



Idaho Division of
**VETERANS
SERVICES**

*Caring for
America's
Heroes*

BULLETIN

**May
2019**

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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**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**



Effective July 12, 2019, eligibility to transfer Post 9/11 GI Bill benefits to family members will be limited to service members with less than 16 years of total active-duty or selected reserve service, as applicable. The DoD indicated the change was to preserve the retention incentive that the transfer of the GI Bill offers. Previously, there were no restrictions on when a service member could transfer educational benefits to their family members, as long as they were still on active duty. The provision requiring a service member to have at least six years of service to apply to transfer benefits remains unchanged in the policy. All approvals for transferability of Post-9/11 GI Bill continue to require a four-year commitment in the armed forces and the member must be eligible to be retained for four years from the date of election. However, after the transfer is approved, if the servicemember is unable to complete their obligation through no fault of their own, such as a reduction in force, the family member will be able to continue to use the benefit. The policy affects all uniformed service members, including the five armed service branches, commissioned officers of the NOAA Corps, and U.S. Public Health Service.

The deadline of **April 15, 2019**, has now passed for the Idaho State Tax Commissions 100% Service Connected Disabled Veterans Property Tax Benefit which went into effect on **January 1, 2019**. The veteran must have a current letter from the VA (dated January 1, 2019, or later) reflecting the veteran is rated 100% service connected (the rating does not have to be Permanent and Total). Once approved, the benefit will appear on the December 2019 property tax bill. Remember, this is an annual requirement so a new VA Benefit Letter and application must be submitted with your County Assessor beginning January 1, 2020.

I hope everyone enjoys the spring weather, and please let me know if you have any questions!

SELECTS 18 MEDICAL FACILITIES TO START 'HIGH RELIABILITY' JOURNEY

News Release, March 7, 2019

The U.S. Department of Veterans Affairs (VA) announced the selection of 18 medical centers that will lead the way in the department's efforts to transform the nation's largest integrated health care system into a high reliability organization (HRO). Pioneered in highly complex environments, such as aviation and nuclear energy, HROs put procedures and protocols in place that maximize safety and minimize harm, which in the medical industry assures every patient receives excellent care, every time. "VA has been a leader in patient safety for years," said VA Secretary Robert Wilkie. "Adopting high reliability principles more formally represents the next step for delivering the best health care to veterans." "These principles align with our greater vision of transforming business operations and delivering exceptional customer service to veterans," Wilkie said. "Our culture is changing and pursuing HRO principles nationwide is our pledge to empower staff and keep veterans the safest they can be on our watch."

Research shows high reliability organizations experience fewer accidents despite being high-risk environments where small errors can produce catastrophic results. A February Leadership Summit kicked off the HRO journey and introduced high reliability concepts and practices to the 18 sites. Lessons learned from these 18 sites will guide a more impactful rollout across every Veterans Health Administration (VHA) medical facility in 2020. The 18 sites selected are the VA Medical Center, Manchester, NH; the Samuel S. Stratton VA Medical Center, Albany, NY; the VA Medical Center, Erie, WV; the VA Medical Center, Durham, NC; the Ralph H. Johnson VA Medical Center, SC; the James A. Haley Veterans Hospital, Tampa, FL; the James H. Quillen VA Healthcare System, Johnson City, TN; the Louis Stokes VA Medical Center, Cleveland, OH; the William S. Middleton VA Hospital, Madison, WI; the VA Medical Center, Kansas City, MO; the G.V. Sonny Montgomery VA Medical Center, Jackson, MS; the Audie L. Murphy VA Hospital, San Antonio, TX; the VA Health Care System, Oklahoma City, OK; the VA Medical Center, Boise, ID; the VA Sierra Nevada Health Care System, Reno, NV; the VA Health Care System, San Diego, CA; and the VA Health Care System, St. Cloud, MN.

The VHA journey to become an HRO is consistent with national safety goals set forth by the Joint Commission, an independent, nonprofit organization that accredits and certifies approximately 21,000 health care organizations and programs in the U.S. In addition to a safer environment focused on reducing errors and preventing patient harm, HRO principles and values call for deference to expertise; oftentimes, the patient's family caregiver is that expert. HRO will empower veterans and their family caregivers, along with employees who work hands-on with veterans, to make decisions and impact improvements that aim for excellent care for every patient, every time.

VA ON PATH TO CURE 100,000 VETERANS OF HEPATITIS C

News Release, March 18, 2019

The VA recently announced it is on track to eliminate the hepatitis C virus (HCV) in all veterans willing and able to be treated. As of March 3rd, nearly 116,000 veterans started all-oral hepatitis C medications in the VA, of which 96,654 veterans completed treatment and have been cured in as few as two months. “As the largest single provider of HCV care in the U.S., this is terrific news because it means we are within striking range of eliminating hepatitis C among veterans under the care of the Veterans Health Administration,” said VA Secretary Robert Wilkie. “Diagnosing, treating and curing hepatitis C virus infection among veterans has been a significant priority for VA.”

HCV infection can lead to advanced liver disease (ALD), liver cancer, and death. Treatment of HCV can prevent development or progression of ALD, greatly improving survival. However, before 2014, HCV treatment required weekly interferon injections for up to a year, with low cure rates (35-55%) among veterans and significant physical and psychiatric side effects leading to frequent early discontinuation. Up to that time, of the approximately 180,000 veterans in VA care who had been diagnosed with chronic HCV infection, only 12,000 had been treated and cured, while over 30,000 had developed ALD.

In early 2014, highly effective, less toxic, all-oral, direct-acting antivirals became available, revolutionizing the treatment of HCV. With the support of Congress and other stakeholders, the VA implemented an aggressive program to find all undiagnosed veterans in VA care with HCV — including those who did not know they carried the infection — link them to HCV care, and offer them treatment with these new medications. At the peak of this effort to rapidly deploy all-oral direct-acting antivirals, the VA began treating close to 2,000 veterans with HCV every week; nearly one treatment started every minute of every work day. As a result of this historic effort, the overall death rate one year after treatment reduced to 80% among veterans in VA care with HCV. Veterans cured of HCV with these medications were also 84% less likely to develop liver cancer.

The announcement cements the VA’s position as a national leader in diagnosis and treatment of HCV and marks a major milestone in the nation’s fight against viral hepatitis. The VA is on track to treat more than 125,000 veterans with these lifesaving medications by October. Currently, fewer than 27,000 veterans in VA care remain to be treated. All marketed hepatitis C medications are on the VA National Formulary Hepatitis C medications used today have few side effects and can be administered as a once a day treatment for as little as eight weeks. For more information, visit www.hepatitis.va.gov.

VETERANS SERVICE OFFICER TRAINING CONFERENCE INVITATIONS GOING OUT AT THE END OF MAY

The Idaho Division of Veterans Services 2019 Veterans Service Officer Training Conference is scheduled at the Riverside Hotel in Boise August 21, 22, and 23, 2019. Invitations and a tentative agenda will go out by the end of May, so if you don't receive one by the beginning of June and would like to attend, please contact Jennel Binsky at (208) 870-1380 or jennel.binsky@veterans.idaho.gov.

NEW TEXT FEATURE AVAILABLE THROUGH THE VA'S WOMEN VETERANS CALL CENTER

News Release, April 23, 2019

The U.S. Department of Veterans Affairs (VA) added a text messaging feature to the Women Veterans Call Center on April 23rd, providing another convenient way for women to seek information about VA benefits, health care, and available resources. Women veterans can now text (855) 829-6636 to receive answers and guidance about VA services. “We want to make it as easy as possible for women veterans to get answers about eligibility requirements, benefits, services, and more,” said VA Secretary Robert Wilkie. “By offering new methods of communication, such as texting, we can reach more women veterans and support their health care needs more quickly.”

The Women Veterans Call Center is staffed by trained, compassionate female VA employees, who can provide and link callers to available resources, such as health care, benefits, and cemetery information via phone, chat, and now text. The new texting feature aligns this service with other VA call centers that provide information and assistance to veterans who are in crisis, at risk for suicide, and/or becoming homeless. The VA works to meet the unique requirements of women, while offering privacy, dignity, and sensitivity to gender-specific needs. Since April 2013, the call center has received nearly 83,000 inbound calls and has initiated almost 1.3 million outbound calls. As the number of women veterans continues to grow, the VA is expanding its outreach to ensure they receive enrollment and benefit information through means that are user-friendly and responsive.

Women are among the fastest-growing veteran demographics, accounting for more than 30% of the increase in veterans who served between 2014 and 2018. The number of women using the health care services has tripled since 2000, growing from about 160,000 to over 500,000 today. This continued growth underscores the VA’s commitment to enhancing communication and outreach to the growing population of women veterans.

VA TO PROVIDE CAPABILITY FOR VETERANS TO ACCESS THE VA HEALTH DATA ON APPLE IPHONES

News Release, February 11, 2019

The U.S. Department of Veterans Affairs (VA) will release new capabilities this summer providing veterans who receive care at the VA with the ability to access their personal medical data using the Health Records on iPhone feature from Apple. Veterans will see an aggregated view of their allergies, conditions, immunizations, lab results, medications, procedures, and vitals in the Health app on their iPhone. Health Records on iPhone also brings together hospitals and clinics outside the VA with the existing Apple Health app. Veterans can see their available medical data from multiple providers, including VA, whenever they choose.

This new capability has been made possible through the recently announced Veterans Health Application Programming Interface (Veterans Health API). This Veterans Health API allows veterans to access their health records within innovative applications on their mobile devices or in their web browser. “Our Health API represents the next stage in the evolution of VA’s patient data access capability,” said VA Secretary Robert Wilkie. “By building upon the Veterans Health API, we’re raising the bar in collaborating with private sector organizations to create and deploy innovative digital products for veterans. Veterans should be able to access their health data at any time, and I’m proud of how far we’ve come to accomplishing this.”

Launched in 2010, VA Blue Button, a feature of My Health eVet, opened the door for veterans to download a copy of their VA health records online. The new capability using the VA’s Health API and Apple’s Health app furthers the VA’s commitment to make it easy for veterans to securely access their own health data. Veterans with Apple iPhones will be able to access the app on their device. After a visit to a VA health care facility, the participating veteran’s Apple device will automatically receive updated health record information within 24 hours from the visit using the built-in Health app from Apple on their iPhone.

Beyond the effort on the Apple iPhone, the VA looks forward to partnering with others to bring similar capabilities to other mobile platforms. Lighthouse, considered the “front door” to the VA’s vast data stores, is the department’s API management platform. Since launching Lighthouse in March 2018, the VA has delivered a developer portal, a Benefits Intake API, a Facilities API and a Veterans Health API. The VA’s Veterans Health API is part of their commitment to health IT modernization, and will contribute to their expansive electronic health record modernization program. For more information about the Veterans Health API, visit developer.va.gov/explore/health.

VA CONTINUES TO PIONEER APPROACHES FOR TREATING VETERAN MENTAL HEALTH CONDITIONS

News Release, March 15, 2019

A recent study by the U.S. Department of Veterans Affairs (VA) published in the Journal of the American Medical Association Network Open on March 1st, showed positive outcomes for veterans struggling with multiple mental health conditions. The randomized implementation trial, which included 5,596 veterans receiving care in a VA outpatient mental health clinic, showed that effective teamwork and a patient’s active involvement in their care can reduce hospitalization rates for veterans with mental health conditions. “VA is committed to ensuring veterans receive the best mental health care available,” VA Secretary Robert Wilkie said. “Combining best practices, such as those identified in the study allows VA to continually refine our mental health services.”

The study outlines effective steps for veterans, their clinicians, and the larger VA health care system to all work together to positively impact the mental health of veterans. The new collaborative, interdisciplinary team approach to outpatient mental health, demonstrated a reduced rate of mental health hospitalizations among veterans treated by the teams, improved mental health status for veterans with multiple mental health conditions, and improved clinician team function in terms of clarity of team member roles and prioritization of team over individual goals.

During the study, researchers worked with existing VA Behavioral Health Interdisciplinary Program (BHIP) teams in mental health outpatient clinics. BHIP teams generally comprise psychiatrists, psychologists, RN care managers, advanced practice nurses, peer support specialists, social workers, and licensed therapists. Researchers helped these teams to align their care processes with the scientifically proven (i.e., evidence-based) Collaborative Chronic Care Model (CCM), which is an approach for integrating behavioral health care and engaging veterans to be active participants in their care. This study extended the CCM, which had been scientifically proven to improve outcomes in formal clinical research trials, to VA outpatient clinics. As a result of the findings collected during the trial and based off veteran health status and satisfaction data gathered during telephone interviews at baseline and at six and 12 months of support, the VA plans to nationally implement the unique team-based model of care over the next two years to benefit more veterans and those who care for them.

VA EXCEEDS 1 MILLION VIDEO TELEHEALTH VISITS IN FY2018

News Release, February 7, 2019

The U.S. Department of Veterans Affairs (VA) announced it has reached a telehealth milestone, achieving more than 1 million video telehealth visits in one fiscal year (FY18), a 19% increase in video telehealth visits over the prior year. Through video technology, VA health care providers are increasing access to care — diagnosing and managing care remotely for enrolled veterans across the country. “VA’s telehealth capabilities are bridging the care gap for many veterans,” said VA Secretary Robert Wilkie. “This technology gives veterans access to the timely, quality care they deserve, without having to travel great distances to a VA facility. Time spent traveling is time away from veterans’ jobs and families.”

Video technologies make it possible for veterans residing in remote or rural areas to come to many of the VA's community-based outpatient clinics and interact in real-time, through video telehealth, with a specialist physician or another practitioner who may be hundreds or thousands of miles away. From October 2017 through September 2018, veterans received VA quality care during approximately 2.3 million episodes of telehealth care. About half (1,074,400) were video telehealth encounters, which allows real-time interaction between VA care teams and their veterans in a clinic or at home. The other half of VA telehealth encounters were not real-time, interactive visits; instead, VA staff monitored, screened, assessed veteran data (e.g., vital signs, sleep studies, etc.) or images (e.g., skin rash, eye disease, etc.) sent by other VA staff in another VA clinic, or sent by a veteran or caregiver from home. More than half (582,000) of those video encounters supported veterans located in rural areas. Additionally, 105,300 of those 1 million-plus video visits were conducted using the VA Video Connect application on veterans’ mobile devices or personal computers from their homes or locations of choice.

At more than 900 community-based outpatient facilities, clinicians and veterans meet through these virtual, real-time visits, providing veterans care in more than 50 specialties, ranging from mental health to rehabilitation. For more information on VA’s telehealth programs, visit www.telehealth.va.gov.

VA PARTNERS WITH CARINGBRIDGE

News Release, January 17, 2019

On January 17th, the U.S. Department of Veterans Affairs (VA) announced it has partnered with CaringBridge, a global nonprofit social network, to aid in veterans’ connection and communication with their support communities. CaringBridge provides free, secure, personal websites — as a dedicated platform — to assist family and friends in communicating with loved ones during any type of health journey. “Partnerships with organizations such as CaringBridge that can offer impactful support and connection form an integral part of our public health approach to ensure we reach all veterans,” said VA Secretary Robert Wilkie. “Collaborations like these can help particularly in preventing veteran suicide, which remains VA’s top clinical priorities.”

Through this partnership, CaringBridge highlights a tailored destination page that focuses directly on the needs of service members, veterans, and their families. Each customized website supports healing and connection in various ways, keeping families and friends informed and linked using interactive journals and providing access to resources on the site. In addition to coordinating supportive tasks, CaringBridge has collaborated with VA medical centers and staff to offer training to help facilitate online outreach and support for veterans and their families. The organization’s customer care staff also have been trained on VA resources and how to make referrals to the Veterans Crisis Line. For more information on how veterans and their loved ones can use CaringBridge throughout their health journeys, visit www.caringbridge.org/military-service.

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.

VA & CIGNA PARTNER TO HELP PREVENT OPIOID MISUSE & IMPROVE TREATMENT FOR VETERANS

News Release, April 29, 2019

The U.S. Department of Veterans Affairs (VA) and Cigna, a global health service company, recently announced a new public private partnership to improve safety and quality of care for veterans with chronic pain, who are at risk for opioid misuse. The partnership, which was formalized March 7th, will educate veterans and their families, the public, and health care providers about safe opioid use, improving provider and patient interactions related to opioid use, and helping to improve delivery of care and health outcomes for veterans. “This partnership is in line with VA’s priorities of transforming our business systems and supporting more robust partnerships with state and local communities,” said VA Secretary Robert Wilkie. “By partnering with Cigna, we have extended our reach to help improve the way health care providers approach opioid use and we demonstrate our commitment to place veterans’ safety and well-being above all.”

David M. Cordani, president and CEO of Cigna, agreed. “Public-private partnerships are critical to address the opioid epidemic in the U.S.,” Cordani said. “It’s an honor and a privilege to partner with VA to support the brave men and women who served in the United States armed forces. We look forward to sharing our resources and best practices to benefit veterans and the communities that support them.”

The VA’s Opioid Safety Initiative has reduced the number of veterans prescribed an opioid by more than 50% over the past six years. With more than 75% of this reduction attributed to not starting patients newly on long-term opioid therapy, the VA is managing pain more effectively by using multiple strategies and alternative therapies, such as yoga, meditation, and acupuncture. VA health care providers also participate in state prescription-drug monitoring programs and training to manage the opioid crisis. Through the partnership, the VA and Cigna will also promote existing supportive resources, such as the Veterans Crisis Line at (800) 273-8255 and Cigna’s Veterans Support Line at (855) 244-6211. For more information, visit www.va.gov/PAINMANAGEMENT/Opioid_Safety/index, and www.rollcall.com/sponsored-content/finding-consensus-on-opioid-misuse-is-critical.

VA PARTNERS WITH DHS TO EXPAND VETERAN SUICIDE PREVENTION EFFORTS

News Release, January 17, 2019

The U.S. Department of Veterans Affairs (VA) announced its partnership with the U.S. Department of Homeland Security (DHS) to bolster Veteran suicide prevention initiatives. VA and DHS, the third-largest federal employer of veterans in the U.S., with veterans representing approximately 28% of its workforce, share the goals of improving veterans’ health and well-being and increasing veterans’ access to mental health services and support where needed. The two agencies will work together to spread awareness of mental health and VA suicide prevention resources among DHS Veteran employees and to explore innovative ways to enroll DHS-employed veterans in VA care. These opportunities include highlighting VA programs and resources in DHS newsletters or emails, or leveraging the nationwide network of VA Suicide Prevention Coordinators to encourage outreach to local and regional DHS offices. “Under President Trump’s leadership, we are extremely proud to be working with DHS to prevent veteran suicide,” said VA Secretary Robert Wilkie. “Our two agencies are committed to ensuring that veterans receive the care they need, and this landmark partnership will allow us to leverage the strengths of both organizations to reach more veterans and save more lives.”

The partnership, which was launched in November, will allow the VA to reach more veterans outside VA care — before they reach a crisis point — and form a vital part of VA’s National Strategy for Preventing Veteran Suicide. This is not the first time VA and DHS have joined forces to prevent veteran suicide. The two agencies have been working together with the U.S. Department of Defense (DoD) through President Trump’s Executive Order to improve mental health resources for veterans transitioning from active duty to civilian life. Research has shown that service members transitioning to veteran status are at increased risk for suicide. To combat this risk, DoD, VA, and DHS are working to ensure that new veterans receive access to VA mental health care and other services from the moment they transition from the military.

Veterans who are in crisis or having thoughts of suicide, and those who know a veteran in crisis, can call the Veteran and Military Crisis Line for confidential support 24 hours a day at (800) 273-8255, and press 1; send a text message to 838255; or chat online at VeteransCrisisLine.net/Chat.

DAV VAN CONTACTS TO AND FROM VA MEDICAL CENTERS

BOISE & SURROUNDING AREA TO BOISE VAMC

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

For the schedule or an appointment, call Jim Rossette at the Boise VA Medical Center (208) 422-1000 ext. 7555.

LEWISTON & SURROUNDING AREA TO SPOKANE VAMC

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

For the schedule or an appointment, call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

LIBBY & SURROUNDING AREA TO SPOKANE VAMC

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

For the schedule or an appointment, Call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

COEUR D'ALENE & SURROUNDING AREA TO SPOKANE VAMC

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

For the schedule or an appointment, Call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

SANDPOINT & SURROUNDING AREA TO SPOKANE VAMC

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

For the schedule or an appointment, call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

LEWISTON TO WALLA WALLA VAMC

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.

POCATELLO, IDAHO FALLS, & SURROUNDING ARE TO SALT LAKE CITY VAMC

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

For the schedule or an appointment, call the VTS/DAV Transportation Office at (800) 613-4012 ext. 2003 or 1027.

