

**Department of Defense Response to  
House Committee on Armed Services and House Committee on Veterans' Affairs on Status  
of Programs Authorized in Section 1614 of the NDAA for FY2008**

House Report 114-102, pages 162-163, requests that DoD and VA brief the House Committees on Armed Services and Veterans' Affairs on the status of programs authorized by Section 1614 of the National Defense Authorization Act (NDAA) for FY2008. Since NDAA for FY2008 was enacted, the DoD and VA have made significant progress in improving the physical and mental recovery, rehabilitation, and reintegration process for wounded, ill, and injured (WII) Service members from point of injury or illness to a return to military service or transition to civilian life.

House Report 114-102, pages 162-163, that accompanies the NDAA for FY2016, states the following:

*“...Therefore, the committee directs the Secretary of Defense and the Secretary of Veterans Affairs jointly to brief the House Committee on Armed Services and the House Committee on Veterans' Affairs jointly by August 1, 2015 on the status of programs authorized by Section 1614 of the National Defense Authorization Act for Fiscal Year 2008 (P.L. 110-181) as well as provide a briefing within 30 calendar days of an announcement of an update of policy of a program authorized by Section 1614.”*

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In lieu of this briefing, DoD has prepared a line-by-line evaluation and status update for Section 1614 of the NDAA for FY2008. The numbers below indicate the processes, procedures, and standards required by Section 1614 for the transition of recovering Service members from care and treatment through the DoD to care, treatment, and rehabilitation through VA.

***(1) Uniform, patient-focused procedures to ensure that the transition described in subsection (a) occurs without gaps in medical care and in the quality of medical care, benefits, and services.***

The Recovery Coordination Program (RCP) was established to aid in non-medical aspects of transition in response to Public Law 110-181, Section 1611 of the NDAA for FY2008 and institutionalized by DoD Instruction (DoDI) 1300.24 “Recovery Coordination Program (RCP)”. Through this DoDI, RCP provides uniform non-medical policy and guidance to the Services’ warrior care programs on: training for non-medical case managers; assigning each WII Service member a Recovery Care Coordinator as the primary point of contact to ensure no gaps in care or benefits; and developing a comprehensive recovery plan for each WII Service member and their families to outline recovery goals and guide them through the phases of recovery, rehabilitation, and return to duty or reintegration into civilian life.

In alignment with the authority identified in Section 1614 of Public Law 110–181, DoD and VA have jointly developed and entered into a Memorandum of Understanding (MOU) for the Interagency Complex Care Coordination Requirements for Service Members and Veterans. The July 2014 MOU, sets forth a common operational model and responsibilities to be adhered to by both Departments. DoD Instruction 6010.24, “Interagency Complex Care Coordination” establishes policy and assigns responsibilities within DoD for complex care coordination. In addition, VA Directive 0007, “Interagency Coordination of Complex Care, Benefits, and Services,” establishes policy and assigns responsibilities in accordance with the MOU within the Department of Veterans Affairs.

Since 2003, VA has placed VA Liaisons for Healthcare, either licensed social workers or registered nurses, in Military Treatment Facilities (MTFs) with high concentrations of ill and/or injured Service Members. VA currently has 43 VA Liaisons for Healthcare stationed at 21 MTFs to facilitate the transfer of Service members from the MTF to a VA health care facility closest to their home or to a VHA facility with the specialized services required for their medical condition(s). VA Liaisons are co-located with DoD Case Managers and provide onsite consultation and collaboration regarding VA resources and treatment options.. VA Liaisons are instrumental in ensuring the continuity of care during the Service member’s transition to veteran status.

***(2) Procedures for the identification and tracking of recovering service members during the transition, and for the coordination of care and treatment of recovering service members during the transition, including a system of cooperative case management of recovering service members by the Department of Defense and the Department of Veterans Affairs during the transition.***

In July 2014, DoD and VA established an MOU for the Interagency Complex Care Coordination Requirements for Service Members and Veterans that requires all DoD WII Service members requiring complex care coordination receive an interagency comprehensive plan (ICP). The ICP identifies transition goals and milestones specific to each WII Service member and is shared with the VA to ensure the continuity of care coordination prior to the WII Service member’s transition to veteran status. DoD uses the DoD Case Management System

(DoD CMS) as the designated system of record to support the tracking and coordination of care for WII Service members transitioning to veteran status and will be the system of record for ongoing case management file exchange interoperability with the VA.

The Federal Case Management Tool (FCMT) is the platform VA uses as its system of record for managing case files for WII veterans transitioning from military service. DoD and VA are developing the capability to achieve interoperability between DoD CMS and FCMT to electronically transfer the ICP between DoD and VA for transitioning WII Service members. As an interim step, a Lead Coordinator Checklist (LCC) has been developed to transfer ICP information as a pdf document between Departments while they develop their respective systems and achieve interoperability.

***(3) Procedures for the notification of Department of Veterans Affairs liaison personnel of the commencement by recovering service members of the medical evaluation process and the physical disability evaluation process.***

DoD Instruction 1332.18, Volume 2 “Disability Evaluation System (DES) Manual: Integrated Disability Evaluation System (IDES)” requires, within 10 days of a Service member’s referral into the IDES process, that a DoD Physical Evaluation Board Liaison Officers provide VA’s Military Service Coordinator (MSC) a copy of a Service member’s treatment record and a VA Form 21-0819 (VA/DoD Joint Physical Disability Evaluation Board Claim). The MSC reviews the service treatment record, interviews the Service member, assists the Service member in completing VA Form 21-0819 to identify and claim service-connected medical conditions qualifying for VA disability compensation. The MSC then requests VA medical examinations that will help DOD’s Physical Evaluation Boards make fitness determinations and both Departments to determine disability compensation for Service members found unfit for continued service.

***(4) Procedures and timelines for the enrollment of recovering service members in applicable enrollment or application systems of the Department of Veterans Affairs with respect to health care, disability, education, vocational rehabilitation, or other benefits.***

***(5) Procedures to ensure the access of recovering service members during the transition to vocational, educational, and rehabilitation benefits available through the Department of Veterans Affairs.***

DoD Instruction 1332.18, Volume 2 “Disability Evaluation System (DES) Manual: Integrated Disability Evaluation System (IDES)” requires VA’s Military Service Coordinator (MSC) be notified within 10 days of a Service member’s referral into the IDES. The referred Service member meets with the MSC to complete VA Form 21-0819 (VA/DoD Joint Physical Disability Evaluation Board Claim) to identify and claim service-connected medical conditions qualifying for VA disability compensation.

DoD Instruction 1322.pa “DoD Vocational Rehabilitation and Employment Policy (VR&E)” (in coordination) when published, requires Service members referred into the Integrated Disability Evaluation System (IDES) be referred to a VA Vocational Rehabilitation Counselor (VRC) for counseling on VR&E services and benefits. Pending the publication of this DODI, a January 2012 DoD and VA Memorandum of Understanding requires the Military Departments’ Physical Evaluation Board Liaison Officers refer Service members enrolled in the IDES to meet with a VA VRC for counseling upon entry into the DES. Once referred for counseling, the actual meeting with a VRC is intended to occur within 100 days of the Service member’s referral into the IDES.

In July 2014, DoD-VA established an MOU for Interagency Complex Care Coordination Requirements for Service members and Veterans, details the Lead Coordinator (LC) role and responsibilities and use of a standardized Interagency Comprehensive Plan (ICP) to ensure WII Service members, who require complex care coordination, receive a smooth transitioning and enrollment into VA’s care systems as they transition to veteran status. The ICP is a Service member/Veteran-centered recovery or rehabilitation plan with identified goals and addresses clinical and non-clinical support (e.g., pay, benefits, family, support, vocational rehabilitation, and military, federal, and other governmental and community resources). The LC is a member of the case management team and is responsible for coordinating the development and overseeing the execution of the ICP. The LC serves as the primary point of contact to the Service member and family or caregiver and is co-located with the recovering Service member or Veteran. For transfers between DOD and VA, when a change in the ICP is warranted, the LC identifies and communicates the change by existing referral processes through the VA Liaison for Healthcare, Veterans Health Administration (VHA), OEF/OIF/OND Program Manager, and/or VHA Specialty Program.

To prepare for transition, all Service members participate in the Transition Assistance Program before separating from Service. Training includes core curriculum and individual tracks focused on accessing higher education, career technical training, and entrepreneurship. WII Service members are also required to complete the following mandatory requirements before separating:

- 1) Attend pre-separation counseling.
- 2) Attend VA briefings to explain benefits and services Service members may have earned, how to apply for them, eligibility requirements, and how to use them, including VR&E Services.
- 3) Attend the Department of Labor Employment Workshop which focuses on the skills and tools, and mechanics of obtaining employment in today’s job market and includes resume preparation, interview skills, practicum, and networking.
- 4) Meet career readiness standards. Commanders must verify that WII Service members meet career readiness standards and have a viable Individual Transition Plan. If a Service member does not have a viable Individual Transition Plan, commanders must conduct a

“warm handoff” and put the Service member in contact with the Department of Labor, the VA or other appropriate resources that aligns with their post-transition career goals for follow-up support, including VR&E Services.

- 5) Attend Capstone. During Capstone, Commanders or their Designees verify Service members meeting CRS and having a viable ITP. In addition, Service members without a post-transition housing plan will also be given a warm handover to VA. Finally, Service members separating with a less than honorable discharge will also receive a warm handover to DOL for follow-up services.

*(6) Standards for the optimal location of Department of Defense and Department of Veterans Affairs liaison and case management personnel at military medical treatment facilities, medical centers, and other medical facilities of the Department of Defense.*

DoD works with VA through collaborative clinical and non-clinical working groups at multiple levels in order to determine the need for and location of liaison and case management personnel in accordance with individual installation factors including:

- Active Duty population size
- Number of anticipated separations
- Number of Service members enrolled in a Wounded Warrior Program
- Size of Military Medical Treatment Facility
- Availability of office space

For the IDES, the Departments established support requirements consistent with VA Handbook 7618, Chapter 827 (e.g., 100 square feet of private, secure, disability-compliant office space per co-located VA case manager), and, where feasible, co-located VA MSC with DoD IDES Military Treatment Facility personnel. DoD established recommended minimum baseline PEB Liaison Officer-to-case staffing ratios for each Military Department to complete the IDES process consistent with requirements to protect Privacy Act and HIPAA information.

The Department of Veterans Affairs has a MOU with DoD to place VA Liaisons for Healthcare at military treatment facilities. The location of VA Liaisons is jointly determined by the Department of Veterans Affairs, Veterans Health Administration; the Department of the Army, Warrior Transition Command; and the Bureau of Medicine and Surgery based on locations of high concentrations of ill and injured transitioning Service members.

VA currently has 43 VA Liaisons for Healthcare stationed at 21 MTFs to facilitate the transfer of Service members from the MTF to a VA health care facility closest to their home or most appropriate location for the specialized services their medical condition requires. VA Liaisons are co-located with DoD Case Managers at MTFs, when possible, and provide onsite consultation and collaboration regarding VA resources and treatment options.

The Federal Recovery Coordination Program has Memoranda of Agreement between the Department of Veterans Affairs and DoD to place Federal Recovery Coordinators (FRCs) at military medical treatment facilities, and Wound Warrior Programs. Additionally, the VA Handbook 0802 provides the guidance, roles and responsibilities for FRCs placed at DoD sites. FRCs provide clinical and non-clinical assistance and advice regarding DoD, VA, community, and other resources available in support of the Lead Coordinator (LC) role and Service member and Veterans (SM/V) identified goals and objectives contained in their ICP.

*(7) Standards and procedures for integrated medical care and management of recovering service members during the transition, including procedures for the assignment of medical personnel of the Department of Veterans Affairs to Department of Defense facilities to participate in the needs assessments of recovering service members before, during, and after their separation from military service.*

The July 2014 DoD-VA Interagency Care Coordination Committee (IC3) MOU established the Interagency Comprehensive Plan (ICP), standardizing procedures for integrated care coordination and case management between DoD and VA. The IC3 also implemented the standardized lead coordinator checklist (LCC) to ensure every Service member and Veteran receives uniform, accurate, and consistent care during their recovery and transition. Prior to transition, the ICP and LCC are transferred to the VA to provide consistent case records across the continuum of care.

To address the issue of Service members who disengage from mental health treatment during times of transition, DoD implemented the *inTransition* Program. The *inTransition* Program is a voluntary and confidential personal coaching program that provides telephonic behavioral health care support to Service members and Veterans as they move between health care systems or providers. A “transition coach” provides telephonic support and guidance on psychological health concerns with motivational coaching, resources and tools that will assist Service members during the transition period by empowering them to make healthy life choices. On August 26, 2014, President Obama announced a new executive action to fulfill our promises to Service members, Veterans, and their families by automatically enrolling Service members in the *inTransition* Program. DoD Instruction 4690.10 *Continuity of Behavioral Health Care for Transferring and Transitioning Service Members* was changed to incorporate DoD’s policy to automatically enroll all Service members leaving military service who are receiving care for mental health conditions. When Service members who have utilized the *inTransition* Program are surveyed, “Did the assistance you received from the *inTransition* program increase the likelihood that you would continue your treatment at your new location?” 94% responded yes. Since its inception in February 2010, 17,711 new cases have been opened.

*(8) Standards for the preparation of detailed plans for the transition of recovering service members from care and treatment by the Department of Defense to care, treatment, and rehabilitation by the Department of Veterans Affairs, which plans shall—*

*(A) be based on standardized elements with respect to care and treatment requirements and other applicable requirements; and*

*(B) take into account the comprehensive recovery plan for the recovering service member concerned as developed under section 1611(e)(1).*

The July 2014 DoD-VA Interagency Care Coordination Committee (IC3) MOU established the Interagency Comprehensive Plan (ICP) that standardizes procedures, terms, and definitions for care coordination and case management between DoD and VA. The ICP is a patient-centered recovery plan with identified goals and milestones from recovery and rehabilitation to transition. The ICP is developed from a comprehensive assessment which identifies the WII Service member and family's personal and professional needs and goals, and the services and resources needed to achieve them through specific activities in those key areas reviewed during the assessment.

The IC3 MOU also created the "lead coordinator" (LC), a member of the Care Management Team, to harmonize efforts and programs, reduce confusion, and simplify processes for WII Service members receiving care coordination services. The LC follows a standardized lead coordinator checklist (LCC) to ensure every WII Service member receives uniform, accurate and consistent care during their recovery and transition. LCC data is captured in DoD's Case Management System to provide a consistent record of care coordination. Prior to a Service member's transition to veteran status, their ICP and LCC are shared with VA to ensure a "warm handoff" and continuity of care.

DoD Instruction 1300.24 requires all WII Service members, in need of complex care coordination, have a written interagency comprehensive plan (ICP). The ICP is a patient-centered recovery plan with identified goals and milestones from recovery and rehabilitation to community reintegration. It is developed from a comprehensive assessment which identifies the WII Service members and family's personal and professional needs and goals, and the services and resources needed to achieve them through specific activities in those key areas reviewed during the assessment.

*(9) Procedures to ensure that each recovering service member who is being retired or separated under chapter 61 of title 10, United States Code, receives a written transition plan, prior to the time of retirement or separation, that—*

*(A) specifies the recommended schedule and milestones for the transition of the service member from military service;*

*(B) provides for a coordinated transition of the service member from the Department of Defense disability evaluation system to the Department of Veterans Affairs disability system; and*

*(C) includes information and guidance designed to assist the service member in understanding and meeting the schedule and milestones specified under subparagraph (A) for the service member's transition.*

DoD Instruction 1300.24 requires all WII Service members, in need of complex care coordination, have a written interagency comprehensive plan (ICP). The ICP is a patient-centered recovery plan with identified goals and milestones from recovery and rehabilitation to community reintegration. It is developed from a comprehensive assessment which identifies the WII Service members and family's personal and professional needs and goals, and the services and resources needed to achieve them through specific activities in those key areas reviewed during the assessment. The ICP is shared with the VA prior to transition by the Lead Coordinator (LC).

The LC role builds upon the existing transition process by harmonizing DoD and VA efforts and programs, reducing confusion, and simplifying processes for WII Service members and Veterans receiving care coordination services and transitioning between DoD and VA by designating a primary point-of-contact within the Care Management Team. As part of their role, the LC uses the LCC to provide a uniform and complete transition through the disability evaluation process when transitioning from DoD to VA care.

IDES continues to be a high priority and DOD and VA continue to work on improvement initiatives, such as implementation of an entirely paperless IDES process and enhancements to the IT system, used to track and manage IDES cases.

IDES operates at 130 MTFs worldwide and covers 100% of Service members who are referred to medical evaluation boards for fitness determinations. IDES processing times continued to decrease throughout FY 2015:

- In FY 2015, over 33,000 Veterans completed the IDES process and were awarded VA benefits; over 20,000 were referred into IDES: 20,449 are currently enrolled.
- Active Duty Service members moved through the entire IDES process in 260 days, 78 days (16%) faster than the FY2014 average on of 338 days.
- VA benefits were awarded in an average of 34 days following discharge, 19 days (36%) faster than the FY 2014 average of 53 days

VA also provides VA Benefits I and II Briefings as part of VA's portion of Transition Goals, Plans, Success (GPS). Transition GPS is designed to help transitioning Service members, to include Guard and Reserve members demobilizing after 180 days or more of active service, and adjust to life after the military. All transitioning Service members are required to attend Transition GPS. VA's portion of Transition GPS provides:

- A four-hour VA Benefits I briefing that includes modules on education, training, and upskilling; economic opportunities; estate planning; housing; and health care, as well as a demonstration of the Veterans Employment Center.
- A two-hour VA Benefits II briefing that includes modules on Healthcare portal navigation, disability compensation, and eBenefits navigation.
- Spouses and families have the opportunity to attend both briefings.

Additionally, VA provides the Career Technical Training Track (CTTT), an optional course designed for those seeking job-ready skills and industry-recognized credentials through short-term training programs rather than four-year degree programs. CTTT provides Service members an opportunity to utilize assessment tools to determine possible employment/career direction; conduct labor-market research; learn about upskilling opportunities; and make a plan for a career.

To ensure transition from military service to a Veteran status is seamless, Service members attend the Capstone event at the end of Transition GPS. Capstone is intended to serve as a standardized and comprehensive end-of-career experience to validate, verify, and bolster the transition training and other services that prepare Service members for civilian careers. During the Capstone event the Military Services verify career readiness standards. Service members who have not met CRS receive either further training or a “warm handover” to an interagency partner for post-separation support. As part of the Capstone event, VA assigns a benefits advisor to each military installation to receive warm handovers from DoD for those who do not meet career readiness standards. During the warm handover, the Services verify that Service members previously completed the VA benefits briefings. Benefits advisors welcome Service members to the VA community and provide local points of contact for future assistance and issues.

Additionally, through the Capstone process, VA is working with its interagency partners to create appropriate synergies to ensure that Service members who are at-risk for larger issues, such as homelessness, are connected to the right resources prior to separation.

*(10) Procedures for the transmittal from the Department of Defense to the Department of Veterans Affairs of records and any other required information on each recovering service member described in paragraph (9), which procedures shall provide for the transmission from the Department of Defense to the Department of Veterans Affairs of records and information on the service member as follows:*

*(A) The address and contact information of the service member.*

*(B) The DD-214 discharge form of the service member, which shall be transmitted under such procedures electronically.*

*(C) A copy of the military service record of the service member, including medical records and any results of a physical evaluation board.*

*(D) Information on whether the service member is entitled to transitional health care, a conversion health policy, or other health benefits through the Department of Defense under section 1145 of title 10, United States Code.*

*(E) A copy of any request of the service member for assistance in enrolling in, or completed applications for enrollment in, the health care system of the Department of Veterans Affairs for health care benefits for which the service member may be eligible under laws administered by the Secretary of Veterans Affairs.*

*(F) A copy of any request by the service member for assistance in applying for, or completed applications for, compensation and vocational rehabilitation benefits to which the service member may be entitled under laws administered by the Secretary of Veterans Affairs.*

DoDI 1332.18, "Disability Evaluation System (DES)," and DoD Manual 1332.18, Vol. 2, "Disability Evaluation System (DES) Manual: Integrated Disability Evaluation System (IDES)," set standards and provide procedures for the transmittal from DoD to VA of records and other information on Service members undergoing disability evaluation. The initial interaction between the Service member, DoD liaison officer, and VA liaison officer during the Referral and Claim Development stages of the IDDES makes all necessary contact information and medical records available to both Departments. At the conclusion of the DoD physical evaluation process and transition from military service, DoD sends the results of the Physical Evaluation Board and an electronic copy of the Service member's DD Form 214 to VA to finalize the case and prompt VA to generate the VA benefits decision.

It is unnecessary to send the eligibility information referenced in (10)(D) to the VA upon Service member discharge from active duty since all VA medical facilities can obtain eligibility information from the Defense Eligibility Enrollment Reporting System (DEERS) themselves in real-time. DEERS is the official system of record of eligibility for each of the two programs that arise from this statute: the Transitional Assistance Management Program (TAMP) and the Continued Health Care Benefits Program (CHCBP; now from 10 U.S.C. 1078a, rather than 10 U.S.C. 1145(b)). The VA uses the DEERS eligibility query capability in routine daily support of its role serving as a TRICARE Network provider.

DoD Instruction 1322.pa (in coordination) "DoD Vocational Rehabilitation and Employment Policy (VR&E)" sets standard procedures for referral from DoD to VA of WII Service members for VR&E benefits, which include procedures for submitting requests for assistance and/or completed applications for vocational rehabilitation benefits. VA has Vocation Rehabilitation Counselors (VRCs) located on over 70 military installations across the Nation to provide early intervention, outreach, and rehabilitation services to Service members who are

participating in the IDES or DoD's Education and Employment Initiative (E2I). The Service member meets with the VA VRC for an overview of VR&E services to include a one-on-one meeting to provide benefits counseling. If the Service member elects to pursue VR&E services, the appropriate application for benefits is completed at that time. Under the provisions of Public Law (Pub.L.) 110-181, the NDAA for FY2008, as extended most recently by Pub. L. 114-58, Service members who are IDES or E2I participants, and who apply for VR&E benefits and meet with a VRC, are automatically entitled to receive vocational rehabilitation and employment benefits under VA's Chapter 31 program. Chapter 31 assists eligible Service members and Veterans with service-connected disabilities and employment barriers to prepare for, find, and maintain suitable employment. Chapter 31 services may include vocational assessment, career counseling, job training resume development, job-seeking skills coaching, job-placement assistance, and job accommodations. The Service member is provided with counseling, vocational assessment, and rehabilitation plan development, if applicable.

VA MSCs also record the Service member's address on a prescribed VA Form 27-0820, Report of General Information. Upon notification of a change of address, MSCs:

- Record the mailing address of the location where the participant plans to reside after discharge.
- Records the participant's next of kin contact information (in case correspondence sent to the participant's last known address is undeliverable).
- Update VA's systems of record.

VA MSCs accept applications for compensation from Service members of DoD employees. MSCs provide a copy of any signed application to the Service member and forward the application to the appropriate office for processing.

VA MSCs also encourage Service members (in the Exit Interview) to submit VA Form 10-10EZ, Application for Health Benefits, online through eBenefits and:

- Provide the Service member with VA Form 10-10-EZ.
- Instruct him/her to submit the completed form to the VA health care facility closest to his/her place of residence if he/she does *not* wish to submit the application online.

***(11) A process to ensure that, before transmittal of medical records of a recovering service member to the Department of Veterans Affairs, the Secretary of Defense ensures that the service member (or an individual legally recognized to make medical decisions on behalf of the service member) authorizes the transfer of the medical records of the service member from the Department of Defense to the Department of Veterans Affairs pursuant to the Health Insurance Portability and Accountability Act of 1996.***

The Departments' current version of the Joint Legacy Viewer (JLV) provides "read only" access to the health information from the electronic health records of both DoD and VA. JLV eliminates the need for VA or DoD clinicians to access separate viewers to obtain specific patient information from each other or participating private providers. The JLV's browser-based graphical user interface (GUI) provides an integrated read-only view of electronic health record data from the DoD and VA electronic health record systems (VISTA/CPRS, AHLTA, and the DoD's inpatient and operational theater systems), as well as some private sector health data. Within JLV, lab results are in one module, and the notes are in another, and the information from both Departments is "integrated." Making this data available in the same integrated display enables providers to more easily find the data they need with minimal training and without creating risk of violation of privileging rules, patient privacy, or HIPAA requirements. Further, JLV provides a more robust audit log and has the capability to limit access, based on patient- and provider-specific attributes. JLV access control tools can be refined to allow access to various user groups with authorized needs to view health records.

JLV is currently in use at almost every DoD and VA facility. The San Antonio Military Medical Center and South Texas Veterans Health Care System were among the first JLV sites. Moving forward, the Departments will continue to enhance JLV and deploy it to new users.

Under HIPAA, Privacy Act and title 38 USC statutes an authorization is not needed for VA or DoD clinicians to access the health record for treatment purposes.

VA and DoD maintain an ongoing MOU for data-sharing that defines the legal exceptions, which allow for fluid sharing of information between the Departments. Both Departments rely on this MOU for guidance as to when data-sharing is allowed by law. This significantly streamlines information-sharing between all components of the organizations. In addition, the Joint Executive Committee (JEC), consisting of senior leaders in VA and DoD, has determined that data-sharing will be pursued between the Departments for any and all legal exceptions defined in this MOU.

*(12) Procedures to ensure that, with the consent of the recovering service member concerned, the address and contact information of the service member is transmitted to the department or agency for veterans affairs of the State in which the service member intends to reside after the retirement or separation of the service member from the Armed Forces.*

Section 558 of the NDAA for FY2015 required DoD to develop procedures to share, with the member's consent, the following information with State veterans agencies in electronic data format: (1) Military service and separation data; (2) personal email address; (3) personal telephone number, and (4) mailing address.

In December 2014, DoD revised DoD Instruction 1336.01 (Certificate of Release or Discharge from Active Duty (DD Form 214/5 Series)) directing the DoD Military Services to transition to making electronic service and separation data available through the Defense Manpower Data Center's (DMDC) electronic data sharing capability of the DD Form 214 scanned image.

If the Service member elects (checks "Yes" in Block 20) Copy 6 of their DD 214 be sent to a specific State/Locality Office of Veterans Affairs, the State/Locality Veterans Affairs office will have access to DD Form 214 data through the DMDC's electronic data sharing capability or the DD Form 214 image from the Defense Personnel Records Information Retrieval System, when required. Distribution of paper copies of the DD Form 214 will be eliminated as capabilities to transmit the data to State/Locality Veterans Affairs offices are in place.

In May 2016, DoD provided the House Armed Services and Veterans Committees a letter in satisfaction of the requirement set forth in section 558€for a report to these committees on DoD's progress in developing these sharing procedures.

*(13) Procedures to ensure that, before the transmittal of records and other information with respect to a recovering service member under this section, a meeting regarding the transmittal of such records and other information occurs among the service member, appropriate family members of the service member, representatives of the Secretary of the military department concerned, and representatives of the Secretary of Veterans Affairs, with at least 30 days advance notice of the meeting being given to the service member unless the service member waives the advance notice requirement in order to accelerate transmission of the service member's records and other information to the Department of Veterans Affairs.*

Service members whose cases are processed through the IDES are able to add information to their records at the beginning of the IDES process; when their records are transferred to the VA MSC for identifying claimed conditions and scheduling medical examinations; and, during the medical or physical evaluation board processes. These discreet points within the IDES process allow Service members up to 305 days to review their records prior to being transmitted to VA. MSCs in IDES provide support to transitioning Service members by reviewing service treatment records to assist the Service members in the completion of VA Form 21-0819 and in securing documents the Service members provide through the IDES process.

Additionally, Service members are able to add information in their records in an appeal to the Secretary of VA within one year of their final benefits notification after separation or retirement from service and in an appeal to the Board for Correction of Military/Naval Records for their case to be reconsidered after separation or retirement.

*(14) Procedures to ensure that the Secretary of Veterans Affairs gives appropriate consideration to a written statement submitted to the Secretary by a recovering service member regarding the transition.*

All evidence submitted during the IDES process becomes a permanent part of the Service member's claims folder. VA does not prevent the submission of any evidence or written statements from the Service member, and all evidence is reviewed and given proper consideration.

*(15) Procedures to provide access for the Department of Veterans Affairs to the military health records of recovering service members who are receiving care and treatment, or are anticipating receipt of care and treatment, in Department of Veterans Affairs health care facilities, which procedures shall be consistent with the procedures and requirements in paragraphs (11) and (13).*

The Departments' current version of the Joint Legacy Viewer (JLV) provides "read only" access to the health information from the electronic health records of both Departments. JLV eliminates the need for VA or DoD clinicians to access separate viewers to obtain specific patient information from the other Department or participating private providers. The JLV's browser-based graphical user interface (GUI) provides an integrated read-only view of electronic health record data from the DoD and VA electronic health record systems (VistA, AHLTA, and the DoD's inpatient and operational theater systems), as well as some private sector health data. Within JLV, lab results are in one module, and the notes are in another, and the information from both Departments is 'integrated'. Making this data available in the same integrated display enables providers to more easily find the data they need with minimal training and without creating risk of violation of privileging rules, patient privacy, or HIPAA requirements. Further, JLV provides a more robust audit log and has the capability to limit access, based on patient- and provider-specific attributes. JLV access control tools can be refined to allow access to various user groups with authorized needs to view health records.

JLV is currently in use at almost every DoD and VA facility. The San Antonio Military Medical Center and South Texas Veterans Health Care System were among the first JLV sites. Moving forward, the Departments will continue to enhance JLV and deploy it to new users.

*(16) A process for the utilization of a joint separation and evaluation physical examination that meets the requirements of both the Department of Defense and the Department of Veterans Affairs in connection with the medical separation or retirement of a recovering*

*service member from military service and for use by the Department of Veterans Affairs in disability evaluations.*

DoDI 1332.18, "Disability Evaluation System (DES)," and DoD Manual 1332.18, Vol. 2, "Disability Evaluation System (DES) Manual: Integrated Disability Evaluation System (IDES)," establish the process for the utilization of a joint physical examination that meets the requirements of both DoD and VA in disability evaluations. As part of the IDES process, Service members referred for disability evaluation receive VA compensation examinations to determine the degree of disability associated with each condition. Each Department uses the results of these examinations to determine final dispositions – DoD to determine whether a Service member returns to duty, separates, or retires based on unfitting conditions; VA to determine overall disability benefit eligibility based on all service-connected conditions.

*(17) Procedures for surveys and other mechanisms to measure patient and family satisfaction with the provision by the Department of Defense and the Department of Veterans Affairs of care and services for recovering service members, and to facilitate appropriate oversight by supervisory personnel of the provision of such care and services.*

VA currently captures customer satisfaction of patients using the Survey of Health Experience of Veterans (SHEP). The SHEP is a patient-centered initiative by the Office of Quality and Performance to assess satisfaction, functional status, and health behavior information from Veterans who obtain care in the VHA. Data have been collected and reported every quarter since January 2002 and are the bases for patient-centered performance measurement in VHA. VA now administers over a million surveys per year. The response rate is over 40 percent. SHEP uses the Consumer Assessment of Health Providers and Systems (CAHPS) family of survey tools which is the healthcare industry standard.

*(18) Procedures to ensure the participation of recovering service members who are members of the National Guard or Reserve in the Benefits Delivery at Discharge Program, including procedures to ensure that, to the maximum extent feasible, services under the Benefits Delivery at Discharge Program are provided to recovering service members at—*

*(A) appropriate military installations;*

*(B) appropriate armories and military family support centers of the National Guard;*

*(C) appropriate military medical care facilities at which members of the Armed Forces are separated or discharged from the Armed Forces; and*

*(D) in the case of a member on the temporary disability retired list under section 1202 or 1205 of title 10, United States Code, who is being retired under another provision of such title or is being discharged, at a location reasonably convenient to the member.*

The Quick Start (QS) Program was implemented in 2009 to provide an avenue for service members with less than 60 days remaining on active duty to file a pre-discharge claim with VA. The QS Program also allows demobilizing National Guard and Reserve members the ability to file a pre-discharge claim without requiring them to provide copies of their STRs.

The QS Program is available to Service members at all locations where VA personnel have a presence, including any location where Benefits Delivery at Discharge (BOD) claims are accepted. Claims can be filed in person to VA personnel at several intake sites co-located on military installations throughout the country, internationally at Landstuhl Regional Medical Center or Yongsan, Korea, in person or through the mail to VA regional offices, or electronically through eBenefits. Service members being separated while residing at a military medical care facility will have their disability claims processed through the IDES Program.

Also, VA continues to provide specialized unit support for demobilizing National Guard and Reserve members by coordinating on-demand briefings through local VA Benefits Advisors or VA regional offices. These events provide service members the opportunity to learn about available VA benefits, and to file claims when desired.

The BDD Program allows a Service member to apply for VA disability compensation benefits prior to discharge from service provided there is a known separation date, the separation date is between 60-180 days in the future, the service treatment records are provided, and the Service member is available for examinations. Service members apply for benefits by submitting a VA Form 21-526EZ “*Application for Disability Compensation and Related Compensation Benefits*”. Service members with less than 60 days remaining on active duty or Service members who have no access to STRs or are unavailable for examinations submit a claim through the QS Program.

NG/RC Service members submit claims during demobilizations. TAP briefings, and at all locations where VA personnel have a presence; or via eBenefits. In FY 2015:

- Service members submitted 24,857 BDD and 24,229 QS claims
- VA completed 25.305 BDD claims and 25.369 OS claims.

VBA has collaborated with DoD to provide access to VBA's systems of record in an effort to facilitate and streamline DoD 's Temporary Disabled Retired List (TDRL) determinations. This access:

- Minimizes inconvenience to the Service member.
- Often eliminates reevaluations of Service members.

- Assists DoD in making fitness determinations for its Service members on the TDRL by allowing DoD to access new examinations and rating decisions in VBA systems.

When additional evaluations are required to make TDRL evaluations, examinations are scheduled to the location closest to the Service member's residence.