



THE SECRETARY OF VETERANS AFFAIRS

WASHINGTON

May 28, 2008

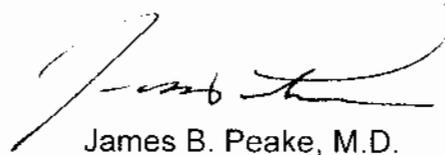
Dr. Griffin T. Dalianis  
Chairman  
Veterans' Advisory Committee  
on Rehabilitation  
90 Walden Pond Drive  
Nashua, NH 03064

Dear Mr. Chairman:

Thank you for sending the 2008 report of the Veterans' Advisory Committee on Rehabilitation. Our responses to the Committee's recommendations are enclosed.

Please express my sincere appreciation to the members of the Committee for their contributions and continued commitment to helping VA serve the rehabilitation needs of veterans with disabilities.

Sincerely yours,

A handwritten signature in black ink, appearing to read "James B. Peake", is written over a horizontal line. The signature is fluid and cursive.

James B. Peake, M.D.

Enclosure

**Responses to the Recommendations of the  
Veterans' Advisory Committee on Rehabilitation  
April 2008**

**1. Improved Services to Families:**

VACOR Committee members toured and met with staff at polytrauma centers in California, Florida, Minnesota and Virginia in 2007. Meetings with soldiers and families during those visits indicated a need to expand services to family members, including support groups and counseling.

Recommendation:

VACOR supports mental health counseling and social work services for family members who are staying with wounded warriors at VHA hospitals. While family members do not currently receive this type of coverage, the Secretary of Veterans Affairs is requested to investigate expansion of services to this population. The committee requests a report at the next VACOR meeting on progress in this area.

VA Response:

The Department of Veterans Affairs (VA) is very concerned about the impact of servicemembers' injuries on their families. A number of health care and related services for family members of veterans and servicemembers are currently available, and other initiatives are planned. VA provides home visits to assess the home environment and to identify the need for home equipment or modifications, home health services to assist with daily care, certain household services, respite services to allow family members to leave home for short periods of time, adult day care, patient education about the veteran's illness or disability, family education for mental health diagnoses, referrals to community agencies for additional services, bereavement counseling for families of veterans under treatment at a VA facility at the time of their deaths, caregiver and family support groups, and family counseling with the veteran.

VA does not have the legislative authority to provide health care or mental health service to family members of veterans receiving services in the VA health care system unless the veteran is rated 100 percent disabled.

The National Defense Authorization Act of 2008 authorized VA to provide medical care for eligible family members when a recovering servicemember is receiving hospital care and medical service at a VA medical facility if the care is readily available (space availability) at that facility. VA is developing regulations to implement this legislation.

VA will provide an update on this initiative at future meetings.

## **2. Recommendations on Research:**

VACOR Committee members were impressed by the excellent services offered to wounded warriors at the Polytrauma Centers visited in 2007. Innovative medical and counseling practices have been implemented and are improving discharge outcomes. Updates will be provided at VACOR's next meeting.

### Recommendation:

VACOR supports the development of Centers of Excellence with a research model next to clinical care model at Polytrauma Centers. In order to expedite information to medical centers serving TBI and PTSD populations, a streamlined Internal Review Board (IRB) Research Protocol is recommended. These proposed centers would support research dissemination. VACOR requests regular progress reports on this initiative at future meetings.

### VA response:

Since traumatic brain injury has emerged as a leading injury among servicemembers participating in military operations in Afghanistan and Iraq, VA's Office of Research and Development adapted its existing neuroscience, trauma and rehabilitative portfolios because of the need to treat more polytrauma patients. Current research includes pathogenesis of injury, epidemiology (incidence and prevalence), cognitive and behavioral consequences, post-traumatic stress disorders (PTSD), and the best means of treatment.

VA's Polytrauma and Blast-related Injuries Center in Minneapolis has one of the VA's four polytrauma rehabilitation centers. Research conducted at this facility is aimed at learning more about how to treat polytrauma injuries. One of the priorities of the Mental Health Research Center in Little Rock, Arkansas, is PTSD care. VA's Institutional Review Board oversees the scientific review of multi-site research and ensures efficiency and timeliness in the review process.

VA will provide an update on this initiative at future meetings.

## **3. Recommendations on Veteran Benefits:**

Wounded warriors and families report that TRICARE medical services do not cover a range of medical services that would enhance rehabilitation outcomes in the areas of TBI and PTSD. One example is cognitive therapy which is not covered by TRICARE.

### Recommendation:

VACOR supports expanded medical coverage under TRICARE as well as increased payments for medical services, which can enhance medical and vocational outcomes. VACOR requests regular progress reports on this initiative at future meetings.

#### VA Response:

VA is carefully examining the needs of wounded servicemembers transitioning from active duty to civilian life. These individuals are also transitioning from the TRICARE health care program (for active duty servicemembers, National Guard and Reserve members) to VA's health care system. While VA identifies services that would benefit servicemembers, TRICARE is not able to cover some procedures or services. VA regulations allow the Vocational Rehabilitation and Employment Service (VR&E) to authorize the Veterans Health Administration to provide medical care or other treatment services determined to be necessary for vocational rehabilitation. VR&E recently issued guidance to field staff on the use of extended evaluation plans to provide VR&E services to seriously injured servicemembers. Under this guidance, VA provides independent living services to servicemembers as part of an extended evaluation plan, which could include cognitive therapy if needed for vocational rehabilitation. VA will continue looking at ways to assess and meet the needs of servicemembers with disabilities as they transition to civilian life.

VA will provide an update on this initiative at future meetings.

#### **4. Recommendations on Early Return to Employment:**

Vocational rehabilitation and employment services have been demonstrated to assist wounded warriors in their efforts to return to meaningful employment in both the military and the community. The Tampa Polytrauma Center serves as an example of promising practice of service integration with vocational rehabilitation counseling.

#### Recommendation:

VACOR recommends integrating employment outcomes in all medical and rehabilitation programs. In addition, it is recommended that in all medical centers, the vocational rehabilitation counselor serve on the medical team and participate in discharge planning. VACOR requests regular progress reports on this initiative at future meetings.

#### VA Response:

Independent living services and goals are integrated into discharge planning whenever possible, especially for those veterans with the most severe disabilities, including polytrauma patients. VA encourages participation in VR&E programs for all veterans with serious injuries or disabilities. VA will consider including employment or independent living outcomes as a part of medical and rehabilitation programs. VA will provide an update on this initiative at future meetings.

Vocational rehabilitation counselors are assigned to each of four polytrauma rehabilitation centers. These counselors participate in the polytrauma unit's staff meetings, in treatment team meetings and in discharge planning. Social workers assigned as case managers typically coordinate meetings with vocational counselors and the patients and their families to assist them in applying for services to meet their vocational or independent living needs.

VA began a pilot program in Fall 2007 to expand compensated work therapy programs to include polytrauma patients. Previously these programs were limited to veterans with mental health diagnoses. Results of the pilot program will be reported to the committee at future meetings.

### **5. Seamless Transition:**

The wounded warrior and their families face a multitude of life challenges as noted in previous recommendations. Among these are resources, choices, benefits planning, vocational planning, and independent living planning. One example of promising practice is the "Safe Harbors Program" at Miami VA Polytrauma Center.

#### Recommendation:

VACOR recommends continued enhancement of case management and resource development for veterans and their families. This would include a closer partnership with DOD, community and related VHA services. VACOR requests regular progress reports on this initiative at future meetings.

#### VA Response:

The care of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) servicemembers and veterans is a top priority for VA. VA and DoD work together to coordinate services for servicemembers throughout the transition process. VA and DoD signed a memorandum of understanding in October 2007 for the joint oversight of the Federal Recovery Coordination Program, which provides severely wounded, ill, and injured servicemembers, families, and veterans with an integrated patient-centered approach to care management and access to services. Servicemembers have an individualized recovery plan that describes the objectives and resources needed to assist them in achieving their life goals through recovery and rehabilitation. VA will conduct ongoing analyses of this program to enhance services as we learn more about the needs of this special group of veterans.

VA established procedures in May 2007 for the transition of care, services, and case management of OIF/OEF veterans. VA is using an integrated team approach to assist veterans with accessing benefits and services. The team includes clinical case managers, veterans service representatives, and a transition patient advocate, who serves as a liaison between the medical center

and the regional office. VA employees assisting with transition activities are thoroughly trained in how to address the needs of these veterans.

VA will provide an update on this initiative at future meetings.