BULLETIN

July

2018
STATE OF IDAHO

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GOVERNOR

VETERANS AFFAIRS COMMISSION

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DIVISION OF VETERANS SERVICES

MARV HAGADORN, ADMINISTRATOR (Effective July 30, 2018)

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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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If you've not already done so, please volunteer to receive the bulletin via email by emailing Jennel Binsky at jennel.binsky@veterans.idaho.gov
FROM BILL’S DECK

I hope everyone is having a safe and fun summer so far and survived the 4th of July with all of your digits still attached! Here within the Idaho Division of Veteran Services, we are fortunate to have a new Administrator coming onboard at the end of July. Marv Hagedorn was appointed as the Administrator by Governor Otter and will a phenomenal job (even though he retired from the Navy and not the Marine Corps). Welcome Aboard Marv!

Since the last bulletin, the Boise VA Regional Office has been ranked the number one Regional Office in the Nation based upon overall quality of their Service Center (those employees who work VA Disability Compensation Claims), the Appeals Section and the Vocational Rehabilitation and Education Section (VR&E). Congratulations to the Boise VARO, and I hope they continue to remain ranked at the top! As previously mentioned, about 80% of all employees in the Boise VA Regional Office are veterans themselves.

As of April 1st, all veterans and claimants with current appeals pending can "Opt-In" to the Rapid Appeals Modernization Program (RAMP) without having to wait for an "opt-In" letter, regardless of the stage of the appeal. That means if a Notice of Disagreement has just been submitted, a veteran/claimant can opt-in directly into the RAMP Program - again, only being able to currently select 1 of 2 options. Option 1 is a higher level of review and will get a new rating decision within 120 days. If this option is chosen, no new supporting information can be submitted to support the appeal and it will be reviewed by a Rater more senior than the one that made the previous decision. Option 2 (Supplemental Claim Lane) allows the veteran/claimant to submit additional evidence to support the appeal and it will then be reviewed/rated again. The third option (send the appeal directly to the Board of Veterans Appeals) still will not be available until early next year. In order to opt-in to the RAMP process without an invitation letter from the VA, you can google the term "VA RAMP Opt-In" and it will pull up the PDF file for the Opt-In Letter.

Currently, the Board of Veterans Appeals median docket date is May 2015, which means the average docket date of cases being worked at the BVA are for those certified to the Board in May 2015. The BVA recently released a statement that as of May 27, 2018, the Board of Veterans Appeals has signed more than 53,650 decisions to date in FY 2018, which is approximately 86% more than the 28,839 decisions signed through the same period last year. The Board is currently on track to meet and exceed its FY18 total goal of reviewing a historic 81,000 appeals by September 30, 2018.

Our office continues to hear complaints from veterans about how poorly Janesville, Wisconsin is handling all matters associated with claims. Keep in mind, Janesville, WI does not work on claims, but are a centralized mail reception hub for the VA. All they do at Janesville is receive mail (and electronic submissions) and put those files in veterans' electronic folders in the Veteran Benefit Management System. Every piece of mail sent out by the VA, regardless of which of the 54 Regional Offices are working on the claims, have the Janesville, WI mailing address on it.

The VA is continuing to issue "Veteran ID Cards" to Honorably Discharged Veterans. The new ID Card may be applied for through the VA's Vets.gov website (www.vets.gov/veteran-id-card/). Not everyone needs this card. If you have a DoD Retired ID Card; Active duty, Reserve, or Guard DoD Card; or a VA medical card, there is no need to request a Veteran ID Card. The purpose of these cards is for veterans who do not have any other type of official identification cards reflecting their veteran status to obtain veteran discounts. There is no guarantee businesses will accept this card, but it is available for those who want it.

For military retirees using the TRICARE Retiree Dental Plan, the current program ends December 31, 2018. The new program that will replace the TRICARE Retiree Dental Program will be the Office of Personnel Management Federal Dental and Vision Insurance Program (OPM FDVIP) and will begin on January 1, 2019. Enrollment in the current TRICARE Retiree Dental plan does not automatically rollover to the new OPM FDVIP. You must enroll during the upcoming open season which begins November 12th through December 10th. The new OPM FDVIP includes dental plans which are managed by 10 different dental providers (Aetna Dental, Delta Dental, Dominion Dental, EmblemHealth, FEP Blue Dental, GEHA, Humana, MetLife, Triple-S Salud, and United Concordia Dental). The new plan also contains four different vision plans managed by 4 providers (Aetna Vision, FEP Blue Vision, UnitedHealthcare Vision, or Vision Service Plan) which TRICARE currently does not offer. Plan details and rates for the 2019 plan year will be available this fall. You must use BENEFEDS to enroll or change enrollment in a FEDVIP plan. BENEFEDS is a secure enrollment website sponsored by the Office of Personnel Management. If you do not have access to a computer, call (877) 888-FEDS to enroll or change your enrollment or visit tricare.benefeds.com/InfoPortal/indexAction for more information. Additional information can also be found on the TRICARE website at www.TRICARE.mil.

You may have seen on various social media sites that the Federal Circuit Court recently decided the case of Saunders v. Wilkie, No. 17-1466 (Fed. Cir. 2018), which allows for a disability rating for pain as a disability even though there is not a current diagnosis of a disability. This case concerned a veteran with an injury and diagnosis of patellofemoral pain syndrome in-service, but presently had only pain with no current diagnosis of the condition. The Court found that since 38 Code of Federal Regulations 3.303 only states that a current "disability" needs to be present, and the common definition of a disability does not require a diagnosis, a diagnosis is not necessarily needed to establish direct service connection. The veteran must still
demonstrate the three elements of service connection: a current disability, an in-service event or injury, and a nexus between the two. It is expected the VA will appeal this decision to the Supreme Court.

You may have also been reading about the VA Mission Act, which was recently signed into law. The Mission Act includes additional money for the VA Medical Choice Program, a replacement program for the current Choice Program, and includes an expansion of the VA Family Caregiver Program to veterans of all generations, not just Post 9/11 veterans. While the VA Mission Act was signed into law, there is no current funding approved to implement these programs and the new policies and procedures have not been enacted as of yet.

I hope everyone enjoys the summer weather and please let me know if there is anything our office can do to assist you!

MARV HAGADORN APPOINTED LEAD TO IDAHO DIVISION OF VETERANS SERVICES
News Release, June 26, 2018

On June 26th, Governor C.L. “Butch” Otter announced the appointment of State Senator Marv Hagedorn of Meridian, a retired Navy chief warrant officer, as Administrator of the Idaho Division of Veterans Services. Mr. Hagedorn will resign from the Idaho Senate to accept the appointment, which is effective July 30th. He has represented western Ada County’s District 14 in the Senate for almost six years, serving on the Senate Judiciary and Rules and Transportation committees, and as vice chair of the Senate State Affairs Committee. He previously served three two-year terms in the Idaho House of Representatives, 2007-2012.

Mr. Hagedorn grew up in the Potlatch area of north-central Idaho. He served in the Navy from 1974 to 1994, rising through the enlisted ranks to become a chief warrant officer specializing in Navy intelligence and cryptology. After retiring from the military, he was a senior manager for a semiconductor manufacturing company and founded and ran an agriculture startup. In 2010, he co-founded the Wyakin Foundation – a nationally recognized transition program for wounded and disabled veterans. He is a member of American Legion Post 113 and a life member of the Disabled American Veterans. Mr. Hagedorn and his wife Patty have two grown children, both of whom work in Navy intelligence.

“Marv brings a wealth of experience, insight, and passion to this new role in his public service. Idaho is fortunate to have his skill set to draw upon for this important and growing mission,” Governor Otter said. “Our global military operations are producing a new generation of combat veterans who need and deserve our help reentering civilian life as productive and engaged citizens. Marv is particularly well prepared to direct Idaho’s efforts toward becoming one of America’s most veteran-friendly states.” “I care deeply about the men and women who have served in our armed forces, as well as their families. I understand the sacrifice they make and I share their desire to serve our country and our communities,” Mr. Hagedorn said. “I’m grateful for this chance to help ensure the appreciation we feel for our military veterans is manifested every day in our State policies, programs and priorities. I look forward to working in this new capacity with all the great veterans’ organizations throughout Idaho.”

The Division of Veterans Services operates three veterans homes in Boise, Lewiston, and Pocatello, as well as the State Veterans Cemetery in Boise. The agency also advocates on behalf of Idaho veterans with employers, government, and the U.S. Department of Veterans Affairs, provides outreach to veterans who might not be aware of the benefits they have earned, and helps match veterans with education and employment opportunities.

VETERANS IDENTIFICATION CARDS (VIC)

On July 20, 2015, the President signed into law the Veterans Identification Card Act of 2015, Public Law (PL) 114-31 which amended Chapter 57 of title 38, OF THE United States Code to require the Department of Veterans Affairs (VA) issue an identification card to veterans who request a card and present a DD214 or other document validating service in the military, naval or air service in the Armed Forces of the United States.

Veterans can use the VIC with participating vendors in lieu of their DD214. Implementation of the VIC closes the gap for individuals who do not have an identification card that designates them as a veteran. Moreover, it allows the VA to ensure veterans are able to take advantage of the benefits and discounted services available to them without compromising Personal Identifiable Information (PII) that is visible on the DD214. The VIC does not replace or serve as an alternate means of identification in place of the Veterans Health Identification Card (VHIC) or retirement card issued by the Department of Defense, or other state or federal identification highlighting their veteran status. Veterans who have served honorably will be able to apply for a VIC online using Vets.gov or AccessVA.
On June 18s, the U.S. Department of Veterans Affairs (VA) released findings from its most recent analysis of veteran suicide data for all 50 states and the District of Columbia. This report yields several important insights such as suicide rates increased for both veterans and non-veterans, underscoring the fact that suicide is a national public health concern that affects people everywhere; the average number of veterans who died by suicide each day remained unchanged at 20; and the suicide rate increased faster among veterans who had not recently used Veterans Health Administration health care than among those who had. The report, known as “VA National Suicide Data Report 2005–2015,” is available at www.mentalhealth.va.gov/suicide_prevention/Suicide-Prevention-Data.asp.

The analysis is part of the VA’s ongoing examination of more than 55 million civilian and veteran death records that is being used to evaluate and improve the VA’s Suicide Prevention Program. Data from this report were obtained from the Centers for Disease Control and Prevention (CDC)’s National Death Index and then linked to both VA and Department of Defense (DoD) data. The VA is committed to publishing the most accurate suicide data possible. The CDC has 2016 data, but the VA works with both CDC and DoD to analyze millions of records and data sources to produce an analysis of suicide deaths for all known veterans. This collaboration adds a layer of complexity to the analysis process, thus making 2015 the most current year for which the VA is able to publish complete veteran suicide data. The VA is working with the CDC and DoD to innovate and refine the data analysis and plans to publish 2016 veteran suicide data in fall 2018.

The report includes suicide rates from 2005 to 2015 for both veteran and non-veteran populations segmented by age, race, and gender, and analyzes veteran rates based on service branch and era, suicide method, and suicide risk factors. This data informs the ongoing work of the VA and its partners to prevent suicide and expand the network of support for veterans. “Suicide remains a top clinical priority,” said Acting VA Secretary Mr. Peter O’Rourke. “One life lost to suicide is one too many. Suicide is a serious public health concern in the veteran population and across all communities nationwide. These data offer important insights to help VA to build effective networks of support, communication, and care that reach veterans where they live and thrive.”

Suicide is a complex issue and is influenced by a multitude of intersecting factors that can increase or decrease suicide risk. The VA Suicide Prevention Program’s public health approach addresses the risk factors associated with suicidal behavior — such as a prior suicide attempt, stressful life events, or the availability of lethal means — while promoting the protective factors that can offset risk — such as positive coping skills, feeling connected to other people, and access to mental health care. Data forms an integral part of the VA’s public health strategy and enables the VA to tailor research-backed suicide-prevention initiatives to reach diverse groups across the veteran population.

In the years since this data was captured, the VA has undertaken substantial suicide-prevention efforts, including expansion of the Veterans Crisis Line, creation of new cross-sector partnerships, implementation of the Joint Action Plan for Supporting Veterans During Their Transition From Uniformed Service to Civilian Life, launch of SAVE online suicide prevention training, and development of the forthcoming National Strategy for Preventing Veteran Suicide. Learn more about VA’s suicide-prevention resources and programs at www.mentalhealth.va.gov/suicide_prevention.

Veterans who are in crisis or having thoughts of suicide, and those who know a veteran in crisis, should call the Veterans Crisis Line for confidential support 24 hours a day, seven days a week, 365 days a year at (800) 273-8255 and press 1, chat online at VeteransCrisisLine.net/Chat, or send a text message to 838255. Reporters covering this issue are strongly encouraged to visit www.ReportingOnSuicide.org for important guidance on how to communicate about suicide.

2018 IDAHO WOMEN VETERANS CONFERENCE

The 2018 Idaho Women Veterans Conference will be on October 20, 2018 at the Riverside Hotel in Boise. The theme this year is "Beyond the Uniform” and attendees will learn how to enhance their lives through utilization of their veterans benefits. Representative Priscilla Giddings (R), District 7 will provide the Keynote Speech. Additionally, there will be breakout sessions with Q&A panels covering education benefits, employment benefits, Vocational Rehabilitation, gender specific health care, coping with military sexual trauma, and more!

Lunch and snacks will be provided. There will be a Silent Auction and raffle tickets for fabulous prizes, with the proceeds going toward the next Idaho Women Veterans conference! Interested veterans may pre-register for the 2018 conference at www.eventbrite.com/e/2018-idaho-women-veterans-conference-registration-45450681211.
VA ISSUES NEW POLICY TO PROTECT VETERAN HOMEOWNERS FROM PREDATORY LENDING
News Release, June 15, 2018

The U.S. Department of Veterans Affairs (VA) has issued a new policy implementing the May 2018 Economic Growth, Regulatory Relief, and Consumer Protection Act, to protect veteran homeowners from predatory lending practices when obtaining a VA-guaranteed refinance loan. The act helps protect veterans and service members from the dangers associated with repeatedly refinancing their home loans, requiring, among other things, the seasoning of the original loan and a recoupment period for fees, closing costs, and expenses related to the refinance. “We want to ensure veterans have the informed ability to take advantage of economic opportunities and make sound decisions that enable them to prosper when using their benefits,” said Acting VA Secretary Peter O’Rourke. “This is yet another tool that will help veterans meet their personal goals.”

The act also provides for a specified interest rate decrease and for protections of loan-to-value ratios. A refinancing loan must meet the requirements specified in the act or the VA will not guarantee the loan. The VA recently implemented a policy where lenders provide veteran borrowers a comparison of their existing VA-backed home loan to the proposed one when refinancing to ensure borrowers are set up for success. This is also referred to as a recoupment or break-even analysis, which helps veteran borrowers clearly understand the costs of refinancing, the monthly payment savings, and the overall impact on their finances. VA-backed home loans generally do not require a down payment, have low closing costs, and are the lowest rates among all loan products in the marketplace. Notably, VA-backed home loans also continue to outperform other products in the market. In fiscal year (FY) 2017, VA guaranteed more than 740,000 loans for a total of $189 billion, an all-time record for the VA Home Loan Program. Over the past three years, the VA has guaranteed more than 2 million VA home loans for over $500 billion.

The VA Home Loan Program’s mission is to maximize veterans’ and service members’ opportunity to obtain, retain, and adapt homes by providing a viable and fiscally responsible benefit program in recognition of their service to the nation. In addition, the VA also helps severely disabled veterans adapt their homes to live more independently by providing up to $81,080 for home modifications.

VA EXPANDS TELEHEALTH BY ALLOWING HEALTH CARE PROVIDERS TO TREAT ACROSS STATE LINES
News Release, May 11, 2018

On May 11th, the U.S. Department of Veterans Affairs (VA) announced a new federal rule that will allow VA doctors, nurses, and other health-care providers to administer care to veterans using telehealth, or virtual technology, regardless of where in the United States the provider or veteran is located, including when care will occur across state lines or outside a VA facility. Previously, it was unclear whether VA providers could furnish care to veterans in other states through telehealth because of licensing restrictions or state-specific telehealth laws. This new rule exercises federal preemption to override those state restrictions, paving the way for the VA to expand care to veterans using telehealth. The VA worked closely with the White House Office of American Innovation and the Department of Justice for implementation of the new rule. “This new rule is critical to VA’s ‘Anywhere to Anywhere’ initiative,” said VA Acting Secretary Robert Wilkie. “Now that the rule has been finalized, VA providers and patients can start enjoying the full benefits of VA’s telehealth services.”

By enabling veterans nationwide to receive care at home, the rule will especially benefit veterans living in rural areas who would otherwise need to travel a considerable distance or across state lines to receive care. The rule also will expand veterans’ access to critical care that can be provided virtually — such as mental health care and suicide prevention — by allowing quicker and easier access to VA mental health providers through telehealth. The VA first announced the proposed rule, titled “Authority of Health Care Providers to Practice Telehealth,” at a White House event last August, during which the VA and President Donald Trump launched the “Anywhere to Anywhere” initiative. In the announcement, the VA also unveiled VA Video Connect, a video conferencing app for veterans and VA providers. Through this new rule, VA providers will be able to use VA Video Connect and other forms of telehealth to furnish care to veterans anywhere in the country, including in the veteran’s home.

To learn more about the VA’s telehealth “Anywhere to Anywhere” initiative, visit VA’s Office of Connected Care at connectedcare.va.gov.
VETERANS SERVICE OFFICER TRAINING CONFERENCE

The Idaho Division of Veterans Services 2018 Veterans Service Officer Training Conference is scheduled at the Riverside Hotel in Boise July 11, 12, and 13, 2018. Invitations and a tentative agenda went out in early May, so if you didn't receive one and would like to attend, please contact Jennel Binsky at jen nel.binsky@veterans.idaho.gov or (208) 780-1380.

VA & SMALL BUSINESS ADMINISTRATION TEAM UP TO HELP VETERAN ENTREPRENEURS
News Release, May 4, 2018

The U.S. Department of Veterans Affairs (VA) is working with the U.S. Small Business Administration (SBA) to provide education and support to veterans with disabilities interested in self-employment. The VA's Vocational Rehabilitation and Employment (VR&E) services entered into an agreement with SBA's Office of Veterans Business Development in early December to provide self-employment guidance, assistance, and on-the-job training to veterans with disabilities. “Our partnership with the Small Business Administration brings together the best of public and private business resources to help veterans with disabilities start their business on a firm footing,” said VA Acting Secretary Robert Wilkie. “This program is available to veterans who want to transition to self-employment and want the guidance and mentorship provided by SBA partners to increase their success.”

To qualify for the program, veterans must meet three conditions: a service-connected disability, an employment handicap, and acceptance into the VR&E program. SBA partners include SCORE, Small Business Development Centers, Veterans Business Outreach Centers, Women’s Business Centers, and U.S. Export Assistance Centers. The VA-SBA memorandum of agreement formalizes a working relationship that has been in place for many years. Hundreds of veterans with disabilities have worked with SBA partners to establish and build their businesses. In some cases, training opportunities are available for veterans to work with existing businesses and gain valuable business skills through the Non-Paid Work Experience program. This program is similar to an internship, and participants receive a monthly VR&E housing allowance.

VR&E assists veterans with service-connected disabilities to prepare for, obtain, and maintain suitable employment in meaningful careers. For veterans with service-connected disabilities that are so severe they cannot immediately consider work, VR&E provides services to improve their ability to live as independently as possible. VR&E employs nearly 1,000 professional vocational rehabilitation counselors and delivers services through a network of nearly 350 office locations. For more information on the VR&E programs go to www.benefits.va.gov/vocrehab/.

VA & PSYCHARMOR INSTITUTE OFFER ONLINE SUICIDE PREVENTION TRAINING
News Release, June 12, 2018

The U.S. Department of Veterans Affairs (VA), in collaboration with PsychArmor Institute, a national nonprofit that provides online education and support to Americans who work with, live with, or care for military service members, veterans, and their families, recently launched an online suicide-prevention training video, titled “SAVE,” which is designed to equip anyone who interacts with veterans to demonstrate care, support, and compassion when talking with a veteran who could be at risk for suicide. SAVE, which stands for Signs, Ask, Validate, Encourage, and Expedite, offers simple steps anyone — whether a treatment provider, clinician, friend, or family member — can take when talking with veterans at risk for suicide. “VA is leading efforts to prevent suicide among veterans, but VA alone cannot end veteran suicide,” said VA Acting Secretary Peter O’Rourke. “We need strategic partners, care providers, and communities to join us in this effort. Resources such as SAVE are crucial in helping all Americans support veterans in their community.”

VA suicide prevention coordinators have led the SAVE course at VA facilities and community centers across the nation. The VA officials said extending and promoting this important training outside VA is critical in helping everyone play a role in suicide prevention. The free training video can be viewed at psycharmor.org/courses/s-a-v-e/. The 25-minute online training course covers three main topics of suicide as a public health issue in the U.S., signs that a veteran may be at risk for suicide, and actions people can take if they identify a veteran at risk.

Veterans in crisis or having thoughts of suicide — and anyone who knows a veteran in crisis — should call the Veterans Crisis Line for confidential support 24 hours a day and 365 days a year. Call (800) 273-8255 and press 1, chat online at VeteransCrisisLine.net/Chat, or text to 838255. Reporters covering the topic of suicide are encouraged to visit www.reportingonsuicide.org/ for important guidance.
VA'S VETERAN CRISIS LINE IMPROVES SERVICE WITH 3RD CALL CENTER OPENING
News Release, June 8, 2018

On June 8th, the U.S. Department of Veterans Affairs (VA) announced it has opened its third Veterans Crisis Line (VCL) call center in Topeka, Kansas on the campus of the Colmery-O’Neil VA Medical Center. “Our focus is, as it always has been, to provide 24/7 world-class suicide prevention and crisis intervention services,” said VA Acting Secretary Peter O’Rourke of the VA’s Veterans Health Administration. “VA is improving its service with this newest call center for veterans, service members, and their families.”

VA has always prioritized the need to provide immediate care to veterans in crisis, and the VCL is an essential part of this life-saving mission. The Topeka-based center was opened to support increased demand. The VA has two other call centers located in Canandaigua, New York, and Atlanta, Georgia. Since the VA launched the VCL in 2007, the crisis line responders have answered over 3.5 million calls, initiated the dispatch of emergency services to callers in imminent crisis nearly 93,000 times, engaged over 397,000 requests for chat services, answered nearly 92,000 requests for text services, and forwarded more than 582,000 referrals to local VA Suicide Prevention Coordinators (SPCs) on behalf of veterans to ensure continuity of care with veterans local VA providers.

Veterans who are in crisis or having thoughts of suicide – and those who know a veteran in crisis – can call the Veterans Crisis Line for confidential support 24 hours a day, 7 days a week, and 365 days a year. Call (800) 273-8255 and press 1, chat online at VeteransCrisisLine.net/Chat, or text to 838255.

VA HEALTH CARE RATED SAME OR BETTER THAN PRIVATE HOSPITALS
News Release, May 4, 2018

Veterans receive the same or better care at U.S. Department of Veterans Affairs (VA) medical facilities as patients at non-VA hospitals according to a recent RAND Corporation study. “The RAND study adds to a growing list of research confirming what many veterans and VA employees believe – VA provides high-quality care,” said VA Acting Secretary Robert Wilkie. “We are constantly striving to improve our care at VA, but this should encourage veterans and the public that VA care is in many instances as good as or better than the private sector.”

The study, which was published online April 25th, compared each VA facility to three non-VA facilities with similar geographic settings (rural/urban), size (number of beds) and complexity of care. The analysis focused on three of the six “Domains of Quality of Care” as defined by the Institute of Medicine, (now known as the National Academy of Medicine) including safety, effectiveness, and patient-centered care. The authors of the RAND study analyzed inpatient and outpatient performance measures used by VA and non-VA hospitals. On inpatient care, VA hospitals performed on average the same or significantly better than non-VA hospitals on 21 of 26 measures. The VA performed significantly better than commercial and Medicaid Health Maintenance Organizations on 28 of 30 measures, with no difference on the other two. There was a wide variation in performance across the VA, but an even wider variation among the non-VA hospitals.

For more information, see the quality data available on VA’s Access to Care website at www.accesstocare.va.gov.

VA'S BOARD OF VETERANS' APPEALS RESOLVES RECORD NUMBER OF CLAIMS TO DATE FOR FY 2018
News Release, June 4, 2018

Underscoring the U.S. Department of Veterans Affairs’ (VA) pledge to reduce the wait time for those appealing disability benefits claims, the Board of Veterans’ Appeals, as of May 27th, has signed more than 53,650 decisions to date in fiscal year (FY) 2018, which is approximately 86% more than the 28,839 decisions signed through the same period last year. The Board is currently on track to meet and exceed its FY 2018 total goal of reviewing a historic 81,000 appeals by September 30, 2018. This pace paves the way for implementation of the Appeals Modernization Act, which has a target implementation date of February 14, 2019, and will offer veterans more choice and control over their claims and appeals process. “I’m proud of the Board for its dedication and commitment toward resolving appeals decisions for veterans, and striving to reach a historic fiscal year goal of 81,000 appeals decisions delivered to veterans,” said VA’s Acting Secretary Peter O’Rourke. “The Board’s significant increase in results for veterans and their families serves as another strong example of the department’s commitment to getting it right for veterans.”

In FY 2017, Congress allocated the Board approximately $42 million, which was used to hire additional staff, primarily more than 200 decision-writing attorneys and 24 veteran law judges. The increase in staff, along with streamlining several processes, contributed to the result. The VA’s Board of Veterans’ Appeals’ mission is to conduct hearings and decide appeals in a timely manner. The VA’s disability appeals process is a complex, multi-step adjudication process that uses “open records,” which allows veterans to submit medical and lay evidence at any point from the beginning to the end of the process, including while the claim is pending on appeal; this may, in turn, require the VA to develop further evidence on the veteran’s behalf.
Effective May 13th, the U.S. Department of Veterans Affairs (VA) updated portions of the VA Schedule for Rating Disabilities (VASRD, or rating schedule) that evaluates the organs of special sense eye conditions, as well as gynecological conditions and disorders of the breast. The VASRD is the collection of federal regulations used by Veterans Benefits Administration claims processors to evaluate the severity of disabilities and assign disability ratings. The VA is in the process of updating all 15 body systems of the VASRD to more accurately reflect modern medicine and provide clearer rating decisions. “VA remains committed to providing veterans with the benefits they have earned through their service,” said VA Acting Secretary Robert Wilkie. “And, with modern medicine advancing at a rapid rate, it’s important to ensure VA’s disability rating schedule reflects these advancements.”

Several revisions were made to the general rating formula for diseases of the eye, including a new definition of incapacitating episodes that more clearly measures level of disability. Additionally, three diagnostic codes — diabetic retinopathy, retinal dystrophy, and post-chiasmal disorders — were added. No conditions were removed from either portion of the rating schedule. Several diagnostic codes were added to the schedule for gynecological conditions and disorders of the breast, including malignant neoplasms, benign neoplasms and other injuries of the breast. Several more diagnostic codes were restructured and revised. Updates to dental and oral conditions and conditions related to the endocrine system were completed in 2017.

By updating these portions of the rating schedule, the VA allows claims processors to make more consistent decisions with greater ease and ensure veterans understand these decisions. The VA remains committed to improving its service to veterans continuously and staying at the forefront of modern medicine.

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 you to 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.
O'er the land of the free and the home of the brave.

'Tis the star

In full glory reflected now
Now it catches the gleam of the morning's first beam,
As it fitfully blows, half conceals, half discloses?

What is that which the breeze, o'er the towering steep,
On the shore, dimly seen through the mists of the deep,
Where the foe's haughty host in dread silence reposes,
What is that which the breeze, o'er the towering steep,
As it fitfully blows, half conceals, half discloses?
Now it catches the gleam of the morning's first beam,
In full glory reflected now shines on the stream:
'Tis the star-spangled banner! O long may it wave
O'er the land of the free and the home of the brave.

And where is that band who so dauntly swore
That the havoc of war and the battle's confusion
A home and a country should leave us no more?
Their blood has wiped out their foul footstep's pollution.
No refuge could save the hireling and slave
From the terror of flight, or the gloom of the grave:
And the star-spangled banner in triumph doth wave
O'er the land of the free and the home of the brave.

Oh! say can you see, by the dawn's early light,
What so proudly we hailed at the twilight's last gleaming?
Whose broad stripes and bright stars, through the perilous fight,
O'er the ramparts we watched, were so gallantly streaming?
And the rockets' red glare, the bombs bursting in air,
Gave proof through the night that our flag was still there.
O say, does that star-spangled banner yet wave
O'er the land of the free and the home of the brave?

Oh! thus be it ever, when freemen shall stand
Between their loved homes and the war's desolation!
Blest with victory and peace, may the heaven
And the star-spangled banner in triumph shall wave
O'er the land of the free and the home of the brave.
**DAV VAN SCHEDULES TO AND FROM VA MEDICAL CENTERS**

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**BOISE & SURROUNDING AREA TO BOISE VAMC**

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

**For more information call Jim Rossette at the Boise VA Medical Center (208) 422-1000 ext. 7555.**

- Homedale, Marsing, and Canyon County: Call Laverne Gillum (208) 422-1000 ext. 7555.

**Pickup points:**
- Star (Star Mere)
- Middleton (Downtown Shell Station)
- Notus (Shell Station)
- Parma (M&W Market)
- Wilder (Shell Station)
- Homedale (Shell Station)
- Caldwell (Chevron at 10th Avenue South & the freeway)
- Emergent entrance of West Valley Medical Center
- Maverick at 10th Avenue South & Ustick
- 20248 Hoskins Road
- Nampa (Karcher Mall near Ross Dress for Less)
- Albertson's at 7th Street & 12th Avenue South
- D & B Supply on 12th Avenue South
- Melba/Bowmont (Chevron at Greenhurst & Southside)
- McDonald's at exit 38 of the freeway
- Kuna (West side of the Winco parking lot)

- Weiser, Payette, Ontario, Emmett, and surrounding area: Call Lori Walla (208) 919-5733

**Pickup points:**
- Emmett (Tom's Cabin Restaurant)
- Subway near Albertson's
- Stinker Station
- Fruitland (Shell Station at Palisades Corner)
- Shell Station at the highway
- Middleton (Caldwell) (44 Quick Stop)
- New Plymouth (Lowell's Market at 5 Corners)
- Hamilton Corners at Highways 52 & 30
- Nyssa (Anderson Corner)
- McDonald's at West Park Plaza
- McDonald's at K-Mart
- Shell Station at the freeway
- Shell Station on Idaho
- The Elk's
- Payette (Albertson's)
- Jerry's Market on 6th
- Kings Variety/Maverick at Highway 95
- Weiser (Sinclair Station at Highway 95)
- Maverick Station at Highway 95
- Chevron Station
- Chevon Station
- Pioneer Market
- Ridley's Market

- Twin Falls, Jerome, Lincoln, Gooding, and Elmore Counties: Call Calvin Armstead (208) 733-7610 ext. 2415.

**Pickup points:**
- Twin Falls (Sheriff's Office)
- Filer (Logan's Market)
- Buhl (Oasis Stop-N-Go)
- Jerome (Ridley's Market)
- Gooding (Ridley's Market)
- Wendell (Farmhouse)
- Bliss (Ziggy's)
- Emmett (Valley Market)
- Glenns Ferry (Shell Station)
- Mountain Home (Foothills Chevron, Albertson's, & Exit 90 Chevron/Burger King)

- Cassia, Minidoka, and Blaine Counties: Call Georgia Greenwell (208) 678-3599 or 878-2565.

**Pickup points:**
- Burley (Sheriff's Office)
- Exit 211 Wayside
- Exit 208 Hub 66
- Greenwood Store

- Southeast Oregon - Baker City, Haines, Halfway, Huntington, John Day:
  Call Carl Swinyer (541) 894-2546, Robert Warner (541) 523-5340 or the VFW Hall (541) 523-4988.
DAV VAN SCHEDULES TO AND FROM THE SPOKANE VA MEDICAL CENTER

LEWISTON & SURROUNDING AREA

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.

***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.

WALLA WALLA VA MEDICAL CENTER VAN TO AND FROM LEWISTON

Thursdays: Walla Walla VA Medical Center Van. 8:00 a.m. departure from the CBOC at 1630 23rd Avenue, Building 2.
   Arrives at Walla Walla at 10:00 a.m. Departs Walla Walla at 1:30 p.m. Arrives Lewiston at 3:30 p.m.

***If your appointment runs past the departure time of 1:30, there is no alternative for returning to Lewiston***

SALT LAKE CITY VA MEDICAL CENTER

July 3, 5, 9, 11, 13, 17, 19, 23, 25, 27, 31
August 2, 6, 8, 10, 14, 16, 20, 22, 24, 28, 30
September 5, 7, 11, 13, 17, 19, 21, 25, 27

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.