VETERANS’ SERVICES COMMITTEE MEETING
July 18, 2018

Present: Legislators Larry Dolhof, Andrea Moroughan and John Lehman, County Manager Ryan Piche and Veterans Director Stephen Kilionski

The meeting was called at 10:55 a.m.

Steve distributed the attached quarterly report indicating total receipts of $388,076.48 by local veterans during the second quarter, noting a greater amount received for education assistance than pensions. April and June were busy months for veteran office visits. He is working on some adult home and nursing home claims that will bring in a lot of money when adjudicated through the VA system.

There were 31 healthcare enrollments, whose care would otherwise have been Medicaid eligible. Steve is persistently researching how he may find out the dollar amount saving for Medicaid expense for Lewis County for veterans whose medical treatment is approved by the VA and paid by Federal funds.

Steve reported that after seven years of advocating for one Vietnam Veteran, the Federal VA finally conceded and approved the claim that resulted in payment of $181,000.

This year has been busy for Federal legislation and executive orders. The VA Mission Act of 2018 (Attached) initiatives include the VA researching better ways to recruit, train and retain employees, mindful of disparate earnings for VA doctors of $80,000 as opposed to $150,000 in the private sector.

The VA is expanding the community care program by pre-authorizing private treatment providers. The program is to help veterans who are unable to obtain timely treatment through the VA due to distance, type of care or any unnecessary burden. However, Steve is aware of many instances where the VA has approved a veteran’s community treatment provider, but then rejects payment of the invoice and in turn bills the veteran.

The Department of Defense and the Department of Veterans Affairs are collaborating to develop an upgraded electronic system that facilitates sharing of medical information to enhance the transition from active duty to private sector treatment.

National veteran cemeteries are owned by several organizations. The goal is to streamline all the cemeteries under one organization. There is one cemetery located in Missouri that is owned by the USDA due to its unique terrain.

H.R. 4843—provides a presumption of service connection for Agent Orange related diseases for all veterans who served in Thailand. (attachment)

H.R. 936—provides veterans having a service-connected, total and permanent disability to travel on military aircraft (Space A travel) in the same manner as allowed for retired military members. (attachment)

The meeting concluded at 11:12 a.m.

Respectfully submitted,
Terry Clark, Clerk of the Board
## CONTACTS AND SERVICES QUARTERLY REPORT

<table>
<thead>
<tr>
<th>2nd Qtr CY 2018</th>
<th>VETERAN STATUS</th>
<th>TYPE</th>
<th>MODE</th>
<th>SERVICES RENDERED</th>
<th>RETROACTIVE AWARD AMOUNT</th>
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<td>LEWIS COUNTY VETERANS SERVICE AGENCY</td>
<td>WWII Korea, Vietnam, Gulf War, Afghanistan, Cold War, Other</td>
<td>Original, Dep/Widow/FM, Other/Agency</td>
<td>Personal, TeleMail/Elec/Fax</td>
<td>ADD/DFASSBP, NYS Blind Annuity, Burial/Funeral/DC, Comp/SMC/DIC, Education/Train, Voc Rehab/Employ, Life Insurance, Disability, Legal Assistance, Home Loan Guar, Medical/Dental, Pension/A&amp;A, Social Security, Social Services, NYS VPE, Pension, Discharge DD 214, Other</td>
<td>$47,379.00, $340,697.48</td>
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<td>QUARTERLY TOTAL</td>
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<td>2, 177, 73, 54</td>
<td>42, 262, 3, 2, 31, 113, 11</td>
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### Number of Open/Active Claim Files: 75

### Disability Compensation Payments: $275,467.90

### Pension Payments: $47,379.00

### Education Payments: $60,932.08

### Vocational Rehab Payments: $4,297.50

### Life Insurance Claim Payments: $0.00

### Healthcare Enrollments: 31

### Total Funds into the County Economy for 2nd Qtr CY 2018: $388,076.48

### Highlights

- SEE HANDOUTS
- VA Mission Act of 2018
- H.R. 4843: Include Military Installations in Thailand to Herbicide Exposure
- H.R. 936: The Special Priority on Aircrafts and Coverage Equity Act of 2017
- President's Executive Order Supporting Mental Health Care for Transitioning Service Members
- Government Reform Plan and Reorganization Recommendations
Sweeping Veterans Health Care Bill Becomes a Law

VA MISSION Act of 2018 (S. 2372)

In a ceremony June 6, President Trump signed the John S. McCain III, Daniel K. Akaka and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act, also called the VA MISSION Act, into law. The comprehensive legislation impacts how veterans receive their health care through the Department of Veterans Affairs (VA). U.S. Sens. Johnny Isakson, R-Ga., and Jon Tester, D-Mont., chairman and ranking member of the Senate Committee on Veterans' Affairs, along with Rep. Phil Roe, R-Tenn., chairman of the House Committee on Veterans' Affairs, were instrumental in working with The American Legion and other veterans service organizations to get the legislation passed.

It also includes provisions to consolidate community care programs into a single, streamlined service; provides sufficient funding to extend the program through 2019; expands comprehensive assistance; strengthens ability to recruit, hire and retain quality medical personnel; and reforms the VA health-care infrastructure.

The legislative package is comprised of five titles that address major areas of deficit, including increased access to private-sector care, consolidation of community care programs, expansion of the Family Caregiver Program and the recruitment of qualified medical professionals.

Title I: Caring for our Veterans

Establishment of Community Care Programs

One of the largest changes the legislation will bring to VA health care is the expansion of the community care program. The VA MISSION Act gives veterans more control when it comes to their health care such as increased access to private-sector care, improvements to standards for quality, access to walk-in care, ensuring individuals can get appointments scheduled in a timely manner and continuity of care.

This section requires an individual have access to community care if the VA is unable to provide the care or services needed by an individual. Some of the considerations for access to community care include distance between the veteran and facility, type of service, timeliness of available appointments and whether the veteran seeking care faces an excessive burden.

An area addressed under the Establishment of Community Care Programs provision is the remediation of medical service lines. If a service line is determined to be non-compliant with the standards for quality, a plan of action must be submitted within 30 days that addresses the actions necessary to bring the medical service line into compliance.

The establishment of a comprehensive community care program is the subject of American Legion Resolution No. 46: Department of Veterans Affairs (VA) non-VA care programs. The resolution states the VA must “develop a well-defined and consistent non-VA care coordination
program, policy and procedure that includes a patient-centered care strategy which takes veterans' unique medical injuries and illnesses as well as their travel and distance into account."

Paying Providers and Improving Collections

Another issue under the Act is the payment of service providers. The VA MISSION Act contains a clause requiring the prompt payment of providers. It directs that service providers be paid in under 45 days for paper claims and under 30 days for electronic claims.

Education and Training Programs

The Act states that the VA will develop a program to educate veterans about their health-care options within the VA medical system. An issue many veterans face is a lack of education in what benefits they are entitled to and what exactly those benefits entail. These programs will teach veterans about eligibility criteria for care under the VA, priority enrollment groups, copayments and other financial obligations that fall on the veteran, as well as how to utilize the standards for quality and access standards. Part of the education and training program will provide veterans on information on what to do when they have a complaint about health care received through the VA.

Other Matters Relating to Non-Department of Veterans Affairs Providers

Additional matters relating to non-VA providers include a process to ensure safe opioid prescribing practices, improved information sharing with community providers, competency standards for non-VA health care providers, and access to and participation in national and state-level prescription drug monitoring programs.

Other Non-Department Health Care Matters

Additionally, Title I includes provisions to use the remaining Veterans Choice Fund to pay for health-care services at non-VA facilities or through non-VA providers, as well as permitting VA health-care professionals to provide treatment with telemedicine. The Family Caregiver Program is also addressed in this section. The Act requires the VA to expand eligibility for VA's Program of Comprehensive Assistance for Family Caregivers to veterans of all eras, addressing American Legion Resolution No. 259: Extend Caregiver Benefits to Include Veterans Before September 11, 2001.

Title II: VA Asset and Infrastructure Review

This section requires the VA to assess the capacity of each Veterans Integrated Service Network (VISN) and identify deficiencies within each VISN.

Title III: Improvements to Recruitment of Healthcare Professionals

Title III focuses on improving the recruitment and retention of quality health care professionals by providing two to four-year scholarships to medical students in exchange for
service to the VA. The VA MISSION Act also increases the amount of education debt reduction available from $120,000 to $200,000 over five years, and establishes the VA Specialty Education Loan Repayment Program. Title III also establishes a pilot program for veterans healing veterans supporting four years of medical school education costs for two veterans at select medical schools. There’s also a provision requiring the VA to ensure clinical staff are able to participate in the Education Debt Reduction Program.

**Title IV: Health Care in Underserved Areas**

Title IV develops a plan to address problems in underserved facilities and criteria for designating those facilities. These criteria include but are not limited to the ratio of veterans to providers, range of specialties covered, and whether or not the facility is meeting the VA’s goals when it comes to wait times. In order to address the underserved facilities, the Act creates a pilot program to provide medical deployment teams to these flagged facilities. Finally, it requires the VA to establish medical residency programs at covered facilities.

**Title V: Other Matters**

Title V requires VA to submit an annual report on performance bonuses and awards given, including the amount of each bonus or award, the job title of the individual receiving the bonus or award, and the location where the individual works. Additionally, Title V requires VA to be transparent with vacancy information on a VA website, requires an Inspector General review of the website and requires the VA to report annually the steps the VA is taking to reach full staffing capacity.
H.R. 4843- Include Military Installations in Thailand to Herbicide Exposure

In January 2018, Representative Bruce Westerman (AR) introduced H.R. 4843, a bill that would concede herbicide exposure to all veterans who served at any military installation in Thailand during the Vietnam Era for purposes of determining their eligibility for VA benefits. This measure is a companion bill to S. 2105 (A bill to modify the presumption of service connection for veterans who were exposed to herbicide agents while serving in the Armed Forces in Thailand during the Vietnam era, and for other purposes), introduced by Senators John Boozman (AR) and Joe Donnelly (IN).

While VA's internal manual acknowledges herbicide exposure for specific military occupational specialties on the perimeter of eight specific Thai Royal Air Force Bases, Thai statutes and regulations do not automatically recognize veteran exposure to herbicides while serving in Thailand during the Vietnam Era.

H.R. 4843 would automatically concede herbicide exposure for all veterans who served at military installations in Thailand during the Vietnam Era, regardless of the base, duty on the perimeter or military occupational specialty. As a result, the presumptive diseases currently associated with herbicide exposure, including spina bifida for children, would be applicable to all veterans who served at military installations in Thailand during the Vietnam Era.

Consistent with DAV Resolution No. 214, DAV supports the recognition of herbicide exposure to veterans who served at military installations in Thailand so that the presumption of service connection for Agent Orange related diseases would be available to service members exposed to include those who served in Thailand. Please use the prepared electronic letter or draft your own to urge your Representative to cosponsor H.R. 4843.
H.R. 936, the Special Priority on Aircrafts and Coverage Equity Act of 2017

Representative Gus Bilirakis (FL) introduced H.R. 936, a bill that would permit veterans who have service-connected, total and permanent disabilities to travel on military aircraft in the same manner and to the same extent as retired members of the armed forces are entitled to such travel.

This bill would afford priority to totally disabled veterans for transportation on scheduled and unscheduled military flights within the continental United States and on scheduled overseas flights operated by the Air Mobility Command, on a space-available basis. This measure is in accordance with DAV Resolution No. 223, which seeks the enactment of legislation to extend space-available air travel aboard military aircraft.
FOR IMMEDIATE RELEASE
May 31, 2018

President Trump’s Executive Order Supporting Mental Health Care
for Transitioning Service Members Now Underway

WASHINGTON — Today the U.S. Department of Veterans Affairs (VA) announced that the White House has approved an interagency plan to implement President Trump’s executive order supporting Veterans with mental health care and suicide-prevention resources during their transition from uniformed service to civilian life.

Signed by the president in January 2018, the executive order directs VA, the Department of Defense (DOD), and the Department of Homeland Security (DHS) to collaborate to provide, to the extent consistent with law, seamless access to mental health care and suicide prevention resources for Veterans, with a focus on the first year after separation from military service.

“This collaborative effort represents a critical first step for ensuring that service members transitioning from active duty to Veteran status understand that VA, DOD and DHS are committed to easing the stress of transition by providing the best mental health care possible,” said Acting VA Secretary Peter O’Rourke. “Transitioning to civilian life is difficult and, ultimately, this effort will make it easier for our Veterans.”

Research has shown that service members in transition to Veteran status are at higher risk of mental health challenges and suicide. The president acted to ensure that new Veterans will receive access to VA mental health care and other services to the extent they are eligible.

Implementation of the Joint Action Plan by the three departments includes 16 important services. Below are three examples:

- Expanding peer community outreach and group sessions in the VA Whole Health initiative from 18 Whole Health Flagship facilities to all facilities. Whole Health includes wellness and establishing individual health goals.

- Extending DOD’s “Be There Peer Support Call and Outreach Center” services to provide peer support for Veterans in the year after separation from the uniformed services.

- Expanding DOD’s Military One Source, which offers resources to active-duty members, to include support to separating service members up to one year after separation.

The White House will closely monitor the outcomes of the Joint Action Plan.

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Delivering Government Solutions in the 21st Century
Reform Plan and Reorganization Recommendations


You can find the VA's summary on pg. 125. The report is disappointingly scarce on details, but it at least provides us with an overview of what types of broad-based changes the VA is seeking to make.

- Electronic Health Record Modernization
- Community Care
- Appeals Modernization
- Financial Management Business Transformation
- Legacy IT Systems Modernization

Additionally, there is interesting information on pgs. 57-59 regarding a plan to consolidate the DoD's "post cemeteries" and the National Cemetery Administration's Veterans' Cemeteries.

- Currently, mission overlap exists in the oversight and operations of Federal military and veterans cemeteries. Specifically, VA maintains and operates 135 national cemeteries and 33 cemeterial installations, DOD is responsible for approximately 43 cemeteries located on active and inactive installations, the Department of the Interior (DOI) is responsible for 14 situated within national parks, and the Department of Agriculture (USDA) is responsible for one. In most cases, this mission overlap is inconsequential as the responsible agency has adequate infrastructure and support in place at each location, making each a suitable caretaker. However, at some facilities responsible agencies no longer maintain an active presence, presenting unique challenges for efficient oversight and warranting reconsideration of the status quo.