



BULLETIN

**April
2016**

STATE OF IDAHO

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GOVERNOR

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To be connected with a VA suicide prevention and mental health professional,
call the toll-free National Suicide Prevention hotline and indicate you are a veteran.
(800) 273-8255

ALL EMPLOYMENT ACTIVITIES AND SERVICES ARE ADMINISTERED IN A NONDISCRIMINATORY
MANNER IN CONFORMANCE WITH FEDERAL AND STATE EEO AND CIVIL RIGHTS LAWS



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by emailing Jennel Binsky at
jennel.binsky@veterans.idaho.gov**



CARE & BENEFITS FOR VETERANS STRENGTHENED BY \$182 BILLION VA BUDGET

News Release February 9, 2016

In his FY 2017 budget, President Obama is proposing \$182.3 billion for the Department of Veterans Affairs (VA). Funding will continue to support the largest transformation in VA history; expand access to timely, high-quality health care and benefits; and advance efforts to end homelessness among veterans. “VA has before it one of the greatest opportunities in its history to transform the way it cares for our veterans who nobly served and sacrificed for our Nation,” said VA Secretary Robert A. McDonald. “As we work to become a more efficient, effective and responsive, veteran-centric department, we can’t do it alone; we need the help of Congress. This year, the VA submitted over 100 legislative proposals, including 40 new proposals to better serve veterans. Our goal is provide the best care to our veterans while removing obstacles or barriers that prevent them from getting the care they deserve.”

The FY 2017 budget includes \$78.7 billion in discretionary funding, largely for health care and \$103.6 billion for mandatory benefit programs such as disability compensation and pensions. The \$78.7 billion for discretionary spending is \$3.6 billion (4.9%) above the 2016 enacted level, including over \$3.6 billion in medical care collections from health insurers and veteran copayments. The budget also requests \$70 billion, including collections, for the 2018 advance appropriations for medical care, an increase of \$1.5 billion and 2.1% above the 2017 medical care budget request. The request includes \$103.9 billion in 2018 mandatory advance appropriations for Compensation and Pensions, Readjustment Benefits, and Veterans Insurance and Indemnities benefits programs in the Veterans Benefits Administration.

With a medical care budget of \$68.6 billion, including collections, the VA is positioned to continue expanding health care services to its millions of veteran patients. Health care is being provided to over 922,000 veterans who served in Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn/Operation Inherent Resolve (OIR) and Operation Freedom’s Sentinel (OFS). Major spending categories within the health care budget are \$12.2 billion for care in the community; \$8.5 billion for long-term care; \$7.8 billion for mental health; \$1.6 billion for homeless veterans; \$1.5 billion for Hepatitis-C treatments; \$725 million for caregivers; \$601 million for spinal cord injuries; and \$284 million for traumatic brain injuries.

The President’s budget ensures care and other benefits are available to veterans when and where they need them. Among the programs that will expand access under the proposed budget are \$12.2 billion for care in the community compared to \$10.5 billion in 2015, a 16% increase; \$1.2 billion in telehealth funding, which helps patients monitor chronic health care conditions and increases access to care, especially in rural and remote locations; \$515 million for health care services specifically designed for women, an increase of 8.5% over the present level; \$836 million for the activation of new and enhanced health care facilities; \$900 million for major and minor construction projects, including funding for seismic corrections, two new cemeteries, and two gravesite expansions; and \$171 million for improved customer service by providing an integrated services delivery platform.

The President’s Budget provides for continued implementation of the Veterans Benefits Administration’s (VBA) robust Transformation Plan—a series of people, process, and technology initiatives—in 2017. This plan will continue to systematically improve the quality and efficiency of claims processing. Major claims transformation initiatives in the budget invest \$323 million to bring leading-edge technology to claims processing, including \$180 million (\$143 million in Information Technology and \$37 million in VBA) to enhance the electronic claims processing system—the Veterans Benefits Management System (VBMS); and \$143 million for Veterans Claims Intake Program (VCIP) to continue conversion of paper records, such as veterans’ medical records, into electronic images and data in VBMS.

In addition, the President’s budget supports increasing VBA’s workforce to address staffing needs so it can continue to improve the delivery of benefits to veterans. As VBA continues to receive and complete more disability compensation rating claims, the volume of non-rating claims correspondingly increases. The request for \$54 million for 300 additional full-time equivalent employees (FTE) and claims processing support will allow the VBA to provide more timely actions on non-rating claims.

The current appeals process is complicated and ineffective, and veterans on average are waiting about 5 years for a final decision on an appeal that reaches the Board of Veterans’ Appeals, with thousands waiting much longer. The 2017 Budget proposes a Simplified Appeals initiative—legislation and resources—to provide veterans with a simple, fair, and streamlined appeals process in which they would receive a final appeals decision within one year from filing an appeal by 2021. The Budget requests \$156 million and 922 FTE for the Board, an increase of \$46 million and 242 FTE over 2016, as a down payment on a long-term, sustainable plan to improve services to veterans.

The Administration has made the ending of veteran homelessness a national priority. The budget requests \$1.6 billion for programs to prevent or reduce veteran homelessness, including \$300 million for Supportive Services for Veteran Families (SSVF) to promote housing stability; \$496 million for the HUD-VASH program, wherein the VA provides case management services for at-risk veterans and their families and HUD provides permanent housing through its Housing Choice Voucher program; and \$247 million in grant and per diem payments that support temporary housing provided by community-based organizations.

The 2017 budget continues the largest Department-wide transformation in the VA's history through the MyVA initiative, which is changing the VA's culture, processes, and capabilities to put the needs, expectations, and interests of veterans and their families first. MyVA has developed five objectives fundamental to the transformation of VA: 1) improving the veterans' experience; 2) improving the employee experience; 3) improving support service excellence; 4) establishing a culture of continuous performance improvement; and 5) enhancing strategic partnerships. To aid in this transformation, the Department established the Veterans Experience Office (VEO). The VEO will represent the voice of veterans and their families in Departmental governance; design and implement customer-centric programs to make interactions with the VA easier; and support the VA's "mission owners" in carrying out MyVA improvements across the system.

The Veterans Choice Act provides \$5 billion to increase veterans' access to health care by hiring more physicians and staff and improving the VA's physical infrastructure. It also provides \$10 billion through 2017 to establish a temporary program (the Veterans Choice Program) to improve access to health care by allowing eligible veterans who meet certain wait-time or distance standards to use eligible health care providers outside of the VA system. In 2017, the VA will use the Choice Act funds in concert with annual appropriations to meet VA staffing and infrastructure needs and expand non-VA care to veterans who are eligible for the Veterans Choice Program. The VA plans to spend \$1.4 billion in 2016 and \$853 million in 2017 to support more than 9,700 new medical care staff hired through the Choice Act; \$980 million in 2016 and \$116 million in 2017 to improve VA facilities.

The budget also includes \$286 million to administer the VA's system of 134 national cemeteries, including additional funding for operations of new cemeteries and the National Shrine program to raise and realign gravesites; \$4.3 billion for information technology (IT), including investments to strengthen cybersecurity, modernize veterans' electronic health records, improve veterans' access to benefits, and enhance the IT infrastructure; and \$125 million for state cemetery grants and state extended care grants. The 2017 budget also requests an additional \$23 million and 100 FTE for the Office of Inspector General (OIG) to enhance oversight and assist the OIG in fulfilling its statutory mission and making recommendations that will help the VA improve the care and services it provides.

The VA operates the largest integrated health care system in the country; the tenth largest life insurance program in the Nation, with \$1.3 trillion in coverage; monthly disability compensation, pensions, and survivors benefits to 5.3 million beneficiaries; educational assistance or vocational rehabilitation benefits and services to nearly 1.2 million students; mortgage guaranties to over 2 million homeowners; and the largest cemetery system in the Nation.

BIG GAME HUNT OFFERED FOR 2 DISABLED VETERANS

The Idaho Division of Veteran Services will be coordinating an all-expense-paid deer or elk hunt for two disabled veterans in 2016. The purpose of the hunt is to offer disabled veterans an opportunity to participate in a big-game hunt that might otherwise be prevented by the seriousness of their disability.

Tags are provided at no charge to the successful applicant by the Idaho Department of Fish and Game under a special program. The selected veterans may choose antlered or antlerless deer or elk in compliance with established seasons. Specific tag information will be provided to the selected veteran. The hunt will occur on a private ranch in Unit 45, north of Mountain Home, Idaho. Hunt dates will need to be coordinated well in advance, based on established seasons. In most cases, hunts occur in October or early November. Hunters will be expected to provide their own transportation to Mountain Home or Boise. Rustic cabin/bunkhouse accommodations, meals, and on-site transportation and assistance will be provided at the ranch at no cost to the veteran. If the veteran has or requires a medical caregiver, these items will also be provided at no charge for the caregiver. The cabin/bunkhouse is not barrier-free, so hotel accommodations in Mountain Home will be provided if necessary. Hunters will need to make arrangements for their prescription and medical supplies, if any. Hunters will be responsible for their own meat processing and mounting in the event their hunt is successful.

Please fill out the application found on the next two pages of this bulletin or on the Idaho Division of Veterans Services web page at veterans.idaho.gov. Once completed, you can mail it to the Idaho Division of Veterans Services, Attn: Disabled Veterans Deer or Elk Hunt, 351 Collins Road, Boise, ID 83702; fax it to (208) 780-1301; or email it to kevin.wallior@veterans.idaho.gov. **All personal information submitted will be confidential and used only by the selection committee.**

A committee consisting of personnel from Idaho Division of Veterans Services and Idaho veterans will make the final selections. The selected veterans will be notified by the Idaho Division of Veterans Services and will be contacted by the ranch to coordinate hunt dates and other specifics. Applications must be submitted no later than April 29, 2015. If you have any questions or would like further information, please contact Kevin Wallior at (208) 780-1300 or via email at kevin.wallior@veterans.idaho.gov.

DISABLED VETERANS ELK HUNT APPLICATION

PERSONAL DATA

PLEASE PRINT

ALL PERSONAL INFORMATION WILL BE CONFIDENTIAL & USED ONLY BY THE SELECTION COMMITTEE

LAST NAME: _____

FIRST NAME: _____ MIDDLE INITIAL: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ CELL PHONE: _____

EMAIL ADDRESS (OPTIONAL): _____

EMERGENCY CONTACT

LAST NAME: _____

FIRST NAME: _____ MIDDLE INITIAL: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RELATIONSHIP: _____

PHONE NUMBER: _____ CELL PHONE: _____

EMAIL ADDRESS (OPTIONAL): _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Will you be bringing your own firearm and ammunition?
(If not, a firearm and ammunition will be provided) Yes _____ No _____

Will a caretaker be accompanying you? Yes _____ No _____

Will you want the meat? Yes _____ No _____

Do you have the necessary clothing? Yes _____ No _____

What is your percent of disability? _____ %

Is your disability combat related? Yes _____ No _____

Please describe the nature and extent of your disability: _____

Please describe how and where you received your disability: _____

STATEMENT FROM VA SECRETARY ON THE NEED TO REFORM THE VETERANS' APPEALS PROCESS

News Release January 27, 2016

Last week I presented to the Senate Veterans Affairs' Committee the way forward for the important transformation of the Department of Veterans Affairs—what we call MyVA. We aim to improve our care and services to all veterans. In order to do that, I made clear that we would need Congress' help in legislating a fair, streamlined, and comprehensive process for new appeals, as well as providing much needed resources to address the current pending inventory of appeals. I look forward to working with all stakeholders to design an appeals process that better serves veterans. VA will need legislation and resourcing to put in place a simplified appeals process that enables the Department to resolve the majority of our appeals in a reasonable timeframe for veterans.

The appeals process we currently have set in law is failing veterans—and taxpayers. Decades worth of law and policy layered upon each other have become cumbersome and clunky. Most importantly, it is now so antiquated that it no longer serves veterans well, as many find it confusing and are frustrated by the endless process and the associated length of time it can take to get an answer.

In 2012, VA made the commitment to end the disability claims backlog. It took too long for veterans to receive a decision on their claim. Our commitment has resulted in transformational change. The disability claims backlog has been driven down to fewer than 82,000, from a peak of 611,000 in March 2013. At the same time, we have fully transitioned to a paperless, electronic processing system, eliminating 5,000 tons of paper a year. Last year, we decided 1.4 million disability compensation and pension claims for Veterans and survivors – the highest in VA history for a single year and that comes on the heels on two previous record-breaking years of productivity. As VA has become more efficient in claims processing, the volume of appeals has increased proportionately. While it remains true that 11-12 percent of veterans who receive a disability rating file for an appeal, more processed claims means more appeals. This is VA's next challenge.

The current pending inventory of appeals stands at more than 440,000 and is estimated to grow rapidly. Right now, veterans who file an appeal wait an average of three years for appeals to be resolved by the Veterans Benefits Administration (VBA), and an average of five years for appeals that reach the Board of Veterans Appeals' (Board), with thousands lasting much longer. That's unacceptable. We are applying lessons learned from the transformative change that allowed us to reduce the disability claims backlog. Like our work with the claims processing, the appeals process will need changes in people, process and technology. Upgraded technology will make changes to our mail system and paper records, and incorporate some efficiencies in the way appeals are managed and processed. Retraining and increased staff will be necessary. But they will not be enough. We must also look critically at the many steps in the current complex appeals process used by VA and by veterans and their advocates to design a process that better serves veterans.

A new appeals process would provide veterans with the timely and fair appeals decisions they deserve, and adequate resourcing that permits the VBA and the Board to address the growing inventory of appeals.

VA IMPROVES TIMELINESS OF PROVIDER PAYMENTS

News Release March 1, 2016

To enhance veterans' access to care and eliminate delays in Choice provider payment, the Department of Veterans Affairs (VA) is eliminating administrative burdens placed on VA community providers. Previously, payments to Choice providers were not allowed until a copy of the veteran's medical record was submitted. Now, community providers, under the Choice program, will no longer be required to submit medical records prior to payment being made. To facilitate the change, the VA has modified the Choice Program contract, making it easier for Health Net and TriWest to promptly pay providers. The VA continues to require pertinent medical information be returned to ensure continuity of care, but it is no longer tied to payment. The VA is taking these steps to more closely align with industry standards. This administrative step just makes sense," said VA Under Secretary for Health Dr. David J. Shulkin. "It ensures veteran access, timely payments, and strengthens our partnerships with our Choice providers. We know that providing veterans access to high-quality, timely healthcare would be impossible without collaboration with our community providers."

The VA's Plan to Consolidate Community Care Programs outlines additional solutions to improving timely provider payment. The VA is moving forward on two paths to further improve timely payment. First, the VA is working toward a single community care program that is easy to understand, simple to administer, and meets the needs of veterans, community providers, and VA staff. Secondly, the VA plans to pursue a claims solution that moves to a more automated process for payment. The VA envisions a future state where it is able to auto-adjudicate or process a high percentage of claims, enabling the Department to pay community providers promptly and correctly, while adopting a standardized regional fee schedule to promote consistency in reimbursement.

Veterans seeking to use the Veterans Choice Program or wanting to know more about it, can call (866) 606-8198 to confirm their eligibility and to schedule an appointment. For more details about the Veterans Choice Program and the VA's progress, visit www.va.gov/opa/choiceact.

VA ANNOUNCES ADDITIONAL STEPS TO REDUCE VETERAN SUICIDE

News Release March 8, 2016

The Department of Veterans Affairs (VA) announced new steps it is taking to reduce veteran suicide. The steps follow a February 2nd summit, “Preventing Veteran Suicide – A Call to Action,” that brought together stakeholders and thought leaders to discuss current research, approaches, and best practices to address this important subject. “We know that every day, approximately 22 veterans take their lives and that is too many,” said VA Under Secretary for Health, Dr. David Shulkin. “We take this issue seriously. While no one knows the subject of veteran suicide better than VA, we also realize that caring for our veterans is a shared responsibility. We all have an obligation to help veterans suffering from the invisible wounds of military service that lead them to think suicide is their only option. We *must* and *will* do more, and this summit, coupled with recent announcements about improvements to enhance and accelerate progress at the Veterans Crisis Line, shows that our work and commitment must continue.”

Several changes and initiatives are being announced that strengthen the VA’s approach to suicide prevention. They include:

- Elevating the VA’s Suicide Prevention Program with additional resources to manage and strengthen current programs and initiatives;
- Meeting urgent mental health needs by providing veterans with the goal of same-day evaluations and access by the end of calendar year 2016;
- Establishing a new standard of care by using measures of veteran-reported symptoms to tailor mental health treatments to individual needs;
- Launching a new study, “Coming Home from Afghanistan and Iraq,” to look at the impact of deployment and combat as it relates to suicide, mental health, and well-being;
- Using predictive modeling to guide early interventions for suicide prevention;
- Using data on suicide attempts and overdoses for surveillance to guide strategies to prevent suicide;
- Increasing the availability of naloxone rescue kits throughout the VA to prevent deaths from opioid overdoses;
- Enhancing Veteran Mental Health access by establishing three regional tele-mental health hubs; and
- Continuing to partner with the Department of Defense on suicide prevention and other efforts for a seamless transition from military service to civilian life.

For information about the VA initiatives to prevent veteran suicide, visit www.mentalhealth.va.gov/suicide_prevention.

VETERANS WITH INCOMPLETE HEALTH CARE APPLICATIONS RECEIVE ADDITIONAL YEAR TO ENROLL

News Release March 7, 2016

The Department of Veterans Affairs (VA) announced it will extend the healthcare enrollment application period for one year to approximately 545,000 living veterans that have pending incomplete enrollment applications. “Fixing the veterans enrollment system is a top priority for VA. This is an important step forward to regain veterans’ trust and improve access to care as we continue the MyVA transformation,” said VA Deputy Secretary Sloan D. Gibson. “We’ve got a lot of work left to do, but this is a big step in the right direction to restore the data integrity of our enrollment system,” Gibson said.

The National Enrollment Improvement team conducted a detailed analysis of the pending applications in the VA’s enrollment system and identified approximately 545,000 living veterans whose applications were incomplete and in a pending status. The team also validated that approximately 288,000 pending enrollment system records were for deceased veterans. The VA has segregated deceased records from living veteran records and, as part of the Veteran Enrollment Rework Project (VERP), will review each incomplete application to determine if any should have been enrolled in VA health care. The VA is required by law to provide notice to veterans of incomplete applications. The VERP team could not verify whether the VA’s mailing system used to contact veterans about their incomplete applications was able to notify the 545,000 veterans identified above. The VA will contact living veterans to confirm their continued interest in enrolling in VA health care and ask them for the necessary information to complete their application. Veterans will have one year from the notice to provide this information. After a year, the VA will close the record. A veteran may reapply for enrollment at any time.

As veterans choose to enroll, the VA offers an enhancement to their enrollment experience through “Welcome to VA” (W2VA). Veterans enrolled since July 1, 2015, have received a personal introduction to VA health care services, programs, and resources to help them become more familiar with the VA’s services. In addition, the VA sends each new enrollee an introductory letter and personalized handbook in the mail. W2VA enhances communication by reaching out to newly enrolled veterans through personal phone calls upon enrollment, providing assistance with health care inquiries, and assisting with their initial appointment at their preferred VA healthcare facility.

VA PROPOSES, TAKES ACTION ON LEADERS AT THE VETERANS BENEFITS ADMINISTRATION

News Release March 22, 2016

The Department of Veterans Affairs (VA) announced actions against four leaders at the Veterans Benefits Administration (VBA) and close-out of an Administrative Investigation Board (AIB) review of the Denver Hospital Replacement project. Based on results of investigations, the VA proposed three actions and issued one action. These actions include:

- Danny Pummill, Acting Undersecretary for Benefits, received a proposed 15-day suspension. This action is based on his alleged lack of oversight regarding Ms. Rubens' and Ms. Graves' actions in connection with their relocations.
- Diana Rubens, Director, Philadelphia Regional Office, received a reprimand and a proposed 10% salary reduction. This action is based on her failure to exercise sound judgement by creating the appearance of impropriety in connection with her relocation.
- Kimberly Graves, Director, Minneapolis/St. Paul Regional Office, received a reprimand and a proposed 10% salary reduction. This action is based on her failure to exercise sound judgement by creating the appearance of impropriety in connection with her relocation.
- Additionally, Beth McCoy, Director, Field Operations, received a reprimand, based on her failure to exercise sound judgment by creating the appearance of impropriety in connection with her involvement in vacating the position to which she was then permanently assigned.

Mr. Pummill's action, if sustained, is appealable to a third party. Ms. Rubens' and Ms. Graves' pay reductions, if sustained, may be reviewed by the VA Secretary but may not be appealed to outside third parties. Reprimands may be grieved administratively but may not be appealed to outside third parties. "When I learned that other evidence was available following the decisions of the Merit Systems Protection Board, I made a commitment to review all of the facts and take any additional accountability actions that I believed to be in the best interest of veterans and taxpayers. That meant looking through an enormous amount of additional evidence," said Deputy Secretary Sloan Gibson. "After my review of that evidence, I believe that, within the scope and intent of the law, additional accountability actions were warranted. We have already reinstated Diana Rubens and Kim Graves to their positions as Regional Office Directors and I have been encouraged by their immediate effort to get back to work. Ultimately, that is what these decisions are about getting back to the work of serving America's veterans."

The VA also announced that no additional adverse personnel actions will be taken as a result of the Administrative Investigative Board (AIB) review of the Denver Hospital Replacement project. If additional information comes to light when the Office of Inspector General completes its investigation regarding potential wrongdoing on the Denver replacement project, the VA will look to take appropriate action at that time. The AIB determined that responsibility for the decisions that resulted in delays and cost overruns for the Denver replacement facility rested with executives who had departed from the VA prior to the AIB's completion. Also prior to the AIB's completion, the Department made personnel changes in other key positions for the project:

- The previous Project Executive was moved to a staff resident engineer position--a reassignment that resulted in a loss of grade and pay. The individual is no longer employed by VA.
- The previous Senior Resident Engineer was reassigned to non-supervisory work as a design manager--two new Senior Resident Engineers were hired in October 2014. The individual is also no longer employed by VA.
- The previous Senior Contracting Officer for Denver was removed from the project and reassigned to non-supervisory duties.

"We know that errors were made in the construction of the Denver replacement facility," said Gibson, who has visited the replacement facility site at least 10 times in the past year and a half. "We have owned those challenges and taken action to get the project back on track. We know that earning back the trust of veterans in Colorado and across the nation means constructing a facility they will be proud of and making sure that these errors do not occur again. After reviewing thousands of pages of documentation, I determined that the evidence does not support accountability action against any individual still employed by VA. We have made many changes in the way we design, bid and construct facilities. We have appointed a new Principle Executive Director of the Office of Acquisition, Logistics, and Construction, Mr. Greg Giddens, and we are working more closely with the Army Corps of Engineers than ever before. All of these process and personnel changes have made major reforms to the way we build, lease, and buy space to best serve our veterans and taxpayers."

COMBAT VETERANS GET TELEPHONIC HEALTH CARE APPLICATION OPTION

News Release March 16, 2016

The Department of Veterans Affairs (VA) announced it has amended its enrollment regulations to allow veterans to complete applications for enrollment in VA health care by telephone without the need for a signed paper application. The change is effective immediately for combat veterans and will be effective July 5, 2016, for all veterans. This phased implementation accelerates the VA's effort to enroll all combat veterans with pending applications as part of its ongoing Veterans Enrollment Rework Project. The VA is working to complete the review and rework of all pending health enrollment records for living and deceased veterans this summer. "This improvement to our veterans' experience is one we can implement now, and it's the right thing to do for veterans," said VA Deputy Secretary Sloan D. Gibson, "Enrolling all 31,000 combat veterans with pending applications is the top priority in our effort to fix our enrollment system. Our analysis of our current application process convinced me we could enroll veterans more quickly using this method, particularly combat veterans and those who are transitioning from active duty to veteran status," Gibson said.

By adding this telephone application option to the VA's regulations, the VA will now offer three ways to enroll. This change provides veterans an even more convenient way to apply for enrollment, in addition to the paper VA Form 10-10 EZ and online enrollment application process. With publication in the Federal Register today, combat veterans may now apply by phone. All other veterans may apply by phone starting on July 5, 2016. When veterans choose to enroll, the VA offers an enhancement to their enrollment experience through "Welcome to VA" (W2VA). Veterans enrolled since July 1, 2015, have received a personal introduction to VA health care services, programs, and resources to help them become more familiar with the VA's services. In addition, the VA sends each new enrollee an introductory letter and personalized handbook in the mail. W2VA enhances communication by reaching out to newly enrolled veterans through personal phone calls upon enrollment, providing assistance with health care inquiries, and assisting with their initial appointment at their preferred VA healthcare facility. For more information, veterans can contact the Health Eligibility Center Enrollment and Eligibility Division toll free at (855) 488-8440.

VA ANNOUNCES CALL CENTER TO HELP VETERANS WITH CHOICE PROGRAM BILLING ISSUES

News Release March 14, 2016

Veterans can now work directly with the Department of Veterans Affairs (VA) to resolve debt collection issues resulting from inappropriate or delayed Choice Program billing. In step with MyVA's efforts to modernize the VA's customer-focused, veteran-centered services capabilities, a Community Care Call Center has been set up for veterans experiencing adverse credit reporting or debt collection resulting from inappropriately billed Choice Program claims. Veterans experiencing these problems can call (877) 881-7618 from 9:00 a.m. to 5:00 p.m. EST for assistance. "As a result of the Veterans Choice Program, community providers have seen thousands of veterans. We continue to work to make the program more veteran-friendly," said Dr. David Shulkin, Under Secretary for Health. "There should be no bureaucratic burden that stands in the way of veterans getting care."

The new call center will work to resolve instances of improper veteran billing and assist community care medical providers with delayed payments. VA staff are also trained and ready to work with the medical providers to expunge adverse credit reporting on veterans resulting from delayed payments to providers. The VA is urging veterans to continue working with their VA primary care team to obtain necessary health care services regardless of adverse credit reporting or debt collection activity. The VA acknowledges that delayed payments and inappropriately billed claims are unacceptable and have caused stress for veterans and providers alike. The new call center is the first step in addressing these issues. The VA presented The Plan to Consolidate Community Care in October of 2015 that outlines additional solutions to streamline processes and improve timely provider payment.

For more details about the Veterans Choice Program and the VA's progress, visit: www.va.gov/opa/choiceact. Veterans seeking to use the Veterans Choice Program can call (866) 606-8198 from 9:00 a.m. to 5:00 p.m. EST to find out more about the program, confirm their eligibility, and schedule an appointment.

DOD & VA KICK OFF NEW INTERAGENCY COORDINATION OF COMPLEX CARE EFFORT

News Release February 25, 2016

The Departments of Defense (DoD) and Veterans Affairs (VA) announced its ongoing effort to ease the transition for service members who require complex care management as they transition from the DoD system of health care to the VA or within each system. The effort is designed to ease the burden for service members and veterans, who have suffered illnesses or injuries so severe as to require the expertise provided by multiple care specialties throughout both Departments. “More than a decade of combat has placed enormous demands on a generation of service members and veterans—particularly those who have suffered wounds, injuries, or illnesses which require a complex plan of care,” said Dr. Karen Guice, Principal Deputy Assistant Secretary of Defense for Health Affairs, and Co-chair of the DoD-VA Interagency Care Coordination Committee (IC3). “These individuals require the complex coordination of medical and rehabilitative care, benefits, and other services to successfully transition from active duty to veteran status, and to optimally recover from their illnesses or injuries.”

“Our collaborative efforts with DOD have improved and enhanced the process of caring for our military members with serious illness, injuries, or disabilities as they recover and return to their communities. Great attention has been made to developing a system which focuses on continuity of care, holistic support services, and a ‘warm handoff’ for service members and veterans as they move from and between the military, the VA, and community health care systems. Our care coordinators now have at their fingertips tools and processes that improve and simplify the lines of communication for our wounded, ill, and injured service members and veterans who require complex care coordination, their families, and those who provide their care in both Departments,” said Dr. Linda Spoonster Schwartz, Assistant Secretary for Policy and Planning for the Department of Veterans Affairs, and Co-chair of the DoD-VA Interagency Care Coordination Committee (IC3). “This process will enhance and improve the quality of care and services for these veterans and their families now and in the future.”

The hallmark of the effort is the implementation of the role of Lead Coordinator. The Lead Coordinator will be a designated member of a service member’s care management team who will serve as the primary coordinator for that individual. The Lead Coordinator will offer personal guidance and assist the service member and their families in understanding the benefits and services to which they are entitled. Service members, veterans, and their families, working with their Lead Coordinator, will have someone to whom they can turn when they have a question or issue as they actively participate in their care. The first phase of Lead Coordinator Training was completed in November. It is expected a total of 1,500 DoD staff and 1,200 VA staff will serve as Lead Coordinators.

This effort comes as a result of the work of the DoD-VA IC3, established in 2012 to implement a joint, standard model of collaboration for the most complex cases of care that will require a warm handoff from the DoD to the VA system of care, as well as within the Departments, and is based on many of the best practices of collaboration that have been created over the last decade. This effort was enacted as policy by both departments in 2015, aligning more than 250 sub-policies to one, overarching policy that will govern the coordination of complex care cases that transition between the two departments. Coordination efforts are synchronized through the IC3 Community of Practice (CoP), a group representing more than 50 DoD and VA programs that provide specialty care, including rehabilitation services for the visually impaired and polytrauma centers. It will be the job of the Lead Coordinator to guide service members through the system, ensuring that they receive the care, benefits, and services they both require and to which they are entitled.

GO GREEN AND GET THE BULLETIN VIA EMAIL

In our continual effort to reduce costs and lessen our “ecological footprint,” the Office of Veterans Advocacy is again asking for your help. In order to reduce printing and mailing costs, as well as the amount of paper used, we are asking you to volunteer to receive the bulletin via email.

The bulletin will arrive in your in-box every quarter as a Word document, which will allow to you forward or print and disseminate as many copies as you like. In addition to receiving the quarterly bulletin, you will also receive our annual Veterans Resource Directory via email.

If you can help us with our goal of reducing costs and the saving paper, please email Jennel Binsky at jennel.binsky@veterans.idaho.gov. Thanks for your help with this most worthwhile endeavor! And don’t forget you can always view and print the Bulletin and Resource Directory by visiting our website at www.veterans.idaho.gov.

DATES TO REMEMBER

April 6	United States enters WWI, 1917
April 23	United States Army Reserve 98 th birthday
May 8	Mother's Day
May 14	Women's Auxiliary Army Corps founded, 1942
May 20	Armed Forces Day
May 30	Memorial Day – <i>See the history of Memorial Day at the bottom of this page</i>
June 6	D-Day – Invasion of Europe, 1944
June 14	United States Army birthday Flag Day
June 19	Father's Day
June 20	Army Air Corps is created, 1941

CONVENTION SCHEDULES

American Legion

- State July 14-17, 2016, Moscow, ID
- National..... August 26-September 1, 2016, Cincinnati, OH

AMVETS

- National..... August 7-4, 2016, Sparks, NV

Catholic War Veterans of the United States

- National..... August 2016, Portland, ME

Disabled American Veterans

- State May 12-14, 2016, Boise, ID
- National..... July 31-August 3, 2016, Atlanta, GA

Marine Corps League

- Boise, ID May 12-14, 2016, Boise, ID
- National..... August 7-13, 2016, Tulsa, OK

Military Order of the Purple Heart

- National..... August 9-13, 2016, Norfolk, VA

Veterans of Foreign Wars

- State June 12-16, 2016, Lewiston, ID
- National..... July 23-27, 2016, Charlotte, NC

THE HISTORY OF MEMORIAL DAY

Memorial Day, originally called Decoration Day, is a day to remember those who have died in our nation's service. After the Civil war many people in the North and South decorated graves of fallen soldiers with flowers.

In the Spring of 1866, Henry C. Welles, a druggist in the village of Waterloo, NY, suggested that the patriots who had died in the Civil War should be honored by decorating their graves. General John B. Murray, Seneca County Clerk, embraced the idea and a committee was formed to plan a day devoted to honoring the dead. Townspeople made wreaths, crosses and bouquets for each veteran's grave. The village was decorated with flags at half mast. On May 5 of that year, a processional was held to the town's cemeteries, led by veterans. The town observed this day of remembrance on May 5 of the following year as well.

Decoration Day was officially proclaimed on May 5, 1868 by General John Logan in his General Order No. 11, and was first observed officially on May 30, 1868. The South did not observe Decoration Day, preferring to honor their dead on separate days until after World War I. In 1882, the name was changed to Memorial Day, and soldiers who had died in other wars were also honored.

In 1971, Memorial Day was declared a national holiday to be held on the last Monday in May. Today, Memorial Day marks the unofficial beginning of the summer season in the United States. It is still a time to remember those who have passed on, whether in war or otherwise. It also is a time for families to get together for picnics, ball games, and other early summer activities.

DAV VAN SCHEDULES TO AND FROM VA MEDICAL CENTERS

LEWISTON & SURROUNDING AREA TO SPOKANE AND WALLA WALLA VAMC'S

Wednesdays: Spokane VA Medical Center. 6:00 a.m. departure from the State Veterans Home at 821 21st Avenue.

Picks up in Genesee, Moscow, Viola, Potlatch, Tensed, Plummer, and Worley. Arrives Spokane at 9:30 a.m.

Fridays: Spokane VA Medical Center. 6:00 a.m. departure from the State Veterans Home at 821 21st Avenue.

Picks up in Uniontown, Colton, Pullman, Colfax, Steptoe, Rosalia, and Spangle, WA. Arrives Spokane at 9:00 a.m.

All appointments for rides must be made 72 hours in advance.

Call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

Thursdays: Walla Walla VA Medical Center. 6:00 a.m. departure from the State Veterans Home at 821 21st Avenue.

Picks up in Clarkston, Pomeroy, Dayton, Waitsburg, and Dixie, WA. Arrives at Walla Walla at 8:30 a.m.

All appointments for rides must be made 72 hours in advance.

Call the DAV Transportation Office at the Walla Walla VA Medical Center (888) 687-8863 ext. 22529

*****If you are interested in being a volunteer driver, please call Voluntary Services at (509) 434-7503*****

LIBBY & SURROUNDING AREA TO SPOKANE VAMC

Tuesdays and Thursdays: 6:00 a.m. departure from Libby, MT.

Picks up in Troy MT, Bonner's Ferry, Sandpoint, Priest River, and Newport WA. Arrives at Spokane VA Medical Center at 9:00 a.m.

All appointments for rides must be made 72 hours in advance.

Call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

COEUR D'ALENE & SURROUNDING AREA TO SPOKANE VAMC

Daily: Door to door pick up and return, times variable.

All appointments for rides must be made 72 hours in advance.

Call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

SANDPOINT & SURROUNDING AREA TO SPOKANE VAMC

Mondays, Wednesdays, and Fridays:

Picks up in Noxon, Clark Fork, Hope, Sandpoint, Laclede, Priest River, Newport, Diamond Lake, Chattaroy. Arrives at Spokane at 9:00 a.m.

All appointments for rides must be made 72 hours in advance.

Call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940 ext. 7019.

SALT LAKE CITY VA MEDICAL CENTER

April 4, 6, 8, 12, 14, 18, 20, 22, 26, 28

May 2, 4, 6, 10, 12, 16, 18, 20, 24, 26

June 1, 3, 7, 9, 13, 15, 17, 21, 23, 27, 29

All appointments for rides should be made 72 hours in advance.

Call the VTS/DAV Transportation Office at (800) 613-4012 ext. 2003 or 1027.

