

**Department of Veterans Affairs (VA)**  
**2011 National Training Summit on Women Veterans**  
**Advisory Committee on Women Veterans Meeting Minutes**  
**The Liaison Capitol Hill**  
**415 New Jersey Avenue, NW,**  
**Washington, D.C., USA 20001**  
**Thursday, July 14, 2011**

**VA Advisory Committee on Women Veterans (ACWV) Members Present:**

COL Shirley Quarles, USAR, Chair	Col. Nancy Kaczor, USAF, Retired
COL Matrice W. Browne, USA, Retired	Lindsay Long, USMC
Lt. Col. Jack P. Carter, Jr., USMC, Retired	SFC Gundel Metz, USA, Retired
Valerie Cortazzo, USN	Lt. Col. Terry F. Moore, USAF, Retired
Karen Etzler, USAF	Barbara Ward, USAF
CPT Nancy Glowacki, USAR	Kayla Williams, USA

**ACWV Ex-Officio Members Present:**

Tracy Ford, Deputy Director  
Defense Department Advisory  
Committee on Women in the Services

Lillie Jackson, Buffalo Regional Office  
(VARO), Veterans Benefits  
Administration (VBA)

**ACWV Advisors Present:**

Raynell Lazier, Chief, Executive  
Correspondence Division, National  
Cemetery Administration (NCA)

**Center for Women Veterans (CWV):**

Dr. Irene Trowell-Harris, Director  
Dr. Betty Moseley Brown, Associate  
Director  
Desiree Long, Senior Program Analyst

**Guests:**

Teresa Morris, VFW  
Darlene Stiff  
Courtney Whiteman

**ACWV Ex-Officio Members Excused:**

Dr. Patricia Hayes, Chief Consultant, Women  
Veterans Health Strategic Health Care  
Group (WVHSHG), Veterans Health  
Administration (VHA)

Nancy Hogan, Director, Strategic Outreach  
and Legislative Affairs, Department of  
Labor (DOL), Veterans and Employment  
Training Service

**ACWV Advisors Excused:**

CDR Michelle J. Braun, MS, CRNP  
National Institute of Health, Department of  
Health and Human Services

Shannon Middleton, Program Analyst  
Michelle Terry, Program Support Assistant  
Juanita Mullen, Program Analyst

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**Thursday, July 14, 2011, The Connect Room**  
***Meeting was called to order by the Chair.***

Items discussed included:

- Agenda review.
- Approval of minutes from March 29-30, 2011 meeting.
- Discussed upcoming 2012 report.
- Discussed dates for October 2011 advisory committee meeting.

**Briefing on Fee Basis and Fee-based Care for Women Veterans, Holley  
Niethammer, Chief, Policy Division, National Fee Program, VHA**

- Discussed Purchase Care Scope:
  - Non-VA care covers Veterans for services outside VA or other Federal facilities.
  - May be via individual authorization or contract.
- Reasons VHA Purchases Care from Non-VA Sources:
  - Inability to access VA health care facilities.
  - Demand exceeds VA health care facility capacity.
  - Need for diagnostic support services for VA clinicians.
  - Need for scarce specialty resources (e.g., obstetrics, hyperbaric, burn care, oncology) and/or when VA resources are not available due to constraints (e.g. staffing, space).
  - Ensure cost-effectiveness for VA (whereby outside procurement vs. maintaining and operating like services in VA facilities and/or infrequent use is more appropriate).
  - Satisfying patient wait-time requirements.
- Authorities Governing the Fee Program:
  - 38 USC 1703: The authority to pay for preauthorized inpatient and outpatient emergency, routine, and diagnostic medical care for certain Veterans.
  - 38 USC 1728: The authority to pay for emergency care provided to service-connected Veterans that was not preauthorized.
  - 38 USC 1725: The authority to pay for emergency non-VA care provided to non-service connected Veterans enrolled in VA health care.
  - 38 USC 8153: Provides the authority for a VA facility to enter into a contract or other form of agreement with non-VA health care entities to secure health care services that are either unavailable or not cost-effective at the VA facility.
- Regulations Specific to Women Veterans:
  - Women Veterans are eligible for preauthorized hospital care for any condition under the Code of Federal Regulations (38 CFR) 17.52(a)(4).
- Purchased Care Goals:

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- Standardize business processes to assure the right care is purchased at the right time.
- Improve financial integrity of Programs – resolve improper payment issues.
- Enhance and automate clinical information sharing – both sending data to non-VA providers as well as receiving data after non-VA care completed.
- Cost Avoidance: decrease costs where appropriate; most components of the initiatives are linked to improper payments.
- Purchase Care Initiatives:
  - Web based clinical tool to assist in determining service delivery locations; includes information on clinical contracts; adding wait time data after prototype testing.
  - Being tested in Veterans Integrated Service Network 5 & 22.
- Improve Business Intelligence Capacity:
  - VISN and Facility “Fee Dashboard.”
- Non-VA Care Coordination:
  - Standardize processes surrounding initial decisions to purchase care.
  - Consult templates; appointment management, clinical information sharing.
  - Piloting VISN 11 and 18.
- Improve Program Oversight (Fraud/Waste/Abuse):
  - Developing tools to identify high volume, high cost services.
  - Compare VA with TRICARE and Centers for MEDICARE and MEDICAID Services program integrity.
  - Recovery audits – post payment reviews.
  - Contract claims audit.
- Data Analytics – Business Intelligence Capabilities:
  - Access to the right data at the right time has been challenging.
  - Frequently data presented in various forums raised questions on accuracy.
  - Significant challenges with enterprise level data necessary to make appropriate decision on the status of the program.
  - Goal: Improved decision making and resource utilization based on the following four information domains:
    - Financial.
    - Quality/Clinical.
    - Business.
    - Internal Controls.
- Newborn Care:
- Previously, VA did not provide any care for the newborn. The woman Veteran was financially responsible for payment of all care provided to the newborn.

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- Covered benefits changed on May 5, 2010 when Public Law 111-163 “The Caregivers and Veterans Omnibus Health Services Act of 2010” was signed into effect.
- Under section 206, VA was given the authority to furnish health care services to newborn children of women Veterans who received maternity care at VA expense.
- Enhanced Maternity Benefits effective May 5, 2010.
- Eligibility: any enrolled woman Veteran who receives any maternity care furnished by VA and the Veteran delivered in:
  - A VA facility, or
  - Another facility VA has authorized the Veteran to receive services from relating to the delivery of the child.
- Limitations: payment is limited to care provided on the date of birth and for not more than seven (7) calendar days after the birth of the child.
- In FY10, between 2,000 and 2,200 women Veterans receive maternity care from VA.
- Most post-delivery and routine care for newborns is included in the hospital bill for the mother and a separate bill is not generated for the newborn.
- Based on the data gathered since the benefit began last May, we expect to receive and pay separate bills on between 120 and 150 newborns each year.
- Local fee offices have been provided guidance on how to register and process claims as they are received.

**Briefing on Services Provided by the Office of Survivors Assistance, Debra Walker, Director, Office of Survivors Assistance**

- Mission is to serve as a resource regarding all benefits and services furnished by the Department to survivors and dependents of deceased Veterans and survivors and dependents of deceased members of the Armed Forces.
- Discussed snapshot of available benefits:
  - Burial.
  - Dependency and Indemnity Compensation (DIC).
  - Death Pension.
  - Health Care.
  - Aid and Attendance/Housebound.
  - Education and Training.
  - Fry Scholarship under the Post 9/11 GI Bill.
  - Home Loan Guaranty.
  - Life Insurance Benefits.
  - Education Program Refund.
  - Other:
    - Civil Service Preference (Office of Personnel Management).
    - Commissary and Exchange Privileges (Department of Defense).
    - Tax exemption for VA benefits (Internal Revenue Service).

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- Other benefits based on earning history (Social Security Administration).
- Discussed upcoming events.
- Discussed the role of the Office of Survivors Assistance:
  - Advocacy.
  - Promote recognition of Survivors and the Survivor community.
  - Promote the use of VA benefits and services.
  - Serve as a resource to internal and external organizations.
  - Conduct joint outreach with internal and external partners.
  - Serve as an information exchange for Survivors.
  - Ensure Survivors have knowledge of VA benefits and services.
  - Local visits to retirement homes.
  - Provide training.
- Released first brochure ever.

**Veterans Crisis Line and DoD-VA Suicide Prevention Conference, Dr. Jan Kemp,  
National Program Director for Suicide Prevention, Canadaigua VA Medical Center**

- Discussed suicide prevention basis strategy:
  - Suicide prevention requires ready access to high quality mental health and other health care services. These services are supplemented by programs designed:
    - To help individuals and families engage in care.
    - To address suicide prevention in high risk patients.
- Specific initiatives established for suicide prevention:
  - Hubs of expertise:
    - Centers of Excellence (CoE) and Mental Illness Research, Education and Clinical Centers (MIRECC).
  - National programs for education and awareness:
    - Operation S.A.V.E.
    - Suicide risk management training for clinicians.
  - 24/7 suicide hotline where Veterans can chat.
  - Suicide prevention coordinators (SPC).
- Staffing:
  - Coordinator at each medical center and largest community based outpatient clinics (CBOCs).
  - 0.5 FTE support staff at medical centers.
  - One care manager for each 20,000 uniques beyond the first 20,000.
  - Responsibilities:
    - Receive referrals from Hotline and facility staff.
    - Coordinates enhancement of care for high risk patients.
    - Care management for those at highest risk.
    - Maintaining category II flagging system.
    - Reporting of attempts and deaths from suicide.

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- Education and training for facility staff.
- Outreach and education to the community.
- Participation in inpatient Environment of Care evaluations.
- Facilitating development of means restriction programs.
- Other programs responsive to local needs and opportunities.
- Operation S.A.V.E.:
  - VA Guide Training/Gatekeeper Training.
    - Operation SAVE trains non-clinicians to recognize SIGNS of suicidal thinking: ASK Veterans questions about suicidal thoughts, VALIDATE the Veteran's experience, and ENCOURAGE the Veteran to seek treatment.
    - Currently working with the Student Veterans of America to revise the training to be used on campus with students and faculty.
  - Other Training Initiatives:
    - Regular suicide prevention staff meeting and conferences.
    - Risk assessment for clinicians – online program.
    - Primary care provider American Association of Suicidology (AAS) training.
    - Web-based Women and suicide training.
- Veteran's crisis line and Veterans chat:
  - Background:
    - July 25, 2007 – Hotline went live and the first call was received at 11:20 a.m.
    - Based in Canandaigua VA Medical Center in upstate New York.
    - Began with four phone lines and fourteen responders.
    - Partnership with SAMHSA/LIFELINE.
    - Current hotline (2010) has twenty phone lines, two warm transfer lines and 160 FTEE.
- Veterans Chat:
  - Veterans chat enables Veterans, their families and friends to go online where they can anonymously chat with a trained VA counselor.
  - If the chats are determined to be a crisis, the counselor can take immediate steps to transfer the visitor to the VA Suicide Prevention Hotline, where, further counseling and referral services are provided and crisis intervention steps can be taken.
  - The online feature is intended to reach out to all Veterans who may or may not be enrolled in the VA health care system and provide them with online access to the Suicide Prevention Lifeline.
  - This lifeline feature also provides Veterans with an anonymous way to access VA's suicide prevention services.
  - Veterans (and family members or friends) can access Veterans Chat through the Lifeline suicide prevention website.

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**Update on Addition of Identifiers due to military sexual trauma (MST), Edna MacDonald, Deputy Director of Operations Compensation & Pension Service, VBA**

- Discussed training.
  - VBA June 2011 letter on “Military Sexual Trauma” issued by General Hickey:
    - Reiterated current process.
    - Mandated training for all personnel handling MST claims to be completed no later than September 30, 2011.
      - Military Sexual Trauma.
      - Military Sexual Trauma Sensitivity.
- MST Claim Identifiers:
  - Claim Development (MAP-D).
    - Identification of “PTSD” and Non-PTSD Personal Trauma” contention level special issue.
  - “Use of Electronic Applications in claims involving Posttraumatic Street Disorder (PTSD) and personal trauma.”
- Current Data:
  - 379 claims pending with “MST” contention level special issue.
  - 149 claims pending with “Non-PTSD Personal Trauma.”
  - 4070 claims pending with “PTSD Personal Trauma.”
  - FY2010 –Granted 3,869 claims based on sexual trauma/harassment.

**Update on Caregivers Program, Deborah Amdur, Chief Consultant, Office of Care Management and Social Work**

- Findings of the National Alliance for Caregiving (NAC) Study Caregivers of Veterans. (Caregivers of Veterans – Serving on the Homefront Study Released November, 2010):
  - Live with the care recipient--80 percent (23 percent non-VA caregivers).
  - Caregiving 10 years or more--30 percent (15 percent non-VA caregivers).
  - Veteran has mental illness or PTSD--70 percent (28 percent non-VA caregivers).
  - High emotional stress--68 percent (31 percent non-VA caregivers).
  - High physical strain--40 percent (higher for women than men).
  - Stopped working-- 47 percent (9 percent non-VA caregivers).
  - High financial hardship--50 percent (13 percent non-VA caregivers).
- Comprehensive Caregiver Support Services:
  - Allow Veterans to remain at home in the community.
  - Address specific needs of family Caregivers with a menu of programs and services.
  - Promote Veteran and Caregiver health and well-being.

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- Provide one location to obtain needed information.
- Provide training and information on common conditions.
- Reduce isolation with professional and peer support.
- Provide options to give Caregivers respite.
- Sensitize health care providers to the Caregivers' role.
- Caregiver Support Coordinators:
  - At all VA medical centers.
  - Clinical experts on Caregiver issues including VA and non-VA resources.
  - Assist with application for new benefits.
  - Organize caregiver focused activities and services.
  - Ensure Caregiver sensitivity is integrated into all programs.
  - Provide National Caregiver Support Line follow-up.
- Application and Assessment:
  - Joint application for Veterans and family Caregiver.
  - Options for application: online (includes live chat link), in-person, telephone, or mail.
  - Assessment of Veteran and proposed Caregiver.
  - Eligibility transfers from one facility to another.
  - Entire process is managed through the Caregiver Application Tracker (CAT).
  - Over 625 applications received the first week, presently processing over 1,400 applications.
- Primary Family Caregiver Benefits:
  - Stipend:
    - Direct payment to primary family Caregiver.
    - Centrally funded and managed.
    - Based on wages of a home health aide in the geographic area where the Veteran resides.
    - Tiered based on amount and degree of personal care services provided.
  - Health Insurance:
    - CHAMPVA.
  - Travel and Lodging:
    - Integrate into existing programs.
  - Mental Health Services:
    - Individual/Group psychotherapy and counseling.
    - VA or by contract.
- Additional VA Support Programming:
  - Caregiver Support Line:
    - Over 10,000 calls since opening February 1, 2011.
  - Caregiver Support Coordinators at each Medical Center:
    - Full time devoted positions as of April 1, 2011.

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- New Caregiver Website:
  - Launched May 31, 2011 – over 70,000 hits since then.
- Evidence-based support programs and peer support-mentoring program:
  - Roll out over next 12 months.

**Update on 2011 National Training Summit on Women Veterans, Dr. Betty Moseley Brown, Associate Director, Center for Women Veterans**

- Discussed Summit updates and the Advisory Committee on Women Veterans support areas.

**Update on Process for 2012 Report Timeline, Dr. Irene Trowell-Harris, Director, Center for Women Veterans**

- Reviewed general guidelines for Committee:
  - Recommendations submitted by the Committee should be reflective of issues encountered by many women Veterans, based on information and data presented during briefings at Committee meetings, summit and site visits, and have implications for the entire women Veterans population.
  - Review last two ACWV reports (2008 & 2010) for follow up on previously submitted recommendations. Do not repeat prior recommendations:
    - Make recommendations specific, clear, appropriate, and include an adequate rationale (based on **credible** sources/references) that clearly defines the intent of the recommendation.
    - Make recommendations succinct and to the point, describing exactly what you are requesting VA to do. Make sure VA has Congressional authority to execute what the recommendation is requesting, or that the issue is under VA's realm of responsibility.
    - Do not submit recommendations through VA that are intended for DoD, DoL, State Department of Veterans Affairs, or other agencies. See ACWV Charter.
    - Do not submit recommendations that require action for other VA committees, or ones that address issues covered by other VA committees, such as the homeless committee or the research committees.
    - Submit a few good recommendations based on quality, not quantity, addressing a need for policy or legislation for an issue specific to women Veterans. Usually, the less the better.
- Discussed the Process:

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- ACWV constructs recommendations and rationales for the report, based on information acquired from meetings, forums, site visits, or on a demonstrated need that will benefit the women Veterans population.
- A draft is submitted to Center for Women Veterans (CWV) for formatting.
- Formatted draft is sent to ACWV for final approval.
- CWV coordinates with Administrations (VHA, VBA, NCA and staff offices), who craft responses to recommendations.
- ACWV submits report--with VA's responses--to Secretary of VA through the Center for Women Veterans (CWV), for review and approval of VA's responses.
- Report is due to the Secretary by July 1, 2012.
- Secretary mandated to submit report, to include VA's responses to recommendations, to Congress within 60 days of receiving the report (August 30, 2012).
- Follow up on recommendations and with matrix is maintained by CWV.
- CWV processes Report for design and professional printing, after report has been disseminated to the Secretary and Congress.
  - CWV staff will proof read report. When completed, VA Graphics will enter edits and provide a final for proofing.
  - VA Graphics will submit final to the Government Printing Office for bidding and selection of printer.
  - Printer will submit a proof for approval.
  - Once approved, report will go to print.
  - Report will be distributed to VA Administrations and Staff Offices, Congressional Members, ACWV members, various stakeholders, and the general public, and posted on the Center's Web site.

**Discussion of 2012 report/ Subcommittees**

Wrap-up

**Dr. Shirley Quarles, Chair, ACWV**



Shirley A. Quarles, Ed.D., R.N., F.A.A.N.  
Chair, Advisory Committee on Women Veterans



Irene Trowell-Harris, R.N., Ed.D.  
Designated Federal Officer