



Idaho Division of  
**VETERANS  
SERVICES**

*Caring for  
America's  
Heroes*

# **BULLETIN**

**October  
2018**

# STATE OF IDAHO

C.L. "BUTCH" OTTER  
GOVERNOR

## VETERANS AFFAIRS COMMISSION

H. MEL NAPIER, CHAIRMAN  
LEO DUB  
ARTHUR L. GIMPEL  
JINNY CASH  
PATRICK GRACE

## DIVISION OF VETERANS SERVICES

MARV HAGEDORN, CHIEF ADMINISTRATOR

## VETERANS SERVICES BUREAU CHIEF

BILL HEYOB

## VETERANS SERVICE OFFICERS

BOB COOPER  
FRANK FABBI  
DEBBIE HARMON  
DARRYL HEISEY  
WES MCAUSLAN  
KELLY MCCARTNEY  
MICHELE PERRY  
JIM PHILPOTT  
RICK POISEL  
JOE RIENER  
LANCE SANTIAGO  
ROBERT SMITH

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



# TABLE OF CONTENTS

From Bill's Desk.....	3-5
Idaho to Receive Grant for State Veterans Cemetery in Southeast Idaho .....	5
VA Implements New Fiduciary Requirements.....	6
VA Releases National Suicide Data Report for 2005-2016 .....	6
VA Announces Upcoming Awards to Help At-Risk Veterans & Family Members.....	7
VA Partnership with Cancer Institute Will Boost Veteran Access to Clinical Trials .....	7
VEText System Transforming the VA's Medical Scheduling Process.....	8
VA Expands Vocational Rehabilitation & Employment Program to Improve Service.....	8
Go Green and Get the Bulletin Via Email.....	8
Majority of VA Medical Centers Have Improved Over the Past Year.....	9
VA Updates the Disability Rating Schedule Related to Skin Conditions .....	9
2018 Idaho Women Veterans Conference.....	9
Dates to Remember.....	10
Convention Dates .....	10
The History of Veterans Day .....	10
DAV Van Schedules.....	11-12

**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](mailto:jennel.binsky@veterans.idaho.gov)**





The VA is changing how assets and income are computed for Non-Service Connected Pension and Survivor's Pension. Previously, the VA did not have any type of "look-back" period on asset transfers in order to be below the \$80,000 asset limit. On September 18, 2018, the VA published a final rule in the Federal Register changing its guidelines for determining net worth, asset transfers, and income exclusions for need-based (also called income based or means-tested) benefits. This new rule goes into effect on October 18, 2018, for all claims filed on or after that date, and service officers should be aware of the rule's changes to Pension, Survivor's Pension, and Parent's DIC qualifications. This rule does not affect non-need based benefits, such as compensation and Dependency Indemnity Compensation.

For net worth, the VA currently considers net worth to be of no impact on receiving need-based benefits unless it is over \$80,000. If the claimant has net worth of over \$80,000, the VA decides whether that money should be "spent down" to cover the claimant's expenses before they will be entitled to government benefits. The VA currently uses a life expectancy chart to make this determination on net worth. Under the new rule, the net worth limitation is increased to the maximum community spouse resource allowance (CRSA) for Medicaid purposes, which is \$123,600 for 2018. The VA studied claimants qualifying for pension in 2014 and found that under the new rule, 1,194 more claimants would have received pension, and only 40 grants would have been denials, had the CSRA amount for 2014 been the net worth limit.

The rule also imposes a 3-year "look-back" period for those who transfer assets to qualify for pension (such as placing assets in an irrevocable trust). This means if a veteran transfers assets to a trust where they do not have access to the funds, or sells them for less than fair market value in order to qualify for pension, those assets would still be considered to be net worth for a period of three years. For comparison sake, Medicaid uses a 5-year "look-back" period. So if a veteran transfers assets and 3 years later applies for pension, they may qualify, but may not qualify for a Medicaid-paid nursing home. If the veteran applies for need-based benefits during the 3-year look-back period, and does not qualify because of excessive net worth, they can be barred from qualifying for pension for up to 5 years. This works similarly to the number of offset programs that currently exist under VA law. The amount the veteran transferred in order to qualify will be "offset" based on the Maximum Annual Pension Rate (MAPR) for aid and attendance with one dependent, even if the veteran's actual MAPR is lower. In effect, the VA is saying they are considering that money will be spent on the veteran's care and once it is spent, the veteran may again be entitled to pension. If, considering the amount transferred, the veteran would still be under the net worth limitation, there is no penalty. For example, if the veteran transfers \$20,000 and has remaining net worth of \$70,000, this is still under the new net worth limitation, so they will not incur a penalty. Please note there are a few rules to ensure this new limitation does not disadvantage veterans. Qualifying Special Needs Trusts established for helpless children are specifically excluded from net worth, so veterans and survivors can still provide for their helpless adult children after their death. When assets were transferred due to fraud, misrepresentation, or unfair business practices, and the veteran can prove this under a "benefit of the doubt" standard, there will not be a penalty period. The veteran or claimant will have an opportunity to "cure" the transfer by undoing the transaction or purchasing back all or part of the asset. If the veteran retains control over the assets (can spend them at any time), they are still considered as net worth, but will not incur a penalty. Many veterans may choose to transfer assets to trusts as a way of avoiding probate court, but since this type of trust would not reduce their net worth to qualify for pension, it will not incur a penalty.

The new rule also changes how land area is calculated in determining a claimant's assets. The VA will now consider the residential lot area to be a maximum of 2 acres, unless the additional acreage is not marketable. For example, heavily wooded, wetland areas, or areas not able to be split from the lot may not be marketable. Therefore, the value of the primary residence and 2 acres of land will always be excluded from net worth. Only the acreage above 2 acres, which is marketable, will be considered in net worth. The previous rule was that VA would exclude the value of the primary residence and a "reasonable lot area," so the difference here is establishing a bright line rule of what constitutes a reasonable lot area. Also, the new rule specifies that non-marketable area will not be included in net worth, which was not previously outlined. For veterans who live in rural areas and have more than 2 acres of land, this may increase their net worth calculation, but will not be considered as income. The lower the market value of the acreage, the less it will affect entitlement to Pension.

The last major change is the VA has defined medical expenses that can be deducted from countable income for pension and Parents' DIC, including "activities of daily living," "instrumental activities of daily living," "custodial care," and "assisted living, adult day care, or similar facility." Prior to the rule, there was no regulation defining "medical expenses" for VA purposes: the primary source was Fast Letter 12-23. The final definition of custodial care under 38 CFR 3.272(b)(4) now includes regular assistance with two or more ADLs, or supervision because an individual with a physical, mental, developmental, or cognitive disorder requires care or assistance on a regular basis to protect the individual from hazards or dangers incident to his or her daily environment. Individuals who require custodial care from an in-home care attendant or within a care facility will be considered a medical expense. The VA also emphasizes in the final rule that the name of a nursing facility, such as "assisted living" versus "independent living" does not matter in order for care and lodging to be a deductible medical expense, it just needs to be a "facility in which a disabled individual receives health care or custodial care." The regulation also provides that care providers (who do not have to be licensed) must staff the facility 24 hours per day, and the facility must be licensed if a license is required in the state or country in which the facility is located. The VA has also added "ambulating within the home or living area" to its list of activities of daily living, for medical expense reimbursement purposes,

in addition to bathing or showering, dressing, eating, toileting, and transferring. Once a veteran needs assistance with two or more ADLs or custodial care, assistance with ADLs by the attendant, such as shopping, food preparation, housekeeping, laundering, managing finances, handling medications, and transportation for non-medical purposes may also be excluded from income as long as they are commensurate with the number of hours that the provider attends to the veteran/survivor.

Since this is a HUGE deal for Military Retirees and Dependents using the TRICARE Retiree Dental Plan, I am including this again. 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), which will begin on January 1, 2019. Enrollment in the current TRICARE Retiree Dental plan does not automatically rollover to the new OPM FDVIP, so you must enroll during the upcoming open season, which begins November 12, 2018, through December 10, 2018. The new OPM FEDVIP includes dental plans managed by 10 different dental providers (Aetna Dental, Delta Dental, Dominion Dental, EmblemHealth, FEP BlueDental, GEHA, Humana, MetLife, Triple-S Salud, and United Concordia Dental). The new plan also contains four different vision plans (managed by 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. Call (877) 888-FEDS to enroll or change your enrollment, or visit [tricare.benefeds.com/InfoPortal/indexAction](http://tricare.benefeds.com/InfoPortal/indexAction) for more information. Additional information can also be found on the TRICARE website at [www.TRICARE.mil](http://www.TRICARE.mil).

One of the articles in this newsletter is about the Idaho State Tax Commissions rules for the 100% Service Connected Disabled Veterans Property Tax Benefit. The actual Publication can be found on the Tax Commission's website. The 2018 Idaho Women Veterans Conference is scheduled for October 20, 2018 at the Riverside Hotel in Boise.

I hope everyone enjoys the fall weather and all the holidays heading our way...especially the Marine Corps' 243<sup>rd</sup> Birthday! Please let me know if there is anything our office can do to assist you!

## **IDAHO TO RECEIVE GRANT FOR STATE VETERANS CEMETERY IN SOUTHEAST IDAHO**

**News Release, October 1, 2018**

\*\*\*\*\*

On October 1<sup>st</sup>, Governor C. L. “Butch” Otter announced the Idaho Division of Veterans Services (IDVS) has been notified Idaho will be awarded a \$7.4 million grant in FY 2019 to establish a State Veterans Cemetery in Southeastern Idaho. This will be Idaho's third Veterans Cemetery, joining the current State Veterans Cemetery in Boise and the proposed National Rural Veterans Cemetery being constructed in Buhl. “This is a tremendous investment that will go a long way towards properly recognizing and preserving what will be hallowed ground for some of our unsung heroes and patriots” said Governor C. L. “Butch” Otter. “The First Lady and I celebrate this milestone with our veterans and their families who will soon have a facility in eastern Idaho dedicated to recognizing the sacrifice of those men and women who heard the call and gave up a portion of their lives to defend freedom.”

Marv Hagedorn, Chief Administrator of the Idaho Division of Veterans Services, praised the work of his team. “I am proud of the work team IDVS has done to secure this grant for the state of Idaho, and for southeastern Idaho's Veterans. The work of my Deputy Chief Tracy Schaner and James Earp, the Bureau Chief of the Idaho State Veterans Cemetery, particularly stands out.”

The Department of Veterans Affairs (VA) Veterans Cemetery Grants Program was established in 1978 to complement the VA's National Cemetery Administration. The program assists states, territories, and federally recognized tribal governments in providing gravesites for veterans in those areas where the VA's national cemeteries cannot fully satisfy their burial needs. Grants may be used only for the purpose of establishing, expanding, or improving veterans cemeteries owned and operated by a state, federally recognized tribal government, or U.S. territory. Aid can be granted only to states, federally recognized tribal governments, or U.S. territories. The VA cannot provide grants to private organizations, counties, cities, or other government agencies. Cemeteries established under the grant program must conform to the standards and guidelines pertaining to site selection, planning, and construction prescribed by the VA. Cemeteries must be operated solely for the burial of service members who die on active duty, veterans, and their eligible spouses and dependent children. Any cemetery assisted by a VA grant must be maintained and operated according to the operational standards and measures of the National Cemetery Administration.

The new State Veterans Cemetery will be located on 40 acres of farmland adjacent to State Hospital South in Blackfoot, Idaho. The initial phase of construction will develop up to 23 acres and include 500 preplaced crypts, 400 columbarium niches and 150 in-ground burial plots. The initial phase also would include construction of a main entrance, committal shelter, in-ground remains burial areas, roads, a maintenance facility, an assembly area and supporting infrastructure. The project expects to break-ground by the summer of 2019.

## **VA IMPLEMENTS NEW FIDUCIARY REQUIREMENTS**

**News Release, September 12, 2018**

\*\*\*\*\*

The U.S. Department of Veterans Affairs (VA) recently updated regulations related to how it governs the oversight of beneficiaries, who, because of injury, disease, or age, are unable to manage their VA benefits, and the appointment and oversight of fiduciaries for these vulnerable beneficiaries. Managed by THE VA's Veterans Benefits Administration (VBA), the new regulations, which took effect in August, update and reorganize fiduciary rules consistent with current law and VA policies, and clarify the rights of beneficiaries and the roles of the VA and fiduciaries in the program. "These new regulations clarify the protections in place for veterans and family members who apply for or are currently part of our fiduciary care program," said VA Secretary Robert Wilkie. "This furthers our commitment to care for those who have given so much to our country."

Among other things, the new regulations clarify beneficiaries' rights, including the right to appeal fiduciary appointments and other fiduciary decisions, the 4% limit on fiduciary fees, and the procedures to remove a fiduciary, for instance, when a beneficiary demonstrates the ability to manage their own funds or when the VA determines the fiduciary misused VA benefits. This is the first full revision of the Fiduciary Activities regulations since they were first published in 1975.

## **VA RELEASES NATIONAL SUICIDE DATA REPORT FOR 2005-2016**

**News Release, September 26, 2018**

\*\*\*\*\*

On September 26<sup>th</sup>, the U.S. Department of Veterans Affairs (VA) released national and state-level findings from its most recent analysis of veteran suicide data from 2005 to 2016. The analysis is part of the VA's ongoing examination of non-veteran and veteran death records being used to evaluate and improve the VA's Suicide Prevention Program. "Suicide prevention remains VA's highest clinical priority. One life lost to suicide is one too many," said VA Secretary Robert Wilkie.

The report yields several important insights:

- From 2015 to 2016, the overall current and former service member suicide count decreased from 7,663 to 7,298 deaths (decrease of 365).
- From 2015 to 2016, the veteran specific suicide count decreased from 6,281 to 6,079 deaths (decrease of 202).
- From 2015 to 2016, the veteran unadjusted suicide rate decreased from 30.5/100,000 to 30.1/100,000.
- Overall, the fact remains that on average about 20 current or former service members die each day, six have been in VA health care and 14 were not.
- Rates of suicide were highest among younger veterans (ages 18-34) and lowest among older veterans (ages 55 and older). However, because the older veteran population is the largest, this group accounted for 58.1% of veteran suicide deaths in 2016.
- The rate of suicide among 18-34-year-old veterans continues to increase.
- The use of firearms as a method of suicide remains high. The percentage of suicide deaths that involved firearms was 67% in 2015 and 69.4% percent in 2016.
- Information regarding deaths among current service members is not included.

The 2016 VA National Suicide Data Report follows a new format, designed to be easier to understand and consume. This report does not highlight the average number of suicides per day, a measure commonly misinterpreted as a rate. Unlike a rate, the count per day does not account for changes in population size. The VA's goal is to present complex suicide data in the most actionable format and to convey the key findings in the clearest terms. The "VA National Suicide Data Report 2005–2016," and the accompanying state data sheets are available at [www.mentalhealth.va.gov/suicide\\_prevention/Suicide-Prevention-Data.asp](http://www.mentalhealth.va.gov/suicide_prevention/Suicide-Prevention-Data.asp). "Data are an integral part of our public health approach to suicide prevention," Wilkie said. "These data offer insights that will help us build networks of support, interventions and research-backed suicide prevention initiatives to reach all veterans, even those who do not and may never come to us for care."

VA is committed to ensuring that all veterans receive the support they need, and is working diligently to improve services every day. The VA has undertaken substantial veteran suicide prevention efforts in recent years by developing the National Strategy for Preventing Veteran Suicide to guide VA personnel and stakeholders — including other federal agencies, state and local governments, health care systems, and community organizations — so that we, as a nation, can reduce suicide rates among all veterans. As well as implementing the Mayor's Challenge to empower cities nationwide to build coalitions to prevent veteran suicide.

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 crisis intervention and support 24 hours a day, seven days a week, 365 days a year. Call (800) 273-8255 and press 1; send a text message to 838255; or chat online at [VeteransCrisisLine.net/Chat](http://VeteransCrisisLine.net/Chat).

## **VA ANNOUNCES UPCOMING AWARDS TO HELP AT-RISK VETERANS & FAMILY MEMBERS**

**News Release, August 31, 2018**

\*\*\*\*\*

On August 31<sup>st</sup>, the U.S. Department of Veterans Affairs (VA) announced that thousands of low-income veteran families around the nation will continue to receive benefits under the Supportive Services for Veteran Families (SSVF) program. These veterans, who are permanently housed or transitioning to permanent housing, will continue to have access to crucial services with the funding of approximately \$326 million in grants.

SSVF funding, which supports outreach, case management, and other flexible assistance rapidly to re-house veterans who are homeless — or at risk of becoming homeless — will be awarded to 252 nonprofit organizations in all 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. A list of applicants that will be awarded grants is located at [www.va.gov/homeless/ssvf.asp](http://www.va.gov/homeless/ssvf.asp). “At VA, we’re dedicated to fulfilling President Lincoln’s promise of taking care of veterans and their families, and the SSVF program has proven extremely effective in doing just that. It provides low-income veterans and their families with the services and support they need to secure and maintain stable housing,” said VA Secretary Robert Wilkie. “Our hope is to see many more veterans avoid or exit homelessness because of these important grants.”

Grantees will continue to provide eligible veteran families with outreach, case management, and assistance obtaining VA and other benefits. These may include health care, fiduciary payee, financial planning, child care, legal support, transportation, housing counseling, and other services. SSVF grantees are expected to leverage supportive services grant funds to enhance the housing stability of low-income veteran families that are occupying permanent housing. In doing so, grantees are required to establish relationships with local community resources. In fiscal year (FY) 2017, SSVF served more than 129,450 participants, including approximately 83,900 veterans and 27,535 children. Because of these and other efforts, veteran homelessness is down significantly since the launch of the Federal Strategic Plan to Prevent and End Homelessness in 2010.

The applicants to which grants will be awarded competed under a November 6, 2017, Notice of Fund Availability. Applications were due January 12, 2018. The funding will support SSVF services in FY 2019, which starts October 1, 2018, and ends September 30, 2019. The SSVF program is authorized by 38 U.S.C. 2044. The VA implements the program by regulations in 38 CFR Part 62. Visit [www.va.gov/homeless/ssvf.asp](http://www.va.gov/homeless/ssvf.asp) to learn more about the SSVF program.

## **VA PARTNERSHIP WITH CANCER INSTITUTE WILL BOOST VETERAN ACCESS TO CLINICAL TRIALS**

**News Release, July 10, 2018**

\*\*\*\*\*

On July 10<sup>th</sup> the U.S. Department of Veterans Affairs (VA) announced it has formed a partnership with the National Cancer Institute (NCI) which will provide more access to the latest treatment options for VA patients with cancer. “Strategic partnerships, such as this one with the National Cancer Institute, allow VA to leverage the strengths of both organizations to the benefit of all stakeholders, especially our veterans,” said VA’s Acting Secretary Peter O’Rourke. “By increasing enrollment in these trials, VA and veterans will contribute to important cancer research — this will not only help our veterans, but also advance cancer care for all Americans and people around the world.”

The NCI and VA Interagency Group to Accelerate Trials Enrollment, also known as NAVIGATE, is launching at 12 VA sites in Atlanta, Georgia; Bronx, New York; Charleston, South Carolina; Denver, Colorado; Durham, North Carolina; Hines, Illinois; Long Beach, California; Minneapolis, Minnesota; Palo Alto, California; Portland, Oregon; San Antonio, Texas; and West Haven, Connecticut. Boston, Massachusetts, will also serve as a coordinating center for the effort. NAVIGATE will build infrastructure at VA sites to enable more veterans to take part in cutting-edge clinical trials sponsored by NCI. Such trials typically test innovative experimental treatments, such as precision-medicine therapies based on patients’ genetic profiles, or immunotherapies that harness patients’ own immune systems to bring about cures. The NAVIGATE network will also establish best practices and share insights to help other VA Medical Centers nationwide enroll more veterans in cancer clinical trials. Special attention is being given to minority patients, who often have less access to new treatments and are not as well represented in clinical trials in the U.S.

While the VA has a robust research program — including clinical trials on cancer and other diseases — at more than 100 sites nationwide, VA facilities often face challenges initiating and completing trials, including ones conducted through the NCI National Clinical Trials Network. Local VA research staff, for example, may lack adequate support to handle certain regulatory and administrative tasks involved in these studies. NAVIGATE will help remove those barriers. NAVIGATE will also seek to enroll veterans in trials sponsored by NCI’s Community Oncology Research Program, which focuses on cancer prevention and symptom management. The VA’s involvement in NAVIGATE is being managed through the Cooperative Studies Program (CSP) part of the VA’s Office of Research and Development. CSP has a long history of running impactful clinical trials focused on veterans’ health needs. To learn more about CSP and VA Research, visit [www.research.va.gov](http://www.research.va.gov).



## **VETEXT SYSTEM TRANSFORMING THE VA'S MEDICAL SCHEDULING PROCESS**

**News Release, July 17, 2018**

\*\*\*\*\*

The U.S. Department of Veterans Affairs (VA) recently launched VEText, a text messaging appointment-reminder system, which to date has helped the VA reduce no-show medical visits by more than 100,000. The VA introduced VEText in March and 138 VA facilities are currently using the automated interactive text-message system, which reminds veterans of upcoming health-care appointments, allowing them easily to confirm or cancel the event. “Every missed appointment represents a lost opportunity to provide faster access to care for a veteran in need,” said VA’s Acting Secretary Peter O’Rourke. “VEText underscores VA’s commitment to digital modernization and represents a milestone in putting more user-friendly capabilities in the hands of veterans and our employees.”

According to the Veterans Health Administration’s (VHA) Office of Veterans Access to Care, as of July 9<sup>th</sup>, more than 3.24 million patients have received VEText messages and canceled 319,504 appointments, freeing up time slots for other veterans to use. Veterans who have previously used the VA health-care system — with a cell phone number listed in their electronic health records — are automatically enrolled in VEText. Veterans can update their phone numbers during the check-in or check-out process for an appointment, at any kiosk.

VEText is integrated with the VA’s electronic health-records system and does not require manual action by VA staff. Appointments are automatically scheduled and canceled via text message, freeing staff to provide more personalized care to veterans. “VEText has changed the way we communicate with our veteran patients,” said John Ulliot, VA Assistant Secretary for Public and Intergovernmental Affairs. “Veterans appreciate the convenient, user-friendly system and understand this technology not only helps them, but their fellow veterans as well.” For more information about VEText, visit [www.va.gov/HEALTH/VEText.asp](http://www.va.gov/HEALTH/VEText.asp).

## **VA EXPANDS VOCATIONAL REHABILITATION & EMPLOYMENT PROGRAM TO IMPROVE SERVICE**

**News Release, August 29, 2018**

\*\*\*\*\*

The U.S. Department of Veterans Affairs’ (VA) Vocational Rehabilitation and Employment Program (VR&E) recently began the process of reducing the average counselor-to-caseload ratio, to one to 125 or below, through the hiring of 172 vocational rehabilitation counselors (VRCs). The hiring effort, which began early this summer, will help improve service to veterans with service connected disabilities and employment barriers, as well as help provide them with expedited services to improve their ability to transition to the civilian workforce. “The VR&E program is much more than a benefits program,” said VA Secretary Robert Wilkie. “It’s a vital support network, where VA’s expert counselors work closely with veterans on their personalized vocational rehabilitation goals. Congressional funding enables us to expand our team of counselors who are on the ground across the country working tirelessly for veterans, and we appreciate their support.”

The VA is committed to ensuring its counselors have manageable caseloads and the resources needed to ensure veterans are receiving thorough, quality services. Currently, 941 counselors are working across the VA’s 56 regional offices, as well as in out-based and satellite locations. Once hiring is complete for the additional 172 counselors, a total of 1,113 VRCs will be deployed in the field to serve veterans. This includes 905 VRCs at regional and out-based offices, 132 Integrated Disability Evaluation System counselors at 71 military installations, and 76 Veteran Success on Campus counselors at 105 institutions of higher learning.

Since 2014, over 56,000 veterans have either completed a rehabilitation plan, are employed, or have achieved a greater independence in living through VR&E assistance. The VR&E program currently has more than 123,000 participants. For more information about VR&E, visit [www.benefits.va.gov/vocrehab/](http://www.benefits.va.gov/vocrehab/).

## **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](mailto: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](http://www.veterans.idaho.gov).

## **MAJORITY OF VA MEDICAL CENTERS HAVE IMPROVED OVER THE PAST YEAR**

**News Release, September 18, 2018**

\*\*\*\*\*

Using a web-based report scorecard that measures, evaluates, and benchmarks quality and efficiency at its medical centers, the U.S. Department of Veterans Affairs (VA) recently released data showing significant improvements at the majority of its health care facilities. Compared with data from the same period a year ago, the July 2018 release of the VA's Strategic Analytics for Improvement and Learning (SAIL) report showed 103 (71 %) VA Medical Centers (VAMCs) have improved in overall quality — with the largest gains seen in areas where there were VA-wide improvement initiatives, such as mortality, length of stay, and avoidable adverse events. Seven (5%) VAMCs had a small decrease in quality. “This is a major step in the right direction to improving our quality of services for our veterans,” said VA Secretary Robert Wilkie. “Over the past year, we were able to identify our problems and implement solutions to fixing the issues at 71% of our facilities. I'm extremely proud of our employees and the progress they have made to raise VA's performance for our nation's heroes.”

Additionally, of the 15 medical centers placed under the Strategic Action for Transformation program (StAT), an initiative that monitors high-risk medical centers and mobilizes resources to assist the facilities, 33% (five medical centers) are no longer considered high-risk and 73% (11 medical centers) show meaningful improvements since being placed under StAT in January 2018. The quarterly SAIL report, which has been released publicly since 2015, assesses 25 quality metrics and two efficiency and productivity metrics in areas such as death rate, complications, and patient satisfaction, as well as overall efficiency and physician capacity at 146 VAMCs. It is used as an internal learning tool for VA leaders and personnel to pinpoint and study VAMCs with high quality and efficiency scores, both within specific measured areas and overall. The data is also used to identify best practices and develop strategies to help troubled facilities improve.

## **VA UPDATES THE DISABILITY RATING SCHEDULE RELATED TO SKIN CONDITIONS**

**News Release, August 15, 2018**

\*\*\*\*\*

Effective August 13<sup>th</sup>, the U.S. Department of Veterans Affairs (VA) updated portions of the VA Schedule for Rating Disabilities (VASRD, or Rating Schedule) that evaluate conditions related to the skin. 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.

VA is in the process of updating all 15 body systems of the VASRD to reflect modern medicine more accurately and provide clearer rating decisions. “VA remains committed to providing veterans the benefits they have earned at the highest quality,” said VA Secretary Robert Wilkie. “With modern medicine advancing at a rapid rate, it's important to ensure VA's disability rating schedule and rating decisions reflect these advancements.” No conditions were removed from the new skin rating schedule. However, several diagnostic codes were restructured or revised. The complete list of updates to the rating schedule for skin conditions is now available online. Claims pending prior to August 13<sup>th</sup> will be considered under both the old and new rating criteria, and whichever criteria are more favorable to the veteran will be applied. Claims filed on or after August 13<sup>th</sup> will be rated under the new rating schedule.

By updating the rating schedule for skin conditions, the VA claims processors can make more consistent decisions with greater ease and ensure veterans understand these decisions. The VA has issued several VASRD updates since September 2017, including updates for dental and oral conditions, conditions related to the endocrine system, gynecological conditions, and disorders of the breast and eye conditions.

## **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! While pre-registration is now closed, interested veterans may just show up and register the day of the event.

**DATES TO REMEMBER**

XX

- October 8 .....Columbus Day
- October 13 .....U.S. Navy established, 1775
- October 14 .....Star Spangled Banner adopted as National Anthem, 1931
- October 19 .....Revolutionary War ends, 1781
- November 4 .....Daylight-saving time ends, set clocks back one hour
- November 6 .....Election Day
- November 10 .....U.S. Marine Corps established, 1775
- November 11 .....Veteran’s Day (*see the History of Veterans Day below*)
- November 19 .....Lincoln gives Gettysburg Address, 1863
- November 22 .....Thanksgiving Day
- December 7 .....Pearl Harbor bombed, 1941
- December 16 .....Boston Tea Party, 1773
- December 25 .....Christmas Day

**CONVENTION SCHEDULES**

XX

**American Legion**

- Mid-winter .....January 11-14, 2019, Boise, ID
- State .....July 11-14, 2018, Worley, ID
- National .....August 23-29, 2019, Indianapolis, IN

**AMVETS**

- National .....August 21-25, 2019, Louisville, KY

**Catholic War Veterans of the United States**

- National .....Dates to be determined, San Antonio, TX

**Disabled American Veterans**

- National .....August 3-6, 2019, Orlando, FL

**Fleet Reserve Association**

- National .....To be determined

**Marine Corps League**

- National .....August 4-9, 2019, Billings, MT

**Military Order of the Purple Heart**

- National .....July 8-12, 2019, Branson, MO

**National Association of Atomic & Nuclear Veterans**

- National .....To be determined

**Veterans of Foreign Wars**

- Mid-winter .....January 10-13, 2019, Boise, ID
- State .....June 16-19, 2019, Lewiston, ID
- National .....July 20-24, 2019, Orlando, FL

**Vietnam Veterans of America**

- National .....July 16-20, 2019, Spokane, WA

**THE HISTORY OF VETERANS’ DAY**

XX

Formerly Armistice Day, Veterans’ Day is a holiday observed annually in the United states in honor of all those, living and dead, who served with the U.S. armed forces in wartime.

Some states observe the holiday on November 11<sup>th</sup> and others on the fourth Monday of October. Armistice Day, the forerunner of Veterans’ Day, was proclaimed in 1919 to commemorate the termination (at 11:00 a.m. on November 11, 1918) World War I. On the first anniversary of the truce, U.S. President Woodrow Wilson issued a proclamation eulogizing fallen Allied soldiers and referring to November 11<sup>th</sup> as Armistice Day. It became a holiday in the United States, France, Great Britain, and Canada.

The holiday acquired its present name and broadened significance in the United States in 1954. In Canada it is known as Remembrance Day, and in Great Britain, it is known as Remembrance Sunday.

**DAV VAN SCHEDULES TO AND FROM VA MEDICAL CENTERS**

\*\*\*\*\*

**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 Merc
- Middleton ..... Downtown Shell Station
- ..... Shell Station at exit 25 of I-84
- Notus ..... Shell Station
- Parma ..... M&W Market
- Wilder ..... Shell Station
- Homedale ..... Shell Station
- Caldwell ..... Chevron at 10<sup>th</sup> Avenue South & the freeway
- ..... Emergency entrance of West Valley Medical Center
- ..... Maverick at 10<sup>th</sup> Avenue South & Ustick
- ..... 20248 Hoskins Road
- Nampa ..... Karcher Mall near Ross Dress for Less
- ..... Albertson’s at 7<sup>th</sup> Street & 12<sup>th</sup> Avenue South
- ..... D and B Supply on 12<sup>th</sup> Avenue South
- Melba/Bowmont ..... Chevron at Greenhurst & Southside
- ..... McDonalds 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
- ..... McDonalds at West Park Plaza
- Ontario ..... McDonalds at West Park Plaza
- ..... McDonalds at K-Mart
- ..... Shell Station at the freeway
- ..... Shell Station on Idaho
- ..... The Elk’s
- Payette ..... Albertson’s
- ..... Jerry’s Market on 6<sup>th</sup>
- ..... Kings Variety/Maverick at Highway 95
- Weiser ..... Sinclair Station at Highway 95
- ..... Maverick Station at Highway 95
- ..... Chevron 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
- Hammett ..... 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 23<sup>rd</sup> 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**

**October** 1, 3, 5, 9, 11, 15, 17, 19, 23, 25, 29, 31

**November** 2, 6, 8, 14, 16, 20, 26, 28, 30

**December** 4, 6, 10, 12, 14, 18, 20, 24, 26, 28

**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.

