

September 26, 2012

VETERANS SERVICE ORGANIZATIONS POLICY

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes VHA policy concerning VHA's interface with the Veterans Service Organizations (VSO). **AUTHORITY:** *Title 38 United States Code 7301(b).*

2. BACKGROUND

a. VSOs are the primary non-government advocate for Veterans. The Federal Government, and specifically VHA, interacts with VSOs on issues concerning Veterans as a whole or on other relevant issues. VHA must pay close attention to the concerns and observations submitted by VSOs in order to improve Veteran satisfaction. Additionally, it is essential that VHA work closely with VSOs to identify the health care and benefit needs of their memberships.

b. VSO survey teams provide their organization with information on patient care at specific Department of Veterans Affairs (VA) facilities (see Attachment A).

c. VSO representatives are occasionally asked to participate in the activities of VHA task forces and work groups, but their roles must be limited to those of consultants to the group. By law, non-VA employees cannot develop VA policy. This limitation on VSO participation does not apply to VA advisory committees established pursuant to the Federal Advisory Committee Act, Title 5 United States Code Appendix, sections 1 through 16, and title 41 Code of Federal Regulations 102.3.5 through 102-3.185.

d. The resolution process for responding to VSO Resolutions can be found in Attachment B.

3. POLICY: It is VHA policy that the Under Secretary for Health maintains an “open communication” policy, to encourage open communication, feedback, and discussion with each VSO and responds to all reasonable requests for information.

4. ACTION

a. **Under Secretary for Health (10).** The Under Secretary for Health is responsible for ensuring all VHA program offices alert the Director, Voluntary Service Office, on all VHA issues and programs that impact VSOs.

b. **Director, Voluntary Service Office (10B2A), VA Central Office.** The Director, Voluntary Service Office (10B2A), administratively under the Office of Communications (10B2), VA Central Office, is the principal advisor to the Under Secretary for Health through for coordinating and monitoring interactions between VHA and VSOs; and, when appropriate, is responsible for providing information on issues and initiatives so VSOs may provide their membership a factual picture of the issues. This office must notify the VA VSO Liaison of all VSO-related questions and matters of national interest.

THIS VHA DIRECTIVE EXPIRES SEPTEMBER 30, 2017

VHA DIRECTIVE 2012-027

September 26, 2012

c. **Veterans Integrated Service Networks (VISN) Directors.** VISN Directors are responsible for ensuring all facility Directors are informed of the necessity of cooperating with VSO survey teams. Informing Facility Directors includes:

(1) Informing the Director, Voluntary Service Office, on all VHA-sponsored meetings and discussions that include the VSOs;

(2) Providing the Director, Voluntary Service Office, with approved VHA information for release that could be of interest to the VSOs;

(3) Reporting all significant VSO contacts to the Director, Voluntary Service Office, through normal VHA channels; and

(4) Providing the Director, Voluntary Service Office, with a copy of all controlled correspondence to VSOs (see Attachment A).

d. **Facility Directors.** VHA Facility Directors must cooperate with and provide appropriate support to VSO survey teams.

5. FOLLOW-UP RESPONSIBILITY: The Director, Voluntary Service Office (10B2A), is responsible for the contents of this Directive. Questions may be directed to 202-461-7300.

6. RESCISSIONS: VHA Directive 2007-014 is rescinded. This VHA Directive expires September 30, 2017.

Robert A. Petzel, M.D.
Under Secretary for Health

Attachment

DISTRIBUTION: E-mailed to the VHA Publications Distribution List 9/28/2012

ATTACHMENT A

**GUIDELINES FOR RESPONDING TO SITE SURVEY REPORTS
OF THE VETERANS SERVICE ORGANIZATIONS**

1. Veterans Integrated Service Networks (VISN) or facilities are to review incoming correspondence from VSOs regarding site survey reports and to immediately determine whether there are matters of special concern or interest that require referral to the Department of Veterans Affairs (VA) Central Office. If input from VA Central Office is required to respond to an issue raised in a report, VISNs are to contact the appropriate VA Central Office organization or program office and obtain the necessary input for incorporation in the proposed response.
2. Issues raised must be responded to in writing in a manner that provides a complete, detailed, timely, accurate assessment of the situation, and the actions taken to resolve the concerns. Generic phrases, such as "will be considered within existing resources," are to be avoided. VISNs must obtain concurrences in the response from the Deputy Under Secretary for Health for Operations and Management (10N); the Director, Voluntary Service Office; and other Veterans Health Administration program offices as necessary before the review and signature by the Secretary of Veterans Affairs, or the Under Secretary for Health, as appropriate.
3. In some instances, a Veterans Service Organization (VSO) sends a questionnaire to the facility to be completed and sent back to the organization prior to the site visit. (10N) is provided the opportunity to approve the questionnaire prior to sending to the facility and provides guidance to facility leadership on how to respond.
4. The Director, Voluntary Service Office, maintains relations with the VSOs, and serves as the Under Secretary for Health's principal staff contact point with the VSOs.
5. Voluntary Service Office (10B2A), VA Central Office, must notify the VA VSO Liaison of all VSO-related questions and matters of national interest.

ATTACHMENT B

**VETERANS SERVICE ORGANIZATIONS RESOLUTION
RESPONSE PROCESSING**

1. Veterans Service Organizations (VSO) submit a Resolution to the Department of Veterans Affairs (VA).

(008A)

2. The Office of the Deputy Assistant Secretary for Policy (008A) has the agency lead.

3. (008A) makes an assignment to the Veterans Health Administration (VHA) Office of Executive Correspondence (10B1) in the Department of Veterans Affairs, Electronic Document Management System to provide input and/or responses on (VHA) issues.

4. A Resolution involving legislative initiatives is typically routed through General Counsel and does not require a VHA response. If the Resolution has been responded to in the past, (008A) provides a copy of the previous Resolution response to (10B1).

(10B1) REVIEWER

5. The (10B1) Reviewer (assigned to handle 008A packages for VHA) verifies special instructions or requirements with (008A) and then makes an assignment to Voluntary Service Office (10B2A) in the Department of Veterans Affairs, Electronic Document Management System to prepare the final response to each Resolution. *NOTE: See Att. C for a sample of the correct format of a VSO Resolution and response.*

6. (10B1) must keep (008A) informed of additional involvement required from offices outside of VHA. For example, if a Resolution is determined to be outside of VHA jurisdiction or requires collaboration with another office outside of VHA, (10B1) promptly notifies (008A), who makes the appropriate reassignment or tracks the additional input, as needed.

(10B2A)

7. (10B2A) prepares a cover memo for the Under Secretary for Health's (10) signature addressed to (008A), transmitting VHA responses to VSO Resolutions and adhering to the guidelines provided by (008A) and the (10B1) reviewer.

a. (10B2A) makes an assignment in the Department of Veterans Affairs, Electronic Document Management System to the applicable VHA offices to provide input.

b. Special instructions are to be clearly communicated to VHA offices at the time the assignments are made. For example, the Resolution is to precede the response in each instance and be attached as a word document in the Department of Veterans Affairs, Electronic Document Management System.

VHA DIRECTIVE 2012-027

September 26, 2012

c. As standard procedure, the title and number of each Resolution need to be typed in BOLD print and *the Resolution in italics*—with the response, in a 12-pitch Arial font, inserted below the italicized resolution.

d. (10B2A) monitors the Department of Veterans Affairs, Electronic Document Management System assignments and all VHA activity, following up if necessary, to ensure timely, complete, and properly-formatted responses within VHA.

e. (10B2A) collects and organizes the responses to include as hardcopy attachments to the cover memo.

f. (10B2A) compiles the final package for (10) signature.

g. (10B2A) assigns the final package to (10B1) using the Department of Veterans Affairs, Electronic Document Management System for review and submits the hardcopy folder to (10B1).

(10B1) REVIEWER

8. The (10B1) Reviewer reviews the VHA response package.

9. The finished product is taken to mail call, signed by (10), and forwarded through the Department of Veterans Affairs, Electronic Document Management System to (008A). The hardcopy folder with VHA's response to (008A) is returned to (10B2A) where it is held in a pending file.

(008A)

10. (008A) compiles the agency response to all of the VSO Resolutions.

11. Once (008A) produces a consolidated response to the VSO Resolutions, (008A) makes an assignment in the Department of Veterans Affairs, Electronic Document Management System to (10B1) for VHA concurrence on the final agency response.

12. (008A) advises (10B1) if there are changes and what changes have been made to the initial VHA submission.

a. If (008A) has made no changes to VHA's initial submission, no additional internal VHA concurrences are needed from program offices. Final concurrence from (10) may still be required; however, (008A) makes that determination.

b. If (008A) has made changes to VHA's initial submission, new concurrences are required from the affected VHA program offices before (10) final concurrence.

(10B1) REVIEWER

13. (10B1) Reviewer makes an assignment to (10B2A) to finalize the package for (10) concurrence.

(10B2A)

14. (10B2A) is responsible for reviewing both the initial VHA submission and the final versions prepared by (008A) of VHA's Resolution responses.

15. If there are no changes to VHA's initial submission, (10B2A) prepares the hardcopy package for final (10) concurrence. Both hardcopy versions of the Resolution responses are provided to the (10B1) Reviewer, with an assignment for (10) concurrence.

16. If there are changes to VHA's initial submission, (10B2A) makes assignments to the appropriate VHA program offices for review and concurrence.

17. (10B2A) monitors all of the necessary internal VHA concurrences and prepares the hardcopy package for final (10) concurrence.

18. Both hardcopy versions of the Resolution responses are provided to the (10B1) Reviewer, along with all of the additional VHA concurrences and review comments from the affected VHA program offices.

19. (10B2A) makes an assignment in the Department of Veterans Affairs, Electronic Document Management System to (10B1) for (10)'s concurrence.

(10B1) REVIEWER

20. The (10B1) Reviewer ensures the full package is presented at mail call for (10) concurrence.

21. The (10B1) Reviewer and (10B2A) work together to resolve any pending issues that may develop as a result of (10) review at mail call.

22. (10B1) sends VHA's concurrence to (008) through the Department of Veterans Affairs, Electronic Document Management System and closes VHA assignments. The hardcopy folders are returned to (10B2A).

ATTACHMENT C

SAMPLE VETERANS SERVICE ORGANIZATION
RESOLUTION AND RESPONSE

Resolutions Adopted by the Veterans of Foreign Wars of the United States (VFW) 107th
National Convention held in Reno, Nevada, August 28-31, 2006.

RESOLUTION # 604

**OPPOSE DEPARTMENT OF VETERANS AFFAIRS (VA) PHARMACEUTICAL
CO-PAYMENT INCREASES**

BE IT RESOLVED, by the VFW, that we oppose increases in the VA pharmaceutical co-payment.

VA Comments: VA periodically reviews its co-payment policy in the context of health policy and Department budgetary objectives. In 1990, Congress enacted Title 38 United States Code (U.S.C.) § 1722A requiring Veterans to pay a \$2 co-payment for each 30-day, or less, supply of medication furnished on an outpatient basis. In 1999, Congress amended 38 U.S.C. § 1722A authorizing VA to increase the co-payment rate and to establish maximum annual co-payment amounts.

In February 2002, VA issued a regulation increasing the medication co-payment rate to \$7. The regulation also established an annual cap on co-payments of \$840 for all Veterans in enrollment Priority Groups 2 through 6. The regulation established a formula for changing the co-payment amount in accordance with changes in the medical consumer price index. When there is an increase in the co-payment amount, there is also an increase in the annual cap on co-payments.

For each Calendar Year (CY) since 2002, the application of the formula has resulted in the medication co-payment remaining at \$7. However, in CY 2006, the formula application resulted in a medication co-payment amount of \$8 and a corresponding “cap” increase of \$120 per year for Veterans in VA’s Priority Groups Two through Six.

VA will ensure the VFW resolution opposing increases in prescription co-payments is considered as part of any internal analysis of its prescription co-payment policies and practices.