



Department of

Veterans Services

Special Adaptive Housing Grant

Introduction – Special Adaptive Housing Grant

Background & Eligibility Criteria

- 2101(a) grants, otherwise known as Special Adaptive Housing (SAH) grants, help Veterans with certain service-connected disabilities live more independently in a barrier-free environment.



Background & Eligibility Criteria

The following represent the permanent and total service-connected disabilities that may qualify a Veteran for an SAH grant:

- Loss, or loss of use, of both lower extremities such as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair.
- Blindness in both eyes, having only light perception, PLUS loss or loss of use of one lower extremity.
- Loss or loss of use of one lower extremity, PLUS residuals of organic disease or injury, which so affect the functions of balance or propulsion as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair.

Background & Eligibility Criteria

- Loss or loss of use of one lower extremity, PLUS loss or loss of use of one upper extremity, which so affect the functions of balance or propulsion as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair.
- Loss, or loss of use, of both upper extremities such as to preclude use of the arms at or above the elbows.
- A severe burn injury (as determined pursuant to regulations prescribed by the Secretary).

Background & Eligibility Criteria

- Blindness on both eyes, having central visual acuity of 20/200 or less in the better eye with the use of a standard correcting lens (for the purposes of this subparagraph, an eye with a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered as having a central visual acuity or less).
- A permanent and total disability that includes the anatomical loss or loss of use of both hands.
- Certain respiratory ailments.
- A permanent and total disability that is due to a severe burn injury (as so determined).

What it Does...

- SAH grants can be used in one of the following ways:

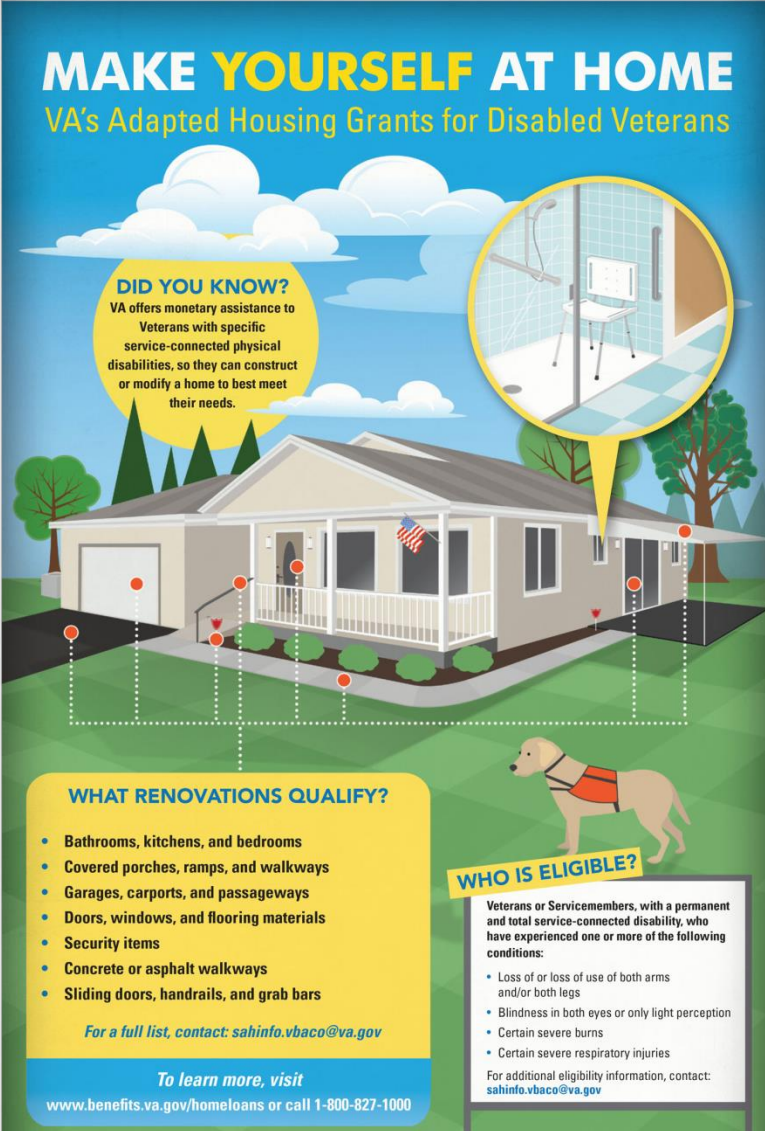
- Construct a specially adapted home on land to be acquired.
- Build a home on land already owned if it is suitable for specially adapted housing.
- Remodel an existing home if it can be made suitable for specially adapted housing.
- Apply the grant against the unpaid principal mortgage balance of an adapted home already acquired without the assistance of a VA grant.
- Adapt an existing home the Veteran or a family member already owns in which the Veteran lives
- Adapt a home the Veteran or family member intends to purchase in which the Veteran will live
- Help a Veteran purchase a home already adapted in which the Veteran will live

What it Does...

MAKE YOURSELF AT HOME

VA's Adapted Housing Grants for Disabled Veterans

DID YOU KNOW?
VA offers monetary assistance to Veterans with specific service-connected physical disabilities, so they can construct or modify a home to best meet their needs.



WHAT RENOVATIONS QUALIFY?

- Bathrooms, kitchens, and bedrooms
- Covered porches, ramps, and walkways
- Garages, carports, and passageways
- Doors, windows, and flooring materials
- Security items
- Concrete or asphalt walkways
- Sliding doors, handrails, and grab bars

For a full list, contact: sahinfo.vbaco@va.gov

WHO IS ELIGIBLE?

Veterans or Servicemembers, with a permanent and total service-connected disability, who have experienced one or more of the following conditions:

- Loss of or loss of use of both arms and/or both legs
- Blindness in both eyes or only light perception
- Certain severe burns
- Certain severe respiratory injuries

For additional eligibility information, contact: sahinfo.vbaco@va.gov

To learn more, visit www.benefits.va.gov/homeloans or call 1-800-827-1000



Application

- VA Form 26-455 is utilized to apply for SAH grants.

OMB Approved No. 2900-0132
Respondent Burden: 10 minutes



Department of Veterans Affairs

APPLICATION IN ACQUIRING SPECIALLY ADAPTED HOUSING OR SPECIAL HOME ADAPTATION GRANT (Title 38 U.S.C. Section 2101(a) or 2101(b))

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, CFR 1.576 for routine uses (for example: Authorizing release of information to Congress when requested for statistical purposes) identified in the VA system of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records, and Vendee Loan Applicant Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38, CFR 3.809. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

RESPONDENT BURDEN: We need this information to determine or verify your eligibility for a specially adapted housing or special home adaptation grant. Title 38, U.S.C. 2101(a) or 2101(b) allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

INSTRUCTIONS: This application should be submitted to the VA regional office where your claim file is located or this form can be completed online by visiting www.ebenefits.va.gov.

1. FIRST NAME - MIDDLE INITIAL - LAST NAME	2. SOCIAL SECURITY NO.	3. VA FILE /CLAIM NUMBER
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4. DATE OF BIRTH	5. E-MAIL ADDRESS
------------------	-------------------

6. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

7. TELEPHONE NUMBERS OF APPLICANT (Include Area Code)

A. DAYTIME	B. EVENING	C. CELL

8. HAVE YOU MADE PREVIOUS APPLICATION FOR SPECIALLY ADAPTED HOUSING?
 YES NO (If "Yes," give date and place)

9. HAVE YOU MADE PREVIOUS APPLICATION FOR HOME IMPROVEMENT AND STRUCTURAL ALTERATION GRANT?
 YES NO (If "Yes," give date and place)

10. ARE YOU CONFINED TO A NURSING HOME OR MEDICAL CARE FACILITY?
 YES NO (If "Yes," give name and address of facility)

Application

- Applications are processed by SAH personnel at the Regional Loan Center (RLC) of jurisdiction are notified electronically for the purposes of tracking and outreach.
- SAH personnel do not make entitlement determinations. The VSC establishes whether an individual's disabilities are service-connected and whether they meet the criteria for SAH entitlement.



Temporary Residence Adaptation Grants

- 2102A grants, otherwise known as Temporary Residence Adaptation (TRA) grants, help SAH/SHA eligible Veterans who are or will be temporarily residing in a home owned by a family member. The qualifying disabilities for the TRA grant are the same as for SAH and SHA. In other words, a Veteran must be entitled to SAH or SHA in order to be eligible for TRA grant use.



Background & Eligibility Criteria

- 38 U.S.C. 2102 provides information about the limitations on SAH/SHA program assistance. Specifically, there are limitations on both the amount of financial assistance that can be provided under the grant program, and there are also limitations on the number of times a Veteran may use the grant program.
- The maximum grant amounts are set by the Secretary each year on October 1, after consultation with a residential cost-of-construction index.

Background & Eligibility Criteria

- Regardless of which grant program a Veteran chooses to use, he or she is entitled to a maximum of three grant uses, not to exceed the aggregate amount of assistance available to an individual under the law. TRA grants are limited to one use and count as one of the three maximum grant uses.



Background & Eligibility Criteria

Important: Public Law 112-154 made significant changes to the TRA grant program:

- Effective on October 1, 2012, the TRA grant amount was increased and also indexed in the same manner as the SAH and SHA grants. Additionally, the authority to make TRA grants was extended through December 31, 2022.
- Effective August 6, 2013, the TRA grant was excluded from the aggregate limitations on assistance furnished pursuant to section 2102 of Title 38 U.S.C.

Background & Eligibility Criteria

- Therefore, a TRA grant used prior to August 6, 2013, would require that funds be deducted from the maximum grant assistance available under either the SAH or SHA program. A TRA grant used subsequent to August 6, 2013, would NOT be deducted from the maximum grant assistance available under SAH/SHA.



Ratings

- A rating decision is the official declaration of benefits available to a Veteran due to his/her service-connected disabilities, as determined by the VSC of jurisdiction.
- A rating decision indicates whether or not a Veteran is entitled to the SAH or SHA grant. It also provides the legal, medical, and service-related justifications for granting or denying the benefit.
- In discussing the SAH program and processes with Veterans, it is important to convey that the rating decision establishes entitlement, but does not equate to grant approval. All applicable statutory and regulatory eligibility, feasibility, suitability, and ownership requirements must be met and final grant approval must be obtained prior to any grant funds being released from the U.S. Treasury (with the exception of death case reimbursements).

The 411...



Who determines the veteran's or service member's basic eligibility for the grant?

- The current or most recent VA Rating Decision issued by the Veterans Service.
- Center of jurisdiction establishes the veteran's or service member's basic eligibility for a Specially Adapted Housing Grant. The VA Rating Decision is subject to review and revision.

Is there a time limitation or deadline for applying for a Specially Adapted Housing Grant?



- No, there is no time limit on the use of the grant.

How much specially adapted housing assistance can a veteran or service member receive?

- The SAH and SHA benefit amount is set by law, but may be adjusted upward annually based on a cost-of-construction index. The maximum dollar amount allowable for SAH grants in fiscal year 2018 is \$81,080. The maximum dollar amount allowable for SHA grant in fiscal year 2018 is \$16,217. No individual may use the grant benefit more than three times up to the maximum dollar amount allowable.
- A temporary grant may be available to SAH/SHA eligible Veterans and Service members who are or will be temporarily residing in a home owned by a family member. The maximum amount available to adapt a family member's home for the SAH grant is \$35,593 and for the SHA grant is \$6,355.

How many times may a veteran or service member receive specially adapted housing assistance?

- Public Law 109-233 authorized up to three usages of grant benefits. Public Law 110-289 provided for annual increases in the maximum grant amount, to keep pace with the residential cost-of-construction index. When the maximum grant amounts are increased, veterans or service members who have not used the assistance available to them up to the allowable three times may be entitled to a grant equal to the increase in the maximum grant amount at that time.

Where may the grant be used?

Any real property purchased, constructed, or adapted with the proceeds of a specially adapted housing grant must be located:

- a. within the United States, which, for purposes of 38 U.S.C. chapter 21, includes the several States, Territories, and possessions, including the District of Columbia, and the Commonwealths of Puerto Rico and the Northern Mariana Islands; or,
- b. outside the United States, in a country or political subdivision which allows individuals to have or acquire a beneficial property interest, and in which the Secretary, in his or her discretion, has determined that it is reasonably practicable for the Secretary to provide assistance in acquiring specially adapted housing.

How may the grant be used?

a. An eligible veteran or service member has the option to use up to the full amount of the grant under any one of the following plans:

- Plan (1). The veteran or service member may elect to construct a home on land to be acquired for that purpose.
- Plan (2). The veteran or service member may build a home on land already owned if it is suitable for specially adapted housing.
- Plan (3). The veteran or service member may remodel an existing home if it can be made suitable for specially adapted housing.
- Plan (4). When the veteran or service member has already acquired a specially adapted home (without the assistance of a VA grant), the grant may be applied against the unpaid principal mortgage balance of the home.

How may the grant be used?

- b. A temporary grant (TRA) may be available to veterans and service members who are/will be temporarily residing in a home owned by a family member. This assistance, up to \$14,000, may be used to adapt the family member's home to meet the veteran or service members special needs at that time. However, this amount is not subject to annual adjustments based on the cost-of-construction index, nor are they subject to the suitability and financial requirements noted in questions 4(b) and
- (c). The TRA grant program is a pilot program and is scheduled to end on December 31, 2022.

Question?

- **If a veteran or service member already has a specially adapted home that is owned free and clear, how much of the grant, if any, would the veteran or service member be entitled to receive?**

Answer

- It depends on the needs of the veteran or service member. Additional adaptations may be installed, if they are determined to be necessary. Should the veteran or service member decide to buy or build another specially adapted home, the total benefit, or portions of the maximum grant allowable not yet used, could be applied toward installation of adaptations on that house.

Question?

If the maximum grant amount is not used for a specially adapted home, may a second grant be obtained for another home or for further adaptive modifications on the veteran's or service member's present home?

Answer

Yes. Under 38 U.S.C. Chapter 21, the grant, up to the maximum amount, can be used up to three times. For the purpose of the following examples, the current maximum allowable grant amount of \$63,780 is used:

Examples

Example (1). If the total cost for the construction and land were \$80,000, the maximum grant would be 50 percent of the \$80,000, or \$40,000. The veteran or service member would then be able to claim a further grant of \$23,780 at a later date for the repair or replacement of current adaptations, for the installation of additional adaptations, or for the purchase, construction, or adaptation of another home (as long as he or she has not already received the grant a total of three times).

Example (2). If the veteran or service member had \$50,000 of prior grant usage at the time of an increase in the maximum grant amount to \$63,780, the \$13,780 difference may be used to assist in acquiring another adapted home or installing additional adaptations in the same home (as long as he or she has not already received the grant a total of three times).

Question?

- **Will VA help an eligible veteran or service member to pick out a lot, obtain the services of an architect, obtain bids for construction, and arrange necessary financing?**

Answer

- Yes. Specially Adapted Housing Agents are specialists in this field and will provide assistance to the veteran or service member . However the veteran or service member is allowed freedom of choice when it comes to location, financing and contractor.

Question?

- **Is design assistance for specially adapted housing available from the Department of Veterans Affairs?**

Answer

- VA Pamphlet 26-13, Handbook for Design: Specially Adapted Housing, provides guidelines, recommendations, and illustrations to assist the physically handicapped veteran or service member and the architect/designer to construct or remodel a home so that its design fully meets all of the veteran's or service member's special needs.

Question?

- **Can a veteran or service member apply for a GI Home Loan from a private lender to cover the difference between the total cost of the house and the grant?**

Answer

- Yes, if he/she is a veteran or service member of World War II or later who has GI Housing Entitlement and can qualify for a GI Home Loan.

Question?

- **If private financing is not available, can VA make the veteran a direct loan to cover the difference between the total cost of the house and the grant?**

Answer

- Yes, provided the veteran has GI home loan entitlement and qualifies from a credit standpoint.

Question?

- **Is life insurance available, which would pay off the mortgage on a specially adapted house in case the veteran dies before repaying the loan?**

Answer

- Yes. Most veterans and service members who receive a Specially Adapted Housing Grant are eligible for Veterans Mortgage Life Insurance (VMLI) covering the unpaid principal, not to exceed \$90,000, on the mortgage loan. VA representatives will explain this program and assist eligible veterans in applying for this protection using VA Form 29-8636 (Veterans Mortgage Life Insurance Statement). However, VMLI can only be issued to veterans age 69 and younger. Once issued, VMLI will remain in effect, regardless of age, if there is mortgage indebtedness. Questions concerning VMLI should be directed to the Insurance Center located in Philadelphia at 1-800-669-8477.

Question?

- **Are there other benefits similar to specially adapted housing to which a disabled veteran may be entitled?**

Answer

- Yes, an eligible veteran or service member may be entitled to the Home Improvement and Structural Alterations (HISA) benefit, which has a current maximum of \$4,100 for a service-connected disability and \$1,200 for a non service-connected disability. The Prosthetics and Sensory Aids Service at the nearest VA health care facility will furnish additional information concerning this benefit upon request (including how to file VA Form, 10-0103, Veterans Application for Assistance in Acquiring Home Improvement and Structural Alterations).

Question?

- **If a veteran or service member is eligible for a Specially Adapted Housing Grant, may he/she also receive a Special Housing Adaptations Grant?**

Answer

- No. If a veteran or service member qualifies for both benefits, the law limits him/her to the use of the larger grant.

Summary





Department of

Veterans Services

Military Exposures

Environmental Hazards

- Veterans may have been exposed to a range of chemical, physical, and environmental hazards during military service.



Environmental Hazards

- Agent orange related diseases
- Gulf war illnesses
- Radiation related diseases
- Toxic embedded fragments
- Traumatic brain injury
- Cold injuries
- Birth defects
- Infectious diseases
- Vaccinations and medications during service
- Rabies
- Heat injuries
- Occupational hazards

Agent Orange

- AL Amyloidosis
- Chronic B-cell Leukemias
- Chloracne
- Diabetes Mellitus Type 2
- Hodgkin's Disease
- Ischemic Heart Disease
- Multiple Myeloma
- Non-Hodgkin's Lymphoma
- Parkinson's Disease
- Peripheral Neuropathy, Early-Onset
- Porphyria Cutanea Tarda
- Prostate Cancer
- Respiratory Cancers (includes lung cancer)
- Soft Tissue Sarcomas

Locations of Agent Orange Exposure

- ***Exposure to Agent Orange in Vietnam***
Exposure on land in Vietnam or on a ship operating on the inland waterways of Vietnam between January 9, 1962 and May 7, 1975
- ***C-123 Airplanes and Agent Orange Residue ****
Possible exposure of crew members to herbicide residue in C-123 planes flown after the Vietnam War
- ***Blue Water Veterans ****
Possible exposure on open sea ships off the shore of Vietnam during the Vietnam War
- ***U.S. Navy and Coast Guard Ships in Vietnam ****
Ships and boats with operations in Vietnam between January 9, 1962 and May 7, 1975
- ***Korean Demilitarized Zone***
Exposure along the demilitarized zone in Korea between April 1, 1968 and August 31, 1971
- ***Thailand Military Bases ****
Possible exposure on or near the perimeters of military bases between February 28, 1961 and May 7, 1975
- ***Herbicide Tests and Storage Outside Vietnam****
Possible exposure due to herbicide tests and storage at military bases in the United States and locations in other countries

Locations of Agent Orange Exposure

- In addition, VA has determined there is evidence of exposure to Agent Orange for Air Force and Air Force Reserve members who served:
 - during the period 1969 through 1986
 - regularly and repeatedly operated, maintained, or served onboard C-123 aircraft
 - Agent Orange C-123 web page
- BLUE WATER/US COAST GUARD
 - In Vietnam anytime between:
 - January 9, 1962 and May 7, 1975.
 - Including brief visits ashore.
 - Service aboard a ship that operated on the inland waterways of Vietnam. (U.S. Navy and Coast Guard ships that operated in Vietnam)
 - Korean demilitarized zone between April 1, 1968 and August 31, 1971

Blue Water Exception

- Exception: Blue Water Veterans with non-Hodgkin's lymphoma may be granted service-connection without showing inland waterway service or that they set foot in Vietnam.

Application for VA BENEFITS

Personal Information

Name (Last) *Doe* (First) _____ (Middle Initial) *CK* Home Telephone *817-1234*
Address (Mailing Address) *12345 Main Street* (City) _____ (State) *TX* (Zip) *75001* Other Telephone *817-5678*
E-Mail Address _____

Current Income

High School Graduate Or General Education (GED) Test Passed? Yes No

College, Business School, Military (Most recent first)

Name and Location	Dates Attended		Credits Earned		Graduate	Degree & Year	Major or Subject
	From	To	Quarterly or Semester Hours	Other (Specify)			
					Yes No		
					Yes No		

Locations of Agent Orange Exposure

- Thailand Military Bases and Agent Orange Exposure
- U.S. Air Force Veterans who served on Royal Thai Air Force (RTAF) bases at U-Tapao, Ubon, Nakhon Phanom, Udorn, Takhli, Korat, and Don Muang, near the air base perimeter anytime between February 28, 1961 and May 7, 1975.
- U.S. Army Veterans who provided perimeter security on RTAF bases in Thailand anytime between February 28, 1961 and May 7, 1975.
- U.S. Army Veterans who were stationed on some small Army installations in Thailand anytime between February 28, 1961 and May 7, 1975. However, the Army Veteran must have been a member of a military police (MP) unit or was assigned an MP military occupational specialty whose duty placed him/her at or near the base perimeter.
- A Department of Defense report (9.3 MB, PDF) written in 1973, Project CHECO Southeast Asia Report: Base Defense in Thailand 1968-1972, contains evidence that there was a significant use of herbicides on the fenced-in perimeters of military bases in Thailand to remove foliage that provided cover for enemy forces.

Birth Defects in Children of Vietnam and Korea Veterans

- VA has recognized that certain birth defects among Veterans' children are associated with Veterans' qualifying service in Vietnam or Korea.
- Spina bifida (except spina bifida occulta), a defect in the developing fetus that results in incomplete closing of the spine, is associated with Veterans' exposure to Agent Orange or other herbicides during qualifying service in Vietnam or Korea.
- Birth defects in children of women Veterans is associated with their military service in Vietnam, but are not related to herbicide exposure.

Birth Defects in Children of Vietnam and Korea Veterans

Covered birth defects include, but are not limited to, the following conditions:

- Achondroplasia
- Cleft lip and cleft palate
- Congenital heart disease
- Congenital talipes equinovarus (clubfoot)
- Esophageal and intestinal atresia
- Hallerman-Streiff syndrome
- Hip dysplasia
- Hirschprung's disease (congenital megacolon)
- Hydrocephalus due to aqueductal stenosis
- Hypospadias
- Imperforate anus
- Neural tube defects
- Poland syndrome
- Pyloric stenosis
- Syndactyly (fused digits)
- Tracheoesophageal fistula
- Undescended testicle
- Williams syndrome

Birth Defects in Children of Vietnam and Korea Veterans

- Conditions due to family disorders, birth-related injuries, or fetal or neonatal infirmities with well-established causes are not covered. If any of the birth defects listed above are determined to be a family disorder in a particular family, they are not covered birth defects.



Service Related

- Lou Gehrig's Disease: (amyotrophic lateral sclerosis or ALS) diagnosed in all Veterans who had 90 days or more continuous active military service is related to their service, although ALS is not related to Agent Orange exposure.

Gulf War Illnesses

- Gulf War service is active military duty in any of the following areas in the Southwest Asia theater of military operations at any time August 2, 1990 to present. This includes Veterans who served in Operation Iraqi Freedom (2003-2010) and Operation New Dawn (2010-2011)



Gulf War Illnesses

- Iraq
- Kuwait
- Saudi Arabia
- The neutral zone between Iraq and Saudi Arabia
- Bahrain
- Qatar
- The United Arab Emirates (U.A.E.)
- Oman
- Gulf of Aden
- Gulf of Oman
- Waters of the Persian Gulf, the Arabian Sea, and the Red Sea
- The airspace above these locations

Gulf War Illnesses

Chronic Multi-Symptom Illness (Gulf War Syndrome)

A prominent condition affecting Gulf War Veterans is a cluster of medically unexplained chronic symptoms that can include fatigue, headaches, joint pain, indigestion, insomnia, dizziness, respiratory disorders, and memory problems. Symptoms vary widely!

Certain chronic, unexplained symptoms are related to Gulf War service without regard to cause:

- Existing for 6 months or more
- Must have appeared during active duty
- Before December 31, 2021
- At least 10 percent disabling.

Gulf War Illnesses

- Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS), a condition of long-term and severe fatigue that is not relieved by rest and is not directly caused by other conditions.
- Fibromyalgia, a condition characterized by widespread muscle pain. Other symptoms may include insomnia, morning stiffness, headache, and memory problems
- Functional gastrointestinal disorders, a group of conditions marked by chronic or recurrent symptoms related to any part of the gastrointestinal tract. Functional condition refers to an abnormal function of an organ, without a structural alteration in the tissues. Examples include irritable bowel syndrome (IBS), functional dyspepsia, and functional abdominal pain syndrome.

Gulf War Illnesses

Undiagnosed illnesses with symptoms that may include but are not limited to:

- Abnormal weight loss
- Fatigue
- Cardiovascular disease
- Muscle and joint pain
- Headache
- Menstrual disorders
- Neurological and psychological problems
- Skin conditions
- Respiratory disorders
- Sleep disturbances.

Gulf War Illnesses

Veterans must have the diseases within the listed time frames and have a current disability as a result of that disease in order to receive disability compensation.



Gulf War Illnesses

- **Malaria**
An infectious disease caused by a parasite transmitted by mosquitoes. Symptoms include chills, fever, and sweats. It must be at least 10 percent disabling ***within one year from the date of military separation*** or at a time when standard or accepted treatises indicate that the incubation period began during a qualifying period of military service.
- **Brucellosis**
A bacterial disease with symptoms such as profuse sweating and joint and muscle pain. The illness may be chronic and persist for years. It must be at least 10 percent disabling ***within one year from the date of military separation***.
- **Campylobacter Jejuni**
A disease with symptoms such as abdominal pain, diarrhea, and fever. It must be at least 10 percent disabling ***within one year from the date of military separation***.
- **Coxiella Burnetii (Q Fever)**
A bacterial disease with symptoms such as fever, severe headache, and gastrointestinal problems such as nausea and diarrhea. In chronic cases, the illness may cause inflammation of the heart. It must be at least 10 percent disabling ***within one year of the date of military separation***.

Gulf War Diseases

- **Mycobacterium Tuberculosis**
An illness that primarily affects the lungs and causes symptoms such as chest pain, persistent cough (sometimes bloody), weight loss and fever.
- **Nontyphoid Salmonella**
A condition characterized by symptoms such as nausea, vomiting, and diarrhea. It must be at least 10 percent disabling within one year of the date of military separation.
- **Shigella**
A condition characterized by symptoms such as fever, nausea, vomiting, and diarrhea. It must be at least 10 percent disabling within one year of the date of military separation.
- **Visceral Leishmaniasis**
A parasitic disease characterized by symptoms such as fever, weight loss, enlargement of the spleen and liver, and anemia. The condition may be fatal if left untreated.
- **West Nile Virus**
A disease spread by mosquitoes characterized by symptoms such as fever, headache, muscle pain or weakness, nausea, and vomiting. Symptoms may range from mild to severe. It must be at least 10 percent disabling within one year from the date of military separation.

Vaccinations and Gulf War Veterans

- The Health and Medicine Division (formally known as the Institute of Medicine) of the National Academy of Sciences, Engineering, and Medicine concluded in its report *Gulf War and Health: Depleted Uranium, Sarin, Pyridostigmine Bromide, and Vaccines* (2000) that there is inadequate or insufficient evidence to determine whether an association does or does not exist between multiple vaccinations and long-term adverse health problems.

Vaccinations and Gulf War Veterans

VA and research organizations continue to evaluate possible causes of Gulf War Veterans' chronic multi-symptom illnesses, including vaccinations.

- Standard series of inoculations against infectious diseases provided to any U.S. citizen traveling to the Gulf (including yellow fever, typhoid, cholera, hepatitis B, meningitis, whooping cough, polio, tetanus)
- Anthrax - about 150,000 troops
- Botulinum toxoid - about 8,000 troops

Pyridostigmine Bromide (Nerve Agent)

VA and research organizations evaluated exposure to pyridostigmine bromide (PB), an anti-nerve agent pill Gulf War Veterans may have taken during military service, as a possible cause of chronic multi-symptom illnesses.

VA has concluded that the evidence does not support an association.

Oil Well Fires

- Between February to November 1991, Iraqi armed forces ignited oil well fires, producing dense clouds of soot, liquid, aerosols and gases
- Plumes of billowing smoke remained low to the ground, in some areas enveloping U.S. military personnel
- Exposures were highest during wintertime encampments in Saudi Arabia
- Particles from oil well fires may cause skin irritation, runny nose, cough, shortness of breath; eye, nose, and throat irritation; and aggravation of sinus and asthma conditions. Most of the irritation is temporary and resolves once the exposure is gone.

Research does not show evidence of long-term health problems from exposure to oil well fires at this time.

Pesticides

Pesticides used in the Gulf War fall into several major categories:

- Methyl carbamate organochlorine pesticides (lindane), used to treat uniforms
- DEET, used on the skin as an insect repellent
- Organophosphorus (OP) pesticides
- Pyrethroid pesticides (primarily permethrin)
- Lindane and DEET were used as personal insect repellents, lindane to treat uniforms and DEET on the skin. All other pesticides shipped to the Gulf region were to be used only by specially trained individuals or for specific applications.
- VA evaluated pesticide exposure as a possible cause of Gulf War Veterans' chronic multi-symptom illnesses and concluded that research does not support an association currently.

Chemical and Biological Weapons

- Khamisiyah, Iraq chemical storage demolition:
- Rockets filled with sarin and cyclosporine mixes were found at a munitions storage depot in Khamisiyah, Iraq that had been demolished by U.S. Servicemembers following the 1991 Gulf War cease-fire. An undetermined amount of these chemicals was released into the atmosphere.
- The Department of Defense concluded about 100,000 Gulf War Veterans could have been exposed to low-levels of these nerve agents.
- <https://www.publichealth.va.gov/exposures/gulfwar/sources/chem-bio-weapons.asp>

Sand, Dust, and Particles

- Veterans who were deployed to the Persian Gulf, Afghanistan and other dusty environments were often exposed to sand, dust, pollution and other airborne particles.
- Larger particles such as sand may become trapped in the nose and throat but can be expelled by coughing or sneezing.
- Very small, fine particles (particulates) may cause more serious health problems because they can be inhaled deep into the lungs and airways. These extremely small particles and liquid droplets can include acids, chemicals, metals, soil or dust.
- **Join the Airborne Hazards and Open Burn Pit Registry to create a snapshot of your health and help us learn more about potential health effects.**

Particulate matter pollution in Iraq and Afghanistan

Particulate Matter (PM) levels in Southwest Asia are naturally higher. Primary sources of PM in Southwest Asia include:

- dust storms
- vehicle exhaust
- construction sites
- farming
- emissions from local industries.

Burn Pits

- The use of burn pits for waste management increased the naturally high concentrations of PM in Iraq and Afghanistan. Air sampling performed at Joint Base Balad, Iraq (the large Balad burn pit operated there and was shut down in 2009) detected increased particulate matter and infrequently some chemicals, which may have been due to the industry in Iraq.

Naval Air Facility in Atsugi, Japan

- From 1985 to 2001, personnel at Naval Air Facility (NAF) Atsugi in Atsugi, Japan were exposed to environmental contaminants from an off-base waste incinerator. Learn more about the Atsugi waste incinerator chemical emissions and the investigation of health effects. Atsugi, Japan is not included in the list of eligible locations for the Airborne Hazards and Open Burn Pit Registry.
- <https://www.publichealth.va.gov/exposures/sand-dust-particulates/atsugi.asp>
- Short-term health effects could include irritation to the eyes, nose and throat, skin rashes, and sinus problems. These conditions usually went away after the exposure ended. Long-term health effects could include a possible increase in the lifetime risk for cancer.

Depleted Uranium

- The U.S. military uses tank armor and some bullets made with depleted uranium (DU) to penetrate enemy armored vehicles, and began using DU on a large scale during the Gulf War.
- The process of manufacturing enriched uranium from natural uranium used in nuclear reactors or weapons leaves "depleted" uranium. DU has 40 percent less radioactivity, but the same chemical toxicity as natural uranium.

Depleted Uranium

When a projectile made with DU penetrates a vehicle, small pieces of DU can scatter and become embedded in muscle and soft tissue. In addition to DU in wounds, Service members exposed to DU in struck vehicles may inhale or swallow small airborne DU particles.

Some Gulf War, Bosnia, Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans who may have been exposed to DU are those who were:

- on, in or near vehicles hit with friendly fire
- entering or near burning vehicles
- near fires involving DU munitions
- or salvaging damaged vehicles

Depleted Uranium

DU is a potential health hazard if it enters the body, such as through:

- Embedded Fragments
- Contaminated wounds
- Inhalation or ingestion.

Simply riding in a vehicle with DU weapons or DU shielding WILL NOT cause significant exposure.

The potential for health effects from internal exposure is related to the amount of DU that enters a person's body. If DU enters the body, it may remain in the body. Studies show high doses may especially affect the kidneys.

https://www.publichealth.va.gov/exposures/depleted_uranium/followup_program.asp

Depleted Uranium

So far no health problems associated with DU exposure have been found in Veterans exposed to DU. Researchers and clinicians continue to monitor the health of these Veterans.



Depleted Uranium

Two broad types of radiation

- Non-ionizing and ionizing.
- Ionizing radiation sends out extremely high energy, which may pose a health risk. Ionizing radiation exposure comes from a variety of sources, including nuclear weapons testing or other activities during military service.

Diseases associated with Radiation Exposure

- For Veterans who participated in a radiation-risk activity during service (including "Atomic Veterans"), VA assumes that certain cancers are related to their exposure.
- These Veterans DON'T have to prove a connection between these diseases and their service to be eligible for disability compensation. Survivors could be eligible for benefits.

Diseases associated with Radiation Exposure

PRESUMPTIVE CANCERS:

- Cancers of the bile ducts, bone, brain, breast, colon, esophagus, gall bladder, liver (primary site, but not if cirrhosis or hepatitis B is indicated), lung (including bronchiolo-alveolar cancer), pancreas, pharynx, ovary, salivary gland, small intestine, stomach, thyroid, urinary tract (kidney/renal, pelvis, urinary bladder, and urethra)
- Leukemia (except chronic lymphocytic leukemia)
- Lymphomas (except Hodgkin's disease)
- Multiple myeloma (cancer of plasma cells)

Diseases associated with Radiation Exposure

The following diseases are POSSIBLY caused by exposure to ionizing radiation during service:

- All cancers
- Non-malignant thyroid nodular disease
- Parathyroid adenoma
- Posterior subcapsular cataracts
- Tumors of the brain and central nervous system
- Eligibility for disability compensation or survivors' benefits depends on how much radiation the Veteran received and other factors, such as the period of time between exposure to radiation and the development of the disease. VA decides these claims on a case-by-case basis.

Diseases associated with Radiation Exposure

VA also will consider the possibility that other diseases, not listed, were caused by radiation, if supported by medical or scientific evidence.

AT LEAST AS LIKELY AS NOT

Radiation-Risk Activity

- "Atomic Veterans," an unofficial term that refers to Veterans who:
- Participated in the occupation of Hiroshima and Nagasaki, Japan between Aug. 6, 1945 and July 1, 1946
- Were prisoners of war in Japan during World War II
- Participated in atmospheric nuclear weapons tests conducted primarily in Nevada and the Pacific Ocean between 1945 and 1962
Read fact sheets on the tests from the Nuclear Test Personnel Review office.
- <http://www.dtra.mil/Home/Nuclear-Test-Personnel-Review/NTPR-Fact-Sheets/>

Radiation-Risk Activity

Veterans who participated in underground nuclear weapons testing at:

- Amchitka Island, Alaska before Jan. 1, 1974
- One of the following gaseous diffusion plants for at least 250 days before Feb. 1, 1992: Paducah, Kentucky; Portsmouth, Ohio; or K25 in Oak Ridge, Tennessee.

Exposure to Radiation

- Veterans who served in any of the following situations or circumstances may have been exposed to radiation:
- U.S. Air Force plutonium clean-up mission, Palomares, Spain
A nuclear weapons mishap occurred on January 17, 1966, over Palomares, Spain, when a United States Air Force (USAF) B-52 bomber and KC-135 tanker aircraft collided. The mishap led to the release of four nuclear weapons. Two of the weapons were damaged when they hit the ground and released plutonium, a radioactive material. There was no nuclear detonation. During the response, approximately 1,600 military and civilian personnel were potentially exposed to airborne dust and debris contaminated with plutonium.
- Fukushima nuclear accident
Servicemembers may have been exposed to low doses of radiation in Japan from March 12 to May 11, 2011, following a nuclear accident on March 11, 2011.

Exposure to Radiation

- Radiation-risk activity (includes "Atomic Veterans")
Activities include participation in nuclear weapons testing and the American occupation of Hiroshima and Nagasaki.
- Military occupational exposure
Various military occupations, such as nuclear weapons technicians and dental technicians, include routine and usually safe exposure to radiation.
- Depleted uranium
During an explosion, pieces of depleted uranium used in tank armor and some bullets can scatter and embed in muscle and soft tissue.
- LORAN radiation
U.S. Coast Guard Veterans who worked at LORAN (Long Range Navigation) stations from 1942 to 2010 may have been exposed to X-ray radiation from high voltage vacuum tubes.

Exposure to Radiation

- **McMurdo Station, Antarctica nuclear power plant**
The U.S. Navy operated a small nuclear plant at the McMurdo Station, Antarctica, from 1964 to 1973. The nuclear plant was decommissioned after a leak was discovered.
- **Nasopharyngeal (nose and throat) radium irradiation treatments**
Certain pilots, submariners, divers, and others were given this treatment during service in 1940 to the mid-1960s to prevent ear damage from pressure changes. These Veterans are eligible for a free Ionizing Radiation Registry health exam.

Summary





TM

Appeals Modernization and RAMP

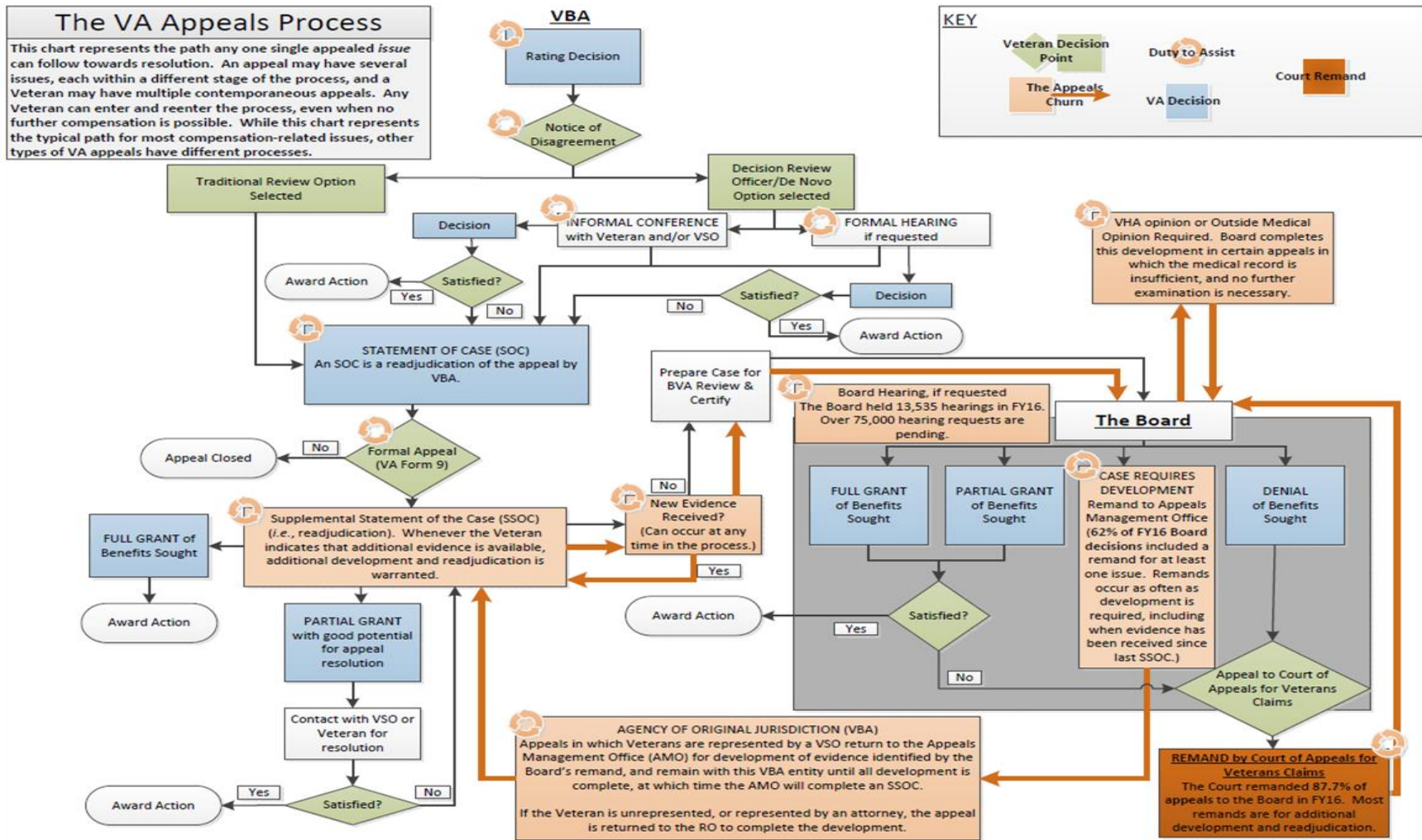
Learning Objectives

- **Effectively use the new appeals framework and the Rapid Appeals Modernization Program (RAMP)**
 - Select the appropriate lane in which to appeal a claim under the new appeals modernization framework
 - Describe how RAMP differs from the legacy appeals process
 - Determine when a claim is a good candidate for RAMP

REMEMBER

- RAMP is NOT the same thing as the new appeals framework
- The first part of this presentation will focus on the new appeals framework. The second part will focus on RAMP.

Current Appeals Process



Current Pending Appeals

- Currently 445,000 appeals pending at VA
 - 290,000 appeals pending at Regional Offices (ROs)
 - 155,000 appeals pending at the Board
- ROs typically receive 150,000 appeals per year
- The Board typically decides 50,000 appeals per year

Appeals Modernization Background

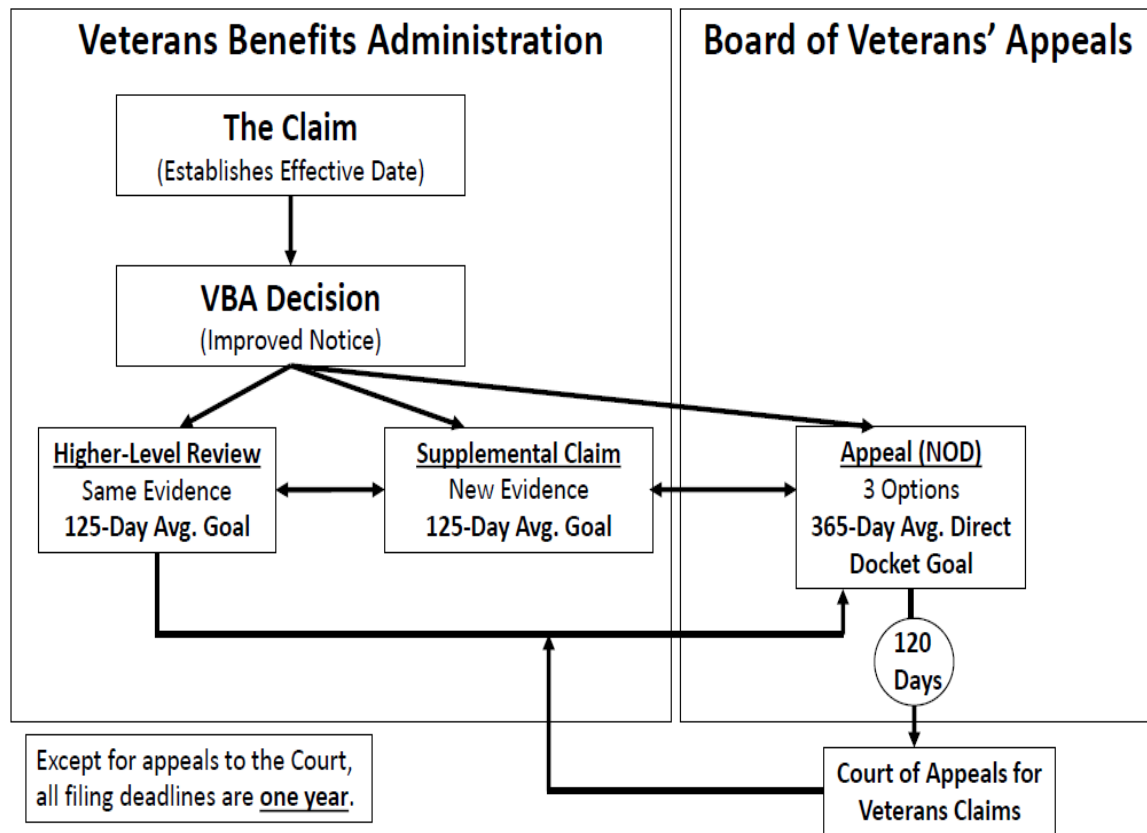
- Veterans Appeals Improvement and Modernization Act of 2017
- Eliminated the Statement of the Case and the Form 9 – Substantive Appeal
- *Projected* Effective Date of February 14, 2019
- Developed with lots of participation by VSOs
- Draft regulations released August 10, 2018

Key Features of New Appeals Structure

- Choice – Go straight to the appropriate type of review
- Effective date protection – If veteran takes action within a year of the previous decision.
- Detailed notice of reasons for denial
 - Rating Decision will look like Statement of Case
 - Legal theories considered
 - Evidence considered
 - Elements unproven
- No limit to the number of times additional evidence can be submitted or additional review requested
- Favorable findings of fact are binding

New Appeals Structure

- 3 Options after VBA Decision:
 - 2 VBA Options
 - Supplemental Claim
 - Higher Level Review
 - Board Lane – Appeal* (NOD)
 - Direct Review
 - Evidence Submission
 - Hearing
- * The traditional appeals system starts an appeal at the VARO level. The new appeals system starts the appeal at the BVA.



Supplemental Claim

- Quick review of additional evidence
- Must submit or identify **New and Relevant Evidence**
 - Lower standard than “New and Material”
 - Must be evidence that was not previously considered by the local VA office
- Decision within 125 days
- Note: No more requests to “Reopen” a final decision - must file supplemental claim instead

Higher Level Review

- Quick review of an obvious error
 - Example: The Veteran submitted evidence showing entitlement to a higher rating, but it was not considered by the adjudicator.
- No new evidence
 - Higher-level adjudicator cannot order development of additional evidence *unless* there is a duty to assist error.
 - If there is a DTA error, the claim will be sent back to the “lower level” adjudication for correction.
- Informal conference available
 - This is NOT a hearing! The VA will contact the POA for a quick phone call to point out specific errors in the case.
 - Veteran may or may not be involved.
 - Will delay processing.
 - Better alternative – Thoroughly explain in writing what the error is when submitting request for Higher Level Review

Board of Veterans' Appeals Lane(s)

- NOD straight to the Board
 - BVA Lane is the only true “appeal” in the new system. The VA will refer to a BVA Lane election as an NOD
- The BVA option will have three different lanes:
 - Direct Review
 - Based on evidence of record at the time of the prior decision
 - No new evidence
 - No hearing request
 - Evidence Submission
 - Evidence submission within 90 days
 - No hearing request
 - Hearing
 - Hearing request
 - Evidence submission allowed
 - May cause some delay in receiving a BVA decision

Note – Appeals by Issue

- A claimant will not be limited to choosing the same review option for a decision that adjudicated multiple issues.
 - *New appeals system only*, not RAMP
 - Hypothetical:
 - Claimant seeks compensation for a knee disability and for a mental disorder. Once the claimant receives an initial decision on both, it is permissible for the claimant to elect to place the knee issue and the mental disorder issue in separate lanes under the new appeals system.
 - The claimant *may not* challenge the effective date assigned for the knee in one lane, and simultaneously challenge the assigned degree of disability (evaluation) in another lane.

Options After Denial

- VBA Denial of Supplemental Claim
 - File one of the following within 1 year
 - Supplemental Lane
 - Higher Level Review
 - BVA Lane
- VBA Denial of Higher Level Review
 - File one of the following within one year:
 - Supplemental Claim
 - BVA Lane
- Board Denial
 - Options:
 - Supplemental Claim – 1 year
 - Court of Appeals for Veterans' Claims – 120 Days

RAMP

- RAMP is NOT the same thing as the new appeals framework!
- RAMP is simply a pilot of the new appeals system
- RAMP will help the VA with the major workload issue that will occur in February when the VA changes to the new appeals system
- Opting into RAMP is VOLUNTARY
- Opting into RAMP is IRREVERSABLE
- Current average of 72 days to complete

Options Available in RAMP

- ONLY the VBA review lanes available
 - Supplemental Claim
 - Higher Level Review

- No Board option in RAMP
 - However, once you get a VBA decision (RAMP decision), you will have the option to select the BVA lane.

Important Features of RAMP

- Veteran will not lose effective date
- ALL eligible appeals will be put into RAMP
- Existing NOD is withdrawn
 - Hearing request is withdrawn
 - Place on Board docket is lost
 - Remand technically lost
- After an unsuccessful VA review, the veteran must take action within a year or the claim ends and the effective date is lost.

Benefits of RAMP

- Quicker review of new evidence
- Can skip straight to the Board if unsuccessful
- Veterans with recent denials may end up with quicker Board review.
 - Board is currently deciding cases with Form 9s filed in 2015
 - Board is currently scheduling VTC hearings for cases with Form 9s filed early 2016
 - Board review of RAMP decisions will begin in October 2018

Who Could Benefit From RAMP?

- Veterans with simple claims
- Veterans with new evidence that is relevant to the reason for denial
- Veterans who have not yet had their denials reviewed by a DRO at the Regional Office
- Veterans with recent BVA remands can skip the extremely long remand line by opting-in to Supplemental Claim review and identifying the development ordered in the remand as the new and relevant evidence.
 - Caution – Only a good option for very simple remands. The VARO does not *have* to comply with the remand order as opting-in to RAMP technically nullifies the remand.

Pro-Tips

- No longer have to wait for opt-in letter
- Google “RAMP opt-in election” to find the opt-in form
- Cannot opt-in to RAMP before an initial decision is made – no decision for the VA to review yet
- After an unfavorable decision, file the RAMP opt-in form *with* the NOD
- For a Supplemental Claims, include a 4138 identifying the new and relevant evidence
- For a Higher-Level Review, include a 4138 identifying the specific VBA error so the claim is not delayed by a phone conference.



Department of

Veterans Services

Tennessee Non-Veteran Specific Assistance Programs

Introduction

This course will provide an overview of benefits that the State of Tennessee offers to low income individuals and their families.



Meeting the Veterans Needs

- Contact local agencies about programs offered and discuss referring veterans to your office
- Stay up to date on eligibility criteria for state benefits
- Give them the information and opportunity to apply for other assistance/benefits
- Go above and beyond to help our customers

Human Services

- Families First
- SNAP (Food Stamps)
- LIHEAP
- Adult Protective Services
- Childcare program
- TennCare

Fill out an application online, by mail, fax, or bring it to an office!

<https://www.tn.gov/humanservices>

Health

- WIC
- Vital Records- obtain birth certificate
- Voter Registration
- Health and Nutrition Education
- Immunization and Health Checks

<https://tn.gov/health>

Labor & Workforce Development

- Mobile American Job Center (Coach busses)
- Veteran focused and priority given
- Unemployment

<https://www.tn.gov/workforce>

Housing Development Agency

- Weatherization Assistance Program

<https://thda.org/>

Conclusion

Questions?





Department of

Veterans Services

VetraSpec: Effective Communication

Introduction

- Communication is the key to everything that we do. VetraSpec is a tool that is under utilized by many Advocates and this course will examine how it can aid in the claims process.



Understanding the Benefit

- First and foremost VetraSpec is our “database.”
- We control the information shared.
- It is complimented by VA applications such as VBMS.
- It is only as effective as we allow it to be.

VETRA★SPEC
BENEFITS

How it Works with the Appeals Process

- The Appeals Team is more adequately prepared when the VetraSpec profile is well documented.
- This saves both the Appeals Team and the Veteran valuable time in the appeals process.



It Benefits You!

- Good communication ultimately benefits you throughout the Veteran's claim process.
- It provides you with a journal to remember the history of the claim, history of the visits, and what you have done.
- It also keeps you from doing work twice or missing steps in the claims process.



Example #1

PAST COMMUNICATIONS WITH THIS VETERAN (MOST RECENT COMMUNICATIONS APPEAR AT THE TOP)				
DATE / TIME OF COMMUNICATION	DATE ENTERED	ENTERED BY	TYPE	COMMUNICATION DETAILS
Tuesday, Feb. 6, 2018 8:12 am	Tuesday, Feb. 6, 2018 8:12 am	User User	Filled out Form	214142a
Tuesday, Feb. 6, 2018 8:06 am	Tuesday, Feb. 6, 2018 8:06 am	User User	Filled out Form	214142
Tuesday, Feb. 6, 2018 8:06 am	Tuesday, Feb. 6, 2018 8:06 am	User User	Filled out Form	sf180
Tuesday, Feb. 6, 2018 7:57 am	Tuesday, Feb. 6, 2018 7:57 am	User User	Filled out Form	210966
Tuesday, Feb. 6, 2018 7:56 am	Tuesday, Feb. 6, 2018 7:56 am	User User	Filled out Form	2122
Tuesday, Feb. 6, 2018 7:44 am	Tuesday, Feb. 6, 2018 7:44 am	User User	Office Visit	<p>Mr. Sample visited the office for the first time today to establish a power of attorney for prosecution of VA claims. Mr. Sample has no previous claims or designated service organization.</p> <p>He is a retired Marine with twenty years of service to include multiple overseas and combat deployments. He is a recipient of the Purple Heart.</p> <p>He pre-registered for burial at the Middle Tennessee State Veterans Cemetery.</p> <p>We discussed his medical history and submitted a request for service records and medical records. An intent to file was submitted in lieu of receipt of records. Mr. Sample is scheduled for a return visit on March 6, 2018.</p>

Key Factors

PAST COMMUNICATIONS WITH THIS VETERAN (MOST RECENT COMMUNICATIONS APPEAR AT THE TOP)				
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Tuesday, Feb. 6, 2018 7:57 am	Tuesday, Feb. 6, 2018 7:57 am	User User	Filled out Form	210966
Tuesday, Feb. 6, 2018 7:56 am	Tuesday, Feb. 6, 2018 7:56 am	User User	Filled out Form	2122
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- In four simple paragraphs we establish branch, years of service, purpose of visit, VA history, cemetery pre-registration, and action taken.
- While this does not replace the other tabs, it does allow for a place to quickly access information needed.
- What other important documentation do you see?

Example #2

PAST COMMUNICATIONS WITH THIS VETERAN (MOST RECENT COMMUNICATIONS APPEAR AT THE TOP)				
DATE / TIME OF COMMUNICATION	DATE ENTERED	ENTERED BY	TYPE	COMMUNICATION DETAILS
Wednesday, Jan. 31, 2018 10:34 am	Wednesday, Jan. 31, 2018 10:34 am	User User	Other	Corrected middle name spelling, and name of business employed by.
Tuesday, Jan. 30, 2018 12:02 pm	Tuesday, Jan. 30, 2018 12:02 pm	User User	Filled out Form	21526ez
Tuesday, Jan. 30, 2018 11:20 am	Tuesday, Jan. 30, 2018 11:20 am	User User	Filled out Form	210966
Tuesday, Jan. 30, 2018 11:19 am	Tuesday, Jan. 30, 2018 11:19 am	User User	Filled out Form	2122
Tuesday, Jan. 30, 2018 7:26 am	Tuesday, Jan. 30, 2018 7:26 am	User User	Filled out Form	214138
Thursday, Oct. 5, 2017 10:19 am	Thursday, Oct. 5, 2017 10:19 am	User User	Document Uploaded	kturnbowDD-214
Thursday, Oct. 5, 2017 7:23 am	Thursday, Oct. 5, 2017 7:23 am	User User	Office Visit	Veteran initial office visit to inquire about filing a medical claim. Appt. set on 10/20/2017 at which time vet will bring in required documentation. Pre-registered vet for free burial plot at State Cemetery. Submitted 21-22, 21-0966 and DD-214 on 10/05/2017.

Key Factors

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- In this example we see good documentation on October 5, 2017, although we want to be careful about abbreviating.
- We see files submitted on January 30, 2018, but no communication as to why or what type of communication had been made with the veteran on that date.
- What other important documentation or missing documentation do you see?

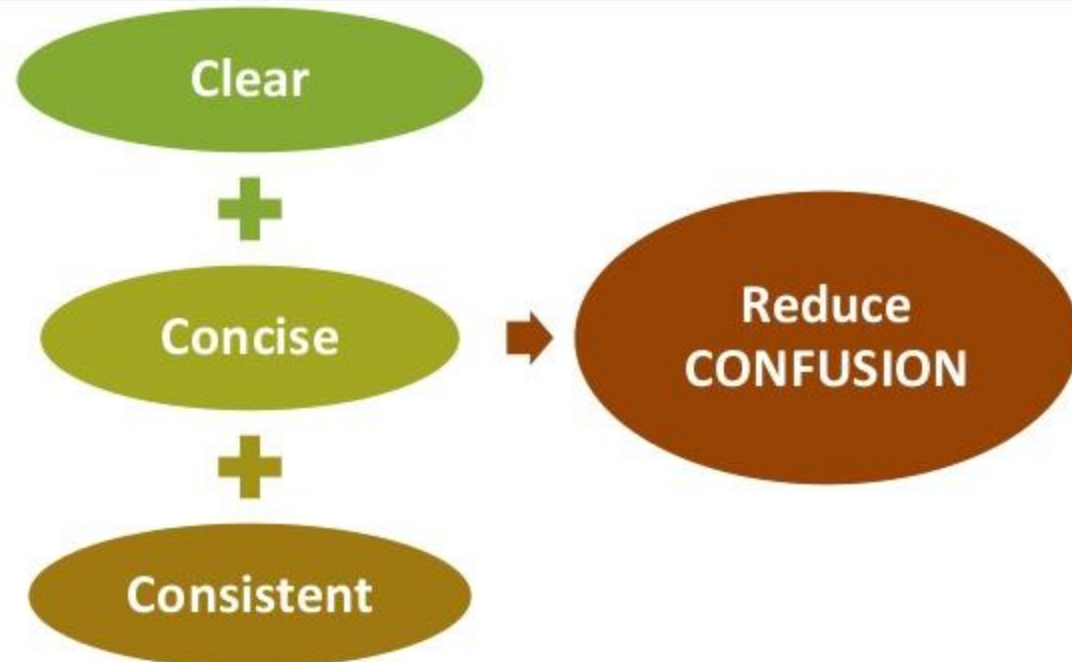
Why Do Spell It Out?

ABBREVIATIONS WITH MULTIPLE MEANINGS	
AKA	Also known as. Above knee amputation.
APPT	Appointment. Activated Partial Thromboplastin (Medical Term for Clotting).
BC	Because. Bone Conduction (Medical Abbreviation)
C/O	Care of (Used in correspondence). Cardiac Output (Medical Term). Complains Of (Medical Abbreviation).
DOA	Date of Arrival. Dead on Arrival.
LFT	Left. Liver Function Tests (Medical Term).
MI	Middle Initial. Myocardial Infarction, Mitral Incompetence (Medical Term).
MVR	Motor Vehicle Record. Mitral valve regurgitation, or mitral valve repair, or mitral valve replacement (Medical Term).
SVC	Service. Superior Vena Cava (Medical Term).

Build Good Habits...

Three Cs of communication

6



Good Habits Keep Building...



Keep the Reader in Mind!

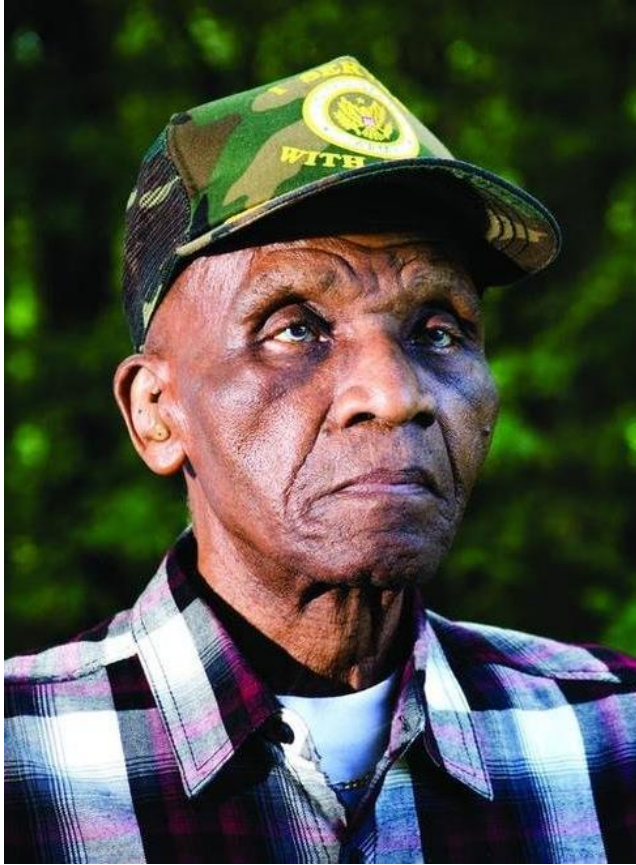
- Ask yourself the following:
 - Does the narrative paint a picture of the story?
 - Can someone who has never filed a claim understand this?
 - Is it complete and in order?
 - Have I checked for spelling errors?



Tabletop Scenario

- In the next scenario, you will pair up with another participant.
- One will play the role of the Advocate and the other the role of the Veteran.
- You will document the visit on the form provided as you would in VetraSpec and you will assist the Veteran in completing a VA Form 21-0781 Statement in Support of Claim for PTSD.
- We will swap roles so that both participants can play each role.

Scenario



Edward (Vietnam Veteran) is a recipient of numerous award for injuries and has been to your office in the past.

Today, he is visiting to reveal for the first time that he suffers from nightmares related to his experience in Vietnam.

Summary





Department of

Veterans Services

Working with Millennial Veterans and Dependents

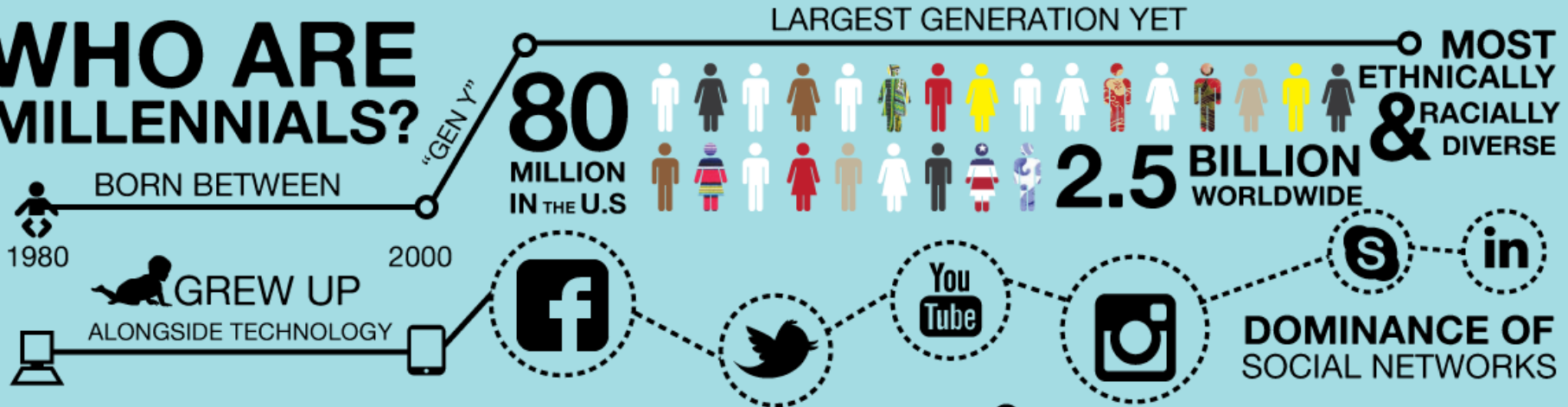
Introduction

- Millennials also known as Generation Y are the fastest growing generation of Veterans that we serve. Their specific age varies between researchers but most will agree that they fall between 1984-1999.



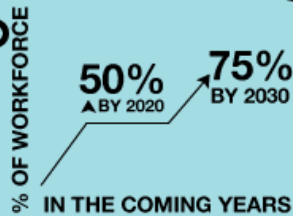
What Matters to Millennials?

WHO ARE MILLENNIALS?



DO THEY MATTER?

Image from Why Millennials Matter (www.whymillennialsmatter.com)



ASPIRE TO MAKE A DIFFERENCE W/ THEIR WORK

- CONFIDENT**
- HAVE HIGH EXPECTATIONS**
- ACHIEVEMENT ORIENTED**

BORN 1984

providing for family

lifestyle

financial health

DRIVES TO SUCCEED

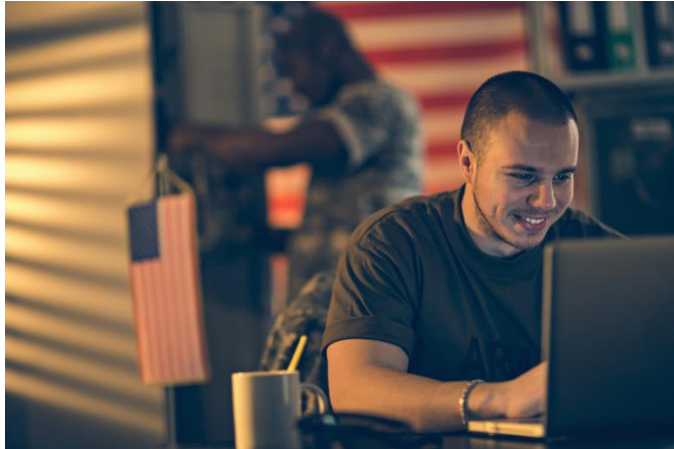
STRESS MANAGEMENT

- Eating well
- Sleep
- Time outdoors

UPBRINGING & VALUES

- Education
- Helping Others
- Tenacity
- Accountability
- Patriotism

Typical Millennial Veteran



- After leaving service, almost half (48%) of Veteran millennials frequently visit Military specific websites,
- 3.3x more likely than Veterans 35+.
- In terms of print, younger veterans (46%) are heavy readers of Military related magazines;
- 4x more likely to read these vehicles than older veterans.

Source: Refuel Agency, April 2017

Typical Millennial Veteran

You Tube

NETFLIX



- Streaming media also hits the mark with these Veteran millennials.
- 2 of 3 Military Veterans in this demographic, often watch streaming video and 61% often use streaming radio (while only 21% of older veterans do so).
- Moreover, there are more young Veterans using Netflix (52%) and YouTube (48%) than traditional TV.
- Pandora is their #1 music source.
- Source: Refuel Agency, April 2017

Typical Millennial Veteran



- Millennial Veterans look to Facebook, Instagram, Snapchat and Twitter for social networking.
- They also show a tremendous affinity toward Military specific social media channels such as RallyPoint.

Source: Refuel Agency, April 2017

Typical Millennial Veteran



- Millennials overwhelmingly prefer messaging and social formats for communication. Research from the millennial-focused Center for Generational Kinetics found that millennials prefer to communicate in this order:
 - Text—and in many cases, IM apps
 - Email, with the subject line being most important
 - Social media
 - Phone call
 - In-person

Food for Thought...

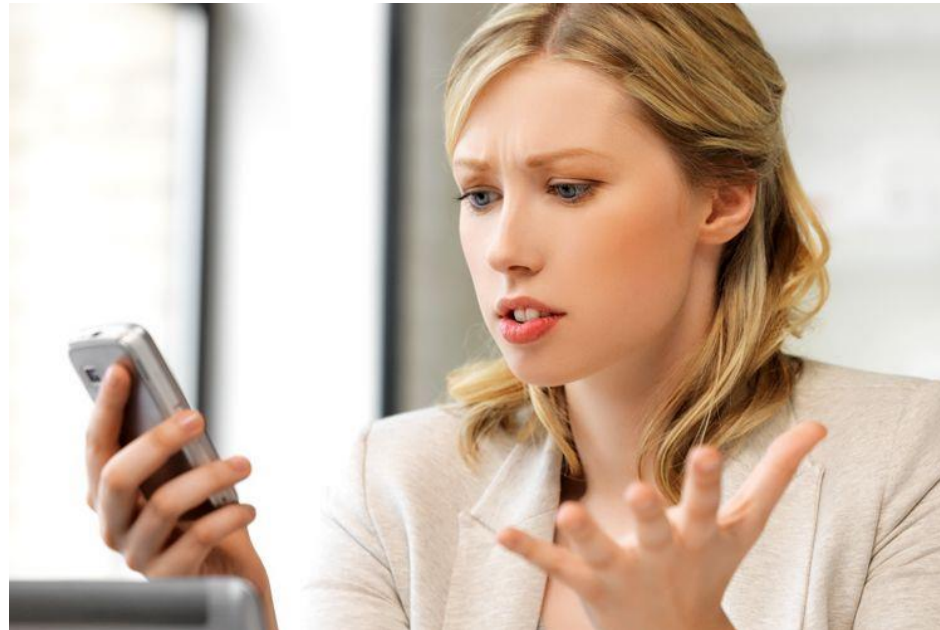
- Do you think that we will need to modify the way we have always done things to better serve our millennial Veteran?

**FOOD FOR
THOUGHT**



A Quote from a Millennial

- “Baby boomers tend to speak at you rather than speak with you.”



Communication Tip #1

Keep it brief, but meaningful

- Millennials have mastered the art of saying something meaningful in 140 characters or less. The more concise your own message, the more likely they are to relate to or appreciate what you say.



Communication Tip #2

At the same time, provide detail

Just because you're concise doesn't mean you should skimp on the important information. Most millennials prefer to receive a detailed plan or instruction before jumping into a project. Present everything they need to know to do the job well, get to the facts and skip the details.



Communication Tip #3

Choose the best medium for communication

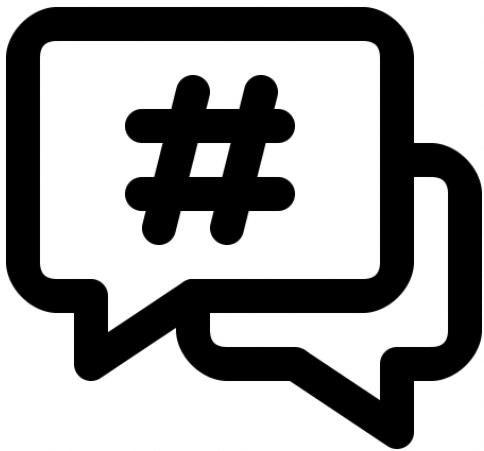
Face-to-face meetings and conference calls are not as effective with millennials. Reach the younger generation where they already spend the most time--on their mobile devices. Try an online team portal for collaboration with a mobile app, or get used to Skype.



Communication Tip #4

Understand the 24/7 communication cycle

Nontraditional schedules are becoming more common in business, and millennials are prepared to work after they leave the office. Schedule digital communication to keep things moving outside of the 9-5.



Communication Tip #5

Don't condescend or make jokes about age:

Millennials want and expect to be taken seriously at work. Respect them, and they'll respect you. And forget the "This is what I was doing when you were born," jokes, which are tiresome and annoying for anyone.



Communication Tip #6

Demonstrate fairness:

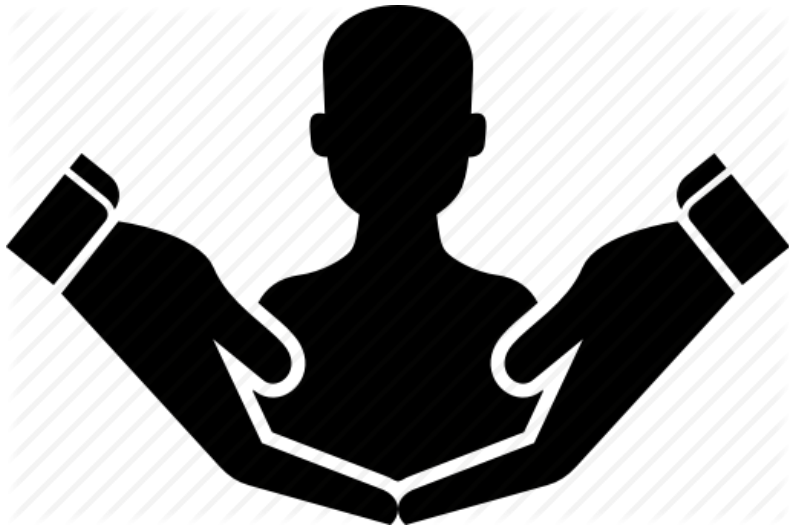
Millennials support equality of all kinds. As such, Veteran Resource Coordinators and County Service Officers must behave in a way that can never be perceived as prejudicial or biased toward or against anyone or any group of people. It's not political correctness as much as it is a genuine concern for equal rights.



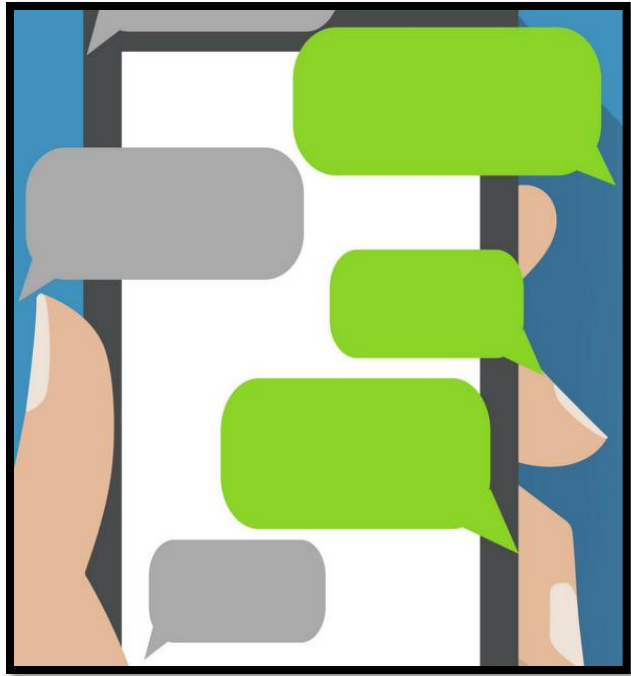
Communication Tip #7

Most important, nurture their passion:

This generation more than any other wants to feel as though their lives and what they do mean something. Use mission-driven terminology to communicate the overall purpose of your role, and their role in achieving those goals.



Texting Etiquette



- Keep it short and simple.
- Don't use short hand if you don't know what it means. (ie. lol, bc, ikr)
- Rule of thumb it is better to use plain language than to use short hand when texting business.
- Keep it business and do not interject anything else into the conversation.
- Remember, in the eyes of the media it is an official conversation even if you use your personal phone.

Email Etiquette



- Keep it short and simple.
- Keep it professional.
- Sometimes multiple emails broken into smaller topic centered emails are best.
- Only send attachments that are commonly downloaded formats such as PDF or DOC.

General Etiquette for All Forms of Communication



- Never include full social security number in emails or text.
- Date of birth and last four of social can be gateway to identity theft.
- ALL CAPS is yelling!
- Don't use multiple colors of font in the same message.
- If you are using a free email provider – Millennials lack trust in emails such as `thecountycso@mail.com`

Scenario # 1



- Amar is a 23 year old combat veteran who recently reached out to your office through Facebook.
- Amar prefers to communicate through online methods or texting. How do you meet the needs of Amar and accommodate his preferences?

Scenario #2



- Shaunda is a 28 year old veteran who recently discharged from the National Guard.
- She is a big communicator and loves to email and text for documentation purposes. These are not your strongest communication styles, how do you accommodate her preferences?

Scenario #3



- Jose is a 25 year old combat veteran with severe PTSD and depression. He refuses to visit your office because he does not like crowded public spaces.
- You find that it is difficult for Jose to open up even when talking on the phone, however he will text endlessly. How do you accommodate Jose's needs?

Scenario #4



- Sarah is 23 years old and describes veterans service organizations as the “Old Men Club” and feels out of place when around older veterans.
- How do you establish rapport and help Sarah to build her confidence in the system?

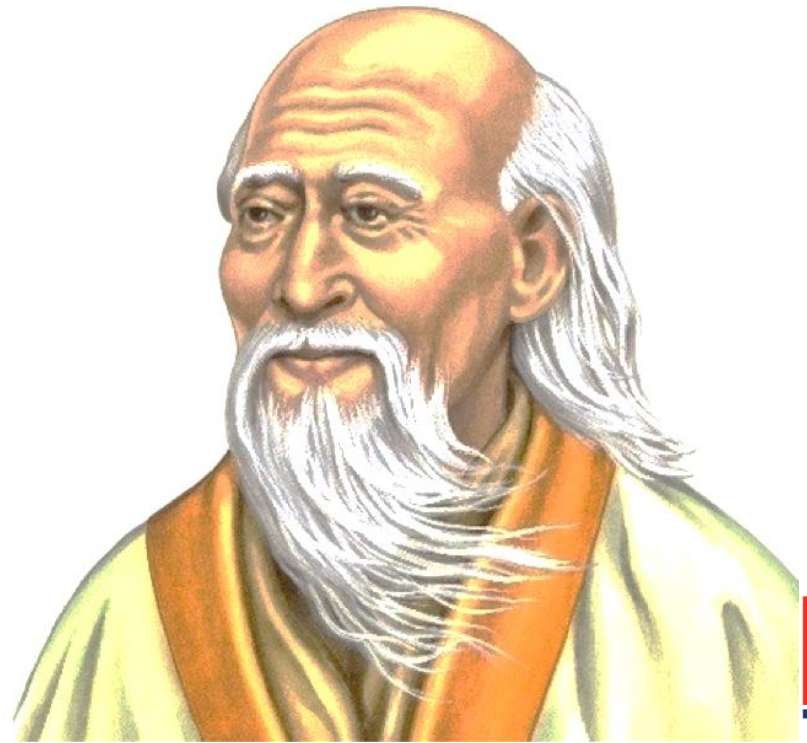
Generation Z



- If you are struggling to adapt to the needs of the Millennial Generation it may be difficult to discover that Generation Z is now joining the military.
- They are even more inclined to use technology versus face to face communication.

Summary

- “Life is a series of natural and spontaneous changes. Don't resist them; that only creates sorrow. Let reality be reality. Let things flow naturally forward in whatever way they like.” — Lao Tzu





Department of

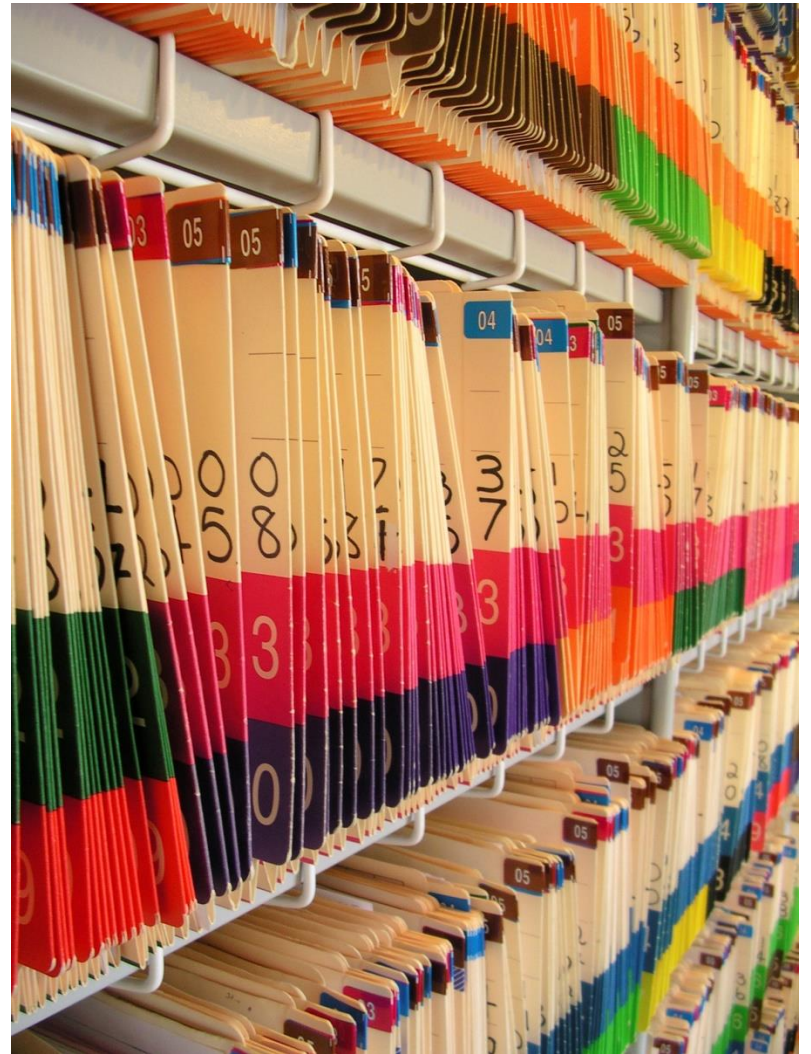
Veterans Services

Evidence vs. Stuff

VA Definition of Evidence

- Evidence is every type of proof offered to establish a fact.

Source: M21-1, Part III, Subpart iv, Chapter 5



Types of Evidence

Evidence	Description
Testimonial	Oral and written statements.
Documentary	Documents.
Real	<p>A tangible object, usually playing some role in an event, from which the fact finder may draw inferences.</p> <p>Example: A prescription medicine container may prove evidence of a diagnosis or treatment.</p>
Demonstrative	<p>Evidence that illustrates testimony of a witness.</p> <p>Examples: a map, diagram, or re-enactment.</p>
Direct	Evidence capable by itself of proving a fact or issue.
Circumstantial	Evidence that may allow the fact finder to deduce a certain fact from other facts that can be proven.

Rules of Evidence

- Rules of evidence are guidelines on evaluation of the evidence submitted or obtained in a case. These rules dictate whether evidence may be admitted or considered, when particular evidence can prove a matter, and when evidence is entitled to more value or less value than other evidence in the record.



Standards of Evidentiary Proof

- Every substantive or procedural factual matter must have a standard of proof whether stated explicitly or not. Standard of proof specifies the degree of persuasion or confidence in the evidence with regard to the subject of the proof that is required in order to find a fact proven.



Standards of Evidentiary Proof

Standard	Description
Relative Equipoise	Evidence must persuade the decision maker that the fact is as likely as not.
Preponderance of the Evidence	The greater weight of evidence is that the fact exists. The fact is more likely than not.
Affirmative Evidence to the Contrary	The fact is unlikely; and the evidence against the matter is of greater weight. This standard is the opposite of the preponderance standard.
Clear and Convincing	The fact finder has reasonable certainty of the truth of a fact. This is a higher standard of proof than having to find a fact is more likely than not.
Clear and Unmistakable	The evidence must establish the fact without question.

Reasonable Doubt Rule

- The reasonable doubt rule means that the evidence provided by the claimant/beneficiary (or obtained on his/her behalf) must only persuade the decision maker that each factual matter is at least as likely as not.



Gilbert v. Derwinski, 1 Vet.App. 49 (1990), CAVC

Role of Presumptive Provisions

- Presumptive provisions alleviate part of the claimant's burden of proof. Where certain facts are proven, a presumption arises that additional facts are true unless the presumption is rebutted by other evidence.

Role of Presumptive Provisions

- A presumption has evidentiary value, but it is not a form of evidence. It is a legal mechanism that relieves a party from having to produce evidence sufficient to establish the point at issue. As noted by the Routen analysis, when the predicate evidence is established, the remaining evidentiary gap is filled by the presumption.

Role of Presumptive Provisions

- VA presumptions may be rebutted. This means that when proof to the contrary of the evidentiary matter relieved by the presumption exists in the record, the presumption may be rebutted. When the presumption is rebutted, the burden shifts back to the claimant seeking the benefit to prove the facts with evidence.

Role of Presumptive Provisions



- VA presumptions include the presumptions of soundness, aggravation, and service connection.

Credibility of Evidence

- Service Officers should accept evidence at face value unless called into question by other evidence of record or sound medical or legal principles.

Competent Evidence

- Competent evidence refers generally to evidence offered from a qualified source. A determination of evidentiary competency involves analysis of whether a person offering evidence is qualified to establish a matter.

Competent Medical Evidence

- Evidence provided by a person who is qualified through education, training, or experience to offer medical diagnoses, statements, or opinions. Competent medical evidence may also mean statements conveying sound medical principles found in medical treatises. It would also include statements contained in authoritative writings such as medical and scientific articles and research reports or analyses.

Competent Lay Evidence

- Evidence not requiring that the proponent have specialized education, training, or experience. Lay evidence is competent if it is provided by a person who has knowledge of facts or circumstances and conveys matters that can be observed and described by a lay person.

What is Stuff?



- Stuff is anything not relative to the Veteran, Survivor, or Dependent's claim.

Scenario 1



John submits a statement as part of his claim for service connection that he injured his lower back in the Air Force while loading cargo onto a C-130 aircraft during an exercise in July 2002. Personnel records reveal that John served in the Air Force as a loadmaster and participated in a military exercise in the Philippines in July 2002.

Scenario 1



Analysis: John's statement, when viewed along with the evidence of record, appears believable. Therefore, the statement is credible.

Scenario 2



Example: Lee submits a statement along with his claim indicating he injured his lower back during multiple parachute jumps in the Army from 1980 through 1983. Personnel records reveal Lee's occupation during service was "clerk." There were no records indicating that Lee was involved in parachuting operations.

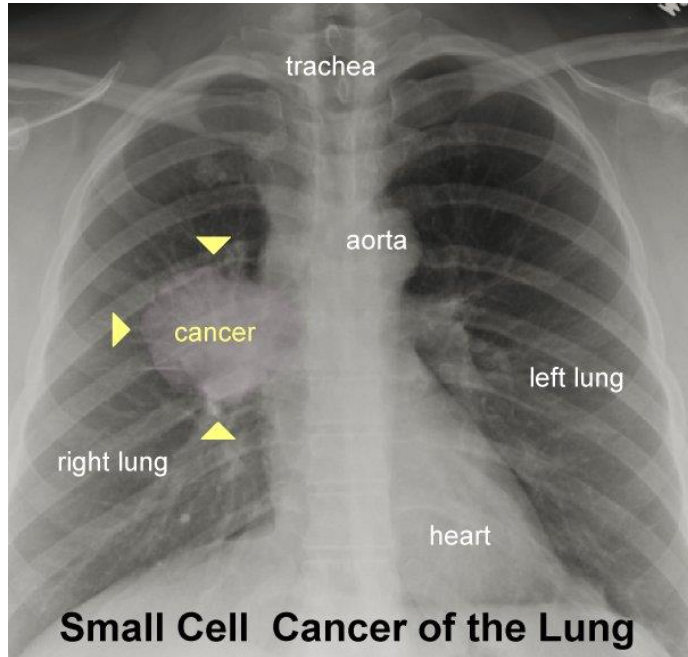
Scenario 2



Analysis: Lee's statement, when viewed with other evidence, is not believable. Therefore, the statement is not credible.

Reference: For more information on findings of credibility, see *Caluza v. Brown*, 7 Vet.App. 508 (1995).

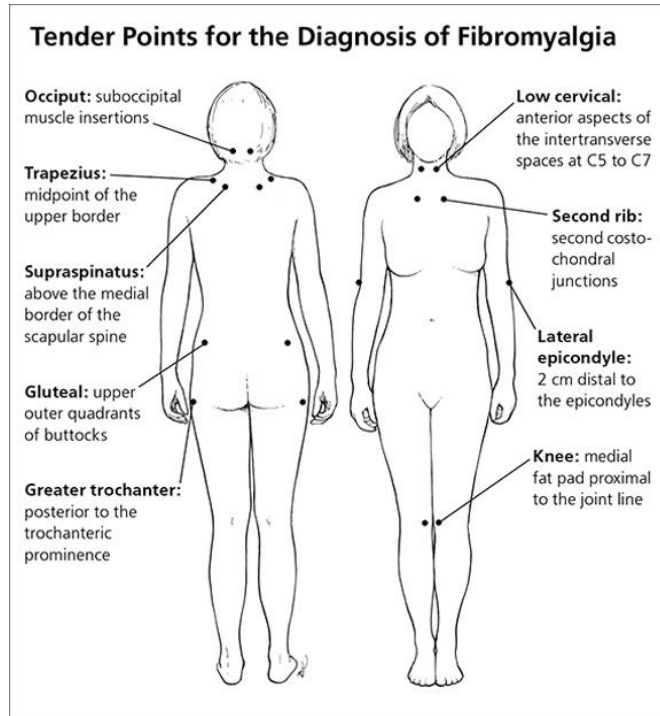
Is it Evidence or Stuff?



- Jim has submitted a claim for benefits citing lung cancer as a result of exposure to Agent Orange?
- Jim has x-rays showing the cancerous growth. Is it evidence or stuff?

EVIDENCE

Is it Evidence or Stuff?



- Sarah has filed a claim for sleep apnea. She has submitted private medical records which include a diagnosis for fibromyalgia.
- Is the diagnosis for fibromyalgia evidence or stuff?

STUFF

Is it Evidence or Stuff?



- Brad has numerous health issues which he claims to be a result of exposure to burn pits in Iraq.
- Brad has photos showing him working in and around burn pits. Is it evidence or stuff?

EVIDENCE

Is it Evidence or Stuff?

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

SEAL OF THE STATE OF TENNESSEE
AGRICULTURE
COMMERCE
1796

CERTIFICATE OF LIVE BIRTH
STATE OF TENNESSEE
2100338002143

STATE FILE NUMBER		USE BLACK INK ONLY		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF CHILD - FIRST GIVEN JESSICA	1B. MIDDLE MARIE	1C. LAST FAMILY ALBA			
2. SEX FEMALE	3A. THIS BIRTH SINGLE, MARRIED, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. --	4A. DATE OF BIRTH-MMM/DD/YYYY 10/08/1988	4B. HOUR-04 HOUR CLOCK TIME 0201	
5A. PLACE OF BIRTH-NAME OF HOSPITAL OR FACILITY		5B. STREET ADDRESS-STREET, NUMBER, OR LOCATION 1001 POTRERO AVE			
5C. CITY		5D. COUNTY		5E. PLANNED PLACE OF BIRTH HOSPITAL	
6A. NAME OF FATHER - FIRST GIVEN SAMPLE* CATHERINE	6B. MIDDLE SAMPLE* MIDDLE NAME	6C. LAST FAMILY SAMPLE* LAST NAME	7. STATE OF BIRTH CALIFORNIA	8. DATE OF BIRTH 11/23/1964	9. DATE OF BIRTH 11/22/1966
10. SIGNATURE OF FATHER Catherine Alba		11. SIGNATURE OF MOTHER Catherine Alba	12. SIGNATURE OF CHILD Signature	12B. RELATIONSHIP TO CHILD MOTHER	12C. DATE SIGNED 10/10/1988
13. SIGNATURE OF CERTIFIER Signature		13A. ATTENDANT OR CERTIFIER - SIGNATURE - DEGREE OR TITLE Signature	13B. LICENSE NUMBER RESIDENT	13C. DATE SIGNED 10/10/1988	
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT EVE ZARTITSKY,					
14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT			
15. LOCAL REGISTRATION DISTRICT		15A. LOCAL REGISTRATION DISTRICT - SIGNATURE JA	15. DATE ACCEPTED FOR REGISTRATION 10/12/1988		

- Larry has filed a claim for tinnitus and has submitted personal records in support of his claim. Included is a birth certificate for his 28 year old daughter Jessica whom is also married.
- Is the birth certificate evidence or stuff?

STUFF

Is it Evidence or Stuff?

Letter 1

John is a friend of mine who served in the Army and has had numerous health issues through the years.

Steve Doe

STUFF

I have known John for 62 years. After high school John was drafted into the Army and went to Vietnam.

John was never the same when he came back. He seemed nervous and frightened a lot. He has also battled cancer twice. He has told me numerous times about being around toxic chemicals and believes they made him sick.

Letter 2

Steve Doe

EVIDENCE

Summary

- Evidence establishes the foundation to build the Veteran's story. Weak evidence will not stand much like a house built upon the sand.





Department of

Veterans Services

The Cost of Complacency

What is Complacency?

Merriam-Webster defines Complacency as:

1. : self-satisfaction especially when accompanied by unawareness of actual dangers or deficiencies. When it comes to safety, complacency can be dangerous.
2. : an instance of usually unaware or uninformed self-satisfaction

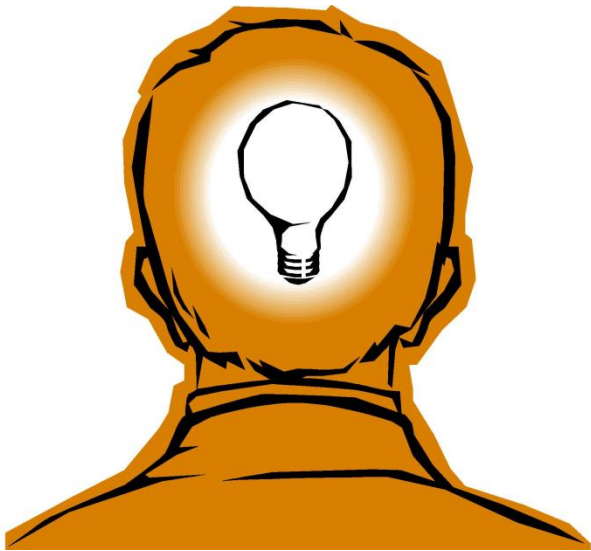
Facts

- Did you know that just 33% of the US workforce truly love their jobs, and are fulfilled, happy, and engaged at work?



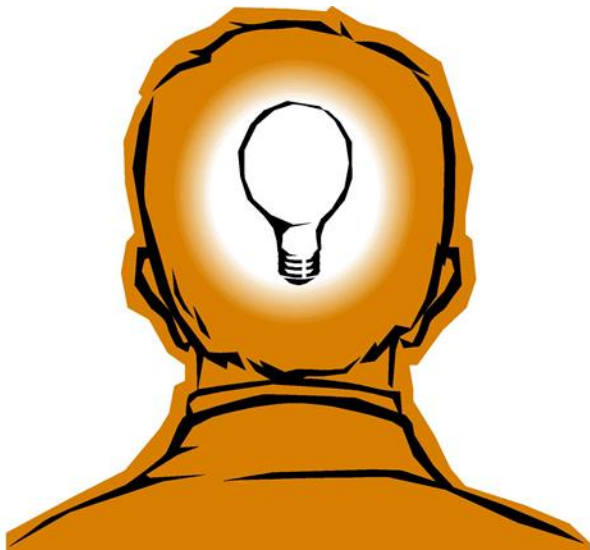
Let's Imagine

- Imagine having a dozen, a 100, or 500 employees and knowing that the other two thirds are mentally checked out.



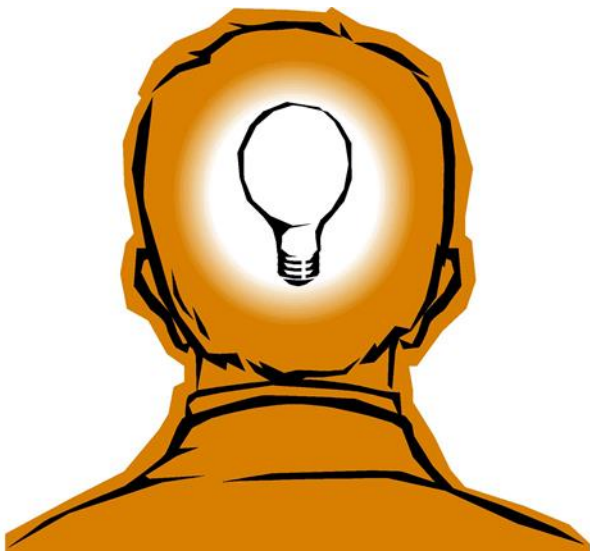
Let's Imagine

- They're basically made up of people that are either doing the bare minimum to get by- not really learning anything, not really contributing anything, and those that are completely miserable at work and ready to walk out the door with the cash register open.



Let's Imagine

- Complacency is costly. It is time for radical change and massive action.



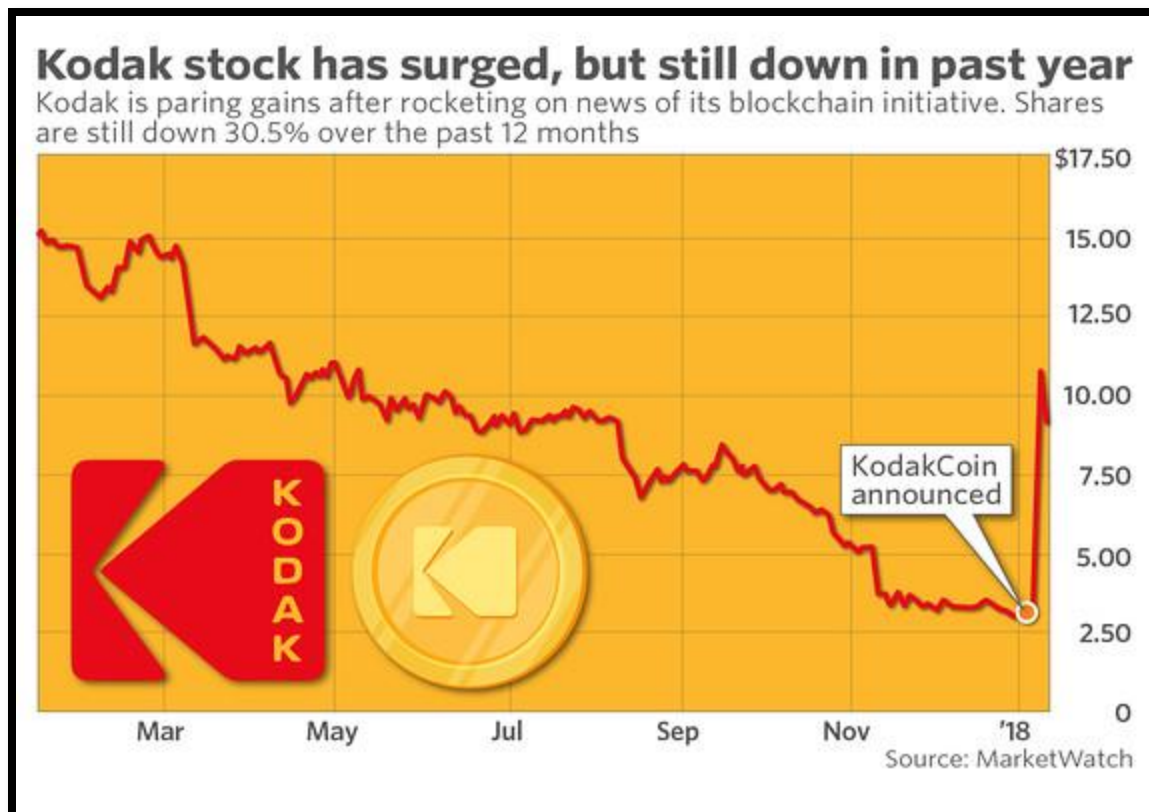
Don't Be Like Kodak

- Kodak at one time was the market leader in photography and film, positioned to be the pioneer of the future. They created the digital camera technology yet misunderstood the ways that consumers wanted to interact with their photos.



Don't Be Like Kodak

- They were soon wiped out by competitors who innovated on their pioneering products and filled the niche that Kodak created yet failed to capitalize on.



Don't Be Like Kodak

- In many aspects, ignoring the signs of what was happening in the marketplace are what led to the downfall of Kodak.



See the Signs

- As leaders, it is vital to pay attention to the signs and not just get comfortable doing what you have always done when the marketplace you are operating in has changed. Many businesses today are operating like Kodak, not realizing the cost to their business of not rolling with the times.



Times are Changing

- Veterans services is changing rapidly. If you're not adjusting to the needs of your Veterans by offering services that engage their hearts, expand their minds, and feed their soul, they won't be inspired to seek your assistance and they may choose to not to seek help based on their experience.



A Culture of Complacency

- A 144 page Inspector General report released in March 2018 said; “VA leaders at multiple levels failed to address a series of issues that put veterans’ health at risk since 2013, the inspector general said, creating a **“culture of complacency” that allowed well-known issues to fester.**” This report was specific to VA Medical Centers but the price of complacency affects the reputation of all VA divisions.



Statistically Speaking

- High quality and highly qualified customer service is our goal.
- Our reputation is as important as that of any Fortune 500 business.
- The results of our service should build our credibility as an advocate for those who selflessly served.



Our Advantage

- It is for this reason that we must remember that our greatest advantage is being able “to do the things that VA can’t do or won’t do.”



Your Opinion

- Do you agree that we are all complacent in some aspect or function in our lives?

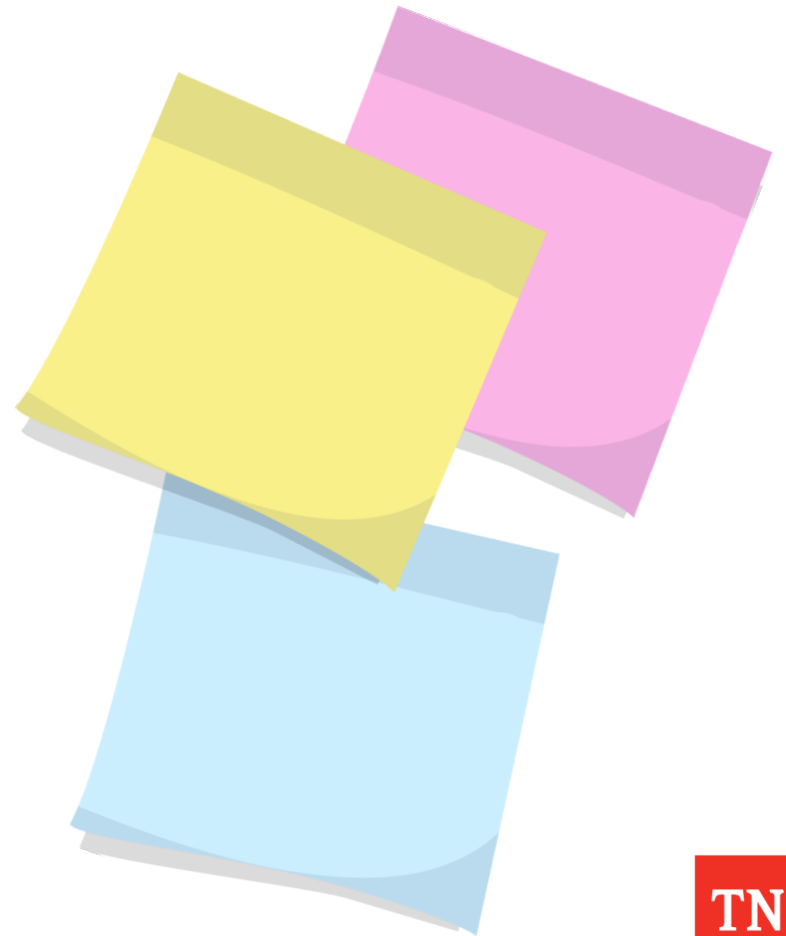
"We are now faced with the fact that tomorrow is today. We are confronted with the fierce urgency of now. In this unfolding conundrum of life and history, there "is" such a thing as being too late. This is no time for apathy or complacency. This is a time for vigorous and positive action."

Martin Luther King, Jr.



Your Opinion

- What areas of complacency do you see in your office?



Your Opinion

- How can we address complacency?



The time is ripe for a culture change

Here are three best practices to embrace to get the ball rolling:

- Take opportunities to learn and grow in your role. Personal and professional training is critical at this time.
- Shift from a culture of “pay-check and perks” to a culture of “purpose.”
- Focus on where you are heading in the future, not what was working in the past. Being innovation focused has got to be part of your day to day operations in order to survive.

Summary

- “A man who is good enough to shed his blood for his country is good enough to be given a square deal afterwards. More than that no man is entitled, and less than that no man shall have.” – Teddy Roosevelt
- Are we continually evolving to ensure that our Veterans, Survivors, and Dependents receive the care, dignity, and respect that they deserve?

