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of America

Central Florida Chapter

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Chapter Officers 2019-2021

- President..... Steve Kirk
Vice President..... Sean Gibbs
Treasurer..... Brian Terwilliger
Secretary Jimmy Green
National Director Craig Enenbach
Executive Director John DeMauro

Elected Board Members

- Ken Weas..... Class of 2019
Craig Enenbach..... Class of 2020
Tim Wolfe..... Class of 2021
Dan Guppenberger..... Class of 2021

National Liaison Vice President: Robert Thomas

Appointees

- Editor..... Steve Kirk
Membership/Vol Coordinator Brenda Ciccarello
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- Earnest Hill (386) 755-3016
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Mission Statement

Paralyzed Veterans of America Central Florida, a congressionally chartered veteran's service organization that provides a platform of advocacy, education and research, communication, adaptive sports and recreation for veterans paralyzed as a result of spinal cord injury or dysfunction, in an effort to afford them with the highest quality of healthcare and life experiences.



On The Cover

Antony Borg, Drew Weaver, Mark & Marcellus McKinney

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Central Florida

President



Last month I flew over the Great Plains on my way to the National Convention in Denver. My thoughts turned to imagining them covered with buffalo. That would be a sight! That sent me to doing some research.

On July 4, 1882 - The "Last Great Buffalo Hunt" began on Indian reservation lands near Hettinger, North Dakota as 2,000 Teton Sioux

Indians in full hunting regalia killed about 5,000 buffalo. By this time, most of the estimated 60-75 million buffalo in America had been killed by white hunters who usually took the hides and left the meat to rot. By 1883, the last of the free-ranging buffalo were gone.

There were millions, then history blinked an eye and there were nearly none. White men had killed the bison by the scores of millions, and it had been 15 years since any had been seen in Dakota Territory.

When a great herd of 50,000 of them returned, no one fully grasped that these were among the last of the last. Standing Rock Sioux agent James McLaughlin rode out with 2,000 Sioux, starting from Fort Yates and marching west for days, before encountering a herd so huge it blackened the great buttes and grassy hills near Hiddenwood Creek.

The Sioux killed 5,000 bison in two days. It would be one of the last times the tribe would ever hunt, skin, preserve and ceremoniously eat the animal in the old traditional way. One homesteader later reported bison bones so thick on the upper reaches of Hiddenwood Creek that he couldn't break up the land without first stacking them like rock piles. The bones remained until World War I, when they were shipped out by rail to help with the war effort.

There were two other "great buffalo hunts." One was in 1881, near Slim Buttes southwest of Hettinger and the final hunt was in 1883.

All but the very last bison in Dakota Territory, or anywhere on the continent, were killed south of Hettinger by a hunting party of Sitting Bull and about 1,000 Standing Rock Sioux. William Hornaday of the Smithsonian Institute made a bison census in 1889. He reported that of the estimated 60 million bison once in North America, only 1,091 still remained.

Before the introduction of horses, bison were herded into large chutes made of rocks and willow branches and trapped in a corral called a buffalo pound and then slaughtered or stampeded over cliffs, called buffalo jumps. Both pound and jump archaeological sites are found in several places in the U.S. and Canada. In the case of a jump, large groups of people would herd the bison for several miles, forcing them into a stampede that drove the herd over a cliff.

Horses taken from the Spanish were well-established in the nomadic hunting cultures by the early 1700s, and indigenous groups once living east of the Great Plains moved west to hunt the larger bison population. Intertribal warfare forced the Cheyenne to give up their cornfields at Biesterfeldt village and eventually cross west of the Missouri and become the well-known horseback buffalo hunters. In addition to using bison for themselves, these indigenous groups also traded meat and robes to village-based tribes.

A good horseman could easily lance or shoot enough bison to keep his tribe and family fed, as long as a herd was nearby. The bison provided meat, leather, and sinew for bows.

A fast hunting horse would usually be spared and first mounted near the bison. The hunter rode on a pack horse until then. Hunters with few horses ran besides the mount to the hunting grounds. Accidents, sometimes fatal, happened from time to time to both rider and horse.

However, a fellow named Mann, has a theory and discussed the evidence that Native Americans not only created (by selective use of fire) the large grasslands that provided the bison's ideal habitat but also kept the bison population regulated. In this theory, it was only when the original human population was devastated by wave after wave of epidemic (from diseases of Europeans) after the 16th century that the bison herds propagated wildly. In such a view, the seas of bison herds that stretched to the horizon were a symptom of an ecology out of balance, only rendered possible by decades of heavier-than-average rainfall. Bison were the most numerous single species of large wild mammal on Earth.

Which leads me back to my opening statement, seeing the buffalo from horizon to horizon, would be marvelous.

Steve Kirk





World War I began in July of 1914. During the conflict, Germany, Austria-Hungary, Bulgaria and the Ottoman Empire (the Central Powers) fought against Great Britain, France, Russia, Italy, Romania, Japan and the United States (the Allied Powers). Thanks to new military technologies and the horrors of trench warfare, World War I saw unprecedented levels of carnage and destruction. Once the war was over and the Allied Powers claimed victory, more than 19 million people—soldiers and civilians alike—were dead.

At the outbreak of fighting in 1914, the United States remained on the sidelines of World War I, adopting the policy of neutrality favored by President Woodrow Wilson while continuing to engage in commerce and shipping with European countries on both sides of the conflict. Neutrality, however, was increasing difficult to maintain in the face of Germany's unchecked submarine aggression against neutral ships, including those carrying passengers. In 1915, Germany declared the waters surrounding the British Isles to be a war zone, and German U-boats sank several commercial and passenger vessels, including some U.S. ships.

American public opinion against Germany changed at the sinking by U-boat of the British ocean liner Lusitania—traveling from New York to Liverpool, England with hundreds of American passengers onboard—in May 1915. In February 1917, Congress passed a \$250 million arms appropriations bill intended to make the United States ready for war. Germany sunk four more U.S. merchant ships the following month, and on April 2, 1917 Woodrow Wilson appeared before Congress and called for a declaration of war against Germany.

World War I took the lives of more than 9 million soldiers; 21 million more were wounded. Civilian casualties caused indirectly by the war numbered close to 10 million. The two nations most affected were Germany and France, each of which sent some 80 percent of their male populations between the ages of 15 and 49 into battle.

The war brought about massive social upheaval, as millions of women entered the workforce to support men who went to war, and to replace those who never came back. The first global war also helped to spread one of the world's deadliest global pandemics, the Spanish flu epidemic of 1918, which killed an estimated 20 to 50 million people.

World War I has also been referred to as “the first modern war.” Many of the technologies we now associate with military conflict—machine guns, tanks, aerial combat and radio communications—were introduced on a massive scale during World War I. The severe effects that chemical weapons such as mustard gas and phosgene had on soldiers and civilians during World War I galvanized public and military attitudes against their continued use. The Geneva Convention agreements, signed in 1925, restricted the use of chemical and biological agents in warfare, and remains in effect today.

When World War I broke out across Europe in 1914, President Woodrow Wilson proclaimed the United States would remain neutral, and many Americans supported this policy of nonintervention. However, President Wilson demanded that the Germans stop unannounced submarine warfare, although he didn't believe the U.S. should take military action against Germany. Some Americans disagreed with this nonintervention policy, including former president Theodore Roosevelt, who criticized Wilson and advocated for going to war. Roosevelt promoted the Preparedness Movement, whose aim was to persuade the nation it must get

ready for war. To appease Roosevelt and his followers, Wilson signed the National Defense Act in June of 1916, expanding the Army and the National Guard, and in August, the president signed legislation designed to significantly strengthen the Navy. Campaigning on the slogans “He Kept Us Out of War” and “America First,” Wilson was elected to a second term in the [White House](#) in November 1916.

However, public opinion about neutrality started to change when on May 7, 1915, a German submarine sank the British ocean liner Lusitania, resulting in the deaths of nearly 1,200 people, including 128 Americans. The incident strained diplomatic relations between Washington and Berlin and helped turn public opinion against Germany. In March 1916, a German U-boat torpedoed a French passenger ship, the Sussex, killing dozens of people, including several Americans. Afterward, the U.S. threatened to cut diplomatic ties with Germany. In response, the Germans issued the Sussex pledge, promising to stop attacking merchant and passenger ships without warning. However, on January 31, 1917, the Germans reversed course, announcing they would resume unrestricted submarine warfare, reasoning it would help them win the war before America, which was relatively unprepared for battle, could join the fighting on behalf of the Allies. In response, the U.S. severed diplomatic ties with Germany on February 3, 1917. During February and March, German U-boats sank a series of U.S. merchant ships, resulting in multiple casualties.

Meanwhile, in January 1917, the British intercepted and deciphered an encrypted message from German Foreign Minister Arthur Zimmerman to the German minister to Mexico, Heinrich von Eckhart. The so-called Zimmerman telegram proposed an alliance between Germany and Mexico—America's southern neighbor—if America joined the war on the side of the Allies. As part of the arrangement, the Germans would support the Mexicans in regaining the territory they'd lost in the Mexican-American War—Texas, New Mexico and Arizona. Additionally, Germany wanted Mexico to help convince Japan to come over to its side in the conflict. The British gave President Wilson the Zimmerman telegram on February 24, 1917 and on March 1, 1917 the U.S. press reported on its existence. The American public was outraged by the news of the Zimmerman telegram and it, along with Germany's resumption of submarine attacks, helped lead to the U.S. to join the war. And on April 2, 1917, Wilson went before a special joint session of Congress and asked for a declaration of war against Germany, stating: “The world must be made safe for democracy.”

On April 4, 1917 the Senate voted 82 to 6 to declare war. Two days later, on April 6, 1917 the House of Representatives voted 373 to 50 in favor of adopting a war resolution against Germany. At the time it was only the fourth time Congress had declared war; the others were the War of 1812, the War with Mexico in 1846 and the Spanish-American War of 1898.

In early 1917, the U.S. Army had just 133,000 members. That May, Congress passed the Selective Service Act, which reinstated the draft for the first time since the Civil War and led to some 2.8 million men being inducted into the U.S. military by the end of the Great War. Around 2 million more Americans voluntarily served in the armed forces during the conflict.

The first U.S. infantry troops arrived on the European continent in June 1917; in October, the first American soldiers entered combat, in France. That December, the U.S. declared war against Austria-Hungary (America never was formally at war with the Ottoman Empire or Bulgaria).

When the war concluded in November 1918, with a victory for the Allies, more than 2 million U.S. troops had served at the Western Front in Europe, and more than 50,000 of them had died.

John DeMauro



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National Park Service

OMB Control No. 1024-0252
Expiration Date 9/2020

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National Park Service

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Expiration Date 9/2020



AMERICA THE BEAUTIFUL – THE NATIONAL PARKS AND FEDERAL RECREATIONAL LANDS ACCESS PASS

U.S. Department of the Interior - Bureau of Land Management, Fish and Wildlife Service, Bureau of Reclamation, National Park Service
U.S. Department of Agriculture - Forest Service - U.S. Army Corps of Engineers

About the Access Pass:

The Access Pass is a free, lifetime pass available to United States citizens or permanent residents, regardless of age, that have a permanent disability. The Pass can be used at over 2000 Federal recreation sites across the nation, including National Parks, National Wildlife Refuges, and many National Forest and other federal recreation lands. The Access Pass admits the Pass owner and any passengers traveling with him/her in a single non-commercial vehicle at per-vehicle fee areas or the Pass owner and three additional adults where per-person fees are charged. The Access Pass may also offer a discount on some expanded amenity fees, such as camping. Discounts offered by the Pass vary widely across the many different types of recreation sites. Pass owners are encouraged to check with sites they plan to visit before obtaining a Pass to verify that their Pass will be accepted. Anytime a Pass is used, photo identification will be requested to verify Pass ownership.

How to Obtain an Access Pass:

The Pass may be obtained two ways, either at a federal recreation site where entrance or standard amenity fees are charged or through the mail. To obtain a Pass you must have photo identification to verify that you are a U.S. citizen or permanent resident, which could include:

- A U.S. State or Territory issued Driver's License, Identification, or Birth Certificate
- A U.S. Passport or Passport Card
- A Permanent Resident Card (Green Card)

You must also provide documentation that you have a permanent disability, which could include:

- A statement signed by a licensed physician attesting that you have a permanent physical, mental, or sensory impairment that substantially limits one or more major life activities, and stating the nature of the impairment;
OR
- A document issued by a Federal agency, such as the U.S. Department of Veterans Administration, which attests that you have been medically determined to be eligible to receive Federal benefits as a result of blindness or permanent disability. Other acceptable Federal agency documents include proof of receipt of Social Security Disability Income (SSDI) or Supplemental Security Income (SSI);
OR
- A document issued by a State agency such as a vocational rehabilitation agency, which attests that you have been medically determined to be eligible to receive vocational rehabilitation agency benefits or services as a result of medically determined blindness or permanent disability. Showing a State motor vehicle department disability sticker, license plate or hang tag is not acceptable documentation.

Obtaining a Pass Through the Mail

To obtain an Access Pass through the mail you must complete this application, provide a photocopy of proof of citizenship or residency, documentation of disability and pay the processing fee. The cost of obtaining an Access Pass through the mail is ten dollars (\$10) for processing the application (the Pass is free).

Obtaining a Pass in Person

If you apply for an Access Pass at a Federal recreation site you do NOT need to fill out this application. When you arrive at the recreation site, the officer selling the pass will verify your documentation of disability and that you are a U.S. citizen or permanent resident by checking your identification. You will then be issued the Pass. The Pass is free if obtained in person, there is no processing fee. Before making a trip to obtain a Pass, be sure to contact the site to ensure that they have passes available.

Replacement Passes:

Lost or stolen Passes cannot be replaced at this time. If your Pass has been lost or stolen you must purchase a new one. Worn or damaged Passes can be replaced free of charge at any recreation site where Passes are issued, or through the mail by returning the Pass with this application and paying the ten dollar (\$10) processing fee.

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U.S. Department of Agriculture - Forest Service - U.S. Army Corps of Engineers

Your application for an Access Pass must include:

Product #209291

1. This completed, signed application form.
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3. **Photocopy** of documentation issued by an authorized U.S. agency that demonstrates U.S. citizenship or permanent residence (driver's license, passport, state issued ID).
4. Payment of the processing fee by Credit Card.
5. For a pass replacement, please submit the original worn pass.

****Do Not Send Original Documents****

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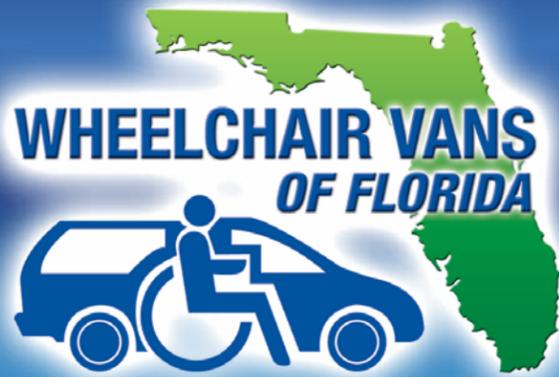
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Board Elections

It is that time of the year again! Time to nominate and elect officers and board members for the coming PVACF Year. We have two open board positions, Ken Weas will be rotating off the board. However, he can be nominated for re-election and can serve again, if elected. The board positions are for three years (2020-2022). Nominees must be certified members of the Paralyzed Veterans of America Central Florida Chapter. Nominations will be received in June and July by email, calling the office or at a board meeting. Only chapter members can make nominations. Ballots will be mailed in August and an ad hoc committee will count returned ballots in early September. Those newly elected will be inducted at the September board meeting and will take office October 1, 2019. Please note the requirements for nominations for board membership as per the Policies and Procedures of the PVA Central Florida Chapter; "Any voting member running for Chapter Office must be certified through the National PVA Secretary prior to being placed on the official ballot. The certification process includes proof of citizenship, proof of Active Duty Service in the Armed Forces and Character of Discharge other than Dishonorable (DD 214), and medical proof of Spinal Cord Injury or Disease. Documents are to be submitted to the CFPVA Secretary

for review and examination before they are forwarded to the National PVA Secretary for member certification. Any prospective Board Member or Officer is required to attend six (6) meetings prior to submitting his/her name to run for a potential Board membership or officer position. A prospective Board Member/Officer may excuse themselves from two (2) meetings due to serious medical complications. These conditions will apply for each fiscal year. Those desiring office should have a working understanding of the Chapter's Bylaws, Policies and Procedures, and the eight mandated programs required by National. The materials will be made available."

This year we need to elect the executive offices of President, Vice President, Secretary and Treasurer. These positions are for two-year terms. Nominations are being accepted now. If you are interested in nominating yourself or someone else, you may do so by sending an email to johnd@pvacf.org, calling the office or making the nomination at a board meeting. The next scheduled board meeting is July 25, 2019. Job descriptions for each of these positions can be found on the chapter website at www.pvacf.org. Go to About Us, then Policies and Procedures, then Governance and scroll down to each position.



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July Sports and Recreation Happenings at the Central Florida PVA

The PVA Central Florida Chapter has 10 Athletes participating in the 39th Annual National Wheelchair Games in Louisville, Kentucky, July 11-16. Jimmy Green, Johnnie Alexander, Mary Redding, David Roundtree, Steve Kirk, Daniel Guppenberger,

Glenn Fritz (Ike), Ashley Williams, and Timothy Wolfe.

These veterans will join 700 other veterans from around the country and compete in Air Rifle, Archery, Trap Shoot, Swimming, Basketball, Softball, Boccia, Bowling, Table Tennis, Motorized Slalom, Slalom, Track and Field Events, Cycling, Golf, Nine ball and will defend our TEAM RELAY title!

The Team relay this year will be Bench Press by Mary Redding, Sled Pull with Steve Kirk, Laser Rifle with David Roundtree, Rock Climbing with Johnnie Alexander and Shot Put by Tim Wolfe.

Florida Disabled Anglers Report 6-6-2019 by PVA member Brian Terwilliger
The Florida Disabled bass anglers and board thank the PVACF chapter for supporting our endeavors to get people back to fishing in this competitive sport. The schedule for the rest of 2019 and full results will be posted on this site. <https://www.bassclubflorida.com/fda-schedule-results.html>

The last three tournaments of 2019 will be held September thru November. The FDA annual meeting is held every January when all dates and locations are planned.

All disabled Veterans are welcome to join at any time. You can join and participate for any tournament as either a boat partner or disabled angler. These are fun tournaments because of the friendships made and information on fishing shared with other participants.

Mike Laws is leading the partners division and has a big bass weighing 8.95 pounds. Kris Carver has a slim lead in the disabled anglers and Brian has a big bass weighing 8.27 pounds. The competition is fierce!

PVACF is NOW a Strava Club! Attention ALL Hand Cyclists! Download the APP and start tracking your activity and sharing it with other PVA members. Strava is the social network for athletes – a huge global community. This will allow us to keep track of the successes of our team. It's a free and easy process.

1. Go to www.strava.com
2. Register as an athlete.
3. Search for "PVA Central Florida" team.
4. Request to join team
5. Search for "Paralyzed Veterans of America Racing and Fitness" team.
6. Request to join team



Ken Carter member of the Central Florida Chapter won his second back to back shot to the BASS Federation Championship to be held on lake Hartwell in South Carolina in November. This is the most prestigious award in fishing by the PVA. This year was a very close race with Kirt Glass from the Georgia chapter. The Federation Championship is a way to get to the Bassmasters Classic and fish for the \$500K against the top anglers in the world. The way Ken won this spot was he fished the PVA Bass Tour this year and finished 1st. place as a PVA member this year. Last year he won the Angler of The Year title. Good Luck Ken hope to see you at the Bassmasters Classic....



I would like to say farewell to Erin Sellers, SCI Coordinator at the Gainesville VA Medical Center as of June 4, 2019. Erin has dedicated over 5 years of service to our members without hesitation and compassion. She has relocated to the Richmond VA Medical Center to work in Poly Trauma Department. She will be missed.

At this present time there is no replacement and the position is being covered by Mr. Warren

McCluney at the VA Medical Center in Lake City.

If you have any questions please contact Robert the SCI Nurse in Gainesville with medical issues and he will get your questions answered.

I was able to take time from my vacation to stop by Erin's office and present her with a plaque from the Chapter.

SHE WILL BE MISSED.

Ernest Hill Sr. NCO

Did You Know?

Judge Judy holds the Guinness World Record for 'longest-running TV judge.' After 20 years, she still draws 10 million daily viewers and reportedly makes \$47 million salary for the 52 days she works each year.



Bob Ross was devoted to his fans. He used to receive 200 fan letters a day, and when people who regularly wrote him fell out of touch, he called them just to make sure they were OK.



Liesl Begnaud



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Enrollment Priority Groups

Today's Veterans have a comprehensive medical benefits package, which VA administers through an annual patient enrollment system. The enrollment system is based on priority groups to ensure health care benefits are readily available to all enrolled Veterans. Complementing the expansion of benefits and improved access is our ongoing commitment to providing the very best in quality health care service to our patients when they are needed during that enrollment period, regardless of the treatment program or the location.

Priority Group	Definition
1	<ul style="list-style-type: none"> Veterans with VA-rated service-connected disabilities 50% or more disabling Veterans determined by VA to be unemployable due to service-connected conditions Veterans awarded the Medal Of Honor (MOH)
2	<ul style="list-style-type: none"> Veterans with VA-rated service-connected disabilities 30% or 40% disabling
3	<ul style="list-style-type: none"> Veterans who are Former Prisoners of War (POWs) Veterans awarded a Purple Heart medal Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty Veterans with VA-rated service-connected disabilities 10% or 20% disabling Veterans awarded special eligibility classification under Title 38, U.S.C., § 1151, "benefits for individuals disabled by treatment or vocational rehabilitation"
4	<ul style="list-style-type: none"> Veterans who are receiving aid and attendance or housebound benefits from VA Veterans who have been determined by VA to be catastrophically disabled
5	<ul style="list-style-type: none"> Nonservice-connected Veterans and noncompensable service-connected Veterans rated 0% disabled by VA with annual income below the VA's and geographically (based on your resident zip code) adjusted income limits Veterans receiving VA pension benefits Veterans eligible for Medicaid programs



Priority Group	Definition
6	<ul style="list-style-type: none"> Compensable 0% service-connected Veterans. Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki. Project 112/SHAD participants. Veterans who served in the Republic of Vietnam between January 9, 1962, and May 7, 1975. Veterans of the Persian Gulf War who served between August 2, 1990, and November 11, 1998. Veterans who served on active duty at Camp Lejeune for at least 30 days between August 1, 1953, and December 31, 1987. Currently enrolled Veterans and new enrollees who served in a theater of combat operations after November 11, 1998 and those who were discharged from active duty on or after January 28, 2003, are eligible for the enhanced benefits for five years post discharge <p>Note: At the end of this enhanced enrollment priority group placement time period, Veterans will be assigned to the highest PG their eligibility status at that time qualifies for.</p>
7	<ul style="list-style-type: none"> Veterans with gross household income below the geographically-adjusted income limits for their resident location and who agree to pay copays
8	<ul style="list-style-type: none"> Veterans with gross household income above the VA and the geographically-adjusted income limit for their resident location, and who agrees to pay copays <p>Veterans eligible for enrollment:</p> <p>Noncompensable 0% service-connected and:</p> <ul style="list-style-type: none"> Subpriority a: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub priority due to changed eligibility status Subpriority b: Enrolled on or after June 15, 2009 whose income exceeds the current VA or geographic income limits by 10% or less <p>Nonservice-connected and:</p> <ul style="list-style-type: none"> Subpriority c: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub priority due to changed eligibility status Subpriority d: Enrolled on or after June 15, 2009, whose income exceeds the current VA or geographic income limits by 10% or less <p>Veterans not eligible for enrollment: Veterans not meeting the criteria above:</p> <ul style="list-style-type: none"> Subpriority e: Noncompensable 0% service-connected (eligible for care of their SC condition only) Subpriority g: Nonservice-connected



Government Relations Webinar
The VA MISSION Act
Implementation of the Department of Veterans
Affairs
New Community Care Program
Questions and Answers

last month, but needs to be continued, who does the veteran contact for renewal?

Response: According to VA, veterans should work through their provider who would request the additional services through VA.

Question 4: Will VA be required to release a veterans' sensitive information to third party insurance carriers?

Response: As a result of the VA MISSION Act of 2018, VA no longer requires a veterans' permission to bill their health insurance carrier for health care related to a sensitive diagnosis. As outlined in 38 U.S.C. §7332-protected information, a sensitive diagnosis includes drug or alcohol abuse, alcoholism, HIV/HIV testing, and sickle cell anemia. VA provided a one-time notification to veterans who previously signed a release of information refusing to allow VA to bill encounters containing a sensitive diagnosis prior to submitting claims to a third-party health insurance carrier. The change was published in the Federal Register and the one-time notifications are complete. VA has begun submitting claims to health insurance carriers for all non-service-connected care with a sensitive diagnosis without a signature or written authorization to permit the disclosure of protected information on a claim(s) and/or in copies of veteran's medical records. Please note that VA is not able to bill Medicare or Medicaid.

Question 1: Is Veteran-Directed Care under the Community Care Program?

Response: Yes. According to VA, veteran-directed care is part of the Community Care Program. It currently uses Choice Provider Agreements which will transition to Veteran Care Agreements.

Question 2: If a veteran wants care in another state because she/he feels a diagnosis can't be made in regards to a medical condition, how will that get addressed?

Response: According to VA, it depends on the best clinical decision for that care. If the out of state provider is the only one available, that might be the choice. But if there are providers closer that can provide the service, the veteran would need to select a closer provider because the ones further away would not be considered accessible within the context of the regulation.

Question 3: How are consults for continued therapy being reviewed? For example, therapy that began



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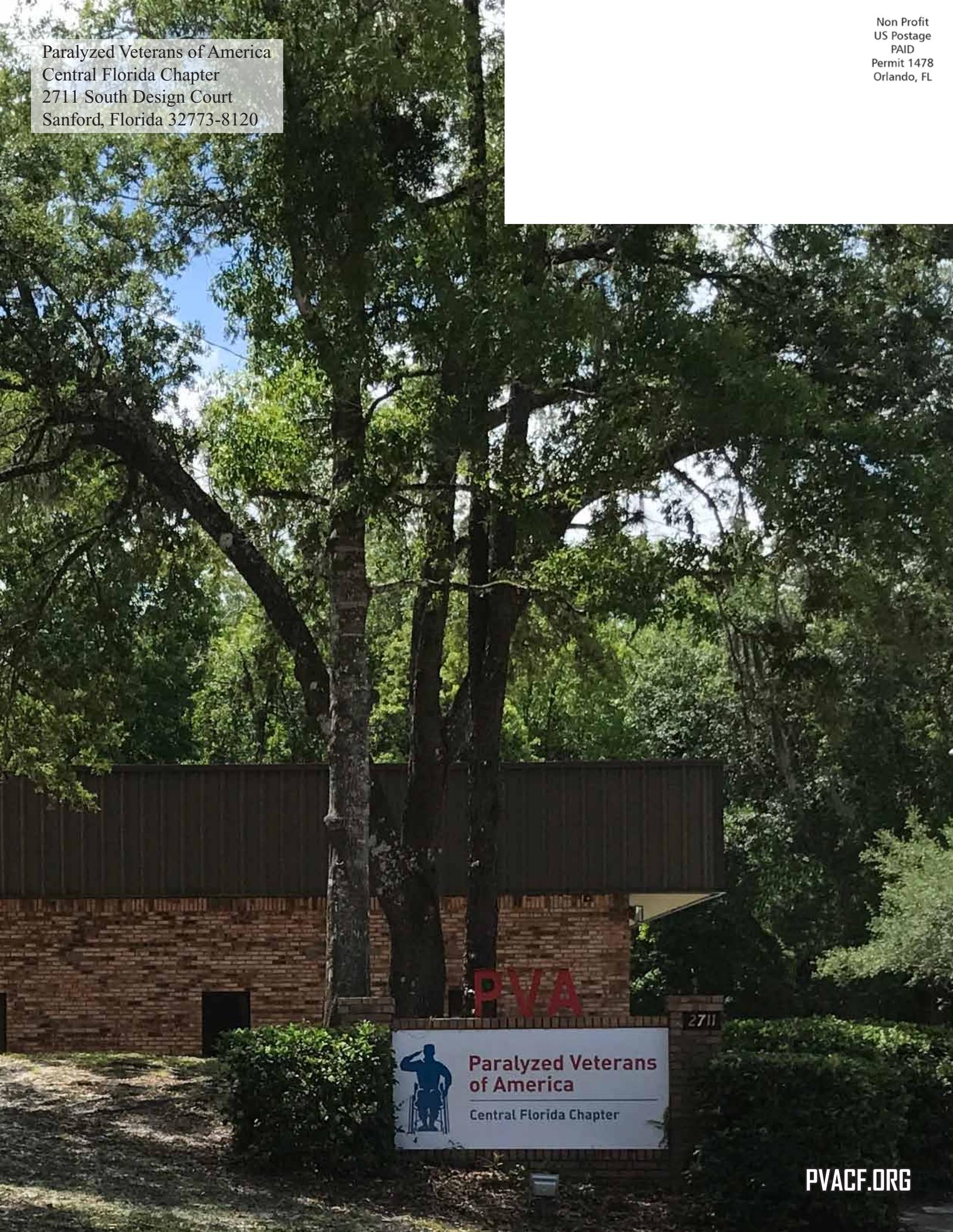
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