



# Communicator

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## President's Message

(Solano CVSO Ted Puntillo, President)

### Esteemed Association:

Here we are well passed the cut-off date for the VBMS access and we seem to still have access!

We are working hard with Cal Vet, and the Oakland VA, to get through the first priority group as identified at the conference. The goal is to get each office at least one person for starters with a working PIV card to keep access in that office when the VA shuts off the password access. We have to complete the entire list of priority group one before we can get to priority group two.

The process is slow and has the following steps as I have just gone through it. First you make an appointment to have your fingerprints taken from the list provided by Cal Vet. These prints are processed through the VA's HR department and then several weeks later you are sent an e-mail with an access code to put your background information into a data base entitled e-quip. After you get this letter you have 5 days to get this information into the system and accepted. It is a temperamental system and takes some time to figure it out, so start on the first day you get the email.

After this information is successfully input, you will get a sponsor letter from the VA. This will take another two weeks. Once you get the sponsor letter you make an appointment to get your card at one of the locations that was identified in the email from Cal Vet. I had to go back two days as their machine goes down for no apparent reason. This process can take an hour or so. You will need to have six digit pin code, so be prepared. I got mine and it works well. I have been monitoring the progress of the rest of priority group one and we are half way there.

We are reaching out to the VA to come up with a faster method and I will not give up until we all get cards or they create a faster process. As we all know, the Bakersfield Conference is coming up on June 6. I will be ready to present the executive director's position description and hopefully be ready to vote to do it and get an RFQ out in June.

We will also have a mentor program finalized to help new CVSO's learn our systems and help struggling CVSO's with their problems. I think it is better to have one of our own help us than have outsiders come in and give us advice. From what I can see, some offices are doing the work but not getting credit through workload units by not taking all awards and even missing some WLU's for the claims. These are easy fixes, and one or two visits from an experienced CVSO should help the situation.

The semi-annual reports for subvention are due on July 31, so please start thinking about your agenda item for the BOS signatures now. Most of us have to submit agenda items for Memorial Day resolutions, so put in one form the subvention signatures while you are at it.

Ted

## TIME & PLACE COMMITTEE

(Madera County CVSO Charles Hunnicutt, Chair)

### Dates & Locations of Upcoming Conferences



**June 5—10, 2016**

Doubletree Hotel  
Bakersfield, CA



**October 2—7, 2016**

Flamingo Conference Resort & Spa  
Santa Rosa, CA



**February 27—March 3, 2017**

Holiday Inn Capitol Plaza, Sacramento, CA



**Last Thursday of the Month  
Unless Notified Otherwise!**

## OUT OF THE NORM—ISSUE # 209

(A feature of the Education Committee by Mr. Norm Gillett, CACVSO Training Consultant)

At the recent CACVSO Training Conference in Sacramento, we had an interesting presentation on Special Monthly Compensation (SMC) for aid and attendance by Kimberly Dickerson, a Decision Review Officer with the Oakland/Sacramento Regional Office (and appropriately, one of my old students). As might be expected, however, this being VA, aid and attendance is too convoluted a topic for Kimberly to have addressed all its components in one session, so I will discuss another aspect here: the effect of hospital admission on payment of SMC for aid and attendance. The regulation that is controlling for this topic is 38 CFR 3.552, **Adjustment of allowance for aid and attendance**.

First, remember that there are differing levels of aid and attendance, depending on the number and particular combinations of disabilities in the individual case. The most common type is when a veteran has (at least) one SC disability rated 100% and is shown to be in need of aid and attendance. This is ratable at SMC (l), and is reduced to SMC (s) (plus any rates under SMC (k) to which the veteran might also be entitled, subject to the statutory limit of three SMC (k)s), if the veteran is hospitalized at VA expense.

If the veteran is SC for blindness, with vision of 5/200 or less but better than light perception only in both eyes, and is in need of regular aid and attendance because of such blindness, the level of SMC assignable is SMC (m); that level of SMC will be reduced to SMC (l) on hospital admission at VA expense.

If the veteran also has additional disabilities ratable at 50% or 100%, but which are not a part of what puts the veteran in need of aid and attendance, the SMC for aid and attendance will be increased by one-half step (to SMC (l ½)) or by one full step (to SMC (m)), respectively. In either event, the SMC level is still reduced to SMC (s), plus any SMCs under (k) upon hospital admission at VA expense.

If the veteran is entitled to the aid and attendance allowance under SMC (r)(1), (r)(2), or (t), such allowance is subject to reduction if the veteran is hospitalized at the expense of the United States Government (besides VA, includes uniformed services facilities, Public Health Service facilities, etc.). Entitlement under these provisions requires that the veteran have (SC) anatomical loss or loss of use of two extremities or bilateral blindness with best obtainable vision 5/200 or worse, plus additional separate (SC) disability rated 100% which causes the veteran to be in need of aid and attendance without consideration of the losses or loss of use. If the veteran is entitled to two or more rates of SMC under SMC (l) through (n), with no condition being considered twice, there is then entitlement to maximum rates under SMC (o) plus the aid and attendance allowance under SMC (r) (1), (r)(2), or (t), regardless of whether need for aid and attendance was also the basis for one of the two or more rates under SMC (l) through (n). This is one of the very few (if not the only) instances where it is legal to consider the same condition more than once.

Since the veteran may not be paid for aid and attendance while hospitalized, if the loss or loss of use of two extremities (or blindness) warrants SMC at the rate for SMC (l), the hospitalized rate would be equal to SMC (m), because of entitlement to SMC (l) plus additional separate disability rated 100%. Similarly, if the losses or loss of use of two extremities would warrant SMC equal to the rate intermediate between SMC (m) and (n) (SMC (m ½)), the hospitalized rate would be the rate intermediate between SMC (n) and (o) (SMC (n ½)). Regardless, the basic SMC rate may not exceed the rate for SMC (o), and if the rate for any losses or losses of use would be equal to the maximum rate under SMC (o), then no greater rate could be paid on hospital admission, even if the veteran had multiple conditions ratable at 100%.

Got all that? :-)

**Colusa County** is a county located in the U.S. state of California. As of the 2010 census, the population was 21,419. The county seat is Colusa. It is located in the Central Valley of California, northwest of the state capital, Sacramento. Colusa County is one of the original counties of California, created in 1850 at the time of statehood. Parts of the county's territory were given to Tehama County in 1856 and to Glenn County in 1891. The county was named after the 1844 Rancho Colus Mexican land grant to John Bidwell. The name of the county in the original state legislative act of 1850 was spelled *Colusi*, and often in newspapers was spelled *Coluse*. The word is derived from the name of a Native American tribe living on the west side of the Sacramento River.



# LEGISLATIVE ADVOCATE'S REPORT



(By Pete Conaty and Dana Nichol, Legislative Advocates)

## CACVSO KEY BILL LIST, APRIL 2016

### **AB 1596: Mathis**

**TITLE:** Veteran Service Organizations

**SUMMARY:** Appropriates \$1 million from the General Fund each fiscal year to the Department of Veterans Affairs for the purpose of grants to veterans service organizations. Requires a veteran service organization to have a presence in this state and be registered with both the Secretary of State and Attorney General.

**STATUS:** Assembly Committee on Veterans Affairs

**POSITION:** Support

### **AB 1556: Mathis**

**TITLE:** Property Taxation: Exemptions: Disabled Veterans

**SUMMARY:** Exempts the full value of the principal place of residence of a veterans spouse. Defines the term blind in both eyes. Specifies that a totally disabled veteran includes a veteran so severely disabled as to be unable to move without an assisted device.

**STATUS:** Assembly Committee on Revenue and Taxation

**POSITION:** Support

### **AB 1706: Chávez**

**TITLE:** Stolen Valor

**SUMMARY:** Requires specified elected officers to forfeit office upon the conviction of a crime pursuant to the federal Stolen Valor Act of 2013 or the Stolen Valor Act that involves a fraudulent claim, made with the intent to obtain money, property, or other tangible benefit that the person is a veteran or a member of the Armed Forces of the United States, as prescribed in those acts. Imposes a misdemeanor for such actions.

**STATUS:** Assembly Committee on Appropriations

**POSITION:** Support

### **AB 2128: Achadjian**

**TITLE:** Marriage

**SUMMARY:** Amends existing law that allows a member of the Armed Force of the United States who is stationed overseas and serving in a conflict or a war and is unable to appear for the license and solemnization of the marriage to enter into that marriage by the appearance of an attorney in fact. Removes the requirement that the member of the Armed Forces of the United States being serving in a conflict or war.

**STATUS:** Committee on Judiciary.

**POSITION:** Support

### **AB 2512: Grove**

**TITLE:** Task Force on Women Veterans Health

**SUMMARY:** Creates the Task Force on Women Veterans Health Care to study the health care needs of women veterans in the State

**STATUS:** Assembly Committee on Veterans Affairs

**POSITION:** Support

### **SB 112: Roth**

**TITLE:** State Veterans' Bill of Rights

**SUMMARY:** Establishes the State Veterans' Bill of Rights. Proclaims the rights of veterans in the State, including, that veterans have the right to be treated with dignity, understanding, and respect, and have the right to housing, education, job training, and physical and mental health services.

**STATUS:** In the Assembly

**POSITION:** Support

**SB 951: McGuire**

**TITLE:** Golden State Patriot Passes Program

**SUMMARY:** Appropriates funding annually from the Greenhouse Gas Reduction Fund for the Golden State Patriot Passes Program that would provide veterans with free access to transit services. Requires the development of related program guidelines that describe the methodologies that a participating transit operator would use to demonstrate that proposed expenditures would reduce greenhouse gas emission, increase veteran mobility, and fulfill specified requirements. Requires the selection of operators to participate.

**STATUS:** Senate Committee on Environmental Quality

**POSITION:** Support

**SB 980: Nielsen**

**TITLE:** Cal Vet Veteran Homes Code Update

**SUMMARY:** Provides that the administrator is the senior executive appointed to oversee the operations of a veterans home. Specifies which veterans homes are administered by the Department of Veterans Affairs. Requires the Secretary of Veterans Affairs to adopt uniform statewide policies and procedures, for the operations of those veterans homes. Requires a quality of care assessment team. Requires an electronic medical records system for such homes. Relates to the setting of related fees.

**STATUS:** Senate Committee on Veterans Affairs

**POSITION:** SPONSOR

**SB 1012: Nguyen**

**TITLE:** U.S. Flags; purchase

**SUMMARY:** Requires any Flag of the United State or the Flag of the State purchased by the state or any local government agency be made in the United State from articles, materials, or supplies that were grown, produced, and manufactured in the United States.

**STATUS:** Senate Committee on Governmental Organization

**POSITION:** Support

**SB 1080: Morrell**

**TITLE:** Memorials

**SUMMARY:** Makes it a crime to receive a grave marker or other structure designed to commemorate the grave of a veteran, peace officer, firefighter, or other first responder that the person knows, or reasonably should know, is stolen.

**STATUS:** Senate Committee on Public Safety

**POSITION:** Support

# Military Veterans Affairs County of Los Angeles



On March 30, 2016 Los Angeles County Department of Military and Veterans Affairs presented the “50<sup>th</sup> Commemoration of the Vietnam War & Welcome Home Vietnam Veterans” at Bob Hope Patriotic Hall. The event included performances by Vietnam Veterans and Purple Heart Recipients Tucker Smallwood (Actor/Musician), and Luis F. Soto (Director/Producer). Keynote was presented by Associate Justice Eileen Moore, a Combat Nurse and Vietnam Veteran who currently serves on the California Court of Appeal. She left her prepared comments at one point to share with the audience her personal story as a survivor of Military Sexual Trauma, at the end of which the audience rose to give her a standing ovation.

Representatives from the American Legion, American GI Forum, DAV, Military Order of the Purple Heart, and Vietnam Veterans of America dressed the POW table for audience and in return were ceremoniously pinned with the 50<sup>th</sup> Commemoration pin.

For a report of the event please view LA County Channel 35 <http://fb.me/7RFjIBo45>.



UNITED STATES  
DEPARTMENT OF VETERANS AFFAIRS

## VA Proposes to Grant Full Practice Authority to Advanced Practice Registered Nurses

*Proposed Rule Will Improve Veteran Access to Care and Use of Resources*

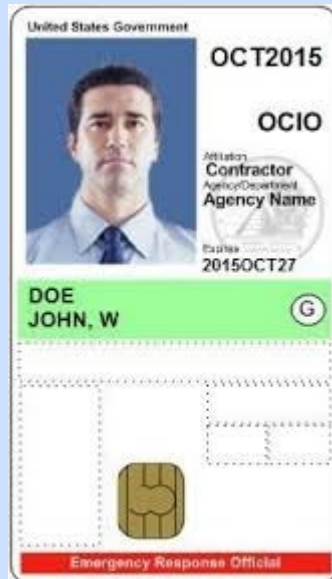
WASHINGTON – The Department of Veterans Affairs (VA) is proposing a rule to grant full practice authority to Advanced Practice Registered Nurses (APRN) when they are acting within the scope of their VA employment. Full practice authority will help optimize access to VA health care by permitting APRNs to assess, diagnose, prescribe medications and interpret diagnostic tests. This action proposes to expand the pool of qualified health care professionals authorized to provide primary health care and other related health care services to the full extent of their education, training, and certification to Veterans without the clinical supervision of a physician.

APRNs are clinicians with advanced degrees and training who provide primary, acute and specialty health care services. APRNs complete masters, post-master or doctoral degrees. There are four APRN roles: Certified Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist and Certified Nurse Midwife. All VA APRNs are required to obtain and maintain current national certification.

“The purpose of this proposed regulation is to ensure VA has authority to address staffing shortages in the future,” said VA Under Secretary for Health Dr. David J. Shulkin. “Implementation of the final rule would be made through VHA policy, which would clarify whether and which of the four APRN roles would be granted full practice authority. **At this time, VA is not seeking any change to VHA policy on the role of CRNAs**, but would consider a policy change in the future to utilize full practice authority when and if such conditions require such a change,” Shulkin said. “This is good news for our APRNs, who will be able to perform functions that their colleagues in the private sector are already doing.”

The American Nurses Association (ANA) applauds VHA’s leadership for proposing to grant full practice authority to the four types of Advanced Practice Registered Nurses. “VA will be able to more effectively meet the health care needs of our nation’s Veterans,” said ANA President Pamela Cipriano. “This proposal removes barriers that prevent APRNs from providing a full range of services and will assist VA in its ongoing efforts to address staff shortages and improve Veterans’ access to care. APRNs are critical members of the health care workforce and an integral component of the health care delivery system with a proven track record of safe quality care and high patient satisfaction.”

## PERSONAL IDENTITY VERIFICATION (PIV) CARDS



**ARE YOU SUPPOSED TO HAVE ONE?**

**HAVE YOU APPLIED  
AND / OR RECEIVED YOURS?**

**DON'T WAIT UNTIL THE LAST MINUTE!**

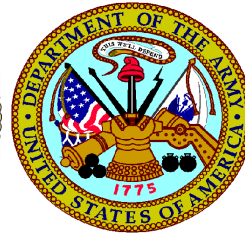
# SOME APPROACHING DATES OF INTEREST

## APRIL 2016

- 1 April Fool's Day
- 3 Good Friday
- 5 Easter
- 13 Thomas Jefferson's B-Day
- 15 Tax Day
- 21 Nat. Library Workers' Day
- 22 Admin. Professionals Day

## MAY 2016

- 1 Law Day
- 5 Cinco de Mayo
- 6 National Nurses Day
- 10 Mother's Day
- 16 Armed Forces Day
- 22 National Maritime Day
- 25 Memorial Day



**Freedom isn't Free**



**Support Our Troops**

