



DISABLED AMERICAN VETERANS

807 MAINE AVENUE, S.W. ★ WASHINGTON, D.C. 20024-2410 ★ PHONE (202) 554-3501 ★ FAX (202) 554-3581

Service Bulletin

February 2009

DEPARTMENT OF VETERANS AFFAIRS (VA)

<http://www.va.gov>

Erik K. Shinseki Sworn In as Secretary of Veterans Affairs

Retired Army Gen. Eric K. Shinseki became the Nation's seventh Secretary of Veterans Affairs, assuming the leadership of the Department of Veterans Affairs following January's confirmation by the Senate. "The overriding challenge I am addressing from my first day in office is to make the Department of Veterans Affairs a 21st century organization focused on the Nation's Veterans as its clients," Shinseki said.

Shinseki plans to develop a 2010 budget within his first 90 days that realizes the vision of President Obama to transform VA into an organization that is people-centric, results-driven and forward-looking. Key issues on his agenda include smooth activation of an enhanced GI Bill education benefit that eligible Veterans can begin using next fall, streamlining the disability claims system, leveraging information technology to accelerate and modernize services, and opening VA's health care system to Veterans previously unable to enroll in it, while facilitating access for returning Iraq and Afghanistan Veterans.

One Million Vets Share \$320 Million in VA Insurance Dividends

One million veterans are in line to share \$319.8 million in annual insurance dividends during 2009. VA operates one of the nation's largest life insurance programs, providing more than \$1 trillion in coverage to seven million service members, veterans and family members.

The dividend payments are being sent to an estimated one million holders of VA insurance policies on the anniversary date of their policies. Sent automatically through different payment plans, the amounts vary based on the age of the veteran, the type of insurance, and the length of time the policy has been in force. The dividends come from the earnings of trust funds into which veterans have paid insurance premiums over the years, and are linked to returns on investments in U.S. government securities.

VA officials caution veterans about a long-running scam in which various groups charge fees to "locate" veterans who are eligible for the dividends. Veterans eligible for the dividends have had

VA life insurance policies in effect since they left the military and have received annual notifications from VA about the policies.

VA Expands Employment Opportunities for Disabled Veterans

Thirty percent of VA employees are veterans and nearly 8 percent are service-connected disabled veterans. VA intends to increase the number of disabled veterans who obtain employment in its workforce.

All severely injured veterans of the wars in Iraq and Afghanistan will be contacted by VA's Veterans Employment Coordination Service to determine their interest in -- and qualifications for -- VA jobs. So far, that office has identified 2,300 severely injured veterans of those wars, of whom 600 expressed interest in VA employment.

The coordination service was established a year ago to recruit veterans into VA, especially those seriously injured in the current wars. It has nine regional coordinators working with local facility human resources offices across the country not only to reach out to potential job candidates but to ensure that local managers know about special authorities available to hire veterans. For example, qualified disabled veterans rated by the Defense Department or VA as having a 30 percent or more service-connected disability can be hired non-competitively.

Some Veterans to See Travel Reimbursement Increase

Service-disabled and low-income veterans who are reimbursed for travel expenses while receiving care at Department of Veterans Affairs (VA) facilities will see an increase in their payments beginning January 9, 2009. A recently passed law allows VA to cut the amount it must withhold from their mileage reimbursement.

The deductible amount will be \$3 for each one-way trip and \$6 for each round trip -- with a cap per calendar-month of \$18, or six one-way trips or three round trips, whichever comes first. The previous deductible was \$7.77 for a one-way trip, and \$15.54 for a round trip, with a calendar-month cap of \$46.62. In November 2008 VA announced a second increase in the mileage reimbursement rate during 2008, from 28.5 cents to 41.5 cents a mile.

Service-disabled and low-income veterans are eligible to be reimbursed by VA for the travel costs of receiving health care or counseling at VA facilities. Veterans traveling for Compensation and Pension examinations also qualify for mileage reimbursement. VA can waive deductibles if they cause financial hardship.

Funding for Rural Veterans Healthcare Approved

VA has provided \$21.7 million to its regional health care systems to improve services specifically designed for veterans in rural areas. Within the last year, VA has launched a major rural health initiative, creating a 13-member committee to advise the VA secretary on issues affecting rural veterans, opening three rural health resource centers to better understand rural health issues, providing four new mobile health clinics to serve 24 predominately rural

counties, announcing the opening of 10 new rural outreach clinics in 2009 and launched a fleet of 50 new mobile counseling centers.

The extra funding is part of a two-year VA program to improve the access and quality of health care for veterans in geographically isolated areas. The new funds will be used to increase the number of mobile clinics, establish new outpatient clinics, expand fee-based care, explore collaborations with federal and community partners, accelerate the use of telemedicine deployment, and fund innovative pilot programs. The new funds will be distributed according to the proportion of veterans living in rural areas within each VA regional health care system, called VISNs, for "Veterans Integrated Service Networks."

VISNs with less than 3 percent of their patients in rural areas will receive \$250,000. Those with a population of rural veterans between 3 percent and 6 percent will receive \$1 million each, and VISNs with more than 6 percent of their veterans population in rural areas will receive \$1.5 million.

Training Letter 09-01:
Evaluating Residuals of Traumatic Brain Injury under Revised Criteria

VA Training Letter (TL) 09-01, released January 21, 2009, provides new information and guidance about evaluating Traumatic Brain Injury (TBI), based on the regulation revising diagnostic code 8045 in the "Neurological conditions and convulsive disorders" section of the rating schedule (38 CFR 4.124a) that was published in the Federal Register on September 23, 2008 (73 FR 54693-54708). It also provides the common definition of TBI that was jointly developed by VA and the Department of Defense.

TL 06-03, titled "Traumatic Brain Injury," was issued in February 2006. It provided extensive medical information about the causes of traumatic brain injury (TBI), especially as related to combat, the anatomy and physiology of the brain, signs and symptoms of TBI, grades of severity of TBI, the course of recovery and consequences of TBI, and disabilities resulting from TBI. It also provided some basic rating information about TBI.

TL 07-05, titled "Evaluating Residuals of Traumatic Brain Injury," was issued in August 2007. It provided additional information about the specifics of rating TBI. However, that material is now obsolete in part because of the new regulation, and parts of TL 07-05 have been superseded by TL-09-01.

Fast Letter 09-05:
New Notice and Development Paragraphs for
Dependency and Indemnity Compensation (DIC) Claims

In *Hupp v. Nicholson*, 21 Vet. App. 342 (2007), the United States Court of Appeals for Veterans Claims (the Court) held that when VA receives a detailed claim for DIC under 38 U.S.C. § 1310, it must provide a detailed notice to the claimant.

The purpose of the Fast Letter is to provide information and guidance on the use of new "What The Evidence Must Show" (WTEMS) notice and development paragraphs for DIC claims in Modern Award Processing-Development (MAP-D). All regional offices and centers must use

both the new WTEMS notice and the development paragraphs for original and reopened DIC claims.

Fast Letter 09-06:
Appeals Resource Centers

This letter provides information and procedural guidance on the brokering of certain appeals from regional offices of jurisdiction (ROJs) to the Appeals Resource Centers (ARCs). Brokering is scheduled to begin on or about February 2, 2009. The Veterans Benefits Administration is establishing two ARCs: one in Seattle, Washington, and the other in Waco, Texas. The purpose of the ARCs is to improve timeliness, consistency, and accuracy of appellate decisions while allowing the ROJs to focus more resources on processing disability compensation claims.

The ARCs will initially work appeals from their own regional office (RO) workload, then phase in brokered appeals from other ROs that have challenging appeals inventories. The ROJs are responsible for informing the local Veterans Service Organizations (VSOs) of the new brokering procedures regarding appeals. The ROJs will disseminate all courtesy copies of appellate actions and award letters received from the ARCs to off-station VSOs or agents, including state and local organizations.

DEPARTMENT OF DEFENSE (DOD)

Expedited Disability Evaluation System Process for Combat Wounded

<http://www.defenselink.mil/>

DOD, in collaboration with VA, announced in January 2009 a process designed to expedite service members seriously injured in combat from military to veteran status, by waiving the standard Disability Evaluation System (DES). The expedited process will result in receipt of benefits in three to four months, compared to a recovery and standard DES process that would normally take much longer.

The expedited process applies to service members whose conditions are designated as “catastrophic” and whose injuries were incurred in the line of duty as a direct result of armed conflict. A catastrophic injury or illness is a permanent, severely disabling injury, disorder, or disease that compromises the ability to carry out the activities of daily living to such a degree that a service member or veteran requires personal or mechanical assistance to leave home or bed, or requires constant supervision to avoid physical harm to self or others.

Service members who participate in this optional expedited process will be rated by DOD at a combined rating of 100 percent, and the VA will identify the full range of benefits, compensation and specialty care offered by the VA. The policy provides special consideration and exception for members who retire under the expedited DES process to reenter the service with a waiver, should they subsequently request reentry to the service after recovery and rehabilitation.

The expedited policy differs from the DES pilot program, currently underway to test a new process design eliminating the duplicative and time consuming elements of the current standard

disability processes at DOD and VA. Key features of the DES pilot include one medical examination and a single-sourced disability rating. To date, more than 1,000 service members have participated in the pilot during the last 14 months.

Psychological Health, Traumatic Brain Injury Outreach Center Opens

<http://www.dcoe.health.mil>

The Department of Defense announced in January 2009 the opening of a 24-hour outreach center to provide information and referrals to military service members, veterans, their families and others with questions about psychological health and traumatic brain injury.

The new center, which is operated by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), can be contacted around the clock, 365 days a year, by phone at (866) 966-1020 and by e-mail at resources@dcoeoutreach.org.

The center can address everything from routine requests for information about psychological health and traumatic brain injury, to questions about symptoms a caller is having, to helping callers find appropriate health care resources. The DCoE outreach center is staffed by behavioral health consultants and nurses, most with master's degrees. In addition to answering questions, staffers refer callers to contact centers in other parts of the Department of Defense, other federal agencies, and outside organizations when appropriate. Other contact centers also refer callers to the DCoE outreach center.

The center serves members, leaders and healthcare providers of the Army, Navy, Air Force, Marines, Coast Guard, National Guard, Reserve and all uniformed services, along with veterans of all the services. The families of service members and of veterans are also served by the new center.

Military to Provide Wounded Warriors with Electronic Support System

In response to soldiers returning home with traumatic brain injuries (TBI) and other significant injuries, the U.S. military is launching a pilot telehealth outreach program to better track their progress. Through AllOne MobileSM, a health information management application provided by AllOne Health and secured by Diversinet Corp., secure, two-way mobile technology will link Wounded Warriors recuperating at home with their case managers and unit support staff.

AllOne Mobile's system will give injured service members access to case managers and other military personnel who will monitor and stay in touch with Soldiers through personalized encrypted messages. Data received from soldiers will help to better personalize and monitor daily care. Initially, AllOne Mobile's platform is anticipated to support the rehabilitation needs of up to 10,000 returning soldiers in a phased implementation over the next year.

DEPARTMENT OF LABOR (DOL)

U.S. Labor Department's Office of Disability Employment Policy Releases Findings on Extensive Employer Survey

www.dol.gov/odep

www.earnworks.com/businesscase

The U.S. Department of Labor's Office of Disability Employment Policy (ODEP) has released findings of the most extensive survey in history of employers' actions and attitudes toward employing people with disabilities.

The survey of 3,797 companies found that a majority of large businesses are hiring people with disabilities and discovering that costs for accommodations differ very little from those for the general employee population. Additionally, the survey showed that once an employer hires one person with a disability, it is much more likely that employer will hire other people with disabilities. The survey does provide some disappointing news in that it reveals some resistance among businesses to viewing people with disabilities as able to advance up the corporate ladder.

ODEP has articulated a "business case" or comprehensive feedback from employers on the value of employees with disabilities, available on the agency's Employer Assistance and Recruiting Network (EARN) Internet site. The site includes links to resources at the federal, state and local government levels, including resources specifically for veterans.

UNITED STATES GOVERNMENT ACCOUNTABILITY OFFICE (GAO)

GAO REPORT 09-108: Traumatic Brain Injury: Better DOD and VA Oversight Can Help Ensure More Accurate, Consistent, and Timely Decisions for the Traumatic Injury Insurance Program

<http://www.gao.gov/products/GAO-09-108>

In 2005, Congress created a traumatic injury insurance benefit program, known as the Servicemembers' Group Life Insurance Traumatic Injury Protection Program (TSGLI), to help servicemembers with traumatic brain injury and other serious injuries with the financial burdens that they and their families face. The Department of Veterans Affairs (VA) administers the program, in collaboration with the Department of Defense (DOD), while the branches of service are responsible for deciding servicemembers' claims.

Although VA data show that 63 percent of servicemembers with traumatic brain injury were approved for TSGLI, the actual approval rate may be lower, and DOD and VA lack assurance that claim decisions are accurate, consistent, and timely within and across the branches of service. VA's data show that 520 of the 821 servicemembers who filed TSGLI claims for traumatic brain injury received benefits. However, the actual approval rate may be lower because VA does not include all denials for traumatic brain injury in its data. In addition, DOD and VA officials confirmed there is no systematic quality assurance review process to ensure that claim decisions are accurate and consistent within and across the services. Finally, DOD and VA lack reliable data on how long it takes the services to make decisions on traumatic brain injury claims.

GAO Recommendation: To improve management of the TSGLI program and ensure that all injured servicemembers receive accurate, consistent, and timely treatment, the Secretary of Veterans Affairs should work with the Secretary of Defense and the branches of service to implement a systematic quality assurance review process to help ensure that TSGLI benefit decisions are accurate and consistent within and across the services.



EDWARD R. REESE, JR.
National Service Director