



**Federal Update
for
April 29 – May 3, 2013**



VA Launches Hotline to Answer Questions on VA Health Care and Benefits for Women Veterans

1-855-VA-WOMEN (1-855-829-6636)

WASHINGTON – The Department of Veterans Affairs has launched a new hotline — 1-855-VA-WOMEN — to receive and respond to questions from Veterans, their families and caregivers about the many VA services and resources available to women Veterans. The service began accepting calls on March 27, 2013. “Some women Veterans may not know about high-quality VA care and services available to them,” said Secretary of Veterans Affairs Eric K. Shinseki. “The hotline will allow us to field their questions and provide critical information about the latest enhancements in VA services.”

The hotline is staffed by knowledgeable VA employees who can provide information about benefits including health care services for women. Callers can be linked to information on claims, education or health care appointments as well as information about VA cemeteries and memorial benefits. Staff can answer urgent questions and provide referrals to homeless and mental health services as well as provide Vet Center information.

Women make up nearly 15 percent of today’s active duty military and 18 percent of National Guard and Reserve forces. The population of women Veterans using VA benefits including health care is growing rapidly. Since 2000, the number of women using VA health care more than doubled, from nearly 160,000 in 2000 to more than 354,000 in 2012. Based on the upward trend of women in all branches of service, the number of women Veterans—and female VA users—will keep climbing.

VA is committed to making improvements for the growing population of women Veterans, including the way it communicates with them. In 2010, VA established

an outbound call center to contact women Veterans and encourage them to enroll in VA health care.

“In VA health care alone, women constitute only 6 percent of VA patients, but those Veterans have a high perception of the quality care they are receiving,” said Irene Trowell-Harris, director of VA’s Center for Women Veterans. “Many women who served don’t self-identify as Veterans and therefore don’t think they qualify for VA benefits. We need to correct existing misinformation and misperceptions so we can serve more women Veterans with the benefits they’ve earned.”

Women Veterans are entitled to apply for the same benefits as their male counterparts, which include health care and pharmacy benefits as well as education benefits, disability compensation, home loans, employment assistance and more. The hotline (1-855-VA-WOMEN) joins numerous other VA hotlines that provide critical information and assistance to Veterans, such as those for Veterans in crisis and in danger of becoming homeless. Veterans can also receive information and apply for benefits online at VA’s www.eBenefits.va.gov and manage their health care at MyHealthVet.va.gov.

VA and IHS: Further Action Needed to Collaborate on Providing Health Care to Native American Veterans

What GAO Found

The Department of Veterans Affairs (VA) and the Indian Health Service (IHS) have developed mechanisms to implement and monitor their memorandum of understanding (MOU); however, the performance metrics developed to assess its implementation do not adequately measure progress made toward its goals. VA and IHS have defined common goals for implementing the MOU and developed strategies to achieve them. They have also created two mechanisms to implement the MOU--12 workgroups with members from both agencies to address the goals of the MOU, and a Joint Implementation Task Force, comprised of VA and IHS officials, to oversee the MOU's implementation. These steps are consistent with practices that GAO has found enhance and sustain agency collaboration. The agencies have also developed three metrics aimed at measuring progress toward the MOU's goals. However, two of the three metrics are inadequate because their

connection to any specific MOU goal is not clear and, while they include quantitative measures that tally the number of programs and activities increased or enhanced as a result of the MOU, they lack qualitative measures that would allow the agencies to assess the degree to which the desired results are achieved. The weaknesses in these metrics could limit the ability of VA and IHS managers to gauge progress and make decisions about whether to expand or modify their programs and activities.

VA and IHS face unique challenges associated with consulting with a large number of diverse, sovereign tribes to implement the MOU, and lack fully effective processes to overcome these complexities. VA and IHS officials told us the large number (566 federally recognized tribes) and differing customs and policy-making structures present logistical challenges in widespread implementation of the MOU within tribal communities. They also told us that tribal sovereignty--tribes' inherent right to govern and protect the health, safety, and welfare of tribal members--adds further complexity because tribes may choose whether or not to participate in MOU-related activities. Consistent with internal controls, VA and IHS have processes in place to consult with tribes on MOU-related activities through written correspondence and in-person meetings. However, according to tribal stakeholders GAO spoke with, these processes are often ineffective and have not always met the needs of the tribes, and the agencies have acknowledged that effective consultation has been challenging. For example, one tribal community expressed concern that agency correspondence is not always timely because it is sent to tribal leaders who are sometimes not the tribal members designated to take action on health care matters. Similarly, some tribal stakeholders told GAO that the agencies have not been responsive to tribal input and that sometimes they simply inform tribes of steps they have taken without consulting them. VA and IHS have taken steps to improve consultation with tribes. For example, VA has established an Office of Tribal Government Relations, through which it is developing relationships with tribal leaders and other tribal stakeholders. Additionally, in Alaska, VA has been consulting with a tribal health organization for insight on reaching tribes. However, given the concerns raised by the tribal stakeholders GAO spoke with, further efforts may be needed to enhance tribal consultation to implement and achieve the goals of the MOU.

Why GAO Did This Study

Native Americans who have served in the military may be eligible for health care services from both VA and IHS. To enhance health care access and the quality of care provided to Native American veterans, in 2010, these two agencies renewed and revised an MOU designed to improve their coordination and resource sharing related to serving these veterans. GAO was asked to examine how the agencies have implemented the MOU.

This report examines: (1) the extent to which the agencies have established mechanisms through which the MOU can be implemented and monitored; and (2) key challenges the agencies face in implementing the MOU and the progress made in overcoming them. To conduct this work, GAO interviewed VA and IHS officials and reviewed agency documents and reports. GAO also obtained perspectives of tribal communities through attendance at two tribal conferences; interviews with tribal leaders and other tribal members, including veterans; and interviews with other stakeholders, such as health policy experts and consultants.

What GAO Recommends

GAO recommends that the agencies take steps to improve the performance metrics used to assess MOU implementation and to develop better processes to consult with tribes. VA and the Department of Health and Human Services agreed with these recommendations.

Recommendation: To ensure the health care needs of Native American veterans are addressed most efficiently and effectively, as the agencies move forward with revising the MOU's performance metrics and measures, the Secretary of Veterans Affairs and Secretary of Health and Human Services should ensure that the revised metrics and measures allow decision makers to gauge whether achievement of the metrics and measures supports attainment of MOU goals.

Agency Affected: Department of Veterans Affairs

Status: Review Pending

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revised metrics and measures allow decision makers to gauge whether achievement of the metrics and measures supports attainment of MOU goals.

Agency Affected: Department of Health and Human Services

Status: Review Pending

Recommendation: To ensure the health care needs of Native American veterans are addressed most efficiently and effectively, the Secretary of Veterans Affairs and Secretary of Health and Human Services should develop processes to better ensure that consultation with tribes is effective, including the following: (1) a process to identify the appropriate tribal members with whom to communicate MOU-related information, which should include methods for keeping such identification up-to-date; (2) a process to clearly outline and communicate to tribal communities the agencies' response to tribal input, including any changes in policies and programs or other effects that result from incorporating tribal input; and, (3) a process to establish timelines for releasing information to tribal communities to ensure they have enough time to review and provide input or, in the case of meetings, determine the appropriate tribal member to attend the event.

Agency Affected: Department of Health and Human Services

Status: Review Pending

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Agency Affected: Department of Veterans Affairs

Status: Review Pending

VA to Expedite Claims

The Department of Veterans Affairs (VA) is expediting compensation claims decisions for veterans who have waited one year or longer. VA claims raters will now make provisional decisions on the oldest claims on hand. Veterans will be able to submit additional evidence for consideration a full year after the provisional rating, before VA issues a final decision. If a VA medical examination is needed to decide the claim, it will be ordered and expedited. While compensation claims are pending, eligible veterans are able to receive health care and other benefits from VA. Veterans who have served in recent conflicts are eligible for five years of free health care from VA.

HVAC Update

U.S. House Committee on Veterans' Affairs held an oversight hearing 24 APR on the strategic and policy implications of the Affordable Care Act (ACA) on veterans eligible for and engaged with health care provided by the Department of Veterans Affairs (VA). Committee members examined the potential impact of the law and VA's efforts to understand, implement, and meet the ACA's requirements. "The implementation of the Affordable Care Act will be an historic accomplishment. It's important that VA is prepared and communicates with veterans," said Rep. Mike Michaud, Maine - District 2, ranking member of the Veterans' Affairs Committee. According to a report by the Urban Institute, a press release from his office states, approximately 13 million non-elderly veterans live in the United States. Of that population, 1.3 million, or one in 10, are uninsured and will need to select some type of medical coverage to comply with the law. "With the substantial number of uninsured veterans, I expect the VA to have an aggressive communications plan in place to inform veterans about the options available to them," said Michaud. "In light of the fast approaching deadlines contained within the law, our committee will continue to engage with VA on the implementation process."

Currently enrolled veterans and beneficiaries will experience no change in their VA-administered health care programs, services, or benefits, according to a press release from Michaud's office. VA health care programs meet the ACA health insurance coverage requirement and will not change as a result. Veterans or other beneficiaries currently enrolled in VA health care programs do not have to take any additional steps to comply with the health insurance requirement outlined in

ACA. The Veterans Health Administration, with the assistance of a contractor, conducted several analyses to assess the potential impact of ACA provisions on veterans and VA. VA expects to see a modest net increase in enrollment of approximately 66,000 veterans, according to the press release. Enrollment and utilization changes may occur as some veterans and other beneficiaries respond to the new options for health care coverage available under ACA when fully implemented next year. [Source: St. John Valley Times article 26 Apr2013 ++]

VA Blue Water Claims Update

During the Vietnam War, more than 20 million gallons of the herbicide Agent Orange was sprayed to remove jungle foliage. A toxic chemical in the herbicide, dioxin, was been linked to devastating health effects, including non-Hodgkins Lymphoma, prostate and other cancers, Type II Diabetes, and Parkinsons disease. In 1991, legislation was enacted that empowered the Secretary of Veterans Affairs to declare certain illnesses presumptive to exposure to Agent Orange and enabled Vietnam veterans to receive disability compensation for these related conditions. However, in 2002, the VA limited the scope of the Act to only those veterans who could provide orders for boots on the ground in Vietnam. Boots on the ground encompassed infantry and the inland waterways and harbors. As a result, veterans who served in the waters off the coast of Vietnam, commonly called blue water veterans, were forced to file individual claims with the VA to restore their benefits, which are then decided on a case-by-case basis. The VA has denied more than 32,880 over the past years. A May 2011 report issued by the Institute of Medicine concluded that plausible routes of exposure to Agent Orange exist for blue water veterans. However, legislation was needed to allow VA to extend presumptive coverage to these veterans. Presumption would lift the burden from the individual veteran to prove direct exposure to Agent Orange - a nearly impossible task due to a lack of record keeping and the inability to know the precise location of dioxins in the air and groundwater run-off. It would also reduce backlogged VA claims by automatically covering claims for disability compensation from these veterans who are suffering from diseases that the U.S. government has linked to Agent Orange.

Rep. Chris Gibson (R-NY) has introduced the Blue Water Navy Vietnam Veterans Act (H.R.543) to extend coverage and associated benefits with Agent Orange exposure to this additional group of Vietnam Veterans. The National Association

of Uniformed Service (NAUS) has endorsed this legislation and is encouraging the military community to ask their legislators to also support it. [Source: NAUS Weekly Update 26 Apr 2013 ++]

DOD Tuition Assistance Update

The two senators who led the charge to save tuition assistance from budget cuts want to know what's taking the Defense Department so long to restart the benefits pipeline. In a 4 APR letter to Defense Secretary Chuck Hagel, Sens. Jim Inhofe (R-OK) and Kay Hagan (D-NC) said they expect "immediate action" to "restore this valuable program." Inhofe is ranking Republican on the Senate Armed Services Committee. Hagan also serves on the committee, and is chairwoman of its emerging threats panel. The two teamed up in a bipartisan effort that resulted in both the House and Senate agreeing to prevent tuition assistance from being terminated. Their letter reminds Hagel that the 2013 government funding bill signed by President Obama on 27 MAR requires the services to keep providing tuition assistance benefits through the end of September.

Exactly how much money is available is one of the unresolved issues. The language of the Inhofe-Hagan legislation requires the services to fully spend all of the money appropriated for tuition assistance but allowed the amount to be reduced under sequestration. One thing the two senators want to know is how much money each of the services has left. Defense and service officials have said they are trying to assess how much money is available and how best to spend it before the Army, Air Force and Marine Corps restart their tuition assistance programs. The Navy never stopped its program. In 2012, tuition assistance paid for 870,000 classes for service members leading to 50,500 degrees, diplomas or certificates, Inhofe and Hagan said. The "impressive" results included 33,300 two-year degrees, 9,600 four-year degrees, 5,800 master's degrees and 1,800 certificates or licenses, the letter says. "These are truly extraordinary numbers, which are even more striking since these accomplishments were achieved during a service member's limited free time," the letter says. Given the problems veterans face in finding post-service employment, the senators said they believe tuition assistance "is critical" in transitioning to civilian life. [Source: MilitaryTimes e-Report | Rick Maze | 4 Apr 2013 ++]

Veteran Status for Guard Update

The House Veterans' Affairs Committee will move again in APR to pass symbolic legislation allowing retired National Guard and reserve component members to officially be called "veterans." This will be the third time the committee has passed a measure that offers no extra pay or additional benefits — just the ability to stand and be recognized publicly on Veterans Day, Memorial Day or other ceremonial occasions. "Today, a reservist can successfully complete a Guard or reserve career but not earn the title of 'Veteran of the Armed Forces of the United States,' said Rep. Timothy Walz (D-MN), a retired National Guard command sergeant major and chief sponsor of H.R.679, The Honor America's Guard-Reserve Retirees Act of 2013.

Not all such retirees earn the title of veteran because the legal definition of that term requires being mobilized to active duty for federal service under Title 10 of the U.S. Code for duty other than drills and annual training. The bill is scheduled for a vote on 25 APR before the House Veterans' Affairs Committee's disability assistance and memorial affairs panel, where unanimous passage is expected, aides said.

Walz estimates there are 280,000 former Guard and reserve retirees who are not, technically, veterans, which prevents them from getting the same recognition as someone with a shorter period of service. "These service members could have spent their time and talents doing other things," Walz said. "They could have spent their weekends enjoying time with their families. Instead, they chose to prepare to defend our country." Part of the problem in passing the measure is that the Veterans Affairs Department does not support it, out of concern that passage would make retired Guard and reserve members think they are eligible for benefits they have not earned.

"VA does not support this bill because it represents a departure from active service as a foundation for veterans' status," the department said in a statement provided to the House committee. While acknowledging that no new benefits would result if this became law, VA says it "would equate longevity of reserve service with the active service long ago established as the hallmark for veteran status." Some major veterans' groups don't see the problem.

- Veterans of Foreign Wars, the nation’s largest organization for combat veterans, “strongly supports this legislation,” said Raymond Kelley, director of the group’s national legislative service, who notes it is possible for someone to be receiving military retired pay, health care and other benefits but still not be considered a veteran under the “letter of the law.”
- The legal definition creates what Robert Norton, deputy government relations director for the Military Officers Association of America, calls a “strange situation” where National Guard members who served on military orders in New York City after the Sept. 11, 2001, terrorist attacks, on security duties along the southwest border or responding to hurricanes or oil spills “are not deemed to be veterans.” “It is deeply embarrassing,” for those veterans that they “are not authorized to stand and be recognized as veterans during Veterans Day and other patriotic celebrations,” Norton said.
- “Any man or woman who chooses to enlisted and serve their country deserves, at a minimum, to be called a veteran,” Iraq and Afghanistan Veterans of America said in a statement. “If a veteran devotes years of his or her life to being ready to serve at a moment’s notice, it is admirable and selfless. These men and women served honorably and should not be penalized simply because their country did not call them up to active duty for the full requisite period,” IAVA said.
- The nation’s largest veterans’ organization, the American Legion, has no position on the bill but said in a statement it recognized that the legislation “would provide a purely honorific title.”
- Disabled American Veterans also has not taken a position on the bill.

[Source: MilitaryTimes e-Report | Rick Maze | 22 Apr 2013 ++]

VA Adult Day Care Program

The VA’s Adult Day Health Care is a program Veterans can go to during the day for social activities, peer support, companionship, and recreation. It is for Vets who need skilled services, case management, and assistance with activities of daily living such as bathing and getting dressed or instrumental activities of daily living such as fixing meals and taking medicines; are isolated or their caregiver is experiencing burden. Adult Day Health Care can be used in combination with other Home and Community Based Services. Health services such as care from nurses, therapists, social workers, and others may also be available. This program

can provide respite care (short-term, temporary relief) for a family caregiver and can also help Veterans and their caregiver gain skills to manage the Veteran's care at home. It may be provided at VA medical centers, State Veterans Homes, or community organizations.

Adult Day Health Care can be a half-day or full-day program. Usually, you would go to an Adult Day Health Care center 2 to 3 times per week, but you may be able to go up to 5 times a week. Based on availability and need, you can create a regular schedule that works for you and your family caregiver. You may be able to get assistance with transportation to and from the center. To help you figure out what long term care services or settings may best meet your needs now or in the future you can use a Shared Decision Making Worksheet at http://www.va.gov/GERIATRICS/Guide/LongTermCare/Shared_Decision_Making_Worksheet.pdf. All enrolled Veterans are eligible if they meet the clinical need for the service and it is available. A co-payment may be charged based on the veteran's eligibility status and means test criteria. To apply, contact your VA social worker/case manager to complete the Application for Extended Care Benefits (VA Form 10-10EC). [Source: http://www.va.gov/GERIATRICS/Guide/LongTermCare/Adult_Day_Health_Care.asp# Apr 2013 ++]

VA Non-Service-Related Care

The Department of Veterans Affairs (VA) wants to change the way it calculates how much veterans are able to pay for extended care. In a proposal to be unveiled on 22 APR, the VA will announce its desire to use a different calculation method to determine whether veterans are able to cover their copayments. For non-service-related disabilities, veterans can pay up to \$97 per day for extended care. However, the copayments only apply "to the extent the veteran and the veteran's spouse have available resources," according to the law. The VA wants to change the definition of what it considers available resources. Currently, the agency only takes into account a veteran's and their spouse's assets above \$89,280 and exempts the amount below that threshold from its calculation once a veteran has been receiving care for 180 days. That dollar amount is derived from a provision calculating Medicaid allowances, but while the Medicaid limit increased with inflation since the copayment rule was published in 2004, the VA's never did. The agency says it now needs to raise that threshold, called the spousal resource protection amount, to \$115,920, the current maximum standard under

the Medicaid provision. The VA also wants to tie its threshold to Medicaid's, so that it would grow in future years. "This would ensure that the spousal resource protection amount accounts for inflation and is consistent with the comparable protections for spouses of Medicaid recipients," the proposal states.

The agency claims that the change will ensure the family of a veteran receiving care will have more money to pay for expenses aside from the treatment. "We completely support the VA's efforts to try to modernize their view with regard to the liquid assets threshold," said Louis Celli, the legislative director of the American Legion. "We're very pleased to see the Department of Veterans Affairs has taken the time to review some of their more dated material to make sure that it's in line with current economic standards," he added. The proposed change "will provide a greater deal of protection to the veteran and the non-institutionalized spouse during a change in circumstances that can place financial strains on the family," the proposal claims. The department's proposal will be printed in the Federal Register on Monday, and the VA will accept comments on the proposal for 60 days after that. [Source: The Hill | Julian Hattem | 19 Apr 2013 ++]

SBP DIC Offset Update

Senator Bill Nelson (D-FL) on 16 APR reintroduced legislation to repeal the DIC offset to the survivor Benefit Plan. Under current law, the surviving spouse of an active or retired servicemember who dies from a service-caused condition is entitled to \$1215/mo in Dependency and Indemnity Compensation (DIC) from the Veteran's Administration. If the military retiree was also enrolled in the Survivor Benefit Plan (SBP), DIC is deducted from the surviving spouse's SBP annuity. Nelson's Repeal the SBP-DIC Offset Bill (S.734) would repeal the offset of DIC payments from SBP annuities, in the belief that when service caused the death, the VA indemnity payment should be added to the normal SBP annuity, not subtracted from it. The bill was referred to Senate committee, read twice and referred to the Committee on Armed Services. Similar legislation has been introduced over the last decade only to die in Congress because of lack of support. Let's not let that happen again this year. The military community is encouraged to let their legislators know their constituents want them to sponsor and vote these bill into law to remove this widow's tax. [Source: MOAA Leg Up 19 Apr 2013 ++]