JB - Format of original mtg ⇒ format of rpt presentation
Dates
- based on internal & external need

THE WHITE HOUSE
WASHINGTON

Kate Carr, OPL ⇒ Delegates - WHC Sm Bus Ec Summit

Diana → update on disability policy?

Preston Taylor - Homelessness - Pete Dougherty, VA
- Andre Brown Bos Hsg Corp.
- Adv Comm on E & T
- (Tom back on Fri)

⇒ Vets Prefs - Jeanne Fites
+ Nat'l Guard/Reserve Jobs Security
+ ins prog / tax credit

Greg Dircks, Depty
→ Leon Bechet - 8 A program

⇒ 8A + ADA - Paul Miller - Asst ⇒ Andy Carpenter
663-4036

1st IWPG mtg - Sept
2nd - 12/13/94

1st VSO - Oct?

Ad Red Cross
703/527-3010
- two days
where
or tomorrow?

Interagency Veteran's Policy Group
FAX COVER SHEET

TO:

Leon Bechet	205-7292
Peter Beech	690-5672
Andre Brown	565-2794
Jeanne Fites	697-6691
John Gregrich	395-6744
Elaine Kamarck	456-6429
Mary Lou Keener	273-6671
Janice LaChance	606-2264
Jacquie Lawing	708-3336
Fred Schroeder	205-9874
Preston Taylor	219-4773
Pam Russell	267-4600
Steve Hilton	456-6218
Elisa Harris	456-9180
Diana Zuckerman	456-6244

FROM: LeeAnn Inadomi
Molly Brostrom

SUBJECT: Included is the letter and the article we discussed at our last meeting

3 PAGES (Including cover)

FAX COVER SHEET

TO:	Leon Bechet	205-7292
	Peter Beech	690-5672
	Jeanne Fites	(703)697-6691
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	Mary Lou Keener	273-6671
	Janice LaChance	606-2264
	Jacquie Lawing	708-3336
	Nancy Ann Min	395-7289
	Fred Schroeder	205-9874 → Susan Benbow 7-2-57
	Preston Taylor	219-4773
	Steve Hilton	456-6218
	Bob Jones	456-6218
	Elisa Harris	456-9180
	Pam Russell - DoT	267-6484
	Diana Zuckerman	456-6244
	Molly Brostrom	
	Andre Brown, Nat'l Service	
	Bob Hussey 606-5000 x499	
FROM:	LeeAnn Inadomi Special Assistant to the President for Cabinet Affairs	
	Jeremy Ben-Ami Chief of Staff Domestic Policy Council	

PAGES (INCLUDING COVER): 8

If there is any problem receiving this fax please call Bear Warga at 456-2334.

5/24 - 330-5 Vets Mtg
5/25 - 11-1230 Mil. Coalition

- Rpt to Carol from LeeAnn, Jeremy
cc: VSOs
MC

THE WHITE HOUSE

WASHINGTON

April 24, 1995

MEMORANDUM FOR INTERAGENCY VETERANS POLICY GROUP

FROM: LeeAnn Inadomi
Special Assistant to the President
for Cabinet Affairs

Jeremy Ben-Ami
Chief of Staff
Domestic Policy Council

SUBJECT: Update/Agenda for April 26 Meeting

The next meeting of the Interagency Veterans Policy Group (IVPG) is Wednesday, April 26, 2:00-3:30 in the Roosevelt Room at the White House.

Attached is the updated working agenda of the IVPG. As you recall, this working agenda was developed based on issues raised in White House meetings with veterans service organizations and military coalition groups. The IVPG met on December 15 and reported on issues identified on the working agenda and raised additional items for the Group to address.

The attached document reflects the current status of these issues and the steps being taken to resolve those that remain open. **Please review the document and come to the meeting prepared to report on the issues in which your agency is involved.**

In late May, the White House will hold its next meetings with veterans service organizations and the military coalition. At these meetings, it will be critical that we have a full report on the agenda items. **It is therefore very important that your agency provide us with any available updates at the April 26 meeting as well as work with us in the coming weeks so that we can demonstrate definitive action on the agenda items.**

If you have any questions or comments, please call Molly Brostrom at the Domestic Policy Council (456-5561).

INTERAGENCY VETERANS POLICY GROUP
WORKING AGENDA
April 26, 1995

Short term Issues

1. DOL Advisory Committee on Veterans Employment and Training

The Department of Labor has appointed an Advisory Committee on Veterans Employment and Training, chaired by Ron Drach of the Disabled American Veterans. The Committee has held two meetings, on December 15 and March 15, and will meet again May 25-26. Secretary Reich met with the Committee at its initial meeting, and the Committee will present the Secretary a report at the May meeting.

DOL will present a brief update on the committee, including its task force on minority veterans employment needs.

2. White House Conference on Aging

The White House worked with the White House Conference on Aging and was able to ensure that the delegate allocation to the Conference includes representatives of the veterans community. The White House Conference on Aging (May 2-5, 1995) will include 20 delegates appointed by Secretary Brown and 40 appointed by veterans' organizations. In addition, the agenda specifically calls for the inclusion of veterans issues.

3. Budget

The President's 1996 budget calls for a $1.3 billion increase in veterans benefits, including an additional $1 billion for health care. This increase will enable VA to provide medical treatment to an additional 43,000 veterans, construct two new hospitals and three nursing homes, and make a number of facility improvements.

The VSO/Military Coalition meetings with OMB were favorably received and provided an excellent forum for the groups to express their budget concerns and for OMB to clarify the Administration's position on budget decisions. The Military Coalition meeting indicated that there continues to be concern for: military family/retiree benefits such as access to quality health care; the impact of the draw-down on readiness of active and reserve forces; and reimbursement by HCFA for medical care given to Medicare beneficiaries.

OMB and VA will provide any updates on expected Congressional budget action.

4. White House Conference on Small Business

The White House Conference on Small Business, scheduled for June 11-15, 1995, will propose a small business "action agenda" to the Clinton Administration and Congress to "ensure small business vitality into the 21st century."

In preparing for the Conference, the Small Business Administration has targeted mailings to individual veterans (identifying names through the Procurement Automated Source System), encouraging their participation in pre-meetings designed to help identify the needs and concerns of small business owners and managers. The Administration is working to ensure that the veterans community is represented among the delegates.

SBA will report on meetings held, issues raised, and any further outreach planned.

Longer Term Issues

1. Health Care Reform/Health Issues

The status of the health reform effort and specifically the impact it will have on veterans hospitals and veterans health care was of primary importance to the VSOs. The White House met with key veterans groups on December 14 and will continue to be available to the groups to hear their concerns and recommendations. Some of these concerns are being addressed in REGO II proposals.

(a) Eligibility reform. As part of REGO II, the Administration is considering proposals to change eligibility rules for treatment at VA facilities. Recommendations are being developed, and are expected to reach the President in the near future.

(b) Accepting Medicare at VA Hospitals The Administration continues to explore the possibility of accepting Medicare payments at VA hospitals. VA and HCFA are exploring a pilot program to test the proposal.

(c) Overlapping Research Agendas The VSOs asked whether there couldn't be better coordination of the HHS and VA medical research agendas. At the December 15 meeting, VA submitted a report on existing coordination which we will share with the VSOs for their reactions and recommendations.

OMB, VA and HHS will provide further updates and comments.

2. Disability Policy

The Administration's National Disability Policy Review (NDPR) has included the Paralyzed Veterans and the Disabled Veterans of America on its outreach list. These groups met with members of the NDPR on February 16 to discuss NDPR's guiding principles. NDPR will continue to keep these groups informed of progress and solicit reactions to proposals.

3. Backlog at Board of Veterans Appeals

The Department of Veterans Affairs has been working to address the backlog of claims at the Board of Veterans Appeals, and has achieved some success. Processing times for adjudicating claims have improved, reducing the backlog from 575,000 claims at the end of December 1993 to 470,000 at the end of September 1994. Final performance goals for FY 98 call for VA to attain a national average of 106 days to process an original disability compensation claim, 77 days for an original disability pension, 68 days for original dependency and indemnity compensation claims and 44 days for original death pension claims.

VA will provide any further update. - ~~Peter Beeuwkes~~ Mary Lou Keener

4. Persian Gulf Veterans

The Administration has taken action to be responsive and sensitive to veterans of the Persian Gulf suffering from unexplained illnesses.

In March, the President announced the establishment of a Presidential Advisory Committee to review and make recommendations aimed at finding the causes of this illness and improving the care available to Persian Gulf veterans. The President is expected to issue an Executive Order creating the Committee, and name its members and Chair shortly.

OSTP and NSC will present an update on timing of introduction of Committee and any other issues. - Diana Zuckerman
- Alisa Harris

5. Homelessness

Homelessness among veterans continues to be a significant problem, and the federal response is located in several agencies. Therefore, the key agencies have been asked to meet and discuss ways to better coordinate funding, programs and services for the homeless veteran population.

A series of interagency (VA, DOL, HUD) staff-level meetings have been held to address the issue. - Preston Taylor
- Dale Rendux - VA homeless
- HUD

At the last meeting of the IVPG, DOL suggested a meeting of Assistant Secretaries at DOL, HUD, and VA to discuss this issue. DOL will provide a status report on meetings held and any other initiatives. HUD and VA will provide any additional updates. - Scheduling

It has been suggested that the IVPG work with the Interagency Council for the Homeless (ICH) to facilitate better coordination among the different agencies. The White House will propose including the issue as a specific agenda item at the next ICH meeting.

6. Veterans Preference

The Administration continues its dialogue with veterans groups to hear their concerns and recommendations about Veterans Preferences. OPM and the National Performance Review have met with veterans groups to discuss with them proposals to update the veterans preference regulations.

OPM and NPR will provide updates on these discussions and any proposals.

7. Transition/Downsizing

At the December 15 IVPG meeting, it was reported that the Coast Guard concerns about inclusion in discussions concerning retraining and downsizing have been addressed through meetings with DOL and VA on the issue.

8. SBA 8A Program

There is interest in greater access for both veterans and for the disabled to 8A preferences in contracting.

SBA and VA were to meet to discuss ways to improve access; the agencies will report on meetings held. In addition, SBA is to prepare a proposal for presentation to the Interagency Group on how it will provide better information for persons with disabilities about applying for 8A preference.

9. National Guard/Reserve Job Security

This was raised by VSOs/Military Coalitions as a significant issue which has involved several Departments over the past year. At the December 15 meeting, DoD reported that it has two proposals, a tax credit and insurance proposal, that VA is reviewing.

DoD and VA to present updates on these proposals.
Jeannie Fites

10. Minority Veterans Employment needs

A special DOL task force to address minority Veterans employment needs was formed under the auspices of the DOL Advisory Committee on Veterans Employment and Training. The task force will report to Secretary Reich at the May 26 meeting of the Advisory Committee.

11. GI Bill

Despite early rumblings, no legislation has been introduced to expand or alter benefits under the GI bill. Neither the House or Senate Veterans Affairs Committees addressed GI benefits in their Budget Views and Estimates.

The 1993 OBRA legislation cancelled the Montgomery GI Bill FY 94 COLA and cut in half the FY 95 COLA. The President's 1996 budget would extend the halved COLA through FY 96, but the House has proposed to restore the COLA to its full amount in FY 96.

VA will present any further update. - Mary Lou Keener

13. DoD/VA Program Coordination

There are a series of management issues on which DoD and VA are working to improve coordination. The VA has been meeting with veterans groups on how to streamline services from active duty and presented a report on the status of current coordination efforts at the last meeting; this information will be included in the report to the VSOs/Military Coalition.

- continuous process

Issues to Monitor

A number of issues were raised about which groups were assured that the Administration planned no change in policy. These issues will remain on the agenda of this group, however, because they have been of concern in the past. If there is any change in their status, agencies should bring this to the attention of the Interagency Group.

OMB 1. Taxation of Benefits

The Group was assured that the Administration is not considering proposing taxation of veterans benefits. ✓

DOL 2. VETS Program
Veterans Empl Training Service

There are no Administration plans to change the structure or management of the VETS program, either by consolidation with ETA or movement to the VA.

- POTUS ltr sent, made no difference
- Rich strongly opposes - NPR said not interested - clear

New Issues/Concerns

1. World War II End Commemoration. Commemmoration of the end of World War II continues through November 11, 1995. The President will travel to Honolulu in early September for VJ Day activities. A list of other planned Commemmoration activities will be handed out at the IVPG meeting.

- Pol sensitivities around VJ day.

July 27 - 53 armistice signed

8am - state arrival
10am - 16,000 @ Arlington - wreath laying
noon - dedication of Memorial

2. Korean War Memorial. On July 27, the new Korean War memorial will be dedicated. The President and South Korea President Kim will participate in the dedication, and close to 100,000 Korean veterans are expected to come to Washington for the ceremony. An Interagency Coordinating Group under the NSC is working on the event.

20,000 hotel rms - $1 down

Cost: $62M/day
Precedent - Nixon

⇒ Proposal for Nat'l Holiday to King, then to Perry to close DOD

= cooperation/ass vital

May 4 - Korea War VSOs

VETERANS

(Updated 4/11)

1. Set next meeting of group

   – Bear aiming for week of 4/24

2. Get memo out this week

3. Outside meetings: Bob Jones will pick dates/times for outside meeting – Carol / Alexis
   - mid-May terrible (B. Jones outside U.S.) to 22nd – Kitty (Cabinet Affairs)
   - not Memorial Day
   22 to Memorial Day (29) ⇒ ✗ 1) Mil Coalition Cps
   ⇒ WH Conf Ctr - helps logistically 2) Vets Cps
   Memo ⇒ plse review & prepare for update / pts on topics as noted.
   cps will be @ WH on Monday

March 15, 1995

MEMORANDUM FOR INTERAGENCY VETERANS POLICY GROUP

FROM: Jennifer O'Connor
Special Assistant to the President
for Cabinet Affairs

Jeremy Benami
Chief of Staff
Domestic Policy Council

SUBJECT: Update

The President addressed the Veterans of Foreign Wars mid-winter conference on March 6 and restated his call for America to remain engaged in world affairs and his commitment to protect and strenghten veterans' benefits.

The Interagency Veterans Policy Group had its last meeting on December 15 during which agencies reported on outstanding issues and raised additional items for the Policy Group to address.

The attached document reflects the current status of these issues and the steps being taken to resolve those that remain open.

The next meeting of the Group will be on March from 10:00-11:00am in Room 180, Old Executive Office Building.

Impt document for VSOs
- need results

INTERAGENCY GROUP
WORKING AGENDA - MARCH, 1995

Short Term Issues

1. DOL ~~Veterans~~ Advisory Committee

The Department of Labor appointed its advisory committee, chaired by Mr. Drach of the Disabled American Veterans, which held its first meeting on December 15. Secretary Reich visited with the committee at its initial meeting.

2. White House Conference on Aging

The delegate allocation for the White House Conference on Aging will include a reasonable number of veterans and representatives of veterans organizations. Veterans' groups have been given an allocation of delegates; the White House will work with Conference staff to ensure that the Secretary of Veterans Affairs has an adequate number of delegates to appoint.

3. Budget

The President's 1996 budget calls for a $1.3 billion increase in veterans benefits, including an addition $1 billion for health care. This will enable VA to provide medical treatment to an additional 43,000 veterans, contruct two new hospitals and three nursing homes, and make a number of facility improvements.

The VSOs raised a number of issues related to the budget that are best discussed directly with the OMB Director or PAD. The VSOs have had several opportunities to meet with OMB. The Military Coalition met with OMB last month for an update on the FY 96 budget. The VSO/Military Coalition meetings with OMB were favorably received and provided an excellent forum for the groups to express their budget concerns and for OMB to clarify the Administration's position on budget decisions. The Military Coalition meeting held after the budget had been finalized did not prompt any changes in the Defense budget, but clearly indicated that there continues to be concern for military family/retiree benefits such as access to quality health care and quality of life; impact of the draw-down on rediness of active and reserve forces; and reimbursement by HCFA for medical care given to Medicare beneficiaries.

4. White House Conference on Small Business

~~The Conference~~ SBA has targeted press releases and mailings to veterans groups, encouraging their participation in meetings now through April, 1995 to help identify the needs and concerns of small business owners and managers. The Conference, scheduled for June 11-15, 1995, will propose a small business "action agenda" to the Clinton Administration and Congress to "ensure small business vitality into the 21st century."

Longer Term Issues

1. Health Care Reform

The status of the health care reform effort and specifically the impact it will have on veterans hospitals and veterans health care was of primary importance. The White House met with key veterans groups on December 14 and will continue to be available to the groups to hear their concerns and recommendations.

Other Health Issues

(a) Accepting Medicare at VA Hospitals The Administration continues to explore this issue.

(b) Overlapping Research Agendas The groups asked whether there couldn't be better coordination of the HHS and VA medical research agendas. Agencies will report on the existing coordination and make this report available to the VSOs for their reaction and recommendations.

2. Disability Policy

The groups raised a number of issues relating to national disability policy. The groups were informed about the Administration's National Disability Policy Review, and several key groups, including the Paralyzed Veterans and the Disabled Veterans have been included on the NDPR outreach list.

3. VA Backlog

The VA has been working to work to address the backlog problem. Processing times for adjudicating claims have improved, reducing the backlog from 575,000 claims at the end of December 1993 to 470,000 at the end of September 1994. Final performance goals for FY 1998 call for VA to attain a national average of 106 days to process an original disability compensation claim, 77 days for an original disability pension, 68 days for original dependency and indemnity compensation claims and 44 days for original death pension claims.

4. Persian Gulf Veterans

The Administration has taken aggressive action to be responsive and sensitive to veterans of the Persian Gulf suffering from unexplained illnesses.

The President just announced he will establish a Presidential Advisory Committee to review and make recommendations aimed at finding the causes of this illness and improving the care available to Persian Gulf veterans.

5. Homelessness

Homelessness among veterans continues to be a very large problem, and the federal response is housed in several agencies.

For example, a HUD/VA housing program provides 2,000 veterans priority Section 8 housing vouchers through HUD and case management through the VA. DOL has a Homeless Veteran Reintegration program that focuses on employment and training for homeless veterans.

There have been a series of interagency (VA, DOL, HUD) meetings to address the issue of how to better coordinate programs and services for the homeless veteran population. At the sub-cabinet level, over a dozen meetings have occurred, the last in December, 1994. The IVPG will work with the Interagency Council for the Homeless to facilitate better coordination among the different agencies.

6. Veterans Preference

The Administration continues its dialogue with veterans groups to hear their concerns and recommendations. OPM met with the veterans groups to engage them in a discussion of how to update the veterans preference. The National Performance Review met with the groups as recently as late January.

7. Transition/Downsizing

The Coast Guard concerns about inclusion raised at the first meeting have been addressed through meetings with DOL and VA on the issue. The issue of DOD SMOCTA funding was raised as a concern.

8. SBA 8A Program

There is interest in greater access for both veterans and for the disabled to 8A preferences in contracting.

~~The SBA should meet with VA to discuss this issue~~. **SBA is to prepare a proposal for presentation to the Interagency Group on ways to improve access to and understanding of the 8A program for persons with disabilities. The SBA should also bring to the group any proposals it may be considering concerning the creation of contracting provisions relating to veterans.**

9. National Guard/Reserve Job Security

This was a significant issue which has involved several Departments over the past year. DOD has two proposals, a tax credit and insurance, that VA is reviewing.

10. Minority Veterans Employment Needs

A special DOL task force has been formed.

11. GI Bill

VA presented a status report of the Bill. No proposals are being considered to change benefits.

12. Agent Orange

Task force completed its report, which was presented and distributed at the last meeting. The report has been shared with the Congress and with veterans groups.

13. DoD/VA Program Coordination

There are a series of management issues on which the two agencies are working to improve coordination. The VA has been meeting with veterans groups on how to streamline services from active duty and presented a report on the status of current coordination efforts at the last meeting.

Issues to Monitor

A number of issues were raised on which the groups were assured that the Administration planned no change in policy. These issues will remain on the agenda of this group, however, because they have been of concern in the past. If there is any change in their status, agencies should bring this to the attention of the Interagency Group.

1. Taxation of Benefits

The groups were assured that the administration is not considering proposing taxation of veterans benefits.

2. VETS Program

There are no administration plans to change the structure or management of the VETS program, either by consolidation with ETA or movement to the VA.

1. Health Care Reform

   Other Health Care Issues
   Medicare Acceptance
   Overlapping Research Agendas

3. VA Backlog

   Board of Veterans' Appeals
   Veterans Benefits Administration

4. Homelessness

6. Transition/Downsizing

8. National Guard/Reserve Job Security

9. Minority Veterans Employment Needs

10. GI Bill

12. DoD/VA Program Coordination

REPORT FOR INTERAGENCY VETERANS POLICY GROUP MEETING

A. Administration's Position on Medicare Reimbursement at VA Hospitals.

(1) Contacts between VHA and HHS/HCFA.

(a) Current Status: No recent discussions have been held between VHA and HHS specifically on this subject. The VHA Health Care Reform Office has initiated discussion with the Office of Managed Care at HCFA regarding a broad range of efforts and activities in which we believe DVA's inclusion would mutually benefit both agencies. For example, we have preliminarily discussed VA's telemedicine and information management capabilities and we have introduced the idea of including DVA in the HCFA risk adjustment studies. We hope that through these discussions we may be able to determine an approach to Medicare reimbursement for DVA that will be supported throughout the administration.

(b) Background: In the Summer, 1993, discussions occurred between DVA and HCFA regarding HCFA's concerns about the provision of the President's Health Security Act which would have deemed VHA facilities to be Medicare providers. Those discussions were conducted by the late Victor Raymond, then Assistant Secretary for Policy and Planning and the Secretary's designated representative to the White House Task Force on Health Care Reform. The discussions were preliminary and centered around projections of reimbursement amounts and the number of veterans beneficiaries. At that time, Mr. Raymond was pursuing reimbursement of DVA for the care provided to "discretionary" patients, i.e., non-Category A veterans.

HHS/HCFA has traditionally objected to treatment of VHA facilities as Medicare providers. Their objections have included concerns that DVA has not been willing to subject its facilities to HHS regulations and oversight. *[VHA is currently reviewing all HHS regulations for Medicare providers and assessing their specific impact on VHA facilities. It is expected that this review may reveal a reasonable position that might be negotiated with HHS.]*

(2) DVA Position and Rationale for Medicare Reimbursement

(a) Position: DVA has taken the position that it should receive and retain reimbursement from Medicare for care provided to non-Category A Medicare-eligible veterans, i.e., for care to higher income, non-service connected veterans.

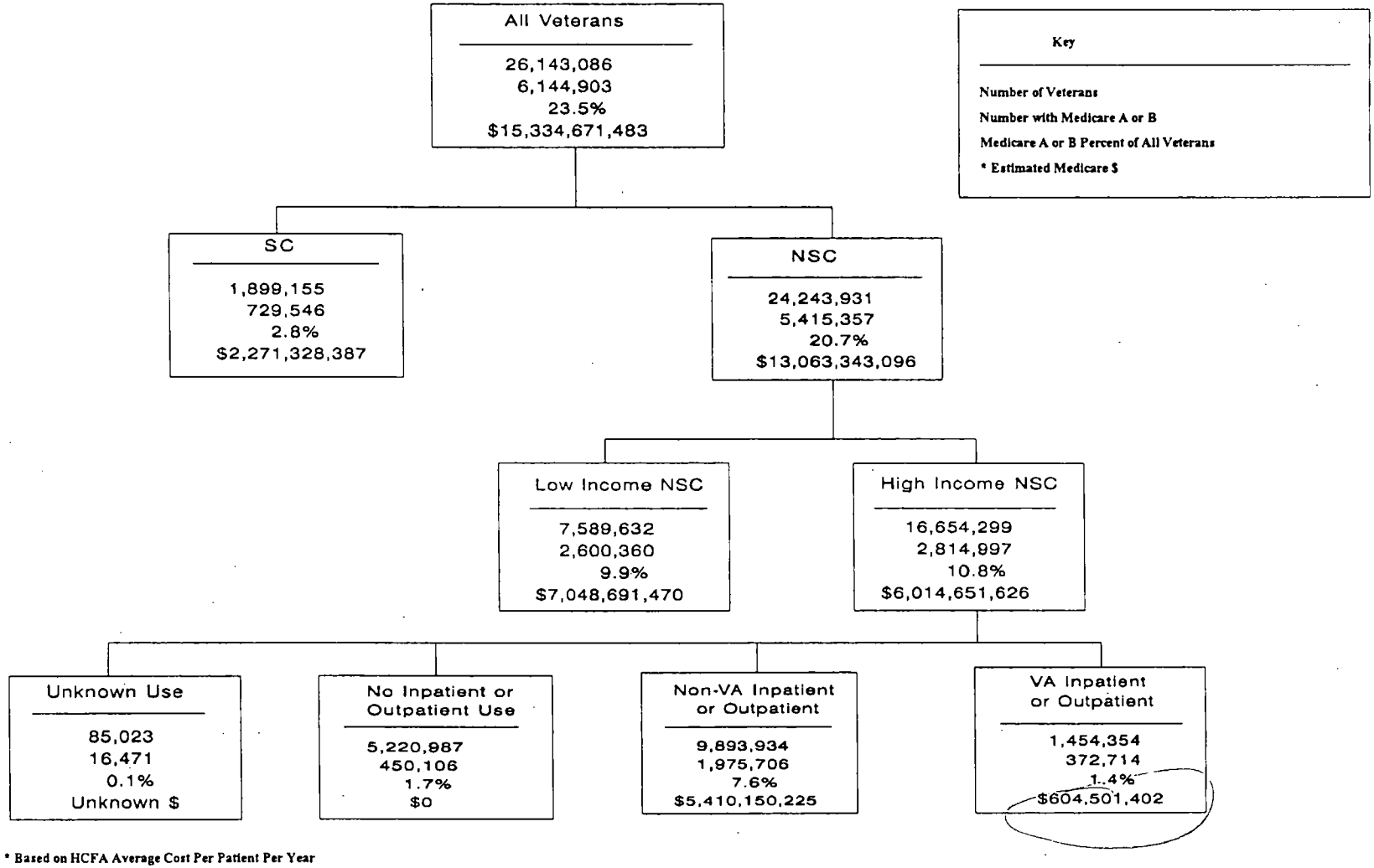
(b) Rationale: This position was negotiated through the White House Health Care Reform Task Force and was premised on the fact that care for these veterans is discretionary, is generally not reflected in current VHA workload, and is not accounted for in the medical care appropriation.

It should also be noted that at the time of Health Security Act discussions, all parties were aware of the relatively low numbers of these patients using VHA services. Further, the CBO cost estimate of the DVA portion of the Health Security Act assumed that all non-Category A veterans would leave the DVA system and, therefore, CBO expected no Medicare receipts for DVA. However, DVA has taken the position that we would, in fact, attract at least that number of these veterans who had previously used the system. DVA looked at the **1987** Survey of Veterans and estimated that at that time **372,714** non-Category A veteran users of VHA inpatient/outpatient care were Medicare eligible and that DVA might anticipate reimbursement of approximately **$604 million** for these veterans (based on HCFA average cost per patient per year in 1987). (See attachment.)

(c) Other: The veterans service organizations have raised the issue of pursuing Medicare reimbursement for any non-service connected care provided by DVA to Medicare-eligible veterans (including service-connected veterans). Most in DVA believe that this position would be unsuccessful with OMB and the Congress. why?

ATTACHMENT

Veterans' Medicare A or B Eligibility
Survey of Veterans, 1987



* Based on HCFA Average Cost Per Patient Per Year

DEPARTMENT OF DEFENSE/HCFA MANAGED CARE INITIATIVE

ISSUE:
The Department of Defense is currently undergoing an extensive base realignment and closure (BRAC II) which affects Medicare eligible military retirees:

- BRAC II includes the closure or downsize of military treatment facilities (MTFs)
- Military retirees are eligible for free medical care on a space available basis - MTF closure affects access
- At 65, Medicare becomes primary/ CHAMPUS eligibility ends

BACKGROUND:
The primary goal of the HCFA/DOD initiative is to inform military retirees about their option to enroll in Medicare contracting HMOs. Planning for Phase I began in April 1992 with the Philadelphia Naval Station. Subsequent sites have included Texas, Florida, Arizona, California, Indiana and Massachusetts. DOD estimates 166,000 retirees will receive the DOD/HCFA sponsored mailing on the HMO option. The approach included:

- Identifying military retirees who are Medicare eligible and reside near a base and/or MTF to be closed or downsized
- Coordinating the marketing efforts of HMOs
- Mailing a DOD/HCFA sponsored package to retirees

Learned from first phase:

- Concerns of military retirees
  - Cost of joining HMO; i.e., loss of free care
  - Benefit packages; e.g., pharmacy coverage
  - Retirees confused about the dates of base/MTF closing
- Innovative ways of reaching military retirees
  - Mailing of brochures with benefit comparison charts of all area contracting HMOs
  - Health fair with blood pressure/ cholesterol screens
  - Liaison with military retiree groups

CURRENT STATUS:
Phase I has been completed or is near completion at all BRAC II sites. Debriefings are being held with the HMOs, ROs and military personnel to evaluate results of the initiative.

NEXT STEPS:

- Continue to promote HMOs locally at BRAC II sites
- Plan for BRAC III closure sites (to be announced in Oct.)
- Work with DOD on its study of potential risk contracting for CHAMPUS, similar to the Medicare HMO program
- Seek ways to encourage military retirees to enroll in Medicare HMOs; e.g., increased benefit levels
- Pursue other areas where DOD and HCFA can take action; e.g., increase managed care in rural or underserved areas

CONTACT: OPHCOO, Tina Boesz (202) 619-0840

Review of Homelessness and Aging Issues

For

Interagency Veterans Policy Group Meeting

December 13, 1994

14

HOMELESS VETERANS

VA has requested to host the next meeting of the Interagency Council for the Homeless in January. The date and agenda for the meeting have not been finalized, but there will likely be discussion concerning the need to coordinate funding and improve the cooperation among the federal agencies which have programs dealing with homelessness.

-- DOL's Homeless Veterans Reintegration Project (HVRP) is attempting to improve the cooperation among various agencies to improve the continuum of care for homeless veterans.

-- The continuum of care concept has been at the core of much of the work of the Council. It is probably time to move the focus from the continuum of care issue to one of funding programs adequately. For example, consideration should be given to permit HUD to fund HVRP at DOL. One of the findings from the VA National Summit on Homelessness was that jobs and job training were top among the unmet needs in the long term recovery for homeless veterans who want to be independent.

-- VA and HUD continue to coordinate thorough local public housing agencies in a program that is continuing to grow. Under this program (HUD-VASH), section 8 housing certificates are provided to homeless veterans with mental illness, and VA provides ongoing case management through its social work service.

-- DOL encourages its grantees to participate in Stand Downs across the country. This is an excellent (no cost) way to improve service delivery.

-- VA and the Social Security Administration have a limited joint program that calls upon VA and SSA benefits counselors to provide homeless persons with benefit information and share relevant medical data when claims are filed. This reduces the need for duplicate medical exams.

-- HUD's legislative proposal for the 103rd Congress included a provision calling for veterans representation on HUD's local planning boards. These boards make decisions about spending money for each jurisdiction. HUD's legislative package did not pass, but HUD is expected to request passage in the 104th Congress. *(HUD has no current plan as far, as we know, to run a new grant competition. Without one, hundreds of millions of dollars for homeless programs may not be obligated this fiscal year)*

-- Section 1005 of PL 103-446 includes sense of Congress wording which says that VA should receive a share of federal funding for homeless programs more in line with the number of homeless veterans in the homeless population. It also encourages the Secretary of VA to take steps to assure that other federal programs refer homeless veterans to VA for benefits. We want to make certain that DOL, HUD and the IVPG know about this resolution.

WHITE HOUSE CONFERENCE ON AGING

The White House Conference on Aging will be held in Washington, from May 1-5, 1995. Of the 2,000 delegates to the conference, 40 have been designated as "veterans." None of these delegates is a "VA" delegate. They represent one for each of 40 VSOs. The only VA delegate so far is the Secretary.

-- To ensure that veterans are adequately represented, the Secretary has encouraged Governors and members of Congress to name veterans in their mix of delegates they are permitted to name to the conference.

-- The Secretary has also requested that he be permitted to name 20 additional delegates to ensure that the conference more accurately reflect the needs of the nation's aging population. VA has been the nation's leader in developing research and treatment for its aging consumers, and the nation has benefited from that work. The Secretary hopes to name not only VA's top experts on aging, but also

to bring in representatives from its leading GRECCs, nursing homes, as well as some caregivers and other health care professionals who work directly on the problems facing America's aging population. The Secretary is waiting for a response to his request for more delegates.

Current Status of Benefits under the Montgomery GI Bill

There are two educational assistance programs administered by VA that are known collectively as the Montgomery GI Bill. These are the Montgomery GI Bill - Active Duty generally available to those who initially entered on active duty after June 30, 1985, and the Montgomery GI Bill - Selected Reserve for those who qualify through a six-year commitment to the Selected Reserve.

Under the Montgomery GI Bill - Active Duty there are three broad groups of eligible veterans whose contributions and benefits differ.

One group of veterans consists of those whose initial active duty obligation was at least three years; those whose initial obligation was less than three years but who served at least three years; those who served two years followed by a four-year commitment to the Selected Reserve; and those who became eligible for the Montgomery GI Bill as a result of being involuntarily or voluntarily separated during various times in this decade as a result of the right sizing of our Armed Forces. These veterans have $1200 deducted from their military pay. They are entitled to $404.88 per month for full-time enrollments at an educational institution Some are also eligible for additional amounts known as kickers. These are payable at DOD discretion. Generally, they are eligible for 36 months of benefits, although some are eligible for fewer months depending on the length of their active duty.

The second group consists of those whose initial active duty obligation was less than three years and who also served less than three years with no four-year commitment to the Selected Reserve. These veterans also have $1200 deducted from their military pay. They are entitled to $328.97 per month for full-time enrollments at an educational institution. Some are also eligible for additional amounts known as kickers. These are payable at DOD discretion. Generally, they are eligible for 36 months of benefits, although some are eligible for fewer months depending on the length of their active duty.

The third group consists of those who formerly were eligible for the Vietnam Era GI Bill, and who meet certain service requirements after June 30, 1985. These veterans have nothing deducted from their military pay. A single veteran is entitled to $592.88 per month for full-time enrollment at an educational institution. Generally, these veterans are eligible for 36 months of benefits, although some are eligible for fewer months depending on the number of months of Vietnam Era GI Bill benefits they used before that bill expired.

Reservists eligible under the Montgomery GI Bill- Selected Reserve are entitled to $192.32 per month for full-time enrollments at an educational institution. They are elgible for 36 months of benefits. There are no deductions from their pay.

By statute every October 1 these rates are increased by the same percentage as the annual increase in the Consumer Price Index. Veterans and reservists enrolled other than full time or in other types of training than training at an educational institution (on-job training, correspondence courses, etc.) receive reduced benefits. The $1200 pay reduction is not refundable.

The Administration has made no proposals to expand or change these benefits.

Senator Dole is interested in a new GI Bill that would give better benefits than those available either under the Montgomery GI Bill or Americorps. In it the service member would contribute $100 per month unless the service member chooses not to contribute. Benefits would be as follows:

There would be a 12:1 match of the contribution by the government.

Child care will be paid while the veteran is attending school.

Health care insurance will be paid while attending school.

Accumulated funds could be used to pay off previous student loans.

Member contributions would be refundable if not used after 10 years.

THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

Facsimile Cover Sheet

To: Molly
Company:
Phone:
Fax: 456-7028

From: Robert L. Jones
Special Assistant to the Secretary
Company: Office of the Secretary
Phone: (202) 273-4845
Fax: (202) 273-4876

Date:
Pages including this cover page:

Comments:

Re: Yesterday's meeting on Veterans preference

Putting Veterans First

Bob Sowles 273-4876

April 24, 1995 FEDERAL TIMES • 9

DOD NEWS

Labs Try Pay Banding

Services Will Change RIF Rules, Appraisals

By Chet Bridger
Federal Times Staff Writer

The General Schedule will be thrown out and salaries of employees at military laboratories will be tied to performance, under a project at the Defense Department.

While some details need to be worked out for final approval by Pentagon officials, the Army, Navy and Air Force plan to institute pay banding in their laboratories as soon as next year.

About 25,000 employees in the Navy warfare centers could be covered by the new rules.

The Army has 7,800 employees who could be affected. And the proposal would cover about 5,300 civilians at the Air Force.

> 'You can progress essentially as high as you can go based on how you do.'
>
> **Personnel Official**

Each service is developing a different system, but the basic goal is to create more flexibility to recruit and keep top performers. Instead of being constrained by a grade and step path, employees could move more freely up the pay scale.

"You can progress essentially as high as you can go based on how you do," said Jan Lynch, who chairs a personnel panel for DoD's lab quality improvement program.

The demonstration projects will also change annual appraisals, incentive awards, training and who stays during a reduction in force. The plans of each service vary significantly in some areas.

Army

The Army would classify its laboratory employees into five career paths: scientists and engineers; technicians; administrative; clerical and support staff; and artisans — a few hundred Wage Grade employees.

Details are being developed in consultation with employee groups at Adelphi Laboratory Center, Md.; the Army Missile Command Research and Development Center, Ala.; the Army Medical Research and Materiel Command, Md., and the Army Corps of Engineers Waterways Experiment Station, Miss.

The basic framework under consideration would include five bands. Band one would roughly run through the current GS-5 pay. Band two would run through GS-12. Bands three and four would cover GS-13s through GS-15s, and band five would include a small percentage of employees who could be paid above the GS-15 scale.

Employees would be grouped into pay pools of about 50 each. About 3 percent of the annual payroll for each pool would be budgeted for merit pay raises.

Any governmentwide locality pay or annual raise would be separate from merit raises.

Different changes to the RIF retention system are being considered at the four laboratories. Two are considering changes that would place less emphasis on veterans preference.

Army officials hope to hold public hearings on their plan this summer and implement the new system as soon as January.

Navy

Navy officials are considering a system that would have three separate career paths for scientists and engineers, administration, and clerical and support staff. Each path would have five to six pay bands.

About 10 percent of the 25,000 people at warfare centers are Wage Grade workers. Navy officials have not decided if they would be included in pay banding.

The annual appraisal system will be changed. Under consideration is a system that would rate employees as "acceptable" or "nonacceptable."

Only minor changes to RIF retention are planned.

Navy officials hope to launch the system in 1

Air Force

The Air Force plan would move about 3,000 scientists and engineers to pay bands first. Other occupations could be added later.

Four bands would be created.

Converting the General Schedule system would place scientists and engineers at GS-7 to GS-11 at level one; GS-12s and GS-13s into level two, GS-14s at level three, and GS-15s at level four.

The contribution of each employee would be rated each year based on technical problem solving; communication and reporting; cooperation and supervision; research and development; corporate resource management, and technology transition and transfer.

Each employee would get a total score of 1.0 to 5.0 used to determine a merit raise. If an employee's contribution score is lower than the band he or she is under, any annual raise or locality pay raise could be denied.

The Air Force would change the RIF rules to emphasize performance as the top factor, followed by veterans preference and seniority.

Jeremy,

Per our conversation - note comments. The SBA, to my knowledge, has not responded to VSO letters on SA or legislative proposals. They should at least acknowledge the VSO's. The W.H Conf. on Small Business has done nothing except meet once with VSO's. The SBA Veteran shop has done all of the outreach. Suggest we not include the SMOCTA comment

B.S
3/28

Jennifer, Lynn, Steve

Reference the memo on the Interagency Policy Group meeting - March 2 at 10:00 am. is fine for me.

I believe it is extremely important that we have a draft report of action/results concerning the issues raised by the groups in October. The IAVPWG is being looked at by the veterans and the media as an accomplishment of the administration. We need to demonstrate progress.

Item 1. Short term issues

The Department of Labor Veterans Advisory Committee has met and is chaired by Mr. Drach of the Disabled American Veterans. The committee identified issues and began to task organize. Secretary Reich visited with the committee at its initial meeting.

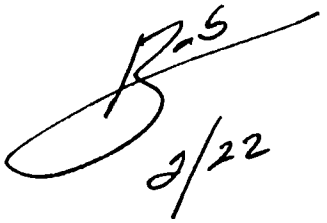
Item 4.

The VSO/Mil. Coalition meetings with OMB were favorably received and provided an excellent forum for the groups to express their budget concerns and for OMB to clarify the administrations position on budget decisions. The Military Coalition meeting held after the budget had been finalized did not prompt any changes in the Defense budget but clearly indicated that there continues to be concern for military family/retiree benefits such as access to quality health care and quality of life, impact of the draw down on readiness of active and reserve forces and HCFA reimbursement for medical care given to Medicare beneficiaries.

Item 4 Long term issues

There has been a series of interagency (VA,DOL,HUD) meetings to address the issue of how to better coordinate programs and services for the homeless veteran population. At the sub cabinet level over a dozen meetings have occurred, the last in December 1993. HUD and VA have a support housing program that provides 2000 veteran priority Section 8 housing vouchers through HUD and the VA provides case management. DOL has the homeless veteran Reintegration program and is working at the staff level to obtain additional program support (read dollars) from HUD. HUD believes essentially that to break the cycle of homelessness the individual needs housing. VA and DOL believe that the cycle is broken through training and employment. HUD believes that they do not have the authority to negotiate or to feed funds to DOL for their program. DOL (OASVETS) has not been able to gain internal support to advance the issue. Recommend that the White house Interagency Veterans Policy Group forward this issue to the Interagency Council for the

Homeless and recommend that it be an agenda item at their next meeting o/a march 15, 1995.



March 15, 1995

MEMORANDUM FOR INTERAGENCY VETERANS POLICY GROUP

FROM: Jennifer O'Connor
Special Assistant to the President
for Cabinet Affairs

Jeremy Benami
Chief of Staff
Domestic Policy Council

SUBJECT: Update

The President addressed the Veterans of Foreign Wars mid-winter conference on March 6 and restated his call for America to remain engaged in world affairs and his commitment to protect and strenghten veterans' benefits.

The Interagency Veterans Policy Group had its last meeting on December 15 during which agencies reported on outstanding issues and raised additional items for the Policy Group to address.

The attached document reflects the current status of these issues and the steps being taken to resolve those that remain open.

The next meeting of the Group will be on March from 10:00-11:00am in Room 180, Old Executive Office Building.

INTERAGENCY GROUP
WORKING AGENDA - MARCH, 1995

Short Term Issues

1. DOL Veterans Advisory Committee

The Department of Labor appointed its advisory committee, chaired by Mr. Drach of the Disabled American Veterans, which held its first meeting on December 15. Secretary Reich visited with the committee at its initial meeting.

2. White House Conference on Aging

The delegate allocation for the White House Conference on Aging will include a reasonable number of veterans and representatives of veterans organizations. Veterans' groups have been given an allocation of delegates; the White House will work with Conference staff to ensure that the Secretary of Veterans Affairs has an adequate number of delegates to appoint.

4. Budget

The President's 1996 budget calls for a $1.3 billion increase in veterans benefits, including an addition $1 billion for health care. This will enable VA to provide medical treatment to an additional 43,000 veterans, contruct two new hospitals and three nursing homes, and make a number of facility improvements.

The VSOs raised a number of issues related to the budget that are best discussed directly with the OMB Director or PAD. The VSOs have had several opportunities to meet with OMB. The Military Coalition met with OMB last month for an update on the FY 96 budget. The VSO/Military Coalition meetings with OMB were favorably received and provided an excellent forum for the groups to express their budget concerns and for OMB to clarify the Administration's position on budget decisions. The Military Coalition meeting held after the budget had been finalized, did not prompt any changes in the Defense budget, but clearly indicated that there continues to be concern for military family/retiree benefits such as access to quality health care and quality of life; impact of the draw-down on rediness of active and reserve forces; and reimbursement by HCFA for medical care given to Medicare beneficiaries.

5. White House Conference on Small Business

The ~~Conference~~ SBA has targeted press releases and mailings to veterans groups, encouraging their participation in meetings now through April, 1995 to help identify the needs and concerns of small business owners and managers. The Conference, scheduled for June 11-15, 1995, will propose a small business "action agenda" to the Clinton Administration and Congress to "ensure small business vitality into the 21st century." Veteran Advocates are soliciting appointments to the Conference as "Presidential Delegates." any response?

5. Homelessness

Homelessness among veterans continues to be a very large problem, and the federal response is housed in several agencies.

For example, a HUD/VA housing program provides 2,000 veterans priority Section 8 housing vouchers through HUD and case management through the VA. DOL has a Homeless Veteran Reintegration program that focuses on employment and training for homeless veterans.

There have been a series of interagency (VA, DOL, HUD) meetings to address the issue of how to better coordinate programs and services for the homeless veteran population. At the sub-cabinet level, over a dozen meetings have occurred, the last in December, 1994.

The IVPG will work with the Interagency Council for the Homeless to facilitate better coordination among the different agencies.

6. Veterans Preference

The Administration continues its dialogue with veterans groups to hear their concerns and recommendations. OPM met with the veterans groups to engage them in a discussion of how to update the veterans preference. The National Performance Review met with the groups as recently as late January.

7. Transition/Downsizing

The Coast Guard concerns about inclusion raised at the first meeting have been addressed through meetings with DOL and VA on the issue. The issue of DOD SMOCTA funding was raised as a concern.

8. SBA 8A Program

There is interest in greater access for both veterans and for the disabled to 8A preferences in contracting.

The SBA should meet with VA to discuss this issue. SBA is to prepare a proposal for presentation to the Interagency Group on ways to improve access to and understanding of the 8A program for persons with disabilities. The SBA should also bring to the group any proposals it may be considering concerning the creation of contracting provisions relating to veterans.

9. National Guard/Reserve Job Security

This was a significant issue which has involved several Departments over the past year. DOD has two proposals, a tax credit and insurance, that VA is reviewing.

Longer Term Issues

1. Health Care Reform

The status of the health care reform effort and specifically the impact it will have on veterans hospitals and veterans health care was of primary importance. The White House met with key veterans groups on December 14 and will continue to be available to the groups to hear their concerns and recommendations.

Other Health Issues

(a) Accepting Medicare at VA Hospitals The Administration continues to explore this issue. VA & HCFA are exploring a Pilot Program.

(b) Overlapping Research Agendas The groups asked whether there couldn't be better coordination of the HHS and VA medical research agendas. Agencies will report on the existing coordination and make this report available to the VSOs for their reaction and recommendations.

2. Disability Policy

The groups raised a number of issues relating to national disability policy. The groups were informed about the Administration's National Disability Policy Review, and several key groups, including the Paralyzed Veterans and the Disabled veterans have been included on the NDPR outreach list.

3. VA Backlog

The VA has been working to work to address the backlog problem. Processing times for adjudicating claims have improved, reducing the backlog from 575,000 claims at the end of December 1993 to 470,000 at the end of September 1994. Final performance goals for FY 1998 call for VA to attain a national average of 106 days to process an original disability compensation claim, 77 days for an original disability pension, 68 days for original dependency and indemnity compensation claims and 44 days for original death pension claims.

4. Persian Gulf Veterans

The Administration has taken aggressive action to be responsive and sensitive to veterans of the Persian Gulf suffering from unexplained illnesses.

The President ~~just announced he will~~ HAS establish a Presidential Advisory Committee to review and make recommendations aimed at finding the causes of this illness and improving the care available to Persian Gulf veterans.

10. Minority Veterans Employment Needs

A special DOL task force has been formed.

11. GI Bill

VA presented a status report of the Bill. No proposals are being considered to change benefits.

12. Agent Orange

Task force completed its report, which was presented and distributed at the last meeting. The report has been shared with the Congress and with veterans groups.

13. DoD/VA Program Coordination

There are a series of management issues on which the two agencies are working to improve coordination. The VA has been meeting with veterans groups on how to streamline services from active duty and presented a report on the status of current coordination efforts at the last meeting.

Issues to Monitor

A number of issues were raised on which the groups were assured that the Administration planned no change in policy. These issues will remain on the agenda of this group, however, because they have been of concern in the past. If there is any change in their status, agencies should bring this to the attention of the Interagency Group.

1. Taxation of Benefits

The groups were assured that the administration is not considering proposing taxation of veterans benefits.

2. VETS Program

There are no administration plans to change the structure or management of the VETS program, either by consolidation with ETA or movement to the VA.

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

13-Jan-1995 09:17pm

TO: Lynn M. Margherio

FROM: Jennifer M. O'Connor
Office of Cabinet Affairs

SUBJECT: Veterans Backlog

You might find this useful for the doc. you are drafting. Veterans Affairs sent it over today:

VA has improved the processing times for adjudicating claims which has resulted in reducing the backlog from 575,000 claims at the end of December 1993 to 470,000 at the end of September 1994. In late 1993, the Department approved recommendations to resolve claims processing problems in VA regional offices. The Veterans Benefits Administration is currently implementing those recommendations, which include the deployment of personal computers, local area computer networks, computer applications to support claims processing in VA's 58 regional offices, and the development of new business practices in the regional offices. VA has established final performance goals to be met by the end of fiscal year 1998. The goals call for a national average of 106 days to process an original disability compensation claim, 77 days for an original disability pension, 68 days for original dependency and indemnity compensation claim, and 44 days for original death pension claim.

NOTES FROM 12/15/94 Interagency Veterans Policy Group

Attendees:
DOD
SBA
ONDCP
State
DOL
HHS
OPM
NPR
VA
Natl Service
Treasury
HUD

Short Term Issues

1. WH Conf on Small Business - Leon Bechet reported that specific outreach to veterans is being conducted, and that targeted press releases and mailings have been done. He handed in materials to support his report.

Long Term Issues

1. Health Care Reform -- Veterans groups met with Carol Rasco on December 14. This responded to their concern that they have access to the top level policy makers early in the next round of health care discusssions. Their primary concern was total health care reform at the VA. No commitments were made.

2. Medicare/Medicaid Reimbursement to VA/DOD facilities. The issue is familiar to all parties. It was to be discussed at an upcoming meeting between VA and HHS. We need to follow up to ensure that discussions are pressed with VA, HHS, and DOD. OMB may need to get involved.

3. Overlapping Research Agendas -- The agencies disagree that this is a problem. They believe that they do coordinate. They agreed to provide a couple of pages on this topic jointly that could be shared with the VSOs who raised the issue to get their specific reaction and concerns.

4. Disability Review -- Primary concern was to have veterans groups included in the outreach surrounding the National Disability Policy Review. Several key groups including the Paralyzed Veterans and the Disabled veterans have been included on the NDPR outreach list.

5. VA Backlog -- The VA insists that it has a plan for addressing the backlog and that the VSOs have been very

involved in developing it and monitoring it.

6. Homeless Veterans -- VA promised to host a meeting with DOL, HUD, National Service and me on coordinating applications, funding, etc.

7. Veterans Preference -- NPR has sent out its proposals on civil service reform for comment. There was discussion about the mailing list of veterans groups used. NPR was to coordinate with Bob Jones to get an expanded list and to ensure that a wider distribution was made.

8. Transition Issues -- The Coast Guard concerns about inclusion raised at the first meeting have been addressed. They feel more included and have met with DOL and VA on the topic.

   -- The issue of DOD conversion $ (SMOCTA) being targeted for elimination was raised. Everyone seemed quite concerned that the funding was about to end for a successful program. We need to follow up with OMB on this.

NOTE: At this point, we discussed how each agency needs to bring to the table next time and on a regular basis bring to our attention any potential activity on the Hill that could have an impact on veterans.

9. SBA Eligibility for 8A Contracts -- Follow up: SBA and VA are to meet to discuss. Also SBA is to draft a proposal on how it will provide better information for disabled individuals on applying for 8A preference.

10. Job Security/Reserves/Guard -- DOD has two proposals - (1) a tax credit, (2) insurance - that VA is reviewing. We need to track closely.

11. Minority Vets Employment - Special DOL task force formed; need waiver from OMB to collect info(?).

12. GI Bill - Status report at Tab 10 of VA materials; no proposals currently on the table to change benefits; rumblings about a Dole proposal

13. Agent Orange -- Task Force wrapped up. Executive Summary passed out, has been shared on Hill and with groups. Mostly positive comments. Nothing further.

14. DOD/VA -- "Reinvention Partnership"; specifics are in the VA report. "Could be time for a meeting with the VSOs on just this issue."

To be added to the agenda:

- Track the WWII commemmorative activities.
- Korean War memorial
- Scheduling issues

The National Association of

State Directors of Veterans Affairs, Inc.

October 7, 1994

MEMORANDUM

TO: Robert L. Jones,
Office of Public Liaison and Veterans Affairs

FROM: Earl G. Peck, MGen., USAF(Ret.)
President, NASDVA

SUBJECT: White House Interagency Veterans Policy Group

As requested in your Memorandum of October 3, 1994, please find attached issues for the White House Interagency Veterans Policy Group meeting on Thursday, October 13, 1994.

Because of scheduling conflicts, I regret that I will be unable to join you in Washington for this important meeting; however, I have asked Mr. Joe Clelan, Deputy Adjutant General, Bureau of Veterans' Affairs of the Department of Military Affairs in Pennsylvania, to attend as my representative.

If I can be of further assistance, please call me at (813)893-2440.

EGP:cj/280-1

Washington Office
Dale Renaud
Deputy Assistant Secretary
for Intergovernmental Affairs
810 Vermont Avenue
Washington, D.C. 20420
(202) 273-5769/60

PRESIDENT'S OFFICE
DEPARTMENT OF VETERANS' AFFAIRS
P.O. BOX 31003
SAINT PETERSBURG, FLORIDA 33731-8903
(813) 893-2440

ISSUES FOR WHITE HOUSE
INTERAGENCY VETERANS POLICY GROUP

1. ISSUE:

The United States Department of Housing and Urban Development (HUD) is responsible under the McKinney Act for addressing the plight of homeless people. A large percentage of homeless people are veterans who are unable to secure adequate shelter.

DISCUSSION:

HUD is responsible to work with federal agencies, including the Department of Defense, to secure shelters for homeless people using surplus federal buildings. As a drawdown of the Department of Defense continues, several large military bases will be vacated resulting in surplus buildings with electricity, water, and insulation. HUD should work with the U.S. Department of Veterans Affairs (VA) in identifying homeless veterans and securing excess federal buildings for either temporary or permanent shelter.

RECOMMENDATION:

A Joint Task Force composed of representatives from the VA, HUD, and DOD should be established to coordinate efforts under the McKinney Act for the purpose of using excess federal buildings for homeless veterans.

2. ISSUE:

The VA should delay reorganization into Veterans Service Areas (VSA).

DISCUSSION:

The VA is planning reorganization of its health care structure into veteran service areas. Many of the proposed veterans service areas cross state lines. One of the significant problems that will occur is that under national and/or state health reform, states will be operating under diverse health systems, and if the VA in the state expects to be an active participant in the state health system, control by a veteran service area which may be located outside of the state will hamper VA participation in state health care reform. It would be wise to delay VA reorganization until national/state health care reform is enacted, and then plan reorganization consistent with the states' plans for health care.

RECOMMENDATION:

Representatives of the National Association of State Directors of Veterans Affairs meet with VA planners to determine which states will be pursuing state health care reform, and then determine how those reforms will affect the implementation of the establishment of veterans service areas.

RF:cj/278-1

3. ISSUE.

There should be more joint planning between the U.S. Department of Veterans Affairs (VA) and the states.

DISCUSSION.

The VA is the federal Agency created to enable veterans, their families and their survivors to obtain benefits and services to which they are entitled under law. However, securing veterans' benefits and services has become a prodigious and complex endeavor which has necessitated the need for all states to establish independent agencies operated at the expense of individual states, to aid veterans, and in turn, greatly assist the federal government in discharging critical responsibilities. Major changes are under way and more are contemplated in the delivery of health care and other veterans' benefits administered by the VA. The states both desire and deserve a strong voice in the formulation of federal policies affecting veterans and their families.

RECOMMENDATION.

That the VA solicit representation from the NASDVA, an association representing all U.S. veterans, for all advisory boards, commissions, panels or committees formed to consider, develop, or promulgate new directions in veterans affairs.

4. ISSUE.

There should be better coordination between the U.S. Department of Veterans Affairs (VA) and the states for nursing care beds.

DISCUSSION.

The VA provides state grants for construction of veterans' homes facilities as authorized by Title 38 U.S.C. 5031-5037 to assist the states to construct state facilities for furnishing nursing home care for veterans. It also provides long-term care/nursing home care directly to veterans and is currently converting hospital beds to long-term care beds and/or constructing additional long-term/nursing home care beds for veterans. There appears to be competition between the VA participation in state veterans' home programs and its direct provision of long-term care/nursing home care for veterans. This competition is in spite of the fact that state veterans' homes are considerably less expensive for the VA than is direct nursing home care by the VA.

RECOMMENDATION.

That a committee composed of VA and National Association of State Directors of Veterans Affairs (NASDVA) representatives be established to review all contemplated additions of long-term/nursing home care beds by the VA.

5. ISSUE:

THE DEPARTMENT OF DEFENSE SHOULD PROVIDE COMPREHENSIVE PHYSICAL EXAMINATIONS TO SEPARATING MILITARY PERSONNEL THAT SATISFY U.S. DEPARTMENT OF VETERANS AFFAIRS (VA) CRITERIA.

DISCUSSION:

UPON DISCHARGE FROM MILITARY SERVICE, THE MEDICAL EXAMINATIONS OFFERED BY THE MILITARY DEPARTMENTS ARE OFTEN DESCRIBED AS ROUTINE OR SUPERFICIAL. HOWEVER, ON THE OTHER HAND, THE VA CURRENTLY PROVIDES COMPREHENSIVE AND THOROUGH EXAMINATIONS TO FORMER MILITARY PERSONNEL WHO INITIATE DISABILITY CLAIMS THROUGH THE VA BASED ON INJURIES OR DISEASES SUSTAINED DURING THEIR MILITARY SERVICE. CONSEQUENTLY, MANY FORMER MILITARY SERVICE MEMBERS WHO INITIATE DISABILITY CLAIMS BASED ON MILITARY SERVICE FIND THEMSELVES IN DIRECT CONFLICT WITH VA OFFICIALS. FOR EXAMPLE, SINCE THE MILITARY DISCHARGE MEDICAL EXAMINATIONS ADMINISTERED BY EACH MILITARY SERVICE ARE GENERALLY SUPERFICIAL AND DIFFICULT TO INTERPRET, THE RESIDUALS (HENCE), THE DISABILITY) OF MANY VETERANS' INJURIES OR DISEASES ARE "NOT SHOWN ON EXAMINATION BY THE VA". THEREFORE, THE CURRENT MEDICAL EXAMINATION PROGRAM BY VARIOUS MILITARY SERVICE DEPARTMENTS IS NOT SUFFICIENTLY COMPREHENIVE TO PROVIDE SEPARATING MILITARY PERSONNEL WITH THE EVIDENTIARY DOCUMENTATION REQUIRED TO SUPPORT CLAIMS FOR DISABILITIES SUSTAINED DURING MILITARY SERVICE.

RECOMMENDATION:

THE DEPARTMENT OF DEFENSE (DOD) SHOULD DEVELOP A COMPREHENSIVE PHYSICAL EXAMINATION PROGRAM FOR SEPARATING MILITARY PERSONNEL THAT SATISFIES CRITERIA ESTABLISHED BY THE VA.

6. ISSUE:

THE HEALTH CARE FINANCING ADMINISTRATION (HCFA) HAS ISSUED A TRANSMITTAL NOTICE MCD-44-94, STATING AID AND ATTENDANCE GRANTED BY THE U.S. DEPARTMENT OF VETERANS AFFAIRS (VA) FOR VETERANS IN STATE NURSING HOMES CANNOT BE CONSIDERED INCOME FOR THE PURPOSES OF RESIDENT'S CO-PAYMENTS.

DISCUSSION:

HCFA'S POSITION IS IN DIRECT CONFLICT WITH THE VA'S WRITTEN POLICY. HCFA'S TRANSMITTAL NOTICE ADVISES MEDICAID OFFICES THAT VA AID AND ATTENDANCE CANNOT BE COLLECTED BY A THIRD PARTY SOURCE (NURSING HOME). THIS POLICY IS CONTRARY TO THE PROVISIONS OF 38 U.S.C. 5503(F)(1)(B) WHICH STATES THAT HCFA'S POLICY DOES NOT APPLY TO A STATE-OWNED VETERANS NURSING HOME WHICH IS A CERTIFIED MEDICAID FACILITY. IF HCFA'S POSITION IN THIS MATTER IS NOT REVERSED, IT WILL HAVE A DEVASTATING IMPACT UPON THOSE STATES WHICH OPERATE STATE VETERANS NURSING HOMES CONSTRUCTED AS A PART OF A GRANT PROGRAM ADMINISTERED BY THE VA UNDER 38 U.S.C. 5001. LEFT UNCHALLENGED, IT PRESENTS A MAJOR OBSTACLE FOR THOSE STATES WHO MAY BE CONSIDERING CONSTRUCTION OF ADDITIONAL STATE VETERAN NURSING HOMES. TAKING AWAY A STATE'S ABILITY TO MAXIMIZE REVENUES STREAMS REQUIRED TO OFFSET OPERATING COSTS OF A HOME SERIOUSLY DEGRADES ITS ABILITY TO PARTICIPATE IN THIS PROGRAM.

RECOMMENDATION

THE HCFA AND THE VA JOINTLY ISSUE RULES WHICH CLARIFY MEDICAID ELIGIBILITY AND INCOME RULE FOR THOSE VETERANS RESIDING IN STATE NURSING HOMES. SOLICIT INPUT FROM THOSE STATE DIRECTORS' OF VETERANS AFFAIRS WHO ARE OPERATING STATE-OWNED VETERANS NURSING HOMES WHICH ARE CERTIFIED AS MEDICAID FACILITIES.