisdiction over the veteran's case. Copies of the VA Form 10-1394 and all supporting documentation concerning the processing of the claim are to be filed in the veteran's Consolidated Health Record.

(9) Requests for automobile adaptive equipment for veterans undergoing a course of vocational rehabilitation will be processed in the same manner as those veterans eligible for adaptive equipment under 38 U.S.C. Chapter 39 with the following exceptions:

(a) VA Form 28-8861, Request for Medical Services - Chapter 31, is required from the Vocational Rehabilitation and Education (VR&E) case manager before any action is taken to furnish, repair or replace automobile adaptive equipment.

(b) Replacement equipment is subject to the limitations or authorization of supplies issued under the regulations, policy and procedures for implementing the provisions of 38 U.S.C. Chapter 31.

NOTE: *It should be noted that these procedures are considerably more stringent in relation to the replacement of equipment than those for replacement under the authority of 38 U.S.C. Chapter 39. In general, adaptive equipment will only be authorized for one vehicle during the veteran's training program unless a replacement vehicle is required because of loss of the modified vehicle due to circumstances beyond the veteran's control, e.g., fire, theft, court action, etc. Title 38 U.S.C. Chapter 15 veterans are not eligible for automobile adaptive equipment.*

b. **Responsibilities.** The Prosthetics Representative is responsible for the administration of the automobile adaptive equipment program at each medical center which has jurisdiction over a given geographical area. All Prosthetics Representatives will ensure that the following conditions are met:

(1) All approved vehicle modification vendors are informed that pre-authorization is required before any work is initiated.

(2) Information is provided to the medical staff, veterans or their representatives on the adaptive equipment which has been tested and found to meet the VA standards of safety and quality.

(3) Local procedures are developed in accordance with the policies stated in this chapter to ensure effective, economical and uniform administration of the adaptive equipment program at their facility. Written guidelines concerning automobile adaptive equipment will be published in a separate facility memorandum or included in the facility memorandum on Prosthetic Services. These guidelines will contain specific instructions regarding the evaluation, prescription, patient referral for, and authorization of, automobile adaptive equipment.

(4) All applications for adaptive equipment submitted by beneficiaries are reviewed to determine that the applicant is eligible, licensed, and that the provision of the requested adaptive equipment to the veteran is within the limitations stated in this Handbook.

(5) Direct contact is maintained with local distributors, installers, service and repair facilities, state licensing authorities, etc., in connection with providing adaptive equipment for specific beneficiaries.

(6) Reimbursements to applicant, a company, or other third parties that furnished adaptive equipment, repairs, or services to the veteran are approved.

(7) The beneficiary is assisted in arranging for special driver training, when requested or when it is apparent that an applicant requires training.

(8) Workmanship is inspected for all vehicle modifications and low-effort steering systems purchased. The inspection will include, at a minimum, functional testing and observation of the structural integrity of the installation. It will also include verification and documentation of serial numbers, the type of equipment and identification of the vehicle in which they are installed. Copies of inspection reports and all documentation supporting an adaptive equipment claim will be filed in the veteran's Consolidated Health Record and Adaptive Equipment file maintained in Prosthetic Service.

(9) Eligible veterans will not be required to obtain bid quotes.

9. GUIDELINES FOR PHYSICIANS

The following guidelines have been developed to assist the physician in evaluating applicants in certain specific situations:

a. Veterans requesting driver training, sensitized steering systems, or who are in need of driver training will be referred to the nearest VA Driver Rehabilitation Center listed in paragraph 20 of this Handbook. Referrals for driver rehabilitation at those facilities with approved centers are processed as any referral to a PM&RS for treatment. Particular attention should be given to the following:

(1) Determine if the veteran has, or has had, any medical conditions which would make driving unsafe because of the possibility of interruption of vehicle control due to sudden or unexpected loss of physical ability arising from weakness, impairment of perception or consciousness, or occurrence of distracting pain or sensation.

(2) Identify all medical conditions and physical deficits, which could affect driving ability so as to ensure that the person providing the driver training and evaluation for adaptive equipment has sufficient information about the veteran.

(3) Provide current PM&RS examination including an updated VA Form 10-2617, Self-Care Activities-Functional Evaluation.

b. Veterans who are requesting vehicle modifications, or questionable items of adaptive equipment, should, whenever practical, be evaluated by a VA driver rehabilitation specialist. If this is not possible, the case should be reviewed by the physician, physical medicine and rehabilitation therapist, and prosthetic representative to ensure every consideration when developing an appropriate prescription.

c. Physicians will make every effort to ensure that prescriptions are consistent with the veteran's disability and that they are in compliance with the specific policies stated in this Handbook.

10. THE VA DRIVER REHABILITATION SPECIALIST

a. The VA driver rehabilitation specialist will assist the veteran in the selection of the appropriate vehicle and add-on adaptive equipment necessary to enable the veteran to operate a motor vehicle in a safe manner, or that equipment which is necessary for the transportation of a veteran who is incapable of driving. All veterans will be advised of the dangers of driving from a wheelchair and will be encouraged to transfer to more appropriate automotive type seats whenever possible.

b. All recommendations for adaptive equipment will be in accordance with the guidelines and policy set forth in this Handbook. Driver Rehabilitation Specialists should make no commitments to the veteran regarding what VA will, or will not, provide.

11. THE PRESCRIBING PHYSICIAN

The physician's major responsibilities are to determine the overall ability of the applicant to drive safely and effectively, including entering and exiting the vehicle, and to identify any defects or limitations the applicant may have in the needed skills and abilities. The National Highway Traffic Safety Administration of the United States (U.S.) Department of Transportation has developed a set of guidelines, "Functional Aspects of Driver Impairment, a Guide for State Medical Advisory Boards," that can assist the physician in making decisions. Copies have been distributed to all Chiefs, Prosthetic Services, and driver rehabilitation specialists.

12. VETERANS BENEFITS ADMINISTRATION (VBA)

a. Upon payment of the automobile allowance, the VBA Finance Activity will reproduce a copy of the completed VA Form 21-4502, and/or the covering invoice(s) and forward them to the VA outpatient clinic having jurisdiction over the area in which the veteran resides. **NOTE:** *This information is used by the Prosthetic Service to establish eligibility for future actions.*

b. VBA regional offices will continue to authorize basic operational adaptive equipment specific for disabilities, listed as part of VA Form 21-4502, with the payment of the automobile allowance without referral to VHA.

c. Vocational Rehabilitation and Education (VR&E) case managers, who identify veterans who may require automobile equipment to enable them to achieve their program goals of rehabilitation services, will complete VA Form 28-8861. This form will be forwarded to the Prosthetic Representative at the nearest VA medical center. VBA program officials should make no commitments to the veteran regarding what VA will, or will not provide.

13. PURCHASE OF A VEHICLE

a. Prorate the reimbursable amounts authorized for adaptive equipment when used vehicles are purchased. Used vehicles will be prorated by reducing the standard equipment reimbursable amount for like items by 10 percent per year with a residual value of 10 percent for vehicles 10 years old or older. Invoices or bills of sale used to substantiate vehicle purchases must list the items of adaptive equipment on the vehicle.

b. If for some reason the window sticker is not available, an itemized invoice may be used to substantiate the purchase of the vehicle and the items of automobile adaptive equipment purchased. Subject to the following limitations, reimbursement should not be made in amounts exceeding the "sticker price" levels:

(1) If the equipment is listed as standard on the window sticker and no price is given, the amount payable will be the "Standard Equipment Reimbursable Amount" listed in the current VHA Directive. Rebates, discounts, etc., will not affect the reimbursable amounts for eligible veterans.

(2) If the window sticker price is available, the amount payable will not exceed the "Maximum Sticker Reimbursable Amount" listed in the current VHA directive on this subject.

(3) If no window sticker is available and an itemized invoice is used, and the item is indicated in Edmund's New Car Prices or other similar established reference guides as standard equipment, the reimbursable amounts will be the "Standard Equipment Reimbursable Amount" listed in the current copy of the VHA Directive.

(4) If the item is not standard, the invoice amount may be paid, but will not exceed the "Maximum Sticker Reimbursable Amount" listed in the current VHA directive on this subject.

(5) If the item is not standard and the item is not on the VHA directive, such as a raised roof, air conditioning (after market installation), then an invoice needs to be obtained from the dealer or vehicle conversion company substantiating the cost to be reimbursed.

d. Eligible veterans may be provided automobile adaptive equipment for any non-service connected disability of a veteran who is already eligible for adaptive equipment because of service connected disabilities or eligible through 38 U.S.C Chapter 31, Vocational Rehabilitation.

14. GUIDELINES THAT APPLY WHEN FURNISHING AUTOMOBILE ADAPTIVE EQUIPMENT FOR PURCHASED OR LEASED VEHICLES

The following are the guidelines that apply when furnishing automobile adaptive equipment for purchased or leased vehicles:

a. An automatic transmission may be furnished to eligible licensed veterans who have a loss, or loss of use of, one or both hands or feet, or who have ankylosis of one or both knees or one or both hips.

b. Power steering may be furnished to eligible licensed veterans who have loss, or loss of use of, one or both hands or both feet.

c. Power brakes may be furnished to eligible licensed veterans who have a loss, or loss of use of one or both feet, or who have ankylosis of one or both knees or one or both hips.

d. Additional equipment or modification of dimmer switches, parking brakes, gas or brake pedals, steering wheel knob or ring, etc., may be furnished for single or multiple disabilities listed in paragraph 19.

e. Power windows may be furnished to eligible licensed veterans who require the use of hand controls; for veterans who have the loss or loss of use of an arm; or severe impairment of one upper extremity rated at 30 percent service connected.

f. A CB radio or a car phone may be furnished when prescribed by a physician knowledgeable in the area of Physical Rehabilitation or when recommended by a state licensing authority with the concurrence of the Chief, PM&RS, Chief, Spinal Cord Injury Service, or other designated physicians.

g. CB radios and/or car phones will normally be provided to veterans who have a loss or loss of use of both lower or upper extremities, or a loss or loss of use of one upper and one lower extremity. CB radios and/or car phones may also be considered for veterans who have a loss or

loss of use of one lower extremity if the prescribing physician believes that abandoning the vehicle would be impossible, especially during adverse weather conditions. Other medical conditions that should be considered as possibly creating a special need associated with safe vehicular operation would include, but not be limited to, cardiovascular, neurological or pulmonary diseases.

h. CB radios and/or car phones will be furnished with antenna and permanent installation in accordance with existing purchase reimbursement procedures for automobile adaptive equipment. The amount payable will be the invoice amount for the CB radio and/or car phone antenna and installation, but will not exceed the maximum reimbursable amount listed in the current copy of the VHA Directive.

i. Cruise control may be furnished to eligible licensed veterans who have a loss, or loss of use of, one or both feet; or who have ankylosis of one or both knees or one or both hips.

j. Rear window defrosters may be furnished to eligible licensed veterans who, because of physical limitations, would be unable to remove ice or fog from the rear window. This would include veterans who have a loss, or loss of use of, at least one lower extremity or both upper extremities, e.g., quadriplegia, amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), etc.

k. Power door locks may be furnished to eligible licensed veterans who have such severe impairment that they are prohibited from using conventional door locks, e.g., quadriplegia, paraplegia, ALS, MS, etc.

l. Power seats may be furnished to an eligible licensed veteran who has the loss of, or loss of use of, both lower extremities, or ankylosis of both knees or both hips, to assist the veteran in entry into or out of the vehicle, or in the case of wheelchair use, to permit storage behind the driver's seat. Power seats may also be furnished in the absence of the above conditions when recommended by a driver trainer for safe operation of the vehicle.

m. A tilt steering wheel may be furnished to permit access to a vehicle or when it is necessary to achieve an optimal steering wheel position for veterans who have loss of use of one or both lower extremities.

n. Air conditioning may be furnished to eligible beneficiaries, whether or not they are capable of operating the vehicle, when prescribed by a physician. Air conditioning may be considered for veterans, when prescribed by a physician, who suffer from the following conditions:

(1) Spinal cord injuries.

(2) Neurological diseases when the condition of the individual is substantially worsened by exposure to heat and humidity.

(3) Amputees who suffer from thermal regulatory dysfunction secondary to a loss of body surface area when this equipment is necessary to maintain the body core temperature within the normal range. It may also be provided to permit the effective use of artificial limbs; e.g., to maintain suction in above knee limbs or to amputees who suffer a skin breakdown secondary to

increased sweating and irritation brought about by repeated contact with the socket wall or suspension components.

(o) Low-effort or sensitized steering and braking systems, such as Digi-Drive, Drive Master, and Touch Pad System, may be furnished to veterans whose upper extremities are involved to such a degree that they cannot operate conventional steering, braking systems, and secondary controls.

15. MODIFICATIONS

a. In the case when a used vehicle is purchased that already has a van lift installed or other modifications that would normally be approved for a new vehicle being purchased, the veteran may be reimbursed for those modifications but they will be prorated at 10 percent per year. In determining the cost of the modifications, if the original invoice is not available, then the average and customary costs of that geographic location will be used for prorating.

b. All modifications to vehicles and other conveyances must be pre-authorized. The following procedures apply:

(1) Van lifts, which have been tested and found to meet VA standards of safety, and quality may be furnished when prescribed to permit the wheelchair-bound eligible veteran to enter and exit the van.

(2) Electric door openers may be furnished to eligible wheelchair-bound veterans who require van modifications provided they are licensed to drive independently. Veterans who are transported as passengers do not require this modification because an able-bodied driver accompanies them at all times.

(3) A raised roof may be furnished to eligible veterans who use wheelchairs to prevent the danger of head bumping while the vehicle is in motion. In general, veterans who have a seating height of 52 inches or more will require this modification. Roll bars or other structural supports will be provided whenever a raised roof is furnished.

(4) Raised doors may be furnished to eligible wheelchair-bound veterans who do not have sufficient head clearance to avoid bumping the bottom of the upper door jam. In general, this would include wheelchair-bound veterans who sit higher than 49 inches and who are unable to lean forward to clear the door jam and resume the normal sitting position. Veterans, who because of a disability require special high-backed wheelchairs, may also require raised doors.

(5) Lowered floors may be furnished to eligible wheelchair-bound veterans as an alternative to provide more headroom. In general, floor conversions offer the most advantages to the veteran who must drive from a wheelchair. It allows the wheelchair to be placed in the same position as the original driver's seat and, therefore, provides the best visibility. The criteria for furnishing this modification are generally the same as for raised roofs and raised doors.

(6) Powered floor pans may be furnished to eligible veterans who are required to drive from a wheelchair when it is necessary to provide adequate visibility. Normally, if a raised roof or a lowered floor is provided, this item is not required. However, in rare instances, it may be provided in addition to a raised roof if the veteran's vision of the road is distorted.

(7) Driver's swivel transfer seats may be furnished to eligible veterans to permit the veteran to transfer from a wheelchair to the swivel seat located in place of the regular driver's seat.

(8) Powered transfer seats may be furnished to eligible veterans who are capable of wheelchair transfer but for whom the swivel seat does not allow sufficient room for a safe transfer. The powered transfer seat travels backward from the driver's area providing sufficient distance to allow an optimum position for wheelchair transfers.

(9) Wheelchair tie-downs will be furnished to all veterans who are authorized van modifications and who ride or drive in a wheelchair. Veterans who drive from a wheelchair will be furnished a tiedown, which they are capable of operating independently. These tie-downs will either be electrical, semiautomatic or manual, as indicated by the physical abilities of the veteran. However, electrical or semiautomatic tie-downs can be provided when prescribed by a qualified driver rehabilitation specialist, Manager, PM&RS, or Manager, Spinal Cord Injury Center. The veteran may be furnished either a driver's tie-down or a passenger's tie-down, but not both.

(10) Chest and shoulder harnesses will be provided to all eligible veterans with poor trunk stability.

(11) Dual battery systems will be furnished to all veterans authorized van modifications to avoid the possibility of the veteran being temporarily trapped or stranded in a hazardous environment due to a low or discharged battery. These systems not only allow for the operation of the adaptive equipment, but also allows for the starting of the vehicle.

(12) The Prosthetic representative will review the claim for automobile adaptive equipment mini-van conversion, conduct an analysis of the existing conversion, and conduct an analysis of the existing conversion costs associated with conventional van conversions.

(a) The Prosthetic representative will include the following items (note the addition of the gas tank) in making the appropriate amount calculation:

1. Van lift,
2. Electric door openers,
3. Raised roof with roll bar or structural support,
4. Extended doors,
5. Back-up battery system, and
6. Remove and relocate gas tank.

(b) VA will reimburse the service connected veteran for the mini-van conversion claim in an amount equal to or less than the average cost of the conventional van modification plus 25 percent. The use of an Under Vehicle Lift (UVL) in the calculations is not permitted. Requests for the provision of UVLs must be sent to VHA Headquarters for review and approval by the Chief Consultant for PSAS and the National Program Director for PM&RS.

c. The following specific limitations apply when providing automobile adaptive equipment for motor homes:

(1) All modifications must be pre-authorized.

(2) Only VA approved add-on equipment may be authorized.

(3) The maximum reimbursable amounts established for automobile adaptive equipment will not be exceeded for similar items authorized as adaptive equipment in a motor home.

(4) The amount authorized for the purchase and installation of an approved lift in a motor home will not exceed the average amount authorized for purchase and installation of similar lifts installed in vans by the authorizing VA facility.

(5) VA will not pay for the removal, modification or reinstallation of any convenience items contained in a motor home, e.g., cabinets, stoves, showers, refrigerators, etc.

16. REPAIRS

Prosthetics representatives will carefully review the veteran's repair history prior to authorizing any repairs. Particular attention will be given to the frequency and cost of repairs. If necessary, any case of abuse may be referred to VHA Headquarters using VA Form 10-2641, Authority for Issuance of Special and/or Experimental Appliances, prior to authorizing any additional repairs.

a. Authorization for, or reimbursement of, repairs is limited to the vehicle(s) of record, and includes only those basic components authorized as adaptive equipment. For example, when power brakes are authorized, only repairs to the power boost option may be approved. All repairs to conventional components of the brake system, e.g., brake shoes or pads, turning of brake drums, etc., are the responsibility of the veteran. The same principle applies to automatic transmissions, and power steering. Routine service such as brake linings, front-end alignment, lubrication, etc., will not be considered as repairs to adaptive equipment.

b. The maximum amount authorized an eligible veteran for repairs will be the amount of the invoice but reimbursement will not exceed the cost of the parts and labor for similar repairs as listed in the current Mechanical Parts and Labor Estimating Guide for Domestic Cars, available from Mitchell Manuals Incorporated, 9889 Willow Creek Road, P.O. Box 26260, San Diego, CA 92126.

c. VA Form 10-1394, may be used to authorize and/or reimburse veterans for repair services.

d. Repairs are limited to the current vehicles of record and only those basic components authorized as automobile adaptive equipment. Reimbursement is limited to the cost of the part(s) and labor based on descriptions published in Mitchell, Mechanical Parts and Labor Estimating Guide Domestic Cars, which may be procured through the local VA medical center library or by purchasing direct from Mitchell International, 9889 Willow Creek Road, P.O. Box 26260, San Diego, CA 92196-0260.

17. DISPOSITION OF REPLACED ADAPTIVE EQUIPMENT

Every effort will be made to transfer add-on adaptive equipment from one vehicle to another as long as the equipment is adequate for the veteran's disability and in serviceable condition. Serviceable adaptive equipment, which cannot be reinstalled in a vehicle subsequently purchased by a beneficiary, will be recovered if on loan, or accepted if offered, for possible use by other beneficiaries. When it becomes apparent that a facility cannot use the recovered equipment, it will be surveyed through the Manager, Supply Service, in the normal manner. Unusable or unserviceable equipment will be disposed of in accordance with existing regulations.

18. UNUSUAL REQUESTS

Unusual requests or inquiries relating to the automobile adaptive equipment program should be referred to the VHA Headquarters Automobile Adaptive Equipment Committee by submitting a VA Form 10-2641 in the routine manner. The committee will act as a review board to resolve any questionable claims for automobile adaptive equipment denied at the local level. This review procedure is intended to expedite the resolution of disputed claims and should not be considered as a substitute for the formal appeal process.

19. ADDITIONAL AUTOMOBILE ADAPTIVE EQUIPMENT**a. Single Disabilities****(1) Foot****(a) Loss of Left Foot (Including Loss of Use), Ankylosis of Left Knee or Hip**

1. Hand-operated dimmer switch (nonstandard).
2. Hand-operated parking brake (nonstandard).
3. If standard transmission is selected, bar welded to clutch pedal to prevent foot slipping down or off to side.

(b) Loss of Right Foot (Including Loss of Use), Ankylosis of Right Knee or Hip

1. Left foot operated gas pedal.
2. Hand-operated dimmer switch (nonstandard).
3. Hand-operated parking brake (nonstandard).
4. Extension on brake pedal for left foot operation if not part of car.
5. If standard transmission selected, bar welded to clutch pedal so both clutch and brake pedals may be operated with the left foot.

b. Hand**(1) Loss of Left Hand (Including Loss of Use)**

- (a) Steering wheel knob or ring.
- (b) Right hand operated direction signals.
- (c) Right hand or foot operated parking brake (nonstandard).
- (d) Relocation of control switches, as needed.

(2) Loss of Right Hand (Including Loss of Use)

- (a) Steering wheel knob or ring.
- (b) Left hand or foot operated parking brake (non-standard).
- (c) Relocation of control switches, as needed.
- (d) Left hand gearshift lever.

c. **Multiple Disabilities**

(1) **Feet.** The loss of both feet (including loss of use) ankylosis of both knees or both hips.

- (a) Hand-operated brake and gas pedal in combination.
- (b) Hand-operated parking brake (nonstandard).
- (c) Hand-operated dimmer switch (nonstandard).
- (d) Steering wheel knob or ring.

(2) **Hands.** The loss of both hands, triple extremity loss or quadruple extremity loss (including loss of use). Any combination of hand and/or foot control which does not involve steering, and relocation of control switches or levers as required.

(a) **NOTE:** *A distinction must be made between those items which are optional and those items referred by the manufacturer to be “standard” or “included.”*

20. DRIVER REHABILITATION CENTERS

Driver Rehabilitation Centers are located at the following VA medical centers:

- a. Boston Health Care System, West Roxbury Campus, MA
- b. VA Medical Center, Indianapolis, IN
- c. VA Medical Center, Albuquerque, NM
- d. Central Iowa Health Care System, Knoxville, IA
- e. VA Medical Center, Detroit, MI

- f. VA Medical Center, Long Beach, CA
- g. VA Medical Center, Augusta, GA
- h. VA Medical Center, Memphis, TN
- i. VA Medical Center, Biloxi, MS
- j. VA Medical Center, Miami, FL
- k. VA Medical Center, Milwaukee, WI
- l. VA Medical Center, Minneapolis, MN
- m. VA Medical Center, Bronx, NY
- n. VA Medical Center, Palo Alto, CA
- o. VA Hudson Valley Health Care System, Castle Point, NY
- p. VA Pittsburgh Health Care System, Pittsburgh, PA
- q. VA Medical Center, Cleveland, OH
- r. VA Medical Center, Portland, OR
- s. VA Medical Center, Columbia, SC
- t. VA Medical Center, Richmond, VA
- u. VA North Texas Health Care System, Dallas, TX
- v. VA Medical Center, Salisbury, NC
- w. Atlanta VA Medical Center, Decatur, GA
- x. VA Medical Center, San Juan, PR
- y. VA Medical Center, Denver, CO
- z. VA New Jersey Health Care System, East Orange, NJ
- aa. VA Southern California System of Clinics, Sepulveda, CA
- bb. VA Maryland Health Care System, Fort Howard, MD
- cc. VA Medical Center, Jefferson Barracks, St. Louis, MO
- dd. VA Medical Center, Hampton, VA
- ee. VA Medical Center Tampa, FL

- ff. VA Medical Center, Hines IL
- gg. VA Eastern Kansas Health Care System, Topeka, KS
- hh. VA Medical Center, Houston, TX
- ii. VA Puget Sound Health Care System, Seattle, WA
- jj. VA South Texas Health Care System, San Antonio, TX
- kk. VA Medical Center, Albany, NY
- ll. VA Medical Center, Phoenix, AZ
- mm. VA Medical Center, Salt Lake City, UT
- nn. VA Medical Center, West Palm Beach, FL