

Recommendations

Federal agencies agreed to partner to improve the timeliness, ease of application, and delivery of services and benefits to those who earned them. The 25 recommendations in this report represent a broad range of opportunities for Task Force member agencies over the next several months. Of the 25 recommendations, 18 represent collaborative efforts among Federal entities.

A review of the recommendations indicates the impacts anticipated from planned actions. Recommended actions will improve quality of care, specifically enhanced coordination and handoffs, as well as identification, diagnosis and treatment of traumatic brain injury and exposure to substances, and increased access to dental care. Opportunities will be provided for improved transition services including health care and liaison services, independent living and small business loans, and information regarding education, career training and transition, employment rights and opportunities, financial aid, and housing availability. Recommendations also offer faster, more timely completion of claims for adapted housing, access to health care records, and determination of eligibility for VA health care.

The Task Force identified 15 process and 10 outreach recommendations. Processes such as interagency disability determination, electronic health care record sharing, health screenings, health benefits enrollment, care management, coordination of transfers, and assuring continuity of care all stand to be improved.

As an example, one topic from the Task Force analysis pertained to evaluating an injured or ill GWOT servicemember's military readiness in a consistent manner across all military branches in conjunction with the VA disability compensation process. DoD and VA agreed to develop a joint process of assigning disability ratings used to determine fitness for military retention, level of disability for retirement, and VA disability compensation.

Another issue emerging from the analysis was for Federal entities to collaborate and to co-manage the delivery of services and benefits to injured GWOT military personnel and disabled veterans. Currently, there are no formal interagency agreements between DoD and VA to transfer case management responsibilities across the military services and VA. A Task Force recommendation calls for VA and DoD to develop a system of co-management and case management that promotes continuity of care.

Outreach improvements focus on two areas, the primary beneficiaries or returning servicemembers and their families and secondary beneficiaries, the agencies, industry, community services and health care, and the general public. Primary outreach efforts will fill gaps in employment and career search and transition services including veteran owned businesses, as well as education, vocational rehabilitation, assistance services, financial aid, housing locator, and access to transitional health care services.

Throughout each section of the report, process recommendations are indicated with a capital P while outreach recommendations are indicated with a capital O. Each recommendation is formatted to provide the number of the recommendation and identifying short title, the lead and participating agencies, a brief discussion including a statement of the gap between services offered and the perceived needs, and an implementation plan with a completion target date.

The following recommendations are actions Federal agencies can undertake within existing executive authority and resource levels:

- P-1 Develop a Joint Process for Disability Determinations
- P-2 Develop a System of Co-Management and Case Management
- P-3 Enhance VA Computerized Patient Record System
- P-4 Improve VA Access to Health Records of Servicemembers Treated in VA Health Care Facilities.
- P-5 Improve the Electronic Enrollment Process
- P-6 Use DoD Military Service Information as Part of VA's Enrollment Process
- P-7 Create an Embedded Fragment Surveillance Center and Registry
- P-8 Develop Memorandum of Understanding and Agreement for VA Liaisons at Military Treatment Facilities
- P-9 Screen All Veterans of the Global War on Terrorism for TBI
- P-10 Enhance Capacity to Provide Dental Care

- P-11 Extend Vocational Rehabilitation Evaluation Determination Time Limit
- P-12 Expedite Adapted Housing and Special Home Adaptation Grants Claims
- P-13 Participate in Post-Deployment Health Reassessments
- P-14 Expand Eligibility of PatriotExpress Loan
- P-15 Improve IT interoperability Between VA and HHS Indian Health Service
- O-1 Increase Attendance at TAP/DTAP Sessions
- O-2 Provide Department of Education Educational Assistance Information
- O-3 Integrate the “Hire Vets First” Campaign Into Career Fairs
- O-4 Improve Civilian Workforce Credentialing and Certification
- O-5 Train Active Duty, Guard, and Reserve on Uniformed Services Employment and Reemployment Rights Act
- O-6 Develop Financial Aid Education Module
- O-7 Develop a Wounded Veterans Intern Program
- O-8 Expand Access to the National Housing Locator
- O-9 Provide Outreach and Education to Community Health Centers
- O-10 Expand OPM Outreach Efforts

Recommendation P-1: Develop a Joint Process for Disability Determinations

Agencies Responsible for Action: Defense and Veterans Affairs

Lead Agency: Defense

Recommendation: VA and DoD develop a joint process for disability determinations

Background: The Disability Evaluation System (DES) is the mechanism for implementing retirement or separation due to physical disability. There are four elements of DES: physical evaluation, medical evaluation, counseling, and final disposition. The DES physical evaluation has two major components: the Medical Evaluation Board (MEB) and the Physical Evaluation Board (PEB).

VA's Schedule for Rating Disabilities (VASRD) is codified in statute and serves as a guide for the evaluation of disabilities resulting from diseases or injuries incident to military service. There are evaluation criteria for each condition listed, with disability levels ranging between zero and 100 percent, generally at 10 percent increments, as appropriate to the severity of the condition. The disability rating level is linked to a monetary amount determined by Congress.

In a December 1988 report, the then General Accounting Office said there had been no comprehensive review of the VA rating schedule since 1945, that the rating schedule contained outdated terminology and ambiguous classifications, and had not incorporated recent medical advances. The report recommended that VA thoroughly review the schedule and establish a process for an ongoing evaluation and update. VA agreed to do so and has been conducting a comprehensive revision of the schedule ever since. VA published an advance notice of proposed rulemaking for each of the 15 rating schedule body systems and contracted with an outside consultant, who gathered panels of medical experts for each system, to recommend changes in the rating schedule. Eleven of the 15 body systems contained in the schedule have been revised to date.

While both DoD and VA use the VASRD, not all the general policy provisions set forth in the VASRD apply to the military. Consequently, disability ratings may vary between the two. DoD rates conditions determined to be physically unfitting, compensating for a military career cut short. VA rates all service-connected impairments, combinations of impairments, or service-aggravated conditions, thus compensating for loss of earnings capacity resulting from injuries that could impact civilian employability. Another difference is the term of the rating. DoD's ratings are permanent upon final disposition. VA's ratings may change over time, depending upon the progress of the condition(s). Further, DoD disability compensation is affected by years of service and basic pay; VA compensation is a flat amount based upon the percentage disability rating with possible variance related to number of dependents. Appendix C contains charts depicting the DoD and VA disability processes.

Gap Analysis: For DoD, the terms "permanent and stable" are used extensively in Title 10 but are not clearly defined. These words are the basis for important decisions to retire, separate, and temporarily retire servicemembers. The terms require uniform definition to facilitate consistency and fairness. Many medical and disability authorities have questioned the use of a disability retirement threshold. Historically, the disability retirement threshold stems from "A Report and Recommendation for the Secretary of Defense by the Advisory Commission on Service Pay" (December 1948). The historical record

discussion associated with Recommendation 27 (Disability Retirement: Officers, Warrant Officers, and Enlisted Personnel), states:

“Therefore, the standards of disability as used by the Veterans Administration [later became Department of Veterans Affairs], which are civilian standards, are recommended for classification of disability cases into those which may be considered real disability warranting continuing monetary benefits and minor disability not warranting such benefits”.

Congress ultimately incorporated the recommendation in the Career Compensation Act of 1949. Logically, the disability retirement threshold creates an adversarial situation within the DES, when the DES is primarily charged with deciding fit/unfit status. Servicemembers obviously endeavor to reach the threshold because it results in lifelong benefits such as health care, commissary/exchange privileges, etc., as well as annuity payments. This contributes to tension in the process, adds to servicemember discontent in a system that places the burden of proof on the servicemember who, in many cases, does not have the experience or knowledge, despite assistance, to build a proper case. Additionally, a major challenge is navigating the confusing, inconsistent, and patchwork laws associated with DES. This has resulted in the service branches being inconsistent at times with each other in determining fitness/unfitness and the level of disability.

For VA, examinations performed by DoD for purposes of determining fitness for continued service are generally not adequate for application of the VASRD in determining, for VA disability compensation purposes, the average impairment in earning capacity resulting from all disabilities or diseases incurred in, or aggravated by, service. Unless participating in the Benefits Delivery at Discharge (BDD) program, VA must wait until a servicemember is discharged and files a claim before obtaining service medical records, including any MEB/PEB proceedings, prior to determining if additional examinations are needed. This contributes to the lengthy claims process faced by veterans.

How the Recommendation Addresses the Gap: The development of a joint process whereby VA and DoD cooperate in the assignment of a disability evaluation that would be used in determining fitness for retention, level of disability for military retirement, and VA disability compensation would result in less discontent among servicemembers who believe they are assigned lower disability evaluations by DoD than by VA. This would also help VA provide better service to newly separated veterans by completing their claims in a timelier manner. There are, potentially, a number of provisions that could be undertaken to effect this recommendation, including providing Benefits Delivery at Discharge type service to those servicemembers undergoing the MEB/PEB process.

The impact of implementing this recommendation will be significant. In the near term, having DoD and VA work together to improve the VA disability claims process and the DoD MEB/PEB disability process should provide improvement across the services in consistency of decisions. In the longer term, having full cooperation in the disability claims process should provide improved service to servicemembers and veterans at a lower cost to the Government through increased efficiencies.

Implementation Action and Target Date:

Develop an in-depth plan for VA/DoD collaboration in the MEB/PEB process: Using the present interagency process provided by the Benefits and Joint Executive Committees (BEC and JEC), DoD and VA will develop options presented to leadership in both VA and DoD for review.

Target Date: Begun April 3, 2007; VA to participate in Advisory Council meeting on May 3, 2007.

Recommendation P-2: Develop a System of Co-Management and Case Management

Agencies Responsible for Action: Defense and Veterans Affairs

Lead Agency: Defense

Recommendation: DoD and VA will develop a system of co-management and case management of active duty servicemembers.

Background: Since VA began the Seamless Transition Program in 2003, more than 6,800 active duty servicemembers have been transferred from Military Treatment Facilities (MTFs) to VA medical centers for rehabilitation, specialty inpatient care, and outpatient services. When a servicemember is transferred, the receiving VA medical center assigns health care providers and a case manager. It is not uncommon for a servicemember to return to the MTF for additional evaluation or treatment, and to then be transferred back to the same or a different VA medical center for subsequent care or even to be seen in the private sector.

Gap Analysis: There are no formal agreements as to how active duty servicemembers will be co-managed when they receive health care and services from both DoD and VA. There are no agreements on the definition of case management, the functions of case managers, or how DoD and VA case managers transfer patients to one another to assure continuity of care.

How the Recommendation Addresses the Gap: Implementation of case management will assure that the health care of active duty servicemembers treated by both DoD and VA is well-coordinated and that each servicemember has an identified “primary” Case Manager overseeing all care and services. While the servicemember is on active duty, the MTF will assign a “primary” Case Manager, who will follow the patient across episodes and sites of care, including VA. Assignment of the “primary” Case Manager will include signing a formal agreement with the servicemember indicating the responsibilities of the “primary” Case Manager and the services they will provide to the servicemember. The “primary” Case Manager will coordinate and track services provided to the servicemember, serve as the primary point of contact about that servicemember for the MTF interdisciplinary team, oversee other DoD case managers working with the servicemember (including Community Based Health Care Organization case managers, the Army’s Wounded Warrior Program, Marines for Life, the Military Severely Injured Center, etc.), collaborate with the VA medical center case manager, collaborate with the VA Liaison working at the MTF, and communicate regularly with the servicemember and his/her family. Once the servicemember is separated from active duty and becomes a veteran, the “primary” Case Manager responsibilities will transfer to the VA case manager. The transfer to a VA “primary” Case Manager will include the signing of another formal agreement, indicating the transfer of primary case management responsibilities from the DoD “primary” Case Manager to the VA “primary” Case Manager. The DoD former “primary” Case Manager, the VA new “primary” Case Manager, and the veteran (or responsible party) will sign the agreement, which will describe the transfer of case management responsibilities and the plan for continuing health care delivery.

VA and DoD will collaborate on a joint policy document, defining and describing the “primary” case management functions, setting competency standards and training requirements, describing when and how transfers of primary case management responsibilities will happen, and how the “primary” Case Manager will coordinate services and collaborate with the VA case manager, interdisciplinary team members, the VA Liaison at the MTF, the Service Liaison at the VA, and the stakeholders including case managers in other governmental or private sector facilities providing care. The policy document will include a diagram of the DoD case management system, the VA case management system, and the bridge between the two using the “primary” Case Manager. It will also describe coordination with DoD disability evaluation system, and VA benefits counselors and case workers processing claims for non-health care VA benefits.

Implementation Actions and Target Date:

1. **Joint Memorandum of Agreement:** VA and DoD will develop a Memorandum of Agreement for the development of policy on the joint co-management and case management of active duty servicemembers.

Target Date: Draft of Joint MOA with DoD by April 30, 2007

2. **Standardization of Case Management:** VA and DoD will form a DoD/VA work group to standardize case management processes, including practice guidelines, common use of definitions and functions, and transfers of case management responsibilities across DoD/VA. A charter for the work group has been drafted.

Target Date: Began work group informally in January 2007. Charter to formalize workgroup sent for comments/concurrence to DoD on April 9, 2007. Projected Completion of Charter by April 30, 2007.

3. **Policy Document:** DoD and VA will form a work group to draft a joint policy document on co-management and case management of active duty servicemembers. The policy document will include: a definition of case manager and “primary” case manager; functions of VA and DoD case managers; competency standards for VA and DoD case managers; training required for VA and DoD case managers; the accountability of “primary” case managers for oversight across episodes and sites of care (including at civilian/private sector care facilities when referred there by VA or DoD); a formal agreement with servicemembers acknowledging when the DoD “primary” case manager is assigned and when the “primary” case manager responsibilities are transferred to the VA “primary” care manager when the servicemember is separated/retired from active duty and becomes a veteran; and implementation plans for the model of case management in each Service and in VA.

Target Date: Draft of the policy document by July 30, 2007

4. **Primary Case Managers:**

- Each MTF will assign a “primary” Case Manager to each servicemember who will be transferred to VA for health care services.
- Each VA Medical Center will assign a nurse or social worker Case Manager to servicemembers transferred from a MTF and others in need of case management services. Once the servicemember is separated or retired from active duty, the VA Case Manager will become the “primary” Case Manager.

Target Date: To begin by May 30, 2007

5. **Tracking System:** DoD has granted VA access to the Joint Patient Tracking Application (JPTA) to give receiving providers access to patient tracking information on seriously ill/ very seriously ill, and servicemembers that are being transferred to VA or are being treated by VA. This will assure continuity of care.
Target Date: Began in February 2007

6. **BEC and HEC:** The Benefits Executive Council and the Health Executive Council will collaborate on oversight of implementation of the recommendation and action steps.
Target Date: To begin by May 30, 2007

7. **VA OEF/OIF Coordinator:** VA will establish an OEF/OIF Team at VA Headquarters to address all OEF/OIF operational and outreach issues at the national level and to support and assist the newly-designated VA Regional Office OEF/OIF Managers.
Target Date: April 30, 2007

8. **VA Policy Handbook:**
 - The VA's Veterans Health Administration (VHA) will publish a policy Handbook on "Transition of Care and Case Management of OEF/OIF Veterans." It will cover three oversight functions of medical, social, and administration of command case worker issues.
Target Date: Published March 26, 2007

 - VBA will develop a section to be added to the VHA Handbook describing coordination of benefits and case management of benefits claims.
Target Date: by May 30, 2007

Recommendation P-3: Enhance Electronic Health Record for Transition of OEF/OIF Veterans

Lead Agency Responsible for Action: Veterans Affairs

Recommendation: VA will enhance the ability of VA medical centers to provide health care services to Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans through information technology (IT) modifications to CPRS.

Background: The Computerized Patient Record System (CPRS) is an integrated, comprehensive suite of clinical applications that work together to create a longitudinal view of the veteran’s electronic health record. It is a key part of clinical care in VA and is used by interdisciplinary teams of health care providers to record, create, archive and access electronic information covering all aspects of patient care and treatment. The comprehensive cover screen displays timely, patient-centric information including active problems, allergies, current medications, recent laboratory results, vital signs, hospitalizations, and outpatient clinic history. This information is displayed immediately when a patient is selected in CPRS and provides an accurate overview of the patient’s current status before clinical interventions are ordered. CPRS functionality includes electronic order entry and management, free text and template-driven narrative notes entry and browsing, laboratory results display, consultation requests, links to scheduling and reporting, workload documentation, procedure reporting, medical image browsing, pharmacy profiling and medication administration documentation, and alerting for abnormal results, critical events, and services needed in support of clinical guidelines.

CPRS organizes and presents all relevant data on a patient in a way that directly supports clinical decision-making and promotes patient safety. A notification system immediately alerts clinicians about clinically significant events, such as critical lab values. The patient posting system prominently displays to clinicians that information is available in the patient’s record regarding crisis notes, warnings, adverse reactions and advance directives. The real-time order checking system alerts clinicians as they enter new orders that a possible problem could exist if the order is processed. The clinical reminder system helps caregivers deliver higher quality care to patients for both preventive health care and management of chronic conditions and ensures that timely clinical interventions are initiated.

CPRS continues to evolve; VA is now re-engineering the system to allow greater customization and support for a wider variety of clinical and business requirements that include quicker, integrated access to clinical information; easier integration with commercial software; and rapid deployment of new functionality.

Gap Analysis: VA identified seven information technology (IT) initiatives that will enhance CPRS and the ability of VA providers to care for OEF/OIF veterans. Current gaps in the system that will be addressed by these new IT initiatives include:

- Access to the demographic and health care data in the Joint Patient Tracking System (JPTA) used by the Department of Defense in order to provide comprehensive services to active duty

servicemembers transferred to VA facilities for rehabilitation and outpatient care.

- The inability to electronically track veterans with traumatic brain injury (TBI) and the care they receive.
- The lack of an interface between the Bidirectional Health Information Exchange (BHIE) and the Clinical Data Repository/Health Data Repository (CHDR) for access to DoD combat theater data.
- No reliable way to identify polytrauma patients in CPRS to ensure priority care and appointment scheduling.
- No reliable way to identify OEF/OIF veterans in CPRS to allow for priority care and appointment scheduling.
- Lack of a process for a smooth “hand-off” of patient information when active duty servicemembers transfer to VA facilities.
- The inability of VA providers to access paper DoD inpatient health records for servicemembers they are treating.

How the Recommendation Addresses the Gap: These IT initiatives will enhance CPRS capability and will allow VA providers easier access to key information on the OEF/OIF patients treated. The initiatives will also improve the seamless transition process when OEF/OIF servicemembers transfer to VA health care facilities and will allow for better tracking of OEF/OIF veterans, including those with TBI.

Implementation Actions and Target Date:

1. **Development of the Veterans Tracking Application (VTA),** VA’s version of DoD’s Joint Patient Tracking Application (JPTA) and subsequent interface with CPRS using the Bidirectional Health Information Exchange. DoD has provided VA access to the demographic and health care data in JPTA. VTA will make a real-time query using BHIE framework to provide visibility of these data to VA providers, including case managers. The VistA/CPRS Web interface will support the viewing capability of these demographic and critical patient history data collected in the OEF/OIF theater of operation for servicemembers/veterans using both health care systems.
Target Date: September 2007
2. **Create a Traumatic Brain Injury (TBI) Database** to track patients who have experienced a TBI. DoD and VA should both contribute to the registry. Review of the database will allow VA and DoD to monitor the quality of care, implement improvements in the system

of care, and improve the ability to analyze trends in health care needs of TBI patients to better plan for their needs.

Target Date: September 2007

- 3. Create DoD/VA BHIE-CHDR (Theater) Interface:** Creation of this interface will provide VA clinicians with comprehensive access to DoD combat theater data on injured OEF/OIF servicemembers and veterans. The interface will allow VA providers with real-time viewing access to these data from the CPRS application.

Target Date: September 2007

- 4. Create Polytrauma Marker in CPRS** to allow for identification of OEF/OIF servicemembers and veterans with polytraumatic injuries. The marker would include OEF/OIF period of service, discharge date, combat status, and diagnoses that reflect residuals of trauma.

Target Date: NLT September 2008

- 5. Create an OEF/OIF Combat Veteran Identifier in CPRS** to allow easy identification of OEF/OIF veterans to assure priority care and scheduling.

Target Date: NLT September 2008

- 6. Create an Electronic Patient Hand-Off Information System/ Clinical Transfer Form** to allow clinicians in VA and DoD to communicate key patient care information at the time a patient is transferred from one facility to another.

Target Date: NLT September 2008

- 7. Build DoD Scanning Interface with CPRS** to allow VA providers to electronically view the scanned paper inpatient health records of OEF/OIF servicemembers who have been transferred to VA facilities. The Army is funding a pilot program for polytrauma patients treated at Walter Reed Army Medical Center who are transferred to one of the four VA Polytrauma Rehabilitation Centers. This initiative expands that pilot.

Target Date: NLT September 2008

Recommendation P-4: Improve VA Access to Health Records of Servicemembers Treated in VA Health Care Facilities

Lead Agencies Responsible for Action: Defense and Veterans Affairs

Recommendation: Continue to improve and ensure timely electronic access by VA to DoD paper and electronic health records for servicemembers treated in VA facilities.

Background: In 2004, VA and DoD began sharing electronic health data, including outpatient pharmacy and allergy information, laboratory results and radiology report data, between DoD and VA facilities when patients receive care from both systems. This capability, known as the Bidirectional Health Information Exchange (BHIE), is now operational at all VA medical facilities and at 15 DoD medical centers, 18 hospitals, and over 190 outlying clinics. In order to accelerate the bidirectional sharing of data, VA and DoD are developing a program to ensure that all DoD AHLTA locations and all VA facilities have viewable access to electronic health data. Additionally, VA and DoD are expanding the kinds of information that is to be shared through the interface, including Encounter Notes, Procedures, and Patient Problem Lists.

For servicemembers being transferred to VA facilities, VA social worker liaisons assigned to Military Treatment Facilities (MTF) are ensuring that all pertinent inpatient records are copied and transferred with the patient to the receiving VA facility. To accelerate the sharing of these paper records and to better organize and make them more accessible to VA clinicians, VA and DoD have implemented a scanning pilot at Walter Reed Army Medical Center (WRAMC) and National Naval Medical Center (Bethesda) for seriously injured combat veterans of Operation Enduring Freedom and Operation Iraqi Freedom. In a related effort, a process has been implemented to transmit radiological images from DoD to the VA. These images are currently being transmitted from WRAMC and Bethesda to the Tampa VA Polytrauma Center. Efforts are underway to add Brooke Army Medical Center, as a third DoD facility and to add the other three VA Polytrauma Centers located at Palo Alto, California; Minneapolis, Minnesota; and Richmond, Virginia.

In January 2007, VA and DoD announced a groundbreaking agreement to collaborate on the development of a joint inpatient electronic health record (EHR). This initiative will facilitate the seamless transition of active duty servicemembers to veteran status by making the inpatient healthcare data on shared beneficiaries immediately accessible to both DoD and VA healthcare providers using a common inpatient solution.

Gap Analysis: Since 2003, when VA began the Seamless Transition Program, more than 6,800 Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) servicemembers have been transferred to VA health care facilities for rehabilitation and other inpatient and outpatient care. VA health care providers need access to the health records of servicemembers transferred from MTFs in order to assure continuity of care and delivery of the best possible health care services. Although significant progress has been made on sharing electronic health information, more needs to be done.

How the Recommendation Addresses the Gap: The recommendation will assure that pilot programs for health data exchange are carefully reviewed and expanded across DoD and VA. The recommendation also assures that the Departments continue to partner to resolve the challenges and difficulties with the transfer of health records.

Implementation Actions and Target Date:

1. **Expansion of Electronic Health Record Access:** Develop and implement near term, mid-term, and long-term health IT solutions when appropriate (e.g., Walter Reed Scanning Project, Image Sharing Project between the National Capital Area DoD medical facilities and the VA Polytrauma Centers).

Target Dates:

- Near term: Electronic transfer of digital radiographs from Walter Reed and Bethesda medical centers to Tampa VA Polytrauma Center - Completed in March 2007.
- Mid-term: Electronic transfer of digital radiographs from Walter Reed, Bethesda, and Brooke MTF's to Tampa, Minneapolis, Richmond, and Palo Alto VA Polytrauma Centers - June 30, 2007.
- Long term: Enterprise-wide sharing of all digital images between all VA and MHS facilities - September 2008 - 2010.

2. **Transmission of Historical DoD Data:** Continue to support the maintenance and enhancement, as appropriate, of existing VA and DoD data exchanges that support the one-way transmission of historical DoD data at the time of separation and the bidirectional sharing of data for shared patients (e.g., adding domains of data to Bidirectional Health Information Exchange (BHIE)).

Target Dates: Represents dates by which additional domains of data will be added to BHIE:

- Allergies, Outpatient Medications (including Pharmacy Data Transaction Service), Laboratory Results (Chemistry and

Hematology) and Radiology) available from all DoD facilities to all facilities: June 30, 2007.

- Provider Notes, Procedures, and Problem Lists: January 30, 2008.
- Theater Data: January 30, 2008.
- Vital Signs: March 30, 2008.
- Family History/Social History/Other History, Questionnaires and Forms: September 30, 2008.

3. **Long-Term Initiatives:** Continue to identify and collaborate on long-term state of the art information management and technology initiatives that accelerate and support the sharing of health data between DoD and VA (e.g., Joint Inpatient Record Project).

Target Dates:

- Initiate independent, 3rd party assessment project (June 30, 2007).
- Define scope and elements of a joint inpatient EHR (June 30, 2007).
- Identify “Head-start” opportunities for DoD-VA interoperability and sharing of healthcare information (September 30, 2007).
- Define Department-unique and joint inpatient EHR functional requirements for potential joint application identified in an operational model (business architecture) at a level sufficient to support subsequent Analysis of Alternatives efforts. (January 31, 2008).

Recommendation P-5: Improve the Electronic Enrollment Process

Agency Responsible for Action: Veterans Affairs

Recommendation: Veterans Affairs will improve the electronic enrollment process for Operation Enduring Freedom/ Operation Iraqi Freedom (OEF/OIF) veterans.

Background: VA provides a comprehensive medical benefits package for enrolled veterans. Veterans who served in combat locations during active military service after November 11, 1998, are eligible for priority enrollment into Priority Group 6 and for free health care for services for conditions potentially related to combat service for two years following separation from active duty. Veterans apply for enrollment by completing a VA Form 10-10EZ, Application for Health Benefits, in person at a VA health care facility, online, or by mailing an application to a health care facility. Paper and online versions of the VA Form 10-10EZ do not allow

for identification of OEF/OIF veterans, nor notify them that they are not required to provide income information as a condition of enrollment. The online application does not provide e-authentication or e-signature capabilities thereby requiring veterans to submit signed applications and complete the entire form, including questions for which information is already available to VA.

Gap Analysis:

- The current VA electronic enrollment form has drop down-boxes to allow the selection of a period of military service. There is no selection option for OEF/OIF veterans.
- VA enrollment forms do not appropriately notify OEF/OIF veterans that they are not required to provide their income information as a condition of enrollment.
- Applicants are burdened to complete the entire online application, including information already available to VA.
- Currently, when a combat veteran receives health care services, the VA provider must make the determination at each episode of care that the care provided is related to the combat experience of the OEF/OIF veteran.

How the Recommendation Addresses the Gap: VA would enhance identification of OEF/OIF veterans, thereby facilitating enrollment processing and access to health benefits. The enhancements also assure that combat veterans do not pay co-payments for health care provided for care of combat-related conditions.

The first action step would improve the enrollment process and allow for easier identification of OEF/OIF veterans who are enrolled for VA health care services. The second action step will streamline the enrollment application process by reducing the burdens on veterans to provide information already available to VA, improving identification of GWOT veterans and improve veterans' access to benefits, and reducing administrative burden. The third action would assure that combat veterans would not receive bills for co-payments for health care provided that is related to their combat experiences. The third action would also eliminate the need for VA providers to annotate that each episode of care was related to combat experience, saving time and provider resources.

Implementation Actions and Target Date:

1. **VA 10-10EZ Form: Revise the existing VA electronic enrollment form** to include a selection option for "OEF/OIF" in the drop down-boxes to indicate period of military service. In addition,

amend the Financial Disclosure Section of the online and paper forms to notify OEF/OIF combat veterans that they are not required to provide financial information in order to be enrolled. These adaptations to the form will not require approval from the Office of Management and Budget.

Target Date: June 30, 2007

2. **Self-Service Application:** Implement an improved online benefit application to enhance access to VA’s health care and reduce burden on GWOT veterans seeking benefits or providing updates to their personal information. This enhancement will also reduce administrative burden by automatically retrieving DoD’s military service and combat information to establish the veteran’s eligibility for VA health care. Features of this application include:

- E-authentication and e-signature;
- Integration with My HealthVet;
- Account creation and allow for partial save;
- Guided interview;
- Streamlined application / registration process by implementing queries to authoritative sources (Master Patient Index for ICN, Enrollment System Redesign (ESR) for pre-population of eligibility and enrollment information); and
- Leverage ESR business rules engine to provide preliminary benefits package information to new applicants and current package to enrollees.

Target Date: June 30, 2008

3. **Presumed Combat Experience:** Implement an IT enhancement to the electronic enrollment process that presumes the care provided to combat veterans is related to the combat experience.

Target Date: July 30, 2007

Recommendation P-6: Use Department of Defense (DoD) Military Service Information as part of VA’s Enrollment Process

Agency Responsible for Action: Veterans Affairs, Defense

Lead Agency: Veterans Affairs

Recommendation: VA will ensure efficient use of DoD military service information as part of VA’s enrollment process.

Background: VA provides a comprehensive medical benefits package for enrolled veterans. Veterans who served in combat locations during active military service after November 11, 1998, are eligible for priority enrollment into Priority Group 6 and for free health care for services for conditions potentially related to combat service for two years following separation from active duty. Veterans apply for enrollment by completing a VA Form 10-10EZ, Application for Health Benefits, in person at a VA health care facility, online, or by mailing an application to a health care facility. VA staff must manually verify the applicant's eligibility for VA health care benefits and enter the data into VistA. Verification of military service is typically accomplished by querying VA, by viewing military service information in VA/ DoD Identity Repository (VADIR) or by the veteran providing a DD-214. VA receives daily feeds of military service information (including combat information) from DoD. This information is stored in VADIR. Appendix C contains a graphic depicting the VA health enrollment process.

Gap Analysis:

- VA must build a service infrastructure around VADIR to make the military service data available to the Enrollment System Redesign (ESR). ESR must also build an interface to the VADIR.
- VA's eligibility verification process is manual and inefficient and fails to leverage available military service data.
- Applicants are burdened to provide proof of military service in order to establish eligibility for VA health care benefits.

How the Recommendation Addresses the Gap: VA would leverage DoD's military service information to establish veteran's eligibility for VA health care benefits and improve identification of OEF/OIF veterans thereby facilitating enrollment processing and access to health benefits.

This enhancement will enable returning GWOT veterans to receive valid and timely determinations of their eligibility and reduce the burden on veterans to provide proof of eligibility for care. Improved usage of military service information will result in increased revenue and decreased administrative burden by improving VA's ability to identify and more easily bill for care provided to patients seen under TRICARE and other sharing agreements.

Implementation Action and Target Date:

Use of Military Service Information: Enhance the Enrollment System Redesign (ESR) to query the VADIR to obtain and use the veteran's military service and combat information to establish the veteran's eligibility for enrollment in the VA health care system.

Target Date: June 2008 to January 2009 and presumes that VA builds a service infrastructure around VADIR.

Recommendation P-7: Create an Embedded Fragment Surveillance Center and Registry

Agency Responsible for Action: Veterans Affairs

Recommendation: VA will expand its mission to include the active surveillance of veterans with embedded fragments containing other potentially hazardous materials.

Background: The current estimate from DoD is that up to 5,000 GWOT servicemembers and veterans have shrapnel or retained fragment wounds. The number continues to grow as more servicemembers receive blast injuries in the combat theaters of Iraq and Afghanistan. Lessons learned have demonstrated that retained metal fragments are not inert in the body and are slowly absorbed over time and can have an effect on one's health. The effects of systemic absorption from embedded metal fragments can be minimized and managed in a surveillance setting.

Gap Analysis: Currently there is no way of easily identifying and tracking such veterans embedded with fragments.

How the Recommendation Addresses the Gap: The Surveillance Center and registry would allow VA to identify and provide clinical surveillance to GWOT veterans with retained fragments and to initiate early intervention for resulting health care problems.

Implementation Actions and Target Date:

1. **Embedded Fragment Surveillance Center:** VA would create and staff the Center, which would provide identification/case-finding and surveillance to improve the care of GWOT veterans with retained fragments from improvised explosive devices or other wounds.

Target Date: Initiation of Surveillance Center program – April 2008

2. **Registry:** Create a registry of GWOT veterans at risk for health problems from retained embedded fragments.

Target Date: Initiation of case-finding /out-patient screening – January 2008

Recommendation P-8: Develop Memorandum of Understanding and Agreement for VA Liaisons at Military Treatment Facilities

Lead Agencies Responsible for Action: Defense and Veterans Affairs

Recommendation: VA and DoD will develop a Memorandum of Understanding (MOU) between the two Departments and a separate Memorandum of Agreement (MOA) for each Military Treatment Facility (MTF) with VA Liaisons are assigned and for VA facilities where Service Liaisons are assigned as part of seamless transition.

Background: In 2003, VA implemented the Seamless Transition Program to assist Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) servicemembers in accessing VA benefits and VA health care services. VA worked with DoD to identify the Military Treatment Facilities (MTFs) most in need of VA social worker Liaisons to assist with seamless transition, based on the sites receiving the largest numbers of injured servicemembers from OEF/OIF. VA then assigned full-time social workers as Liaisons to those identified MTFs to help MTF staff with transfers of care to VA medical centers and to educate active duty servicemembers and their families about VA health care benefits. VA Liaisons are currently assigned to:

- Brooke Army Medical Center, Fort Sam Houston (San Antonio, TX);
- Darnall Army Community Hospital (Ft. Hood, TX);
- Eisenhower Army Medical Center, Fort Gordon (Augusta, GA);
- Evans Army Community Hospital (Ft. Carson, CO);
- Madigan Army Medical Center, Fort Lewis (Tacoma, WA);
- National Naval Medical Center (Bethesda, MD);
- Naval Hospital, Camp Pendleton (Oceanside, CA);
- Naval Medical Center (San Diego, CA);
- Walter Reed Army Medical Center (Washington, DC); and
- Womack Army Medical Center (Ft. Bragg, NC).

In addition to VA Liaisons assigned to the 10 MTFs, VA has assigned benefits counselors to those same MTFs to provide information about non-health care related benefits and to assist servicemembers and their families in applying for VA benefits to which they are entitled while still on active duty. VA is open to assigning full or part-time Liaisons and/or benefits counselors at additional MTFs at the request of DoD to support seamless transition activities.

Gap Analysis: VA Liaisons have been assigned to MTF's since August 2003. However, formal MOAs were never developed that described the functions of the Liaisons; responsibilities of VA and of

the MTF in terms of equipment, access to information, the referral process, and office space; supervisory oversight; and other procedural and logistical issues. The informal agreements made with the MTF commanders are subject to change with command changes and do not make levels of support and responsibility on both sides clear. An MOA was developed for the most recent assignment of a Liaison at the Naval Medical Center, San Diego.

How the Recommendation Addresses the Gap: Having a formal MOU with DoD and an MOA with each MTF will assure that VA Liaisons have access to space, equipment, resources, and information needed to perform their duties and be in concert with the VA/DoD Joint Strategic Plan for FY 2007-2009. The MOA will also assure that VA and the MTF and DoD and the VA facility are clear on responsibilities and accountability for the services provided by VA and Service Liaisons.

Implementation Actions and Target Date:

1. **MOU:** DoD and VA will develop and enter into a formal MOU.
Target Date: May 31, 2007

2. **Concurrence on MOUs:** The VA Sharing Office will assist with concurrence from and signatures by VA and each specific MTF.
Target Date: MOUs signed with each MTF by June 30, 2007

3. **Access to Information:** As part of the MOA with each MTF, access to pertinent personnel information on servicemembers expected to transition to VA health care services within two to four weeks of discharge will be granted to VA Liaisons for their specific MTF, to include:
 - Name
 - Social Security Number
 - Date of Birth
 - Current location (unit assignment, etc.)
 - Phone number
 - Address
 - Scheduled separation date, if knownTarget Date: MOAs signed with each MTF by June 30, 2007

4. **VA Liaison Services at other MTFs:** Each VA medical center has a master's degree prepared nurse or social worker serving as OEF/OIF Program Manager. The OEF/OIF Program Manager can serve as part-time VA Liaison for MTFs without an assigned VA Liaison.
Target Date: May 30, 2007

Recommendation P-9: Screen All Veterans of the Global War on Terror For TBI

Agency Responsible for Action: Veterans Affairs

Recommendation: VA will screen all GWOT veterans seen in VA health care facilities for mild to moderate traumatic brain injury (TBI).

Background: The mission of VA's Polytrauma System of Care is to provide and coordinate specialized rehabilitation services for veterans and active duty servicemembers with lasting disabilities due to trauma. It is a tiered system of care consisting of four regional Polytrauma Rehabilitation Centers, which provide acute intensive medical and rehabilitation care for complex and severe polytraumatic injuries; 21 Polytrauma Rehabilitation Network Sites, which manage post-acute sequelae of polytrauma; and 76 Polytrauma Support Clinic Teams, which serve patients with stable polytrauma sequelae and those patients with newly-identified mild or moderate TBI. Specially-trained and experienced VA providers staff the Polytrauma System of Care at all levels, including physiatrists, neurologists, psychiatrists, psychologists, neuropsychologists, physical therapists, occupational therapists, speech-language pathologists, certified rehabilitation nurses, registered nurses, social workers, blind rehabilitation specialists, and therapeutic recreation specialists.

Gap Analysis:

- The majority of the GWOT servicemembers and veterans treated in the VA Polytrauma System of Care have suffered a major TBI and are easily diagnosed, given their symptoms and the extent of their co-morbid injuries. However, given the prevalence of blast injuries in the combat theaters of Iraq and Afghanistan, active duty servicemembers may suffer undiagnosed mild to moderate traumatic brain injuries without displaying obvious symptoms.
- Although TBI is a significant public health problem, currently there are no validated screening instruments accepted for use in clinical practice.

How the Recommendation Addresses the Gap: The action steps that are part of this recommendation will ensure VA providers are adequately trained to screen for and diagnose mild to moderate TBI. Over 50,000 VA providers have already successfully completed the Veterans Health Initiative on TBI. The clinical reminder on TBI has been under

development in VA for several months and will be implemented as part of Computerized Patient Record System (CPRS) in early April 2007. The creation of clinical practice recommendations will help standardize screening, diagnosis, and treatment.

Mild to moderate TBI when undiagnosed can impact the ability of GWOT veterans to obtain and hold gainful employment, interfere with daily functioning, lead to interpersonal and family difficulties, and be misdiagnosed as a mental illness. Screening and appropriately diagnosing mild to moderate TBIs will allow VA providers to treat such injuries.

Implementation Actions and Target Date:

1. **Training:** Train VA providers about mild to moderate TBI, including how to diagnose and how to refer for further evaluation and/or treatment, using a web-based independent study course which is part of the Veterans Health Initiative series of training programs.

Target Date: Completed March 31, 2007

2. **Clinical Reminder:** Develop an automatic, electronic clinical reminder as part of the VA CPRS to alert VA providers to screen for TBI in GWOT veterans, to include screening protocol and a screening instrument. Provide policy guidance on the clinical reminder and screening protocol and instrument.

Target Date: April 30, 2007

3. **Clinical Practice Recommendations:** Form a work group comprised of DoD, VA, other public and private sector specialists in Physical Medicine and Rehabilitation, Neurology, Psychiatry, Psychology, Primary Care and Prevention, and in consultation with the Defense and Veterans Brain Injury Center (DVBIC), create clinical practice recommendations for the screening, diagnosis and treatment of TBI. The practice recommendations would include algorithms, checklists, and referral guidance.

Target Date: September 30, 2007

Recommendation P-10: Enhance Capacity to Provide Dental Care

Agency Responsible for Action: Veterans Affairs

Recommendation: VA will enhance capacity to provide dental care for GWOT veterans by purchasing dental care in the private sector.

Background: Honorably discharged veterans are eligible for one episode of comprehensive dental care to be provided by VA if such care was not provided by the military prior to separation from active duty. Veterans rated 100 percent service-connected or paid compensation at the 100 percent service-connected rate due to their service-connected disabilities are eligible for repeat dental care from VA.

Gap Analysis:

- VA's Dental Service currently provides dental care to approximately 336,000 veterans, which is less than 6.5 percent of all veterans who receive health care from VA. The percentage of patients treated for enduring comprehensive dental care has increased from 43 percent to 55 percent in the last six years.
- The number of veterans seeking one episode of dental care in the past five years has tripled.
- VA Dental Service is limited in the amount of dental care it can provide due to the number of dental providers and difficulties in recruiting such providers.

How the Recommendation Addresses the Gap: VA can purchase care in the private sector for eligible veterans to augment services provided by VA dentists and other dental providers. This recommendation will allow VA to meet the growing demand for dental care.

Implementation Action and Target Date:

Purchase Dental Care: VA will increase immediate dental care capacity by allocating additional short-term funding to purchase care from contract and private sector providers through the VA Fee Services Program.

Target Date: May 30, 2007

Recommendation P-11: Extend Vocational Rehabilitation Evaluation Determination Time Limit

Lead Agency Responsible for Action: Veterans Affairs

Recommendation: VA Vocational Rehabilitation and Employment Service (VR&E) will authorize the immediate extension, to 18 months, for an Individualized Extended Evaluation Plans (IEEP) for those OIF/OEF participants whose severity of injuries warrant additional time to make the determination of current feasibility of achieving an employment goal while continuing to provide independent living services.

Background: The VR&E program provides assistance to veterans with service-connected disabilities and servicemembers awaiting medical discharge from the military to help them prepare for, obtain, and retain employment in the civilian workforce. For those veterans with a serious employment handicap and for whom employment is not currently feasible, the program provides independent living services under an Individualized Independent Living Plan (IILP). When a Vocational Rehabilitation Counselor (VRC) determines that an employment goal is not currently feasible, an evaluation of the veteran's independent living needs will be conducted. The VRC and veteran will work together to identify the individual's needs and an IILP will be developed to provide the services necessary to meet those identified needs. Referral to specialized rehabilitation facilities and/or for consultation with other rehabilitation professionals may be necessary in the development and implementation of an IILP.

When the feasibility of achieving an employment goal cannot be readily determined, independent living services are available to veterans and servicemembers with serious employment handicaps under an IEEP. The purpose of an IEEP is to determine whether it is currently feasible for an individual to achieve an employment goal. Various services to evaluate this feasibility can be provided, including a full-range of independent living services. An IEEP cannot exceed 12 months without VR&E Officer approval. This is applicable to both veterans and servicemembers.

Gap Analysis: Many individuals are returning from the Global War on Terror (GWOT) with very serious injuries, including traumatic brain injury. An individual's feasibility to participate in a program of vocational rehabilitation leading to an employment goal and to overcome a serious employment handicap may not be readily apparent within the 12-month initial period allowed for completion of an IEEP and, therefore, there could be an interruption in services while an extension is evaluated and approved.

How the Recommendation Addresses the Gap: Expediting extensions of extended evaluation plans will allow seriously injured GWOT individuals sustained access to independent living services. It will increase the individual's ability to benefit from rehabilitative services and allow more time to determine the individual's feasibility of achieving an employment goal.

Those veterans and servicemembers with serious employment handicaps resulting from injury or disease incurred in the GWOT, who are so severely disabled that a decision cannot yet be made about whether an employment goal is currently feasible, will have sustained access to independent living services for a period exceeding 12 months, if necessary, until a plan for achieving a suitable vocational rehabilitation goal can be formulated.

Implementation Action and Target Date:

Allow immediate extension of the 12-month limit on extended evaluation plans: VR&E Service will issue a policy letter to field staff allowing approval of requests for extensions of IEEP's for GWOT individuals at the time the extended evaluation plan is developed. VR&E Service will provide instructions regarding the processing of these extensions and direct field staff to consider such factors as the need for ongoing treatment at a medical or rehabilitation facility, readjustment to a post-military lifestyle, and issues regarding re-locating and establishing a stable home of record.

Target Date: April 30, 2007

Recommendation P-12: Expedite Adapted Housing and Special Home Adaptation Grants Claims

Agency Responsible for Action: Veterans Affairs

Recommendation: VA will further shorten processing time for specially adapted housing and/or special home adaptation grants received from GWOT servicemembers or veterans. This will be accomplished by requiring the Specially Adapted Housing (SAH) agent to contact the servicemember/veteran within 24-48 hours after the rating decision awarding eligibility for the grant is received, in order to explain the grant process, determine if there is immediate interest in using the grant, and to set-up a face-to-face interview when appropriate. This change in service covers all servicemembers and veterans deployed in support of the GWOT. This includes all veterans or active duty, National Guard or Reserve veterans who were deployed in Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) theatres or in support of these combat operations, as identified by the Department of Defense (DoD).

Background: Servicemembers and veterans who have a specific service-connected disability or combination of disabilities may be entitled to a grant from VA for the purpose of constructing an adapted dwelling or modifying an existing dwelling to meet the servicemember’s/veteran’s disability-related needs. The goal of the SAH Program is to provide a barrier-free living environment that affords the servicemember/veteran a level of independent living he or she may not otherwise normally enjoy.

There are three types of grants administered by VA that are available to assist severely disabled servicemembers/veterans in adapting housing to meet their special needs:

- The SAH Grant is available to disabled servicemembers/veterans who are entitled to a wheelchair accessible home especially adapted for their needs.
- The Special Home Adaptation Grant is available to servicemembers and veterans who are entitled to adaptation because of blindness in both eyes with 5/200 visual acuity or less, or includes the anatomical loss of both hands.
- The Temporary Assistance Grant (TRA) is available only to disabled veterans, not servicemembers, who are entitled to adaptations as listed above for the purpose of adapting a house, owned by a member of the eligible veteran’s family, in which the veteran intends to temporarily reside.

Gap Analysis: The SAH grant is designed as a servicemember/veteran preference program; in other words, the servicemember/veteran is empowered to choose most of the business participants involved in the construction and lending aspects of their home adaptation. While VA presently takes every opportunity to expedite these grant cases, it does not have significant control over the timeframe of the servicemember’s/veteran’s adaptation project.

How the Recommendation Addresses the Gap: VA will expedite service for GWOT servicemembers/veterans in all stages of the grant application process, to include providing timely initial contact and frequent communication. Focusing existing resources on eligible GWOT servicemembers and veterans will allow those individuals to return to their communities sooner rather than later and be housed in a home that will enable them to be either fully or partially independent.

Implementation Action and Target Date:

Procedures for implementation of this recommendation will be to developed and disseminated to appropriate individuals in VA’s field stations.

To expedite the process, the SAH agent will begin the notification process by immediately (within 24-48 hours) contacting any GWOT servicemember/veteran as soon as either a rating decision establishing basic entitlement or an application is received rather than waiting to receive both documents.

In addition, the SAH agent will contact the servicemember or veteran at every critical juncture of the grant application process to ensure he or she understands the progress of his or her grant application. Such frequent communication will enable the SAH agent to proactively identify and help resolve issues related to plans/specifications and other construction-related issues early in the grant application process.

Target Date: April 30, 2007.

Recommendation P-13: Participate in Post-Deployment Health Reassessment

Agency Responsible for Action: Veterans Affairs

Recommendation: Department of Veterans Affairs (VA) will require medical center directors to fully support Post-Deployment Health Reassessment (PDHRA) events at Guard and Reserve units in their catchment area.

Background: Following deployments, DoD conducts Post-Deployment Health Reassessments to identify health and mental health problems incurred by Guard and Reserve members. VA staff have been invited to attend the PDHRA events, which are generally held on drill weekends at National Guard and Reserve units, to provide information on VA benefits.

Gap Analysis: Although VA medical centers receive information on planned PDHRA events at Guard and Reserve units in their area, VA medical center support at these events is not uniformly provided. VA staff attending the PDHRA events provide information about VA health care services and assist veterans with enrolling for care.

How the Recommendation Addresses the Gap: If VA issues guidance to VA medical center and Network Directors that they are expected to provide full support to PDHRA events in their catchment areas, VA attendance at PDHRA events will dramatically improve. Having VA staff at the PDHRA events along with trained Military Service representatives will assure Guard and Reserve members have information about the full range of VA and DoD health care benefits, services, and programs and how to access them. VA staff can also enroll eligible Guard and Reserve members and schedule outpatient appointments.

Implementation Actions and Target Date:

1. **Distribution of Schedule of PDHRA Events:** The Military Services will provide the VA Office of Seamless Transition with schedules of the PDHRA events. VA Office of Seamless Transition will send schedules of PDHRA events to VA medical center seamless transition points-of-contact on a monthly basis.

Target Date: Recurring as these events occur every month

2. **VA Central Office Guidance:** The Deputy Under Secretary for Health for Operations and Management will describe the importance of full support for PDHRA events on a national VA conference call with VA medical center and Network Directors.

Target Date: April 30, 2007

Recommendation P-14: Expand Eligibility of PatriotExpress Loan

Agencies Responsible for Action: Small Business, Defense, Labor, Veterans Affairs, Management and Budget, all Federal agencies with procurement authority

Lead Agency: Small Business Administration

Recommendation: SBA finishes implementation of PatriotExpress Loan Initiative to better meet the needs of veterans, service-disabled veterans, activated Reserve Component members, discharging servicemembers, spouses, survivors, and dependents of servicemembers who died in service, or of a service-connected disability.

Background: SBA's lending has fallen off proportionately to other small business lending, and its Military Reservists Economic Injury Disaster Loan does not meet the needs of many activating reservist small business owners who suffer economic damage to their business while activated. Further, discharging servicemembers express significant interest in self employment, and spouses of active servicemembers face employment barriers because of relocations of servicemembers.

The loan must be attractive to SBA private lending partners, while having no effect on SBA subsidy rate. This loan will serve as the centerpiece of an agency-wide marketing and outreach initiative to engage veterans, reservists, and other eligible individuals with the full range of SBA programs and services.

Gap Analysis: SBA research shows that most veterans, reservists, and servicemembers do not know about the full range of procurement, lending, and business counseling assistance available from SBA; and the number one concern of veterans and service-disabled veterans is access to financing, along with knowledge of available small business assistance programs.

How the Recommendation Addresses the Gap: SBA, with the support of its other Federal, state and private partners, can better serve existing veteran and reservist small business owners, and the growing population of discharging servicemembers, including those injured in the Global War on Terror (GWOT), in reaching their goal of small business ownership through better marketing, outreach and tailored assistance.

The PatriotExpress Loan is an already designed lending initiative to veterans, service-disabled veterans, reservists, discharging servicemembers, spouses/survivors and SBA lending partners. The Loan Initiative is the centerpiece of broader agency initiatives to provide a full range of lending, business counseling and procurement programs to veterans, service-disabled veterans, reservists, discharging servicemembers and spouses/survivors within existing authority and requires no subsidy.

Implementation Actions and Target Date:

1. SBA finishes internal clearance.
2. SBA/OMB clearance.
3. SBA/OMB Paperwork Reduction Act clearance.
4. SBA Congressional Notice.
5. SBA implements Marketing Plan, with support of other agencies.

Target Date: SBA Implements in May/June (5/30, Memorial Day or 6/14, Flag Day)

Recommendation P-15: Improve Information Technology (IT) Interoperability Between VA and Department of Health and Human Services (HHS), Indian Health Service (IHS)

Agencies Responsible for Action: Health and Veterans Affairs

Lead Agency: Health and Human Services

Recommendation: The Department of Veterans Affairs (VA) and the Department of Health and Human Services (HHS) Indian Health Service (IHS) would expand coordination on Executive Branch activities in

support of the President’s Executive Order on IT interoperability with the goal of leveraging Federal activities to adopt standardized data-sharing between the VA and IHS health care partners. This exchange will be undertaken as a single portal based on HHS recognized standards.

Background: There is a need to support the patient who seeks care at both the VA and Indian Health Service facilities. One of the ways to support patient care is to provide the clinicians who care for these veterans with all available information. With the increasing numbers of Returning Global War on Terror Heroes, this need will increase.

Gap Analysis: Currently, both VA and IHS have patient health information in electronic format. Without nationally recognized protocols, policies, and standardization of technical transfer of information, these health care partners are faced with three options:

- Develop point-to-point interfaces between various sites with currently available technologies and standardization. This is very expensive for development/maintenance and can not be replicated across various sites.
- Continue low technical work-arounds such as establishing policy and practices to allow clinicians to “view” data in the health partners system. This places extra burden on the clinician to switch between systems with sub-optimal results.
- Partner to support the vision of the Executive Order of August 2006 to establish the needed, nationally accepted and HHS Secretary recognized protocols, policies, and standardization. This will allow VA and IHS to build a single suite of technology tools to query and receive information across the systems in an electronic format. While this option decreases the expense of the first option, it is not negligible. Initial collaboration activities will need to be staffed by Federal domain matter experts currently fully assigned to other tasks. Information Technology development towards a single portal will help leverage other technical development projects, but the inclusion of another partner will add technical cost which will peak in the second half of the multi-year project timeline.
- The preferred choice is the third alternative to partner as outlined in this recommendation.

How the Recommendation Addresses the Gap: Led by HHS, the health care industry is seeing an unprecedented movement toward standardization as envisioned by the Executive Order. Leading by

example to achieve this vision comes with the recognition that the deployment of the solutions:

- 1) is at least two-three years in the future,
- 2) is subject to the availability of funds and prioritization, and
- 3) has dependency on public/private activities that are not entirely within the Federal control.

VA and IHS as Federal providers are uniquely positioned to lead by example in realizing the vision of the Executive Order.

Implementation Actions and Target Date:

1. **Develop and sign an MOU** - to identify the core activities for VA and IHS in this domain.
Target Date: June 2007

2. **Establish a joint group** - to negotiate rules for direct engagement at lower levels.
Target Date: June 2007

3. **Develop and sign project-specific agreements** - for cross coordination of OMB Health Interoperability Scorecard Milestones for the achievement of the Executive Order.
Target Date: August 30, 2007

4. **Reach consensus on standards** - that require joint public/private coordination to develop standards for broad health information exchange. Identify required allocation of specific resources.
Target Date: August 30, 2007

5. **Conduct joint analysis** - of final architecture design for incorporation of HITSP final implementation standard into the single joint portal.
Target Date: October 31, 2007

6. **Coordinate participation in HHS managed e-gov Federal Health Architecture** - activities to develop policies and practices of information exchange across Federal partners.
Target Date: October 31, 2007

Recommendation O-1: Increase Attendance at TAP and DTAP Sessions

Agencies Responsible for Action: Defense, Veterans Affairs, Labor, Education, Business Administration, Personnel Management

Lead Agency: Defense

Recommendation: DoD will increase attendance at Transition Assistance Program (TAP) and Disabled Transition Assistance Program (DTAP) sessions to 85 percent of those separating servicemembers and demobilizing National Guard and Reserve Forces.

DoD will ensure TAP presentations include specific information and materials or schedule a separate session to address the needs of National Guard and Reserve personnel being deactivated.

VA and DoD will ensure DTAP presentations include specific information and materials for injured/disabled servicemembers that are being demobilized, deactivated, or discharged.

Background: The Transition Assistance Program (TAP) was developed to assist in the transitioning of military personnel and family members leaving the service. TAP services are provided on major military installations by transition centers and consist of the following sessions:

- a. **Department of Labor (DOL):** In this 2 ½ day session attendees learn how to write a resume and cover letter, information on skills assessment and job search techniques, and other important information about career and job services available through DOL.
- b. **Department of Veterans Affairs (VA):** In this 4-hour session, attendees learn about *VA benefits* they may be entitled to including health care, counseling, home loan guaranty program, insurance, education and more.
- c. **Disabled Transition Assistance Program (DTAP):** This 2-hour briefing offers information to those who have an injury or illness that is, or may be related to, their military *service*. Attendees learn about eligibility for disability compensation, vocational rehabilitation and employment benefits and more.

Gap Analysis: Demobilizing Guard and Reserve servicemembers from the GWOT are eligible to receive a 2-hour pre-separation counseling. Guard and Reserve members are also eligible to receive a DOL Uniformed Services Employment and Reemployment Rights Act (USERRA) and a VA benefits briefing prior to release from active duty including

information about application procedures for vocational rehabilitation and employment assistance. Additionally, Turbo Tap will provide a valuable resource to assist Guard and Reserve members in their information needs via a web based system available on a 24/7.

How the Recommendation Addresses the Gap: This recommendation would ensure that demobilizing Guard and Reserve members and separating injured or disabled members, regardless of component, will be given an overview of the TAP program and the benefits and support available from DOL and VA as well. It is also recommended that spouses be invited to attend.

TAP and DTAP will provide returning GWOT Heroes, regardless of their component and injury status, and their families, the same important information and support. In particular, the employment information and training provided are invaluable tools to support transition back into civilian life and serve as valuable retention tools.

Implementation Actions and Target Date:

- 1. Guard & Reserve TAP:** DoD will send letters to The Adjutants General (TAG) and Reserve Forces unit commanders explaining how important it is for all Guard and Reserve members, and their spouses, whenever possible, to attend a TAP or DTAP presentation within 30 days of their return to home units. The time frame is important because certain benefits and services have specific application deadlines.
- 2. Injured/Disabled DTAP:** DoD will ensure that injured and disabled servicemembers, regardless of component and “medical hold” status, are informed of and have the opportunity to attend a DTAP presentation, including a session that provides information and materials specifically designed for them.
- 3. Marketing TAP/DTAP:** DoD and military components will need to aggressively market TAP through Guard and Reserve family support networks, service organizations, TAG, and others to all the reserve and guard members and their families. TAP overview sessions must be provided at both pre- and post- mobilization assemblies to the servicemembers and spouse, if applicable.
- 4. TurboTAP:** should be made a repository for all Federal benefits and services available to servicemembers, veterans, and eligible spouses/family members and should be briefed at all TAP presentations for active duty, Guard and Reserve members.

Target Date: August 31, 2007

Recommendation O-2: Provide Department of Education Educational Assistance Information

Agencies Responsible for Action: Education, Defense, Labor, Veterans Affairs

Lead Agency: Education

Recommendation: To bridge the informational gap around the programs available, Department of Education (ED) staff will participate in selected Department of Labor (DOL)-sponsored job fairs conducted for servicemembers and provide quarterly information for inclusion in the Department of Veterans Affairs' (VA) GWOT newsletter.

Background: ED provides extensive funding for postsecondary education each year and has many programs and benefits, some of which apply solely to veterans. A limited number of servicemembers take advantage of these programs.

Gap Analysis: Lack of awareness by servicemembers/veterans of existing ED postsecondary education financial aid programs available to them.

How the Recommendation Addresses the Gap: Servicemembers/veterans may be eligible for a wide range of both state and Federal financial aid including relief from loans due to certain qualifying circumstances relating to military service. Ensuring that transitioning servicemembers and veterans are made aware of Education's programs may encourage them to take advantage of them to meet their educational needs and goals.

ED staff will be available at job fairs to provide financial aid benefits information and respond to servicemembers/veterans inquiries. Additionally, separating servicemembers will receive VA's GWOT Newsletter (formerly OEF/OIF Newsletter) quarterly that will include a "reminder" letter from ED with information about the financial aid benefits available to them and how to take advantage of those benefits. A greater number of servicemembers are likely to use the benefits if they understand them, can interact with someone who can answer their questions, and know how to contact someone who can provide additional information.

Implementation Actions and Target Date:

1. ED will participate in DOL-sponsored job fairs.
 - a. Identify dates and locations of job fairs - DOL will provide ED the dates, locations, and agendas for the next 12 months of upcoming job fairs conducted for servicemembers.

- b. Support – ED will identify staff to participate in selected job fairs. If it's not feasible to ED staff to attend the job fair, informational materials will be sent.

Target Date: Personnel to be available by May 1, 2007

2. ED will provide quarterly information for inclusion in VA's GWOT Newsletter.

- a. Informational Section – ED will provide content within 30 days for the GWOT Newsletter that will be sent to separating servicemembers and their families informing them of the financial aid programs available to them and with contact information if they have questions.
- b. Identify timeframe to sending content – ED will cooperate with VA to finalize any outstanding issues for the next Newsletter scheduled for printing & distribution in July.
- c. Update Header to OEF/OIF Newsletter –VA Change header to GWOT and maintain newsletter continuity by keeping (OEF/OIF).
- d. Print and mail GWOT Newsletters –VA will print the newsletters with the ED information.
- e. Follow-up –VA will feature a “What's New” column that will survey new &/or revised veterans programs, benefits, and services provided by other Federal agencies.

Target Date: Next mailing of Newsletters scheduled for July 2007.

Recommendation O-3: Integrate the “Hire Vets First” Campaign Into Existing Job and Career Fairs

Agencies Responsible for Action: Labor, Defense, Veterans Affairs, Small Business, Education, Personnel Management

Lead Agency: Labor

Recommendation: The Department of Labor (DOL) will coordinate with other Federal partners to integrate the “HireVets First” campaign with existing job/career fairs to promote awareness of the campaign to employers and servicemembers seeking employment.

- a. Federal agencies hosting or sponsoring job fairs will incorporate the “HireVetsFirst” logo, material, and messaging.

- b. DOL's "HireVetsFirst" co-branded job fairs will incorporate information from participating Federal agencies to improve awareness and access to programs and services for veterans and transitioning servicemembers

Background: The Department of Labor, through the Veterans' Employment and Training Service (VETS), is raising employer awareness of the training and skills that veterans possess at all ranks and occupational specialties and of the value these men and women bring to business through the "HireVets First" national campaign. The "Hire Vets First" Web site, the cornerstone of this campaign, enables employers to find veteran job seekers. The Web site (www.HireVetsFirst.gov) includes a guide for employers, a translator that provides the civilian application of military skills, and links to job sites with veteran resumes, such as America's Job Bank (www.ajb.org) and USA Jobs (www.usajobs.opn.gov).

Additionally, a key focus on the "Hire Vets First" outreach efforts include the co-branding of hundreds of Veterans-only job fairs. In addition to using the campaign logo, messaging, and material, "HireVets First" staff are integrating assistance from the national workforce system, and increasing continuity of effort through adoption of the HireVets First campaign brand and message. In 2007, over 120 job fairs will be open only to veterans and transitioning servicemembers. Additionally, "HireVets First" will partner with the Workforce Investment System in every state and territory during the month of November 2007 to raise national awareness of the value veterans bring to the workforce, and to dramatically expand the number of employers involved in active veteran recruitment.

Gap Analysis: Many Federal agencies host or participate in a number of recruitment activities, including targeting veterans and transitioning servicemembers. These efforts are not broadly coordinated, nor matched with specific messaging designed to assist Federal employers to better understand and utilize special veteran hiring authorities. Additionally, veteran-only job fairs provide a critical point of access to job seeking veterans for Federal agencies with key services and benefits.

How the Recommendation Addresses the Gap: Coordination of information and message branding will simplify servicemember understanding and access to the information they need during transition to succeed in their civilian job search. Centrality of information distribution via web and at veteran only job fairs will further enhance the power of the "HireVets First" message and brand, and improve resources available to veterans and servicemembers seeking civilian and Federal employment opportunities.

Implementation Actions and Target Date:

1. Federal agencies hosting or sponsoring job fairs:

- DOL/Federal agencies meet to identify and develop joint marketing material.
- Federal agencies identify events and locations for publishing on “HireVets First” website to attract servicemembers and veterans. Special content sections may be developed for Federal hiring managers or veteran job seekers.
- Federal agencies desiring “HireVets First” booth presence or general marketing material: submit time/location request and reserve booth space.

Target Date: June 30, 2007

2. Provide Information to “Hire Vets First” Job Fairs:

- DOL / Federal agencies set meeting to determine material content and delivery (hard copy or digital via web distribution).
- Federal agencies: supply material for distribution at co-branded job fairs.
- Federal agencies: identify and budget for booth space at private-sector job fairs.

Target Date: To begin May 2007

Recommendation O-4: Improve Civilian Workforce Credentialing and Certification

Agencies Responsible for Action: Defense, Labor

Lead Agency: Defense

Recommendation: Improve job qualification, certification, and credentialing opportunities for transitioning servicemembers by working with certifying entities to develop credentials for military training and experience.

Background: Determining basic qualifications for a position, as well as occupational certification and licensing, are official recognition of meeting a set of defined standards, generally through education, training, experience, and testing. They are intended to provide assurance that those qualified and credentialed professionals engaged in specific occupations meet acceptable standards of quality. In many cases, the range of civilian occupations and occupational certification and licensing requirements vary greatly, often in the case of licensure, from state to state.

Military personnel receive extensive high quality training in a wide range of military occupational specialties. The training, combined with military work experience, contributes significantly to a highly skilled workforce. Transitioning servicemembers often have difficulty articulating and getting credit for military acquired knowledge, skills, and abilities that may be transferable into civilian credentials.

Gap Analysis: The Department of Defense (DoD) spends billions each year for training the military. Many of the skills and experience of military members can be used in civilian employment but often veterans do not receive proper credit, if any at all, for their knowledge, skills and abilities gained based on their military service and training. DoD Services created *Crosswalks*, *Army Cool* and *Navy Cool*, to assist in demonstrating the gaps. However, additional analysis needs to be conducted for the Air Force and the Marines to assist all members transitioning from the military.

How the Recommendation Addresses the Gap: Servicemembers leaving the military seeking employment may be able to qualify and secure high quality jobs if they were to apply their military experience and skills toward a license or certification. Employers are seeking to hire trained and qualified workers. This recommendation puts the multi-billion dollar investment in military training to work in the civilian sector.

More opportunities for veterans to get credentials in the civilian workforce based on their military experience, training and service is a force multiplier because it supports both recruitment and retention. This also leverages the billions spent on military education and training to the civilian workplace where employer needs for skilled workers can be met with minimum investment by employers to train employees who are veterans. This would also serve as an incentive to seek and hire veterans.

Implementation Actions and Target Date:

1. **Organize Work Group** – A DoD/DOL Workgroup was formed and meetings scheduled. This workgroup will a strategy to work with the Service Schools, industry, and certifying entities to develop qualifications and certifications for transitioning servicemembers.
2. **Identify 10 Military Occupational Specialties** – The Services will identify to DoD specialties that may require minimal additional training or training adjustments within the Service Schools to support certain qualifications and certifications or that could be established as a certification.
3. **Work with training schools and certifying entities** – Services will identify points of contact from one or more Service Schools to assist

the work group and act as a liaison to the Services. The work group will then work with industry to determine what certifications for military service are relevant to the civilian workplace. The work group will also seek minor curriculum changes in military schools that would support qualifications and certifications. The workgroup will work with certifying entities to develop qualifications and certifications that take advantage of military skills and experience.

4. **DoD / DOL target 10 military occupations** to receive a certification or be recognized by existing certifications currently in effect.

Target Date: Begin June 2007

Recommendation O-5: Train Active Duty, Guard and Reserve Personnel on the Uniformed Services Employment and Reemployment Rights Act (USERRA)

Agencies Responsible for Action: Defense, Labor

Lead Agency: Labor

Recommendation: DOL will coordinate with DoD to promote awareness of the Uniformed Services Employment and Reemployment Rights Act (USERRA) provisions and benefits to servicemembers within Active Duty, Guard and Reserve components and veterans at entry to, during and exit from military service.

Background: USERRA protects civilian job rights and benefits for veterans and members of Reserve components. USERRA also makes major improvements in protecting servicemember rights and benefits by clarifying the law, improving enforcement mechanisms, and adding Federal Government employees to those employees already eligible to receive DOL assistance in processing claims.

DOL, through the Veterans' Employment and Training Service (VETS), provides assistance to all persons having claims under USERRA. USERRA clarifies and strengthens the Veterans' Reemployment Rights (VRR) Statute.

Gap Analysis: Due to the complexity of the law, servicemembers may not be aware of all of their rights under USERRA. They need a resource that informs them of their rights and explains how to receive information and representation when seeking assistance.

How the Recommendation Addresses the Gap: Servicemembers leaving the military or being demobilized may not be aware of the law that protects their employment rights. Training and other reinforcement will make servicemembers more aware of their rights and serve as a recognizable benefit of military service, especially for members of the Guard and Reserve.

As the number of cases per mobilized servicemember is reduced, there could be a positive impact on recruiting and retention especially in the Reserve Components. Servicemembers will have confidence that their employment and reemployment rights are secure.

Implementation Actions and Target Date:

1. **Develop a pocket guide** and interactive program to train DoD personnel on USERRA.
2. **Provide USERRA awareness training** in the Transition Assistance Employment Workshop.
3. **Continue training** of Employer Support of the Guard and Reserve personnel.
4. **Continue to improve training** of USERRA Senior investigators to provide outreach.
5. **Continue USERRA training** to the Judge Advocate General Corps.
Target Date: Begin June 2007

Recommendation O-6: Develop Financial Aid Education Module

Agencies Responsible for Action: Labor, Defense, Education

Lead Agency: Labor

Recommendation: To better educate transitioning servicemembers on the benefits available to them with regard to financial aid, a financial aid information module will be developed for the Transition Assistance Program and Disabled Assistance Program (TAP/DTAP). This module can be integrated into any presentations currently provided.

Background: A limited number of servicemembers take advantage of the existing benefits available to current or prior servicemembers. Information about these benefits is not currently presented during TAP/DTAP presentations and may not be readily available for transitioning servicemembers.

Gap Analysis: The Department of Education (ED) provides extensive funding and financial aid each year. Veterans account for a relatively small amount of funding available. ED has many programs and benefits; some apply solely to veterans. The gap is the lack of awareness by servicemembers of these programs and benefits for which veterans or servicemembers may be eligible.

How the Recommendation Addresses the Gap: Servicemembers may be able to qualify for a wide range of financial aid and other benefits such as some relief from loans due to certain qualifying circumstances relating to military service. Ensuring these transitioning servicemembers are made aware of these programs and benefits may encourage them to take advantage of these educational assistance programs to meet their educational needs and goals.

More opportunities for veterans to get aid for education is a force multiplier because it supports both recruitment and retention. This also leverages the information about resources available at-large and the benefits to veterans or servicemembers based upon their military service and status. Employer needs for skilled and educated workers can be supported by resources available and special provisions for veterans or military service. The success measure for providing information on the Education Module will be the number of veterans/active duty servicemembers that apply for Federal student aid using the *Free Application for Federal Student Aid (FAFSA)*.

Implementation Actions and Target Date:

1. **Brief Transition Assistance Program Steering Committee.**
2. **Form an ED and DOL work group** to develop the information to be covered in the TAP/DTAP Employment Workshops. DOL will develop teaching materials and a course addendum to include the Education material with the assistance of the National Veterans' Training Institute.
3. **Material reviewed by the Transition Assistance Program Steering Committee** and ED for approval. Once approved, begin providing instructions for trainers worldwide to provide the revised workshop at the over 211 sites and to over 150,000 transitioning servicemembers.

Target Date: August 31, 2007

Recommendation O-7: Develop a Wounded Veterans Readjustment Work Experience Program

Agencies Responsible for Action: Defense, Labor, Transportation, Personnel Management

Lead Agency: Labor

Recommendation: Department of Labor (DOL) will work closely with Department of Defense (DoD) and Department of Veterans Affairs (VA) to promote awareness of the Warfighter program and develop a pilot or pilots in coordination with Federal agencies to give injured and recovering servicemembers the opportunity to participate.

Background: DoD Military Severely Injured Center (MSIC), in partnership with the DOL Recovery and Employment Assistance Program, is sponsoring Operation Warfighter (OWF), a temporary assignment program for members of the Military Services who are undergoing treatment or rehabilitation at select Military Medical Treatment Facilities. The OWF is designed to provide recovering injured or wounded servicemembers with meaningful activity outside the hospital environment and offer them an opportunity to explore career options in the Federal workforce. The DOL administers the program on behalf of DoD.

Operation Warfighter allows injured servicemembers to work several hours a week while undergoing treatment and therapy for their injuries suffered in combat. Wounded veterans may voluntarily work 15-30 hours per week for three to four month periods.

Gap Analysis: Experience shows veterans generally enjoy a favorable employment rate in the Nation's job market; however, many veterans initially find it difficult to compete successfully in the labor market. The OWF Program helps address this wounded veteran re-adjustment issue by allowing veterans an opportunity to work in a civilian occupation and environment, and gain experience, confidence, and possibly permanent employment in the Federal, state or local government. The Department of Transportation is seeking to integrate its American Hero Support Program into the OWF and support wounded veterans through internships in state departments of transportation and local government agencies.

How the Recommendation Addresses the Gap: Wounded and injured servicemembers on medical hold may be positioned to take advantage of opportunities to gain valuable work experience before leaving military service. This will also help them to make the emotional and physical adjustment to the civilian work place.

The impact is national in scope. In addition to having some hiring opportunities, Federal agencies can leverage their relationships and networking linkages with the states, the District of Columbia, and Puerto Rico to make available a supportive work environment in almost any part of the country. Positions range from blue collar to white collar and from high tech to low tech. This environment would be a perfect match for an “intern” type of program that would allow the transitioning servicemember to “test drive” the working environment in a geographical location that is most suitable for their recovery.

The success of this initiative can be gauged by the number of Federal Departments participating, the number of participants, and the number of participants entering employment after discharge.

Implementation Actions and Target Date:

1. **Develop an information brief** for injured and wounded candidates and a clearinghouse for prospective participants.
2. **Develop a Warfighter Program information guide and briefing** for Federal Departments.
3. **Request that each Cabinet level Department establish a pilot program.**
4. **Establish a tracking program** to measure success.
5. **Encourage Departments to be creative, expand and establish a best practices repository** in their program and publish progress and updates on Department’s website.
6. **Three-Phased implementation** from Development Phase and Pilot Phase to Full Implementation.

Target Date: Begin June 2007

Recommendation O-8: Expand Access to the National Housing Locator

Agencies Responsible for Action: Housing and Urban Development (HUD), Veterans Affairs, Defense

Lead Agency: Housing and Urban Development

Recommendation: Expand access to the National Housing Locator (NHL) to allow use by servicemembers and veterans through DoD and VA. HUD, in support of State and Local Housing Authorities, and other First Responders, launched the intergovernmental National Housing Locator (NHL) web site in January 2007 as a response to lessons learned from Hurricane Katrina and related disasters.

Background: The NHL is a searchable, web-based clearinghouse of over 20,000 rental housing vacancies available nationwide and growing. It allows users to set a number of search criteria, to include desired location, by city, area code; price range; acceptance of vouchers; accessibility; assisted and/or elderly accommodations; number of bedrooms; area fair market rents; geo-spatial by radius, and other criteria. Once the criteria are set, a rapid search is conducted nation-wide with designated partners, and the information about available housing is presented in a report format. In most cases, pictures of the housing, a geocoded map – to include ranges illustrating locations of available housing, and contact information, is provided.

Gap Analysis: Presently, there are several different housing locators available to assist servicemembers and veterans but there is no single-source national database available to them. Access to the NHL is currently limited to State Housing Authorities, Public Housing Authorities, and others designated as first responders to a disaster.

How the Recommendation Addresses the Gap: Transitioning servicemembers and veterans frequently re-locate to new geographical areas. Many need assistance with quickly finding safe, affordable housing. Having access to the NHL, an easily searchable nation-wide repository of available housing, would greatly assist transitioning servicemembers and veterans in this endeavor.

Implementation Actions and Target Dates:

1. **Identify and gather portal details.**
Target Date: May 4, 2007.
2. **Develop Standard Methodology to add participating portals.**
Target Date: May 18, 2007.
3. **Define business and technical requirements.**
Target Date: June 8, 2007.
4. **Design standardized access method for target users.**
Target Date: July 6, 2007.
5. **Implement standard access method to support Pilot Veterans Service Organization access to NHLS via VIP.**
Target Date: August 3, 2007

6. Engineer/Build standard authorization interfaces with authentication portals.

Target Date: October 26, 2007.

7. Test and deploy NHL for participating portals.

Target Date: Ongoing, as new portals are added.

Recommendation O-9: Provide Outreach and Education to Community Health Centers

Agencies Responsible for Action: Health, Veterans Affairs, and Defense

Lead Agency: Health

Recommendation: VA, HHS, and DoD will improve access to quality health care and services for returning OEF/OIF servicemembers, especially for veterans in remote or rural areas. The goals of the collaboration would be to:

- 1) improve beneficiary access to quality health care and services, especially for veterans in remote or rural areas;
- 2) familiarize providers with the VA and DoD services available to returning veterans to enable appropriate referrals; and
- 3) improve communication between VA and DoD health care providers and Health Center providers regarding the health care needs of returning veterans.

Background: Recognizing that some veterans returning from GWOT may seek primary and behavioral health care assistance at Health Centers, HHS, VA, and DoD will create opportunities to coordinate and improve services for returning OEF/OIF servicemembers. For example, HHS, VA, and DoD could provide training to Health Centers to familiarize providers with the VA and DoD services available to returning veterans, in order to enable appropriate referrals. Additionally, VA and DoD could develop training for Health Center clinicians related to the specific health needs of returning veterans, such as screening to identify the areas where referral would be warranted, e.g. environmental infectious agents, mental health issues (such as Post-Traumatic Stress Disorder or PTSD), and Traumatic Brain Injuries (TBI) that may be more common for veterans of the current conflict. Because the diagnosis and treatment of highly complex diagnoses like TBI or the differential diagnosis of TBI versus PTSD takes a full team of neuropsychologists/psychologists, neurologists, physiatrists, OT/PT, social workers and primary care providers (MD, NP or PA), referral to a VAMC where this full team is available is crucial to assure the full battery of tests, assessments, and treatment is available to the veteran, as appropriate.

How the Recommendation Would Address the Gap: Educating Health Center providers on the benefits and services available to veterans through VA and DoD could improve the appropriateness and number of referrals to VA and DoD. Additionally, the expertise of VA and DoD health service providers would be tapped to provide guidance to Health Centers regarding the specific health care needs of returning veterans, e.g. screening for PTSD and TBI. Processes will be developed to assure that care is not fragmented or duplicative and referrals are easy to manage so that the veteran does not have a gap in services.

Implementation Actions and Target Date:

1. **Establish a working group** of key VA and DoD program staff and HHS/Health Resources and Services Administration (HRSA) program staff. VA, HHS, and DoD will formalize an agreement to:
 - (a) determine the greatest needs among OEF/OIF returnees likely to interact with Health Centers and other HRSA-supported provider organizations and
 - (b) explore the range of opportunities for training and collaboration between VA and DoD health services and HRSA's Health Center program as well as other HRSA-supported provider organizations.

Target Date: April 30, 2007

2. **Identify a set of possible initiatives** that would address the needs of GWOT veterans and enhance coordination of services for returning GWOT servicemembers. Possible activities may include, but are not limited to:
 - Assess the Health Center providers' familiarity with VA and DoD health services and access points, and the Health Centers' need for materials and trainings related to VA and DoD health services;
 - Develop a VA Health Services Resource Guide for GWOT Veterans that includes a description of VA health services, eligibility criteria for VA health services, and access points for VA health services;
 - Develop a DoD Health Services Resource Guide for GWOT servicemembers that includes a description of DoD health services and access points for DoD health services;
 - Develop a structured opportunity for Health Centers and VA and DoD facilities to identify local referral resources and establish formal referral arrangements, including training and opportunities for interface;

- Develop trainings for Health Center clinicians related to the specific health needs of returning veterans, such as screening to identify the areas where referral would be warranted, e.g., environmental infectious agents, mental health issues (such as Post-Traumatic Stress Disorder or PTSD), and Traumatic Brain Injuries (TBI) that may be more common for veterans of the current conflict; and
- Explore options for tracking the number of veterans seen in Health Centers such as through the inclusion of a data element on veteran status in HRSA’s Uniform Data System (UDS).

Target Date: July 30, 2007

3. **Based on conclusions of the work group, draft MOU/agreement(s) between VA, DoD, and HHS** detailing the agreed upon activities, if necessary.

Target Date: October 31, 2007

4. **Explore opportunities for additional outreach** to the Health Center community regarding available health services offered through VA (e.g. the annual Health Care for the Homeless Conference and other such HHS and VA sponsored events) and DoD.

Target Date: Ongoing

Recommendation O-10: Expand OPM Outreach Efforts

Agencies Responsible for Action: Personnel Management, Labor, Defense

Lead Agency: Personnel Management

Recommendation: Office of Personnel Management (OPM) will reach agreement with a military hospital/installation to place an OPM outreach specialist at that location in FY 2007.

Background: OPM has established veterans’ outreach offices at Walter Reed Army Medical Center in Washington, DC, and Brooke Army Medical Center (BAMC) in San Antonio, TX. The OPM office at Walter Reed opened in December 2005 and is staffed by an OPM employee. The BAMC office opened in December 2006 and is staffed by an Air Force employee detailed to OPM.

OPM's work at Walter Reed and BAMC is done in conjunction with DoD's Career Transition Assistance Program (C/TAP), which helps wounded veterans recover physically and psychologically and transition back to civilian life. To support this effort at Walter Reed and BAMC, OPM provides the following services to wounded servicemen and women:

- Coordinate outreach activities with each hospital's C/TAP programs;
- Provide Federal job information and counseling directly to veterans and help them find and apply for jobs;
- Offer classes that teach resume-writing and offer tips on how to translate military accomplishments into a set of knowledge, skills, and abilities (KSAs) that are marketable in the Federal Government;
- Work directly with Federal agencies to match their talent needs with qualified veterans, many of whom possess the skills agencies need to close mission critical staffing gaps;
- Promote *www.USAJOBS.gov* as the Federal government's one-stop employment information system; and
- Educate veterans on their veterans' preference rights and what those rights mean for them.

Gap Analysis: Data for the Walter Reed office (Brooke has only been open a short time) indicates that the program is well received and expansion would benefit our wounded warriors.

- OPM has provided job information to more than 1,000 military personnel and spouses and offered classes to more than 700.
- OPM has directly counseled almost 800 people through its Walter Reed outreach office. Many of these attended a monthly resume-writing/KSA workshop where OPM helps veterans establish a "MY USAJOB" account.
- 113 people have been hired, 68 by the private sector and 45 by the Federal government.

Expand OPM outreach efforts to an additional hospital/installation in 2007.

How the Recommendation Addresses the Gap: An additional office would expand Federal employment education and information to a larger percentage of our wounded warriors.

Implementation Action and Target Date:

OPM will evaluate opportunities at the following Military Hospitals/Military Installations:

- Evans Army Community Hospital, Fort Carson, Colorado;
- Darnall Army Medical Center, Fort Hood, Texas;
- Camp Pendleton Naval Hospital, Camp Pendleton, California; and
- Madigan Army Medical Center, Tacoma, Washington.

-
- Site visit conducted at Fort Carson, Colorado March 28, 2007.
 - Schedule additional site visits as appropriate.
 - Continue to work with contacts to establish a clear understanding of requirements and determine level of interest.
 - Explore alternate proposals to expand outreach efforts.

Target Date: Obtain an agreement with one hospital/installation by June 30, 2007.