



Federal Update for April 15 - 19, 2013



Servicemembers' Civil Relief Act Update

The Department of Justice announced last week that under its 2011 settlements with BAC Home Loans Servicing LP, a subsidiary of Bank of America Corporation, and Saxon Mortgage Servicing Inc., a subsidiary of Morgan Stanley, 316 service members whose homes were unlawfully foreclosed upon between 2006 and 2010 are due to receive over \$39 million in monetary relief for alleged violations of the Service Members Civil Relief Act (SCRA).

- Under the first settlement, Bank of America is required to pay over \$36.8 million to service members whose homes were unlawfully foreclosed upon between 2006 and 2010. Each service member will receive a minimum of \$116,785, plus compensation for any equity lost with interest. Bank of America has already begun compensating 142 service members whose homes were illegally foreclosed on between 2006 and the middle of 2009. Under the same agreement, Bank of America agreed to provide information about its foreclosures from mid-2009 through the end of 2010. As a result of that review, Bank of America will now pay 155 service members upon whose homes it illegally foreclosed. Borrowers receiving payment under this settlement may receive an additional payment under a settlement between Bank of America and federal banking regulators -- the Office of the Comptroller of the Currency and the Board of Governors of the Federal Reserve System -- if the foreclosure occurred in 2009 or 2010. Payments provided under the federal banking regulators' settlement will bring the total amount received by eligible borrowers to \$125,000 plus equity where applicable.
- Under the second settlement, Saxon Mortgage Services Inc. is in the process of paying out over \$2.5 million to 19 service members whose homes were unlawfully foreclosed upon between 2006 and 2010. Each

service member will receive a minimum of \$130,555.56, plus compensation for any equity lost with interest.

Bank of America is one of five mortgage servicers that entered into a settlement, known as the National Mortgage Settlement, with the Justice Department in 2012 regarding its foreclosure practices. Pursuant to the National Mortgage Settlement, the Justice Department is overseeing ongoing audits of the five largest mortgage servicers in the country (Wells Fargo, Bank of America, Citibank, JP Morgan Chase and Ally) to identify violations of the SCRA's foreclosure provisions between Jan. 1, 2006 and April 4, 2012 and its 6 percent interest rate cap provision between Jan. 1, 2008 and April 4, 2012. The \$36.8 million currently being paid by Bank of America to 297 service members is pursuant to the 2011 consent decree (which predated the National Mortgage Settlement), and represents only the non-judicial foreclosures conducted by Bank of America. As the National Mortgage Settlement audits progress, the Justice Department will be requiring payments by Bank of America for judicial foreclosure and interest rate violations, and by the other four servicers for judicial and non-judicial foreclosure and interest rate violations. Under the National Mortgage Settlement most service members wrongly foreclosed on will receive \$125,000 plus any lost equity. For the foreclosure violations that took place in 2009 and 2010, the Justice Department is coordinating closely with the Office of the Comptroller and the Federal Reserve Board, which are conducting separate reviews of 12 mortgage servicers under the Independent Foreclosure Review process. [Source: TREA News for the Enlisted 12 Apr 2013 ++]

DoD 2014 Budget Update

The \$526.6 billion defense base budget request included in President Barack Obama's fiscal year 2014 budget proposal reflects "great uncertainty," but maintains national defense strategy and Pentagon leaders' commitment to careful use of taxpayer dollars, according to Defense Department budget request documents released 10 APR. "Even while restructuring the force to become smaller and leaner and once again targeting overhead savings, this budget [request] made important investments in the president's new strategic guidance - including rebalancing to the Asia-Pacific region and increasing funding for critical capabilities such as cyber, special operations and global mobility," Defense Secretary Chuck Hagel noted in a written statement issued today. The budget

request largely is consistent with 2013's, and it calls for a round of base realignment and closure, savings in managing military medical treatment facilities, cuts in low-priority and poorly performing weapons programs and slowed growth in military pay and benefits. The Pentagon statement accompanying the request notes the fiscal 2013 sequester cuts will mean training cutbacks, civilian furloughs, maintenance delays and deployment curtailments that "will inevitably have rippling effects into [fiscal] 2014." The statement notes the president's budget request "includes balanced deficit reduction proposals that ... allow Congress to replace and repeal the sequester-related reductions" required by the 2011 Budget Control Act. The fiscal 2014 request doesn't include a request for overseas contingency operations funding, which together with the base budget request make up the defense top-line funding proposal. OCO funding primarily covers operations in Afghanistan. "Decisions regarding force levels in Afghanistan were delayed until February of this year to provide commanders time to assess wartime needs fully," the Pentagon statement said. "A separate OCO request is being prepared and will be submitted to Congress in the coming weeks."

The base budget request asks for \$209.4 billion for operations and maintenance; \$137.1 billion for military personnel; \$99.3 billion for procurement; \$67.5 billion in research, development, testing and evaluation; \$11 billion for military construction and \$2.3 billion in other costs. By department, the budget request assigns \$155.8 billion to the Navy, \$144.4 billion to the Air Force, \$129.7 billion to the Army and \$96.7 billion to other defense activities.

Military compensation in the 2014 request includes a proposed 1 percent pay raise and housing and subsistence allowance increases to 4.2 percent and 3.4 percent, respectively. Today's statement noted the request includes some changes in military health care enrollment fees and pharmacy co-pays that Congress denied last year. Those proposals, which largely involve retiree health insurance fees, have been modified to accommodate concerns expressed by Congress, officials said. The 2014 budget request also includes a proposal for base realignment and closure in 2015, though Congress rejected the Pentagon's BRAC request last year. "BRAC is the only effective means of achieving infrastructure consolidation," today's statement notes. "This BRAC round adds \$2.4 billion to costs in the next five years, but would eventually save substantial sums. The actual closing of bases would involve a multiyear process that would not start until 2016, after the economy is projected to have more fully recovered."

Officials noted the fiscal 2014 request further aligns defense programs to support the nation's strategic emphasis on the Asia-Pacific and Middle East. Requested funds supporting the rebalance to the Asia-Pacific region will be used to harden airfields, support critical strike capabilities such as bombers and F-22 squadrons, develop Guam as a strategic hub and strengthen regional partnerships, officials said. The request continues funding for three variants of the F-35 joint strike fighter and asks for \$10.9 billion for new ship construction, \$9.2 billion for missile defenses and \$379 million for the ongoing development of a new penetrating bomber. Other critical investments the request supports, officials said, include \$4.7 billion for cyberspace operations, \$10.1 billion for space capabilities, and \$2.5 billion in intelligence, surveillance and reconnaissance systems. Officials said the fiscal 2014 request supports efforts to set a new readiness posture for the post-Afghanistan period, emphasizing regional alignment, full-spectrum training and readiness, global capabilities and ongoing presence operations. "Despite the critical importance of this [readiness] goal, sequestration cuts in [fiscal 2013] -- combined with issues relating to funding of wartime operations -- place it in jeopardy," officials noted in budget request documents released today. "The large shortfalls in fiscal year 2013 operating funds will force the military services to shut down training for some units, which will seriously harm readiness," officials said. "Unless sequestration is replaced soon, the degraded readiness in fiscal year 2013 may leave the military unable to meet its readiness goals for fiscal year 2014."

[Source: AFPS | Karen Parrish | 10 Apr 2013 ++]

VA Budget 2014 Update

The President has proposed a \$152.7 billion budget for the VA. Unlike other federal agencies, that would mean a 10.2 percent increase over the current year according to the VHA. The additional money will pay for three major goals: eliminating the disability claims backlog, expanding access to benefits like health care and ending homelessness among veterans, plus major health care costs:

1. Eliminating the Claims Backlog - Using people and a \$291 million investment in technology in the coming fiscal year, the goal is to eliminate the backlog and process all claims within 125 days with 98 percent accuracy. That's the goal of VA Secretary Eric Shinseki.

- \$136 million for Veterans Claims Intake Program (VCIP); and

- \$155 million for the next generation of the electronic claims processing system Veterans Benefits Management System (VBMS).

2. Expanding Access - Whether its making health care more accessible to veterans in rural areas or expanding veterans' college transition programs, there's funding to expand access. Some examples:

- \$460 million in home telehealth funding, which helps patients monitor chronic health care problems through innovative uses of the telephone, a 4.4 percent increase over the current year;
- \$422 million for women-specific medical care, an increase of nearly 14 percent over the present level;
- \$799 million for the activation of new and enhanced health care facilities;
- \$16 million for the construction of three new national cemeteries; and
- \$8.8 million for “VetSuccess on Campus” at 84 facilities, a program that helps Veterans transition to college life.

3. Ending Veterans Homelessness - This is a strategic goal for the VA - to end homelessness among Veterans in 2015. The budget request targets \$1.4 billion for programs to prevent or reduce homelessness, which includes:

- \$300 million for Supportive Services for Veteran Families (SSVF) to promote housing stability;
- \$278 million for the HUD-VASH program wherein VA provides case management services for at-risk Veterans and their families and HUD provides permanent housing through its Housing Choice Voucher program; and
- \$250 million in grant and per diem payments that support temporary housing provided by community-based organizations.

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4. Major Health Care Costs - The budget proposal also covers the health care costs for more than 6.5 million veterans and items like:

- \$6.9 billion for mental health;
- \$4.1 billion for health care for Veterans of Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn;
- \$2.5 billion for prosthetics;
- \$601 million for spinal cord injuries;
- \$246 million for traumatic brain injuries;

- \$230 million for readjustment counseling; and
- \$7.6 billion for long-term care. [Source: Off the Base | Bobbie O'Brien | 10 Apr 2013 ++]

TRICARE User Fees Update

As in years past, the administration seeks to cut health costs by having retirees and families pay more under all three options of TRICARE. Here are details of these proposals:

TRICARE Prime – The current family enrollment fee of \$539 for working-age retirees (under age 65) would increase next year to equal 2.95 percent of the individual's gross retired pay. But for 2014 the fee would be subject to an annual minimum, or floor, of \$548 and a ceiling of \$750 (\$900 for flag officers). The fee would be raised to 3.3 percent of gross retired pay in 2015 with a floor of \$558 and ceiling of \$900 (\$1200 for flag); 3.65 percent in 2016 with floor of \$569 and ceiling of \$1050 (\$1500 for flag); and so on until reaching 4 percent of gross retired pay in 2018 with a floor of \$594 and ceiling of \$1226 (\$1840 for flag). Fees for single coverage would be half these amounts.

TRICARE Standard/Extra – For the first time, users of these options would face an annual enrollment fee, starting at \$70 for single coverage or \$140 for family, and rising each year until reaching \$125 (individual) and \$250 (family) in 2018. Also, the current annual deductible of \$150 (individual) and \$300 (family) would gradually increase, starting in 2014 and until it reached \$290 (individual) and \$580 (family) in 2018. After 2018, all TRICARE enrollment fees, floors and ceilings, and deductibles for retirees would climb yearly by the same percentage increase of cost-of-living adjustments (COLAs) for military retired pay to keep pace with inflation.

TRICARE for Life – Beneficiaries 65 and older can use TRICARE for Life as a golden supplement to Medicare. Officials said a comparable individual policy in 2009 would cost \$2100 in the private sector. So, they reason, military elderly should at least pay a small enrollment fee. The fee would equal one half of one percentage point of gross retired pay in 2014; one percent in 2015; 1.5 percent in 2016, and two percent in 2017 and in 2018. But the fees would have ceilings: no more \$150 a year in 2014; no more than \$300 in 2015, \$450 in 2016, \$600 in 2017 and no more than \$618 in 2018. Flag officers would face higher ceilings though not

substantial. After 2017, these fees would be adjusted by the percentage of retiree COLAs.

Pharmacy Fees – The administration wants to follow last year's increases in pharmacy co-pays with additional increases phased in to encourage greater use of mail order and generic drugs.

Catastrophic Cap – The current cap on total out-of-pocket costs TRICARE costs of \$3000 a year would be raised for retirees in two ways: by excluding any TRICARE enrollment fees from counting toward the cap; and by raising the cap annually by the percentage of retiree COLA.

Officials hope tying the size of fees to level of retired pay will soften resistance in Congress. Also, this year's plan would exempt from any fee increases the survivors of members who die on active duty and persons medically retired from service. And the department no longer is asking that TRICARE fees be adjusted annually based on medical inflation. That concession to use retiree COLAs instead might be less than it appears. The Obama budget proposes, as part of a larger debt-reduction deal, that all federal COLAs, including for social security, veteran benefits and retirement plans, switch to a "chain" Consumer Price Index to measure inflation. This CPI would save the billions of dollars annually by shaving every COLA by a fraction of a percentage point. Obama's support for it is conditional; Republicans must agree to close some corporate tax loopholes and to raise taxes on the wealthy. Still, Obama support of chain CPI has drawn fire from some Democrats and liberals in Congress. Sen. Bernie Sanders, an independent from Vermont who chairs the veterans affairs committee, added language to the Senate's non-binding budget resolution to oppose it. If the chain CPI is adopted, said Sanders, "veterans who started receiving VA disability benefits at age 30 would have their benefits reduced by \$1,425 [a year by] age 45."

In unveiling the 2014 defense budget request, Defense Secretary Chuck Hagel said the smaller pay raises and TRICARE changes would save \$1.4 billion next year and \$12.8 billion over just five years. The TRICARE changes, he said, would "bring the beneficiary's cost-share closer to the levels envisioned when the program was first implemented." In 1996, officials said, retirees covered 27 percent of total TRICARE costs with enrollment fees, deductibles or co-payments. Today, their out-of-pocket costs cover only 11 percent. Asked to recall how hard it was to vote

for higher TRICARE fees when he was a senator, Hagel said times are different now. When he left Congress in 2009 the global financial crisis was just beginning. Today, the Department of Defense is struggling with \$41 billion in automatic cuts this year from budget sequestration. It faces \$500 billion in more cuts over the next decade if the administration and Congress can't partner on a solution. The \$527 billion defense budget for 2014 assumes that a large debt-reduction deal is reached and sequestration ends. The defense share of the deal would be \$150 billion in cuts over the decade versus \$500 billion under sequestration. If slowing compensation growth isn't a part of that \$150 billion cut, Defense officials said, deeper force cuts are inevitable. [Source: Veteran Affairs Office Frederick MD msg. 12 Apr 2013 ++]

Military Sexual Trauma Update

April is Sexual Assault Awareness Month, which provides VA an opportunity to reaffirm their commitment to supporting Veterans who have experienced Military Sexual Trauma (MST). This year's national theme is "Outreach to Veterans Who Experienced MST: Opening Doors and Building Bridges," to highlight the importance of ensuring all Veterans are aware of the free MST-related services VA provides. About one in five women and one in a hundred men seen in VA medical facilities report they have experienced MST-- that is, sexual assault or repeated, threatening sexual harassment that occurred during military service. MST can affect Veterans' physical and mental health for many years afterward. To assist in recovery, treatment for MST-related physical and mental health conditions is available at every VHA facility and provided to Veterans free of charge, regardless of service-connection status. Veterans may be able to receive this MST-related care, even if they are not eligible for other VA care. Every VHA facility has an MST Coordinator who serves as a point person for Veterans and staff. Every VA employee has the power to help Veterans recover from MST by responding sensitively to inquiries about MST, remaining knowledgeable about VA's MST-related services, and ensuring information about Veterans' MST status is kept confidential. For more information, contact your facility's MST Coordinator, or visit the MST Resource home page at <http://vaww.mst.va.gov>. Veterans can access information at <http://www.mentalhealth.va.gov/msthome.asp>. [Source: VA Secy Vet Group Liason Officer | Kevin Secor | 8 Apr 2013 ++]

Homeless Vets Update

Legal advocates for the nation's homeless population are hoping that a recent federal judge's decision in a 25-year-old lawsuit against the federal government could lead to thousands more unused federal buildings being converted into shelters, health clinics and other services for the homeless. A 21 MAR decision by the U.S. District Court for the District of Columbia found that many government agencies have been inaccurately reporting their number of unused federal properties — thus violating a federal law that requires agencies to list unused buildings that can potentially be used for homeless services. The ruling orders the General Services Administration and the Department of Housing and Urban Development to take additional steps to ensure agencies are following the law, including creating new training programs. “The court finds troubling indications of widespread noncompliance” with the law, Judge Royce Lamberth wrote in the opinion. “Landholding agencies appear to be hiding potentially eligible properties from the Title V process.”

The law in question is Title V of the McKinney-Vento Act, which requires federal agencies to list unused, surplus or underutilized properties in the Federal Register, and reach out to homeless services providers — nonprofits and state and local governments — that can apply to lease the properties at no charge. Under the law, providers are to get a 60-day period where they get right of first refusal to those properties. This is important because one of the greatest costs to running homeless services is real estate, and the law is meant to allow nonprofits to gain access to buildings they may not be able to afford on the open market. “We’re very hopeful this order will result in potentially thousands of properties that have never been made available to homeless services providers to be screened for suitability and be made available,” said Tristia Bauman, an attorney at the National Law Center for Homelessness and Poverty, a D.C. legal nonprofit that filed the lawsuit. “We expect we’re going to be able to more closely monitor whether the government is complying, and have access to buildings that were unbeknownst to us before.” Nearly 500 properties in 30 states and D.C. have been obtained through Title V, and now house homeless services, including the largest shelter in the District, the Community for Creative Non-Violence. Others include Foodlink, a California group that provides food and job training on a former military base, and an emergency shelter in Joplin, Mo., that housed people displaced by a tornado in 2011.

The Justice Department declined to comment. Lamberth's ruling is the latest twist in a long-standing dispute between the National Law Center for Homelessness and Poverty and the federal agencies tasked with carrying out Title V. The original lawsuit was filed in 1988 by the NLCHP and several other nonprofits serving the homeless, accusing federal agencies of violating Title V. The agencies named in the suit were the Department of Veterans Affairs, Defense Department, Department of Housing and Urban Development, the GSA and D.C.'s Department of Health and Human Services. In 1993, a judge issued a permanent injunction ordering the government to implement the law. The order preserved the right for the nonprofits to bring the issue before a court again for enforcement if agencies were not complying with the law. In 2011, government lawyers tried to do away with that order, saying that agencies had been consistently complying with the law for 18 years and the injunction was no longer necessary. Lamberth denied that request in his decision last month. In the opinion, Lamberth acknowledged a major discrepancy between the number of unused federal properties reported through the Title V process and the number of properties that the Office of Management and Budget counts as unused or surplus. Between 2005 and 2011, there were fewer than 28,000 unused properties reported in the Federal Register through the Title V process. But a 2010 memorandum by the OMB found that there were 69,000 excess, unused and underutilized federal properties. [Source: Capital Business | Catherine Ho | April 7, 2013 ++]

Military Health Care Reform Update

The loud, insistent calls in Washington to rein in the rising costs of Social Security and Medicare ignore a major and expensive entitlement program - the military's health care system. Despite dire warnings from three defense secretaries about the uncontrollable cost, Congress has repeatedly rebuffed Pentagon efforts to establish higher out-of-pocket fees and enrollment costs for military family and retiree health care as an initial step in addressing a harsh fiscal reality. The cost of military health care has almost tripled since 2001, from \$19 billion to \$53 billion in 2012, and stands at 10 percent of the entire defense budget. Even more daunting, the Congressional Budget Office estimates that military health care costs could reach \$65 billion by 2017 and \$95 billion by 2030. On 4 APR, when President Barack Obama submitted his fiscal 2014 budget, the Pentagon blueprint expected to include several congressionally unpopular proposals - requests for two rounds of domestic base closings in 2015 and 2017, a pay raise of only 1 percent for

military personnel and a revival of last year's plan to increase health care fees and implement new ones, according to several defense analysts.

Defense Secretary Chuck Hagel insisted this past week that the military has no choice as it faces a \$487 billion reduction in projected spending over the next decade and possibly tens of billions more as tea partiers and other fiscal conservatives embrace automatic spending cuts as the best means to reduce the government's trillion-dollar deficit. The greatest fiscal threat to the military is not declining budgets, Hagel warned, but rather "the growing imbalance in where that money is being spent internally." In other words, money dedicated to health care or benefits is money that's not spent on preparing troops for battle or pilots for missions. Hagel echoed his predecessors, Leon Panetta, who said personnel costs had put the Pentagon on an "unsustainable course," and former Pentagon chief Robert Gates, who bluntly said in 2009 that "health care is eating the department alive." In his speech last past week, Hagel quoted retired Adm. Gary Roughead, the former Navy chief, who offered a devastating assessment of the future Pentagon. Without changes, Roughead said, the department could be transformed from "an agency protecting the nation to an agency administering benefit programs, capable of buying only limited quantities of irrelevant and overpriced equipment."

The military's health care program, known as TRICARE, provides health coverage to nearly 10 million active duty personnel, retirees, reservists and their families. Currently, retirees and their dependents outnumber active duty members and their families - 5.5 million to 3.3 million. Powerful veterans groups, retired military officer associations and other opponents of shifting more costs to beneficiaries argue that members of the armed forces make extraordinary sacrifices and endure hardships unique to the services, ones even more pronounced after a decade-plus of wars in Iraq and Afghanistan. Members of the military have faced repeated deployments, had to uproot their families for constant moves and deal with limits on buying a home or a spouse establishing a career because of their transient life. Retirement pay and low health care costs are vital to attracting members of the all-volunteer military. "If you don't take care of people, they're not going to enlist, they're not going to re-enlist," said Joe Davis, a spokesman for the Veterans of Foreign Wars. Resistance in Congress to health care changes was evident in the recently passed spending bill to keep the government running through Sept. 30. Tucked into the sweeping bill was a single provision stating

emphatically that "none of the funds made available by this act may be used by the secretary of defense to implement an enrollment fee for the TRICARE for Life program."

The program provides no-fee supplemental insurance to retirees 65 and older who are eligible for Medicare. The Pentagon repeatedly has pushed for establishment of a fee, only to face congressional opposition. The provision in the spending bill blocking an enrollment fee had widespread support among Republicans and Democrats, according to congressional aides. The Pentagon, nonetheless, is expected to ask again in the 2014 budget for an enrollment fee. The department also is likely to seek increases in fees and deductibles for working-age retirees and try again to peg increases in them to rising costs as measured by the national health care expenditure index produced by the Centers for Medicare and Medicaid Services. That index rose 4.2 percent in 2012 and is projected rise by 3.8 percent this year. In recent years, Congress has agreed to tie any future increases to the typically smaller percentage increase in military retirees' cost-of-living adjustment, which this year is 1.7 percent. Either way, a military retiree under age 65 and their family members pay a far smaller annual enrollment fee than the average federal worker or civilian - \$230 a year for an individual, \$460 for a family. There is no deductible.

Lawmakers' other response was to establish the Military Compensation and Retirement Modernization Commission to study the issue of benefits and offer recommendations on how the Pentagon can address the problem. The commission was created in this year's defense authorization bill. "Nobody wants to touch it because people are confused about who it impacts," said Lawrence Korb, a former assistant defense secretary and now a senior fellow at the liberal-leaning Center for American Progress. "It's not going to impact people on active duty. It's not going to impact veterans because they're taken care of by the VA. Basically (it's) working-age retirees." Korb said he wished Hagel has been more explicit in his warning about the impact of benefit costs. "He did lay it out that we're going to have to do something or we're going to end up like General Motors and spending everything on people not working for us anymore." Gordon Adams, a professor at American University who was a senior official at the Office of Management and Budget, said limited savings in the short term from changes in retirement rules or other benefits present a challenge in making the case for change. "The savings are downstream, but you only get downstream if you get in

the boat now," Adams said. "Otherwise you never get downstream, you're just waiting at the dock all the time because you don't think it'll save you money up front." [Source: The Associated Press | Donna Cassata | April 8, 2013 ++]

VA Caregiver Program Update

A letter will be sent to Primary Family Caregivers receiving benefits under VA's Program of Comprehensive Assistance for Family Caregivers on or around April 15, 2013, to inform them of the increase or continuance of their current stipend rate. 38 U.S.C. 1720G (a)(3)(C)(ii) requires VA to ensure, to the extent practicable, "the amount of the monthly personal caregiver stipend provided to ... [Primary Family Caregivers] is not less than the monthly amount a commercial home health care entity would pay an individual in the geographic area of the eligible veteran to provide equivalent personal care services to the eligible veteran." The VA Caregiver Program uses the Bureau of Labor Statistics (BLS), Occupational Employment and Wages for Home Health Aides (HHA), to determine stipend rates paid to Family Caregivers. Because this rate is based on the prior year, VA also factors in a cost of living adjustment based on the Consumer Price Index (CPI) to calculate the current year's hourly stipend rate.

The BLS wage rate tables and CPI are updated yearly. The current update reflected both an increase and decrease in the hourly wages of Home Health Aides in various geographic areas of the United States. Strict application of the BLS hourly wage rate would have resulted in decreases in monthly stipend payments for some approved Primary Family Caregivers. Thus, VA decided to apply increases where indicated by BLS geographic regions and to maintain the current rate for Family Caregivers who reside in geographic regions where a decrease was reflected on the published table. The implementation date of the stipend rate adjustment will be May 1, 2013. Caregivers who would have received an increase will be paid the additional amount retroactively to January 1, 2013. For Caregivers who receive an increase based on the new BLS table, the May stipend payment will include the new rate as well as any additional retroactive amount the Caregiver is owed. If you have any questions or further concerns – please feel free to call Laura Taylor, National Director, Caregiver Support Program at 202-461-6083. [Source: NAUS Weekly Update 5 Apr 2013 ++]

VA H-Pact Program

A new VA program that is sending teams of health care providers into the streets — literally — to find and help an invisible army of sick, discouraged Veterans who spend their nights under bridges, on park benches, or on the sidewalk. The technical term for this growing movement within the Department of Veterans Affairs is ‘H-PACT,’ which stands for Homeless Patient Aligned Care Teams. Currently VA has 31 of these teams across the country that are providing health care and other services to over 5,000 homeless Veterans. “Our goal is to help homeless Veterans engage in care without a lot of the bureaucratic challenges,” explained Dr. Tom O’Toole, director of VA’s National Homeless Veterans PACT Program. “We want to provide the care they need, where they are, and when they need it. We also strive to provide those ‘wraparound’ services including mental health, social supports, benefits, and housing assistance — all with the intent of helping get them into permanent housing and stay there.”

Heading up one of VA’s 31 Homeless Patient Aligned Care Teams is Simha Reddy, a doctor at the VA Medical Center in Seattle. Rounding out Reddy’s ‘H-PACT’ team is a VA registered nurse and a social worker. So many of these guys are hard to find because they’ve become disengaged. These are the guys who are the most vulnerable. “There are about 250 Vets that we see on a regular basis,” Reddy said. “We try to provide these homeless Veterans with the medical and psychiatric care they need to help them move beyond their current situation. We help them with their medical issues, mental health issues, housing issues...whatever it is they’re dealing with.” Reddy, 32, said he and his team perform outreach at three or more sites each week. In addition to a clinic every morning at the main hospital, they visit Veterans in homeless shelters, ‘day centers’ (also called drop-in centers or hygiene centers where the homeless can shower, do laundry, or get something to eat) or any other location where tired, hungry people are likely to be found. “When you go out into the community, seek these people out and treat them, they don’t need to rely on the emergency room as much,” Reddy observed. “Meanwhile, overwhelmed emergency rooms have less walk-ins to cope with. So everybody wins.”

Dr. Reddy said the Veterans he treats on the street tend to be considerably sicker than the average person, with medical needs 50 percent more complex than the typical Seattle patient. “We’re trying to take care of the ‘high needs’ Veteran,” Reddy explained. “These are the Veterans who have difficulty managing a chronic illness, the Vet who needs intensive outpatient care, the Vet who comes to the

emergency room a lot. These are people with diabetes, liver failure, heart failure...people who need a lot of attention. The goal is to get them stabilized, help them avoid long waits at the ER, let them know they have a team watching over them. Our primary goal at these drop-in centers and hygiene centers is to make ourselves visible and accessible,” the physician explained. “We want to reach our hand out to Vets who otherwise might not regard VA as an option.” This is easier said than done, in many cases, since Veterans not enrolled in any kind of health care system tend to be the most withdrawn, and distrustful. “The most important thing we can do is to create relationships with these Vets,” Reddy said. “We’re trying to figure out how to meet people where they’re at, both physically and emotionally. We’re not always successful, but we try. We just want to create an atmosphere where people feel welcome...where they feel they can come to us for help with their medical troubles. We try to give them some support. A lot of times these Veterans will tell me, ‘Right now I’m just in survival mode.’ Our goal is to make them feel comfortable enough to start thinking ahead so they don’t need to function in survival mode anymore. We want them to start thinking about their future.” I just pick up my black bag and go see people. It’s like 1950 again, only my black bag has a laptop in it.

“We come across a lot of people who’ve just dropped off the radar screen,” said Brian Hopps, a registered nurse and member of Reddy’s H-PACT. “These are the people you can only find when you physically go out into the community. A lot of them aren’t going to show up at the VA medical center way up on the hill. You have to come down from the hill, you have to go out and find these Veterans ...you have to go where they live. “Until you start doing this work, you really have no idea how many homeless Vets there are out there,” he continued. “Homeless Vets with dementia, homeless Vets with multiple sclerosis, homeless vets with cancer...” Hopps said the key to helping these forgotten Veterans is forming relationships with them. “I met an elderly Veteran on the verge of losing his transitional housing and being back out on the street,” Hopps said. “He was in the early stages of developing dementia, and was very limited physically. He couldn’t take his medication on his own, and it would take him 30 minutes just to change his socks. “Because I spent a lot of time with him I was able to ascertain just how incapacitated he really was. You can’t ascertain these things with only superficial contact with a person...you need to spend time with them. We ended up finding a place for him at the Soldier’s Home, where they’re taking care of him. He’s much happier there than at the shelter.”

Social Worker Megan Krampitz, the third member of Seattle's H-PACT, agreed that getting to know someone is critical to providing them with quality care. "There's a Vet in his 70s, and he's been homeless for years," Krampitz said. "He's blind in one eye, and he's losing his vision in the other. He has all this crazy white hair, and this huge smile, but only one tooth. He's so endearing when he smiles. He's tiny and he's frail...you don't realize how small he is because he has all these layers of clothing on. "When we found him," she continued, "he was living in a shelter. His Social Security checks had stopped coming. So we got his Social checks coming again...we got him into transitional housing...we got him enrolled in VA health care...we got him connected with the blind rehab folks at our medical center. For now, he's in a safe place." More detailed information on all of VA's Programs for Homeless Veterans can be found at <http://www.va.gov/homeless>. If you or a Veteran you know are at risk of homelessness, contact VA's National Call Center for Homeless Veterans at 1-877-4AID-VET (1-877-424-3838) to speak to a trained VA responder. [Source: <http://www.va.gov/health/NewsFeatures> | Tom Cramer | 28 Mar 2013 ++]