

April 20, 2007

## VETERANS SERVICE ORGANIZATIONS POLICY

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive establishes VHA policy concerning VHA's interface with the Veterans Service Organizations (VSOs).

### 2. BACKGROUND

a. VSOs are the primary non-government advocate for veterans. The Federal Government and specifically VHA interact with these organizations on issues concerning veterans as a whole or on specific issues. Attention needs to be focused on concerns and observations submitted by VSOs in order to improve veteran satisfaction. It is important that VHA work closely with the VSOs in identifying the health care and benefit needs of their memberships.

b. VSO survey teams provide their organization with information on patient care at specific VA facilities (see Att. A).

c. VSO representatives are occasionally asked to participate in the activities of VHA task force and work groups. VSO representatives cannot legally participate in the efforts of a work group or task force to develop consensus policy recommendations to management. Therefore, the role of the VSO representative must be limited to that of a consultant to the group. This prohibition on VSO participation does not apply to VA advisory committees established pursuant to the Federal Advisory Committee Act, Title 5 United States Code (U.S.C.) App, and Title 41 Code of Federal Regulations (CFR) §§ 102.3.5 to 102-3.185.

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

**3. POLICY:** It is VHA policy that the Under Secretary for Health maintains an "open communication" policy with each VSO and responds to all reasonable requests for information.

### 4. ACTION

a. **Voluntary Service Office (10C2), VA Central Office.** The Voluntary Service Office (10C2), VA Central Office, is the principal advisor to the Under Secretary for Health for coordination and monitoring interactions between the Department of Veterans Affairs (VA) and VSOs; and, when appropriate, is responsible for providing information on issues and initiatives so that the VSOs may provide their membership a factual picture of the issues. *NOTE: This relates equally to each VSO.*

b. **VHA Program Officers, VA Central Office.** Each VHA Program Officer, VA Central Office, is responsible for:

(1) Alerting the Director, Voluntary Service Office on all VHA issues and programs that impact VSOs.

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(2) Informing the Director, Voluntary Service Office on all VHA-sponsored meetings and discussions that include the VSOs. **NOTE:** *Invite the Chief Communications Officer (10C), as appropriate.*

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

(4) Reporting all significant VSO contacts to Director, Voluntary Service Office, through normal VHA channels.

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

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

**5. REFERENCE:** MP-1, Part II, Chapter 37.

**6. FOLLOW-UP RESPONSIBILITY:** Director, Voluntary Service Office (10C2), is responsible for the contents of this Directive. Questions may be directed to 202-273-8952.

**7. RESCISSIONS:** VHA Directive 2002-025 is rescinded. This VHA Directive expires April 30, 2012.

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**ATTACHMENT A**

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

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

**ATTACHMENT B**

**VETERANS SERVICE ORGANIZATIONS (VSOs) RESOLUTION  
RESPONSE PROCESSING**

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

**(008A)**

2. The Office of Deputy Assistant Secretary for Program and Data Analyses (008A) has the agency lead.

3. (008A) makes an assignment to the VHA Office of Executive Correspondence (101B) in WebCIMS to provide input and/or responses on Veterans Health Administration (VHA) issues.

4. A Resolution involving legislative initiatives is typically routed through General Counsel and does not require a VHA response. If the Resolution has been responded to in the past, (008A) provides a copy of the previous Resolution response to (101B).

**(101B) REVIEWER**

5. The (101B) Reviewer (assigned to handle 008A packages for VHA) verifies special instructions or requirements with (008A) and then makes an assignment to Voluntary Service (10C2) in WebCIMS to prepare the final response to each Resolution. *NOTE: See Attachment C for a sample of the correct format of a VSO Resolution and response.*

6. (101B) must keep (008A) informed of additional involvement required from offices outside of VHA. For example, if a Resolution is determined to be outside of VHA jurisdiction or requires collaboration with another office outside of VHA, (101B) promptly notifies (008A), who makes the appropriate reassignment or tracks the additional input, as needed.

**(10C2)**

7. (10C2) prepares a cover memo for the Under Secretary for Health's signature addressed to (008A), transmitting the VHA responses to VSO Resolutions and adhering to the guidelines provided by (008A) and the (101B) reviewer.

a. (10C2) makes WebCIMS assignments to the applicable VHA offices to provide input.

b. Special instructions are to be clearly communicated to the VHA offices at the time the assignments are made. For example, the Resolution is to precede the response in each instance and be attached as a word document in the WebCIMS electronic folder.

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

d. Resolutions requiring legislation are returned to (008A) with an annotation that the Resolution requires legislation, and the Office of Legislative Programs and Policy Review (10C1) is provided with a copy of any Resolution that involves VHA legislation.

e. (10C2) monitors the WebCIMS assignments and all VHA activity, following up, if necessary, to ensure timely, complete, and properly-formatted responses within VHA.

f. (10C2) collects and organizes the responses to include as hardcopy attachments to the cover memo.

g. (10C2) compiles the final package for the Under Secretary for Health's signature.

h. (10C2) assigns the final package to 101BREV in WebCIMS for review and submits the hardcopy folder to (101B).

**(101B) REVIEWER**

8. The (101B) Reviewer reviews the VHA response package.

9. The finished product is taken to mail call, signed by 10, and forwarded via WebCIMS to (008A). The hardcopy folder with VHA's response to (008A) is returned to (10C2) where it is held in a pending file.

**(008A)**

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

11. Once (008A) produces a consolidated response to the VSO Resolutions, (008A) makes an assignment in WebCIMS to (101B) for VHA concurrence on the final agency response.

12. (008A) advises (101B) if there are changes and what changes have been made to the initial VHA submission.

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

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

**(101B) REVIEWER**

13. (101B) Reviewer makes an assignment to (10C2) to finalize package for 10's concurrence.

**(10C2)**

14. (10C2) is responsible for reviewing both the initial VHA submission and the final versions prepared by (008A) of VHA's Resolution responses.

15. If there are no changes to VHA's initial submission, (10C2) prepares the hardcopy package for final 10 concurrence. Both hardcopy versions of the Resolution responses are provided to the (101B) Reviewer, with an assignment to 101BREV for (10)'s concurrence.

16. If there are changes to VHA's initial submission, (10C2) makes assignments to the appropriate VHA program offices for review and concurrence.

17. (10C2) monitors all of the necessary internal VHA concurrences and prepares the hardcopy package for final (10) concurrence.

18. Both hardcopy versions of the Resolution responses are provided to the (101B) Reviewer, along with all of the additional VHA concurrences and review comments from the affected VHA program offices.

19. (10C2) makes an assignment in DCMS to 101BREV for (10)'s concurrence.

**(101B) REVIEWER**

20. The (101B) Reviewer ensures the full package is presented at mail call for the Under Secretary for Health's concurrence.

21. The (101B) Reviewer and (10C2) work together to resolve any pending issues that may develop as a result of the Under Secretary for Health's review at mail call.

22. (101B) sends VHA's concurrence to (008) via WebCIMS and closes VHA assignments. Hardcopy folders are returned to (10C2).

ATTACHMENT C

SAMPLE VETERANS SERVICE ORGANIZATION (VSO)  
RESOLUTION AND RESPONSE

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

**RESOLUTION # 604**

**OPPOSE VA PHARMACEUTICAL CO-PAYMENT INCREASES**

*BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we oppose increases in the VA pharmaceutical co-payment.*

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

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

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

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