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## **House and Senate Finally Move Appropriations Bills**

Prior to leaving for the August recess, the House and Senate finally began work on the FY 2011 Military Construction and Veterans' Affairs (VA) appropriations bills. The House of Representatives passed the appropriations bill by a vote of 411 to 6. Meanwhile, the Senate Committee on Appropriations approved its version of the appropriations bill.

Both versions of the appropriations bill are nearly the same, with a few notable exceptions. The primary difference between the two bills is that the Senate Committee provided approximately \$122 million additional under the Medical Care accounts to address the provisions of P.L. 111-163, the "Caregivers and Veterans Omnibus Health Services Act of 2010." Of that total, approximately \$60 million is directed specifically for the implementation of the caregivers' portion of the legislation. The House appropriations bill does not contain this additional funding.

The House bill provides approximately \$51.6 billion for total medical care funding (including \$3.39 billion in collections) while the Senate bill provides approximately \$51.7 billion. Both appropriations bills also provide approximately \$50.6 billion in advance appropriations for the Medical Care accounts for FY 2012. Otherwise, the bills provide funds that virtually match the recommendations of the Administration's budget request submitted in February. We are extremely pleased that Congress has continued its commitment to this vitally important part of the process.

While we hope that the Senate will give final approval for its VA appropriations bill when it returns in September, this remains very uncertain. Both Chairman Chet Edwards (D-TX), House Appropriations Subcommittee on Military Construction and Veterans' Affairs, and Chairman Tim Johnson (D-SD), Senate Appropriations Subcommittee on Military Construction and Veterans' Affairs, have assured veterans' service organizations that they expect the bill to be completed prior to the start of the new fiscal year on October 1. However, due to political wrangling in the Senate over total federal discretionary spending, it has been reported that the full Senate may not take up any appropriations bills prior to October 1.

Currently, Senate Republicans are demanding that overall federal spending not exceed \$1.108 trillion, but the list of Senate appropriations bills is projected to exceed that amount. Senate Republicans have vowed to prevent final passage of any appropriations bill until the full Senate reduces its overall spending plan.



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PVA staff will continue to update the status of the appropriations process, and we may call upon all PVA members to contact their senators in the near future in order to get the appropriations bill done in a timely manner.

### **House VA Health Subcommittee Reviews Specialized Services for OEF/OIF Veterans**

On July 22, the House Veterans' Affairs (VA) Subcommittee on Health conducted a hearing to review the specialized services that the Department of Veterans Affairs (VA) offers for severely injured veterans, specifically for veterans of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF). PVA took the opportunity to emphasize that specialized services are part of the core mission and responsibility of the VA. For a long time, this has included spinal cord injury care, blind rehabilitation, treatment for mental health conditions—including post-traumatic stress disorder—and similar conditions. Today, traumatic brain injury and polytrauma injuries are new areas that the VA has had to focus its attention on as part of their specialized care programs. The VA's specialized services are incomparable resources that often cannot be duplicated in the private sector.

For PVA, there is an ongoing problem that has not received a great deal of focus. Some active duty soldiers with a new Spinal Cord Injury/Dysfunction (SCI/D) are being transferred directly to civilian hospitals in the community and bypassing the VA health-care system. This is particularly true of newly injured service members who incur their spinal cord injury in places other than the combat theaters of Iraq and Afghanistan. This violates a Memorandum of Agreement between VA and Department of Defense that requiring that "Care management services will be provided by the Military Medical Support Office, the appropriate Military Treatment Facility and the admitting Veterans' Affairs Medical Center as a joint collaboration" and that "whenever possible the VA health care facility closest to the active duty member's home of record... should be contacted first." In addition, it requires that "To ensure optimal care, active duty patients are to go directly to a VA medical facility without passing through a transit military hospital", clearly indicating the critical nature of rapidly integrating these veterans into an SCI health-care system. Unfortunately, this is not happening.

Of additional concern to PVA, it was reported that some of these newly injured soldiers receiving treatment in private facilities are being discharged to community nursing homes after a period of time in these private rehabilitation facilities. In fact, some of these men and women have received sub-optimal rehabilitation and some are being discharged without proper equipment. PVA is greatly concerned with this type of process and treatment. There is a serious need to reinforce compliance by DOD regarding the Memorandum of Agreement toward the treatment of soldiers with new SCI/D at VA SCI centers.

Ensuring that these men and women gain quick access to VA care in spinal cord injury centers is critically important because it begins what will become a lifelong treatment process. SCI/D care in the VA is unique from private care for spinal cord injury

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rehabilitation because of the care coordination that the veteran receives for the remainder of his or her life.

Additionally, the SCI/D programs of the VA face a common challenge with the larger health-care system—a shortage of qualified nurse staffing. In order to meet this challenge head on, some SCI centers in the VA have offered recruitment and retention bonuses to enhance their nurse staffs. Unfortunately, this is not a uniform national policy and these actions are subject to the budget decisions of local VA medical center and Veterans Integrated Service Network directors. PVA recommended that the Veterans Health Administration centralize policies and funding for system wide recruitment and retention of SCI nurse staffing. We also called on Congress to establish a specialty pay provision for nurses working in the SCI service, and consider extending similar provisions to the other VA specialized services.

### **Senate Veterans' Affairs Committee Holds Hearing to Review Veterans' Claims Processing**

On July 14, the Senate Committee on Veterans' Affairs held a hearing to review veterans' claims processing and whether or not current efforts to reform the process are working. Joseph Violante, National Legislative Director of the Disabled American Veterans testified on behalf of *The Independent Budget (IB)*, co-authored by American Veterans, Disabled American Veterans, Paralyzed Veterans of America, and Veterans of Foreign Wars of the United States.

*The Independent Budget* Veterans' Service Organizations (IBVSO's) stated in the hearing that the Veterans Benefits Administration (VBA) has struggled for decades to provide timely and accurate adjudication of claims for veterans' benefits, and the problem is only getting worse. The number of new claims for disability compensation, including both first-time claims for benefits and claims for increases or additional benefits, has risen to more than one million per year. In addition, both the average number of issues per claim and the complexity of claims have also increased as complicated new medical conditions, such as Traumatic Brain Injury, have become more prevalent.

To meet the rising workload over the past decade, the *IB* recommended, and Congress provided, significant new resources to VBA in order to increase their personnel levels. Yet despite the hiring of thousands of new employees in recent years, the number of pending claims for benefits, often referred to as the backlog, continues to grow.

The most important new initiative underway at VBA is the Veteran Benefits Management System (VBMS), the first phase of which occurred in Baltimore where a prototype Information Technology system was tested in a Virtual Regional Office (VRO) environment. While VBA has provided several briefings to the IBVSOs and other VSO's on the VRO and VBMS, we were discouraged that they did not seek our input nor consider the role of our service officers during the early phases of development of the VBMS system. When they first discussed plans for the VBMS, we were assured that

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service organizations and service officers would be involved in the development of this system. Regrettably, despite these assurances and public invitations to observe and participate in the VRO phase of the VBMS development, the VRO in Baltimore was completed without any VSO observation, participation or input.

The IBVSO's are also concerned about VBA's plans for transitioning legacy paper claims into the new VBMS environment. While VBA is committed to moving forward with a paperless system for new claims, they have not yet determined how they intend to handle re-opened paper claims; specifically whether, when or how they would be converted to digital files. Since a majority of claims processed each year are for re-opened or appealed claims, and since files can remain active for decades, until legacy claims are converted to digital, data files, VBA would be forced to continue paper processing, perhaps for decades. Requiring VBA employees to learn and master two different claims processing systems: one paper-based and the other digital would add complexity and could negatively affect quality, accuracy and consistency.

The IBVSO's reviewed legislation, S. 3517, the "Claims Processing Improvement Act of 2010", which was introduced by Chairman Akaka (D-HI) the week of the hearing. This legislation includes two separate titles and 14 sections that address a number of the issues and problems as part of the continuing efforts to improve and reform the claims processing system. Although we have only had a short time to review this legislation, we offered comments and recommendations on the various sections of the legislation to the Senate Committee.

Our biggest concern was Section 101. Section 101 would create a pilot program to establish a new rating system for service-connected disabilities of the musculoskeletal system. Rather than provide a rating for each musculoskeletal condition as is currently done, veterans would receive a single overall musculoskeletal rating, which would then be combined with other ratings for other conditions.

The pilot program would require that VBA use International Classification of Diseases codes to identify disabilities in order to standardize medical terminology. In addition, the pilot would require VBA to develop a "separate searchable electronic file" for each veteran. VBA would have 240 days to develop this wholly new rating system and would have to publish the regulation in the Federal Register, but would waive Administrative Procedure Act requirements, including public comment.

Although we agree that VBA must make improvements in each of these areas, and in fact they have initiatives addressing many of them ongoing right now, the IBVSOs oppose this pilot program for numerous reasons.

The IBVSO's are particularly concerned about creating a brand new system for determining how much compensation a disabled veteran is entitled to receive using a standard that was developed for workmen's compensation and the Social Security Disability Insurance program as this pilot program would do. Veterans disability compensation is not the same as, nor substantially similar to these two civilian programs. Permanent injuries and disabilities suffered by veterans must be connected

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to their military service in order to qualify for VA disability compensation. To compare service-connected disabilities to civilian injuries or disabilities fails to value the history and purpose of the veterans' disability compensation system.

While the IBVSO's generally opposed the provisions included in Title 2 of the legislation, we offered to work with the Committee to develop workable compromises to the various provisions. The IBVSO's have interacted with the Senate VA Committee staff on a number of occasions to address our concerns with the proposal. At this time, the formal amended version of the legislation that was marked up has not been made available to the VSO community, and until we have an opportunity to review the new draft we will not change our opposition to the measure.

### **House VA Subcommittee on Disability Assistance and Memorial Affairs Holds Mark-Up on Pending Legislation**

On July 27, the House Committee on Veterans' Affairs, Subcommittee on Disability Assistance and Memorial Affairs held a mark-up on pending legislation to include; H.R. 3787, a bill that would deem certain service in the reserve components as active service for purposes of laws administered by the Secretary of Veterans Affairs; H.R. 4541, the "Veterans Pension Protection Act", H.R. 5064, the "Fair Access to Veterans Benefits Act", and H.R. 5549, the "Rating and Processing Individuals' Disability (RAPID) Claims Act." In testimony before the Subcommittee on July 1, 2010, the veterans' service organizations generally supported the bills.

PVA supports H.R. 3787, the "Honor America's Guard-Reserve Retirees Act". We believe everyone who raises their hand to support and defend the Constitution of the United States should be recognized for their service, to include the Guard and Reserve. These men and women have taken the same oath as an active duty servicemember and have made sacrifices that have earned the right to call themselves veteran.

H.R. 4541, the "Veterans Pensions Protection Act of 2010", would protect pension payments from including insurance settlements of any kind from the calculation amount in determining pension. The legislation would also require VA to make determinations on the fair market value and replacement value of any assets claimed for exclusion under the insurance settlement.

PVA generally supports this legislation, but believes the bill does not go far enough. We believe this bill would require VA to make further determinations regarding replacement value in the cases of insurance settlements. In order to exclude any income resulting from an insurance settlement from factoring against that amount, VA would need to further examine the values associated with the insurance settlement.

PVA strongly supports H.R. 5064, the "Fair Access to Veterans Benefits Act", which would provide for the equitable tolling of the timing of review for appeals of the Board of Veterans Appeals. We believe that this bill creates flexibility that could favor veterans within the claims appeal process that show examples of "good cause," to include issues

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such as physical or mental impairments. The current 120-day deadline to file an appeal to the U.S. Court of Appeals for Veterans Claims does not leave room for veterans that may have unique circumstances due to mental, physical, or health problems.

H.R. 5549, the "Rating and Processing Individuals' Disability Claims Act" would provide accelerated procedures by expediting claims that are "ready-to-rate" through the VA. It would also include granting the Secretary of Veterans Affairs the authority to waive the mandatory 60-day development period with the written permission of the veteran. If a veteran submits a written notification or statement with the intent to submit a fully developed claim, the veteran would have one year from the date of submission to provide the Secretary with a fully developed claim and access to the expeditious treatment of their claim. If the Secretary determines a claim is not fully developed, the VA will notify the veteran within 30 days of the evidence and information required to rate the case.

PVA generally supported this legislation, but made a recommendation to see language to preserve the date of claim in cases described under Section 2 of the legislation which allows a veteran to submit a statement of intent to submit a fully developed claim. As worded, we believe the intent of this section implies that a veteran could preserve a date of claim and still access the expedited claim process. PVA would fully support this legislation if the language includes the inclusion of preserving the right to the date of claim.

All bills were approved and forwarded to the full House Veterans' Affairs Committee for consideration.

### **Senate Veterans' Affairs Committee Holds Mark-Up on Pending Legislation**

The Senate Committee on Veterans' Affairs held a legislative mark-up on August 5. The Committee approved legislation to assist veterans find jobs, simplify and improve the Post-9/11 GI Bill, and make various improvements to VA health care.

The mark-up included S. 3234, the "Veteran Employment Assistance Act of 2010;" S. 3447, the "Post-9/11 Veterans Educational Assistance Improvements Act of 2010;" S. 3325, the "Veterans Telehealth and Other Care Improvements Act;" and S. 3107, the "Veterans' Compensation Cost-of-Living Adjustment Act."

PVA supports S. 3234, the "Veteran Employment Assistance Act of 2010". The bill would improve employment, training, and placement services furnished to veterans, especially those serving in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). This bill would improve quality of life for our veterans who are returning from OIF and OEF operations.

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PVA also supports S. 3447, the "Post-9/11 Veterans Educational Assistance Improvements Act of 2010". This bill would improve educational assistance for those who served in the Armed Forces after September 11, 2001.

S. 3325, the "Veterans Telehealth and other Care Improvements Act". This bill would improve the quality of health care provided by the Department of Veterans Affairs, increase access to health care and benefits provided by the Department, and authorize major medical facility construction projects of the Department.

S. 3107, the "Veterans' Compensation Cost-of-Living Adjustment Act." This legislation would provide for an increase, effective December 1, 2010, in the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, and for other purposes.

The Committee also marked up S.3517 (discussed earlier) and forwarded all bills to the full Senate for consideration.

### **House Subcommittee on Economic Opportunity Advances Legislation**

On July 21, the House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity held a hearing to review and proceed with a mark-up on several bills previously discussed in the Subcommittee. Subcommittee Chairwoman Stephanie Herseth Sandlin (D-SD) and Ranking Member John Boozman (R-AK) led the hearing.

The first bill considered was H.R. 5360, the "Housing, Employment, and Living Programs for Veterans Act of 2010" (or the "HELP Veterans Act"). H.R. 5360 was previously introduced and considered in the Subcommittee as the "Veterans Housing Adaptation Act of 2010." That previous version of the bill would correct the VA's definition of blindness for use of the Specially Adaptive Housing (SAH) grant. The standard in the field of visual medicine is a vision rating of 20/200 to designate blindness. The VA uses 5/200 for their definition of blindness when applying for the housing grant. The original version of H.R. 5360 would require the VA to recognize the standard used in the industry for blindness.

During the mark-up, a substitute amendment was offered for H.R. 5360. The substitute would correct the VA's definition of blindness and make other changes in VA programs. This amendment contained a total of twenty one sections that addressed various existing VA programs that fall under the Economic Opportunity Subcommittee's jurisdiction.

Two changes that would address some of PVA concerns are in Section 19 and Section 21 of H.R. 5360. Section 19 would increase the maximum amount of Specially Adapted Housing Assistance (SAH) from \$60,000 to \$65,780 and the Special Home Adaptation Grant \$12,000 to \$13,756. Section 21 of the bill makes an important change in the Temporary Adaptive Housing grant. Currently when a veteran uses this grant for a

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temporary residence, the amount used is subtracted from the total amount of money under the SAH grant that the veteran would have to make their permanent residence accessible. Very few veterans have used this grant in the last two years. Earlier this year PVA testified before the Subcommittee that the reason veterans were not using the temporary housing grants is the fact that it would reduce their total funds available when they move to their permanent residence. The legislation would separate Temporary Residence Adaption grant from the SAH grant as a pilot program. Only the first twenty five veterans who apply for the TRA grant will not have it subtracted from their total SAH grant amount. PVA hopes that the Subcommittee will expand this provision in the future.

Most of the other Sections of the bill addressed specific changes to existing VA employment and training programs. PVA previously supported most of those provisions in testimony before the Subcommittee.

### **Hearing Focuses on Licensure and Certification of Veterans in the Civilian Workforce**

On July 29, the House Veterans' Affairs Subcommittee on Economic Opportunity held a hearing to examine programs developed to assist veterans with military trained skills as they transition to the civilian work force. This has been an ongoing issue as the civilian credentialing bodies fail to recognize the months and often years of professional training the veteran has received while serving in the military.

Representatives from the veterans' service organizations (VSO) spoke on the existing difficulties with military career and educational transition, such as the reluctance of higher learning to accept military credit and cumbersome state licensing boards. This leads to veterans having to enroll in courses that they have already completed in the military.

PVA submitted testimony for the record commenting on several programs that would help transitioning veterans. The field of civilian medical support will continue to need personnel in the future. PVA's testimony suggested the VA should take advantage of this talent. This idea was also shared by one of the VSOs that testified for the need of the VA to create a program. They testified that military medics and corpsmen that have years of experience providing medical support, have received advanced medical training, and in some cases performed life saving procedures often leave this experience behind as they transition to the civilian world. Unfortunately, these valuable skills are not recognized in the civilian medical field. The VA should develop a fast-track program that would encourage medical teaching facilities to recognize and credit this experience. This credit along with the additional medical supplemental classes would prepare a veteran to transition into the position of physician assistant. This is only one example where the VA and Department of Defense (DOD) could work together to initiate a successful transition program.

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Representatives from DOD and Department of Labor (DOL) reviewed current services available for veterans. DOD will soon have a new version of the Transition Assistance Program (TAP). The current TAP has been presented to exiting servicemembers for over fifteen years with very few changes. The TAP program reviews VA benefits available and discusses the process of preparing for an employment interview and how to navigate the current employment market. This is offered to service members during the last few weeks of their enlistment.

DOL discussed the Veterans Employment and Training Service and its work with public and private industries to help accelerate the licensing and credentialing process. They told the Subcommittee that they will continue their efforts to help veterans secure the required documentation that demonstrates to employers the quality training and valuable work experience that a veteran brings to the work place.

This Subcommittee plans to continue its oversight of the licensing and certification barriers that face servicemembers as they transition to the civilian work environment. They will continue exploring avenues that can assist young military veterans to convert their talents and skills into productive jobs.

### **Twentieth Anniversary of the Americans with Disabilities Act**

President Barack Obama issued a proclamation celebrating the 20<sup>th</sup> anniversary of the "Americans with Disabilities Act" on July 26, 2010. He also issued an Executive Order, stating: "As the Nation's largest employer, the Federal Government must become a model for the employment of individuals with disabilities. Executive departments and agencies (agencies) must improve their efforts to employ workers with disabilities through increased recruitment, hiring, and retention of these individuals."

Under this order, model recruitment and hiring strategies will be developed within two months. Within six months, each agency must develop its own specific plan to increase employment opportunities, and name a senior level official to be responsible for implementing that plan. The Office of Personnel Management will assist agencies and report regularly to the President, the heads of agencies, and the public on agencies' progress in implementing their plans, and post on its website Government wide statistics on the hiring of individuals with disabilities.

The Executive Order may be found at: <http://www.whitehouse.gov/the-press-office/executive-order-increasing-federal-employment-individuals-with-disabilities>.

### **Department of Justice (DOJ) Issues Revised Americans with Disabilities Act (ADA) Regulations for Titles II and III**

Also on July 26, during the 20th anniversary celebration of the "Americans with Disabilities Act", the U.S. Department of Justice (DOJ) issued final regulations revising Title II and III, including the ADA Standards for Accessible Design.

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DOJ adopted revised ADA design standards that were developed by the Access Board and initially published in 2004. To minimize compliance burdens on entities subject to more than one legal standard, these design standards have been harmonized with the Federal standards implementing the "Architectural Barriers Act" and with the private sector model codes that are adopted by most States.

With the adoption of these standards, as of the effective date they will have the affect of law and can be enforced. The rule will become effective in January 2011 and new construction and alterations must comply with them in January 2012. Between January 2011 and January 2012, covered entities may choose between the 1991 Standards and the 2010 Standards.

The rule includes a general "safe harbor" under which elements in covered facilities that were built or altered in compliance with the 1991 Standards would not be required to be brought into compliance with the 2010 Standards until the elements were subject to a planned alteration.

DOJ finally provides guidance on the sale of tickets for accessible seating, the sale of season tickets, the hold and release of accessible seating to persons other than those who need accessible seating, ticket pricing, prevention of the fraudulent purchase of accessible seating, and the ability to purchase multiple tickets when buying accessible seating.

This rule does reduce the amount of accessible seating in large assembly areas, e.g., stadiums and arenas. Areas with up to 500 seats are unchanged. Between 500-5000, the requirement is lessened by  $\frac{1}{4}$  (1 in 150). Over 5000 seats, it is reduced by  $\frac{1}{2}$  (1 in 200).

The rule greatly limits the current definition of "service animal" to only dogs that have been individually trained to do work or perform tasks for the benefit of an individual with a disability. The rule states that other animals do not qualify as service animals. The rule does permit, with limitations, the use of trained miniature horses as alternatives to dogs.

DOJ adopts a two-tiered approach to mobility devices, drawing distinctions between wheelchairs and "other power-driven mobility devices." "Other power-driven mobility devices" include a range of devices not designed for individuals with mobility impairments, such as the Segway, but which are often used by individuals with disabilities as their mobility device of choice.

While wheelchairs continue to be permitted in all areas open to pedestrian use, "other power-driven mobility devices" must be permitted to be used unless the covered entity can demonstrate that such use would fundamentally alter its programs, services, or activities, create a direct threat, or create a safety hazard.

Residential housing programs provided by Title II entities are covered by the ADA. This new rule establishes specific design requirements for residential dwelling units built by

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or on behalf of public entities with the intent that the finished units will be sold to individual owners.

DOJ also addresses reservation processes for hotels/motels to follow to ensure that individuals with disabilities can make reservations for accessible guest rooms during the same hours and in the same manner as other guests. Hotels must also hold back the accessible guest rooms for people with disabilities until all other guest rooms of that type have been rented, and ensure that a reserved accessible guest room is not released to someone other than the person who reserved the accessible room. This provision will become effective in January 2012.

The Final Rules, Fact Sheets and Analysis are available on the DOJ website:

<http://www.ada.gov/regs2010/ADAREgs2010.htm>

### **The U.S. Access Board Proposes Updates to its Americans with Disabilities Act Guidelines for Buses and Vans**

On July 26, the U.S. Access Board issued for public comment a proposal to update sections of its ADA Accessibility Guidelines for transportation vehicles that cover access to buses and vans. This update includes revisions to requirements for vehicle ramps, onboard circulation routes, wheelchair spaces, and securement systems, as well as new provisions for automated announcements and bus rapid transit systems. Comments on the proposed rule, which can be found at <http://edocket.access.gpo.gov/2010/1020-18255.htm> are due by November 23, 2010.

PVA will be submitting comments; please submit any suggestions to Maureen McCloskey, Advocacy Director at [maureenm@pva.org](mailto:maureenm@pva.org).

The Access Board is also undertaking webinar trainings on many of its regulations and reports. Soon to be featured are: *Accessibility Standards*, September 2, 2010 1:30 - 4:00 (ET); *Accessible Routes* (including doors and entrances,) October 7, 2010 2:30 - 4:00; *Accessible Airport Terminals*, November 4, 2010 2:30 - 4:00, *Accessible Play Areas*, December 2, 2010 2:30 - 4:00, *Accessible Residential Facilities*, January 6, 2011 2:30 - 4:00, *Accessible Transient Lodging (hotels)*, February 3, 2011 2:30 - 4:00, *Accessible Swimming Pools and Spas*, March 3, 2011 2:30 - 4:00.

**Webinar information is at:** <http://www.access-board.gov/webinars.htm#upcoming>.

### **VA Announces Transportation Initiative**

On July 22, the VA announced Veterans Transportation Services (VTS), an initiative to increase transportation resources for veterans at local facilities. The VA hopes to better serve veterans who are visually impaired, elderly, or immobilized due to disease or disability, and those living in rural and highly rural areas.

Grants of up to \$50,000 will be given to State Veterans' Service agencies and Veterans' Service Organizations to assist veterans in highly rural areas to travel to Veterans

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Affairs Medical Centers or otherwise assist in providing transportation in connection with the provision of medical care to veterans in highly rural areas.

Four pilot sites selected to begin VTS operation by 9/30/10 - Ann Arbor, Muskogee, Salt Lake City and Temple Texas, with 22 more sites planned for later in FY 2010.

### **CMS Announces \$2.25 Billion in Grants to Extend Money Follows the Person Rebalancing Demonstration**

Americans with disabilities will have more help to live independently and remain in their homes and communities instead of in institutional long-term care facilities, such as nursing homes, through the availability of \$2.25 billion in grants to states. The new grant solicitation issued today July 26 by the Centers for Medicare & Medicaid Services (CMS) encourages states not yet part of the Money Follows the Person Rebalancing (MFP) Demonstration to apply for grant funds.

With passage of the Affordable Care Act, states already participating in the demonstration are afforded the opportunity to expand and extend their MFP grant program.

Due to the HHS Community Living Initiative, and resources made available through the Affordable Care Act, more people with disabilities and chronic care needs will have greater opportunities to live in their communities and achieve their goals. "The Money Follows the Person Rebalancing Demonstration has been critical to our efforts to deliver on the promise of the Americans with Disabilities Act and expand access to community living services," said Health and Human Services Secretary Kathleen Sebelius.

In a letter sent to Governors, celebrating the 20th anniversary of the Americans with Disabilities Act, Secretary Sebelius encouraged states to take advantage of the numerous community initiatives within the Affordable Care Act and leverage those options through active participation in the MFP demonstration.

Under the MFP demonstration, states will receive an enhanced Federal Medical Assistance Percentage (FMAP) for a one year period for each individual they transition from an institution to a qualified home and community based program. States will be able to transition multiple population groups including the elderly, people with intellectual, developmental or physical disabilities, mental illness or those who have a dual diagnosis. The enhanced FMAP funding will then be used by states to expand services and supports. In addition, states receiving a MFP grant award will focus on re-balancing their long term care systems needs by increasing the use of home and community based services and decreasing the use of institutional care.

A copy of the invitation to apply for the "FY 2010 Money Follows the Person Rebalancing Grant Demonstration," including the application forms and information concerning the applicant's national call, can be obtained at [www.grants.gov](http://www.grants.gov).

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For more details about Money Follows the Person, please visit the CMS website at: [http://www.cms.gov/CommunityServices/20\\_MFP.asp](http://www.cms.gov/CommunityServices/20_MFP.asp).

### **Access Board Holds Hearing on Accessible Medical Equipment**

On July 29, the Access Board held a public meeting on new accessibility standards to be developed for medical diagnostic equipment. The event allowed interested parties and members of the public to provide input on the approach to this rulemaking. The standards will cover access to examination tables and chairs, weight scales, radiological equipment, mammography equipment, and other types of medical diagnostic equipment. The health care bill signed into law in March, the "Patient Protection and Affordable Care Act," calls upon the Board to issue these standards in two years in consultation with the Food and Drug Administration (FDA).

### **Department of Justice Issues New Guidance on Accessible Medical Care**

The Department of Justice DOJ, which regulates and enforces key provisions of the Americans with Disabilities Act (ADA), issued new technical guidance on accessible medical care. Access for people with disabilities to medical care has been problematic and the subject of DOJ compliance investigations. The 19-page guide, "Access to Medical Care for Individuals with Mobility Disabilities", outlines requirements and best practices for achieving access and covers exam rooms, including entry and circulation, exam tables and chairs, radiologic and mammography equipment, scales, available lift devices, transfer techniques, staff training, and common questions. The document is available on DOJ's ADA website at [www.ada.gov](http://www.ada.gov).