

§ 17. 390 Reimbursement for qualifying adoption expenses incurred by certain veterans.

FYI I just found this interesting while reading through the CFR and thought I would pass it on.

I didn't know this was available for veterans with service connected disabilities that resulted in infertility or conception difficulty.

(a) General. A covered veteran may request reimbursement for qualifying adoption expenses incurred by the veteran in the adoption of a child under 18 years of age.

(1) An adoption for which expenses may be reimbursed under this section includes an adoption by a married or single person, an infant adoption, an intercountry adoption, and an adoption of a child with special needs (as defined in section 473(c) of the Social Security Act (42 U.S.C. 673(c))).

(2) Reimbursement for qualifying adoption expenses may be requested only for an adoption that became final after September 29, 2016, and must be requested:

(i) No later than 2 years after the adoption is final; or,

(ii) In the case of adoption of a foreign child, no later than 2 years from the date the certificate of United States citizenship is issued.

(3) In the case of adoption of a foreign child, reimbursement for qualifying adoption expenses may be requested only after Unit-

ed States citizenship has been granted to the adopted child.

(4) Reimbursement for qualifying adoption expenses may not be made under this section for any expense paid to or for a covered veteran under any other adoption benefits program administered by the Federal Government or under any such program administered by a State or local government.

(b) Limitations. (1) Reimbursement per adopted child. No more than \$2,000 may be reimbursed under this section to a covered veteran, or to two covered veterans who are spouses of each other, for expenses incurred in the adoption of a child. In the case of two married covered veterans, only one spouse may claim reimbursement for any one adoption.

(2) Maximum reimbursement in any calendar year. No more than \$5,000 may be paid under this section to a covered veteran in any calendar year. In the case of two married covered veterans, the couple is limited to a

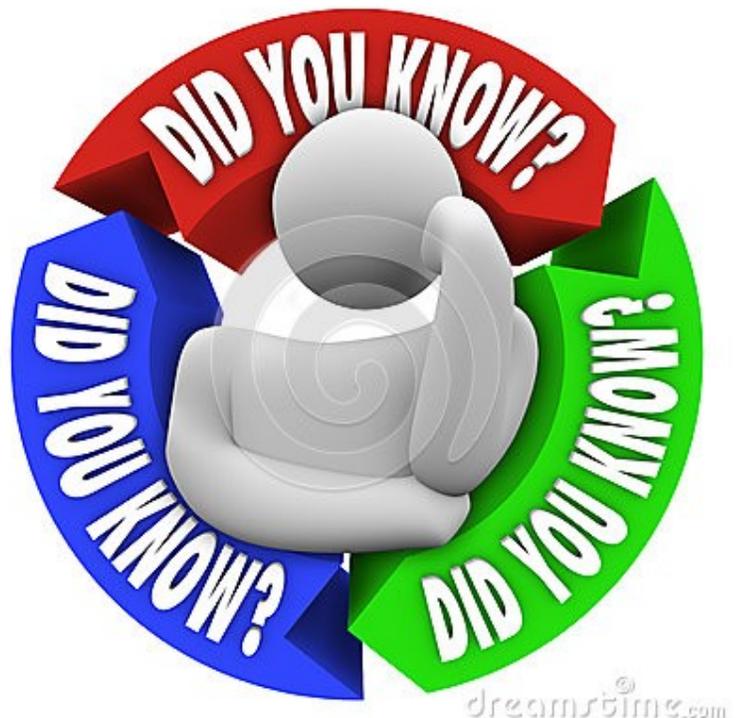
maximum of \$5,000 per calendar year.

(c) Definitions. For the purposes of this section:

(1) "Covered veteran" means a veteran with a service-connected disability that results in the inability of the veteran to procreate without the use of fertility treatment.

(2) "Qualifying adoption expenses" means reasonable and necessary expenses that are directly related to the legal adoption of a child under 18 years of age, but only if such adoption is arranged by a qualified adoption agency. Such term does not include any expense incurred: for adoption.

Read complete law in the CFR.



VA



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Revolutionizing VA Health Care

By Secretary Robert Wilkie

The past two years have been an exciting time for Veterans and for the Department of Veterans Affairs.

Under President Trump's leadership, VA has enacted more reforms across the organization than at any other time since the 1990s, with key advances in the areas of transparency, accountability and customer service.

VA will soon build on this progress by rolling out a plan that will revolutionize VA health care as we know it.

This week, as part of VA's implementation of the [MISSION Act](#), the department will introduce long-awaited access standards on community care and urgent care that will take effect in June and guide when Veterans can seek care to meet their needs – be it with VA or with community providers.

VA's current patchwork of seven separate community care programs is a bureaucratic maze that's hard to navigate for Veterans, their families and VA employees.

Our new access standards will form the basis of a federal regulation that will consolidate VA's community care efforts into a single, simple-to-use program that puts Veterans at the center of their VA health care decisions. Strict and confusing qualification criteria like driving distances and proximity to VA facilities that don't offer needed services will be replaced by eligibility guidelines based on what matters most: the convenience of our Veteran customers.

Although these new standards represent an important win for America's Veterans, they will not be without controversy. Some will claim falsely and predictably that they represent a first step toward privatizing the department.

Here are the facts: under President Trump, VA is giving Veterans the power to choose the care they trust, and more Veterans are choosing VA for their health care than ever before.

Since 2014, the number of annual appointments for VA care is up by 3.4 million, with over 58 million appointments in fiscal year 2018.

Simply put, more Veterans are choosing to receive their health care at VA. Patients' trust in VA care has skyrocketed –

currently at 87.7 percent – and [VA wait times are shorter](#) than those in the private sector in primary care and two of three specialty care areas.

In other words, VA is seeing more patients than ever before, more quickly than ever before, and Veterans are more satisfied with their care than they have been previously.

And why should we be surprised?

[A 2018 Rand study](#) found that the VA health care system "generally delivers higher-quality care than other health providers."

[A 2018 Dartmouth study](#) found that "Veterans Health Administration hospitals outperform non-Veterans Health Administration hospitals in most health care markets."

[A 2019 study](#) in the Journal of the American Medical Association (JAMA) shows that VA wait times are shorter than those in the private sector in primary care and two of three specialty care areas.

These studies provide verification of the fact that VA has made great strides since 2014, and now compares favorably to the private sector for access and quality of care – and in many cases exceeds it.

And VA employees are noticing improvements as well. [VA ranked sixth out of 17](#) federal government agencies in the Partnership for Public Service's annual "Best Places to Work" tabulation, up from 17th last year.

We know that to keep the trust of our Veterans we must continue to deliver. Our medical services must meet our Veterans' needs and reinforce the trust that forms the basis for every interaction with VA. We will constantly innovate, upgrade, and pursue ways to serve our nation's heroes as best we can.

Our new access standards are a vital part of this effort. Most Americans can already choose the health care providers that they trust, and President Trump promised that Veterans would be able to do the same.

With VA's new access standards, the future of the VA health care system will lie in the hands of Veterans – exactly where it should be.

USING MEDICAL STUDIES AS EVIDENCE IN SUPPORT OF CLAIMS

By Richard Garza

(Usually I don't attribute technical comments or questions to an individual or office. But since Patrick Jolly gave Scott Howell permission to pass this on, and because he deserves kudos for using the NIH study, with a doctor's letter, to establish a connection between a medical study and a specific claim/claimant, I thought I would make an exception in this case.)

Scott,

The National Institutes of Health published a study that links Alzheimer's to PTSD and Anxiety. A longtime client who was rated 100% s/c for Anxiety/PTSD died from Alzheimer's. I filed a DIC claim under decision ready claim (DRC) using the attached study and doctor's letter. VA granted it in less than 5 days. I haven't seen any grants accepting the link between Alzheimer's and PTSD and thought I'd share. Feel free to pass along.

Patrick J. Jolly

Napa County Veterans Service Officer

There are two things I find worth remarking about in this claim. One is the appropriate use of medical studies as supportive evidence for claims. The other is, understanding why something you have done to help a claim succeed worked.

Back in the "bad old days" (prior to the establishment of the Court of Appeal for Veterans Claims, *nee* COVA) a VA rating specialist or BVA judge could substitute his or her "medical opinion" for any medical conclusions or other evidence submitted in support of a claim. Probably the most egregious example of this that I ever directly encountered was a BVA decision disregarding the statements of a claimant's uncle and two aunts as "non-probative." However, rather than just random family members, in this case the "lay" evidence VA chose to disregard came from an M.D. and two R.N.s, one with a M.S. in Nursing.

Early on, the Court (*Colvin v. Derwinski*, 1991) was very clear that only the opinions of medical professionals, not those of rating specialists or BVA judges, could be used in reaching

decisions on medical questions related to service connection or degree of disability. Later in the 1990s the Court determined that medical studies could be used as evidence in support of claims, provided that the findings of the study were found, by a competent medical authority, to be relevant to the claim. This provided a new means of establishing a nexus between an in-service "event" and a claimed disability.

The crucial thing Patrick did was to get the required "nexus" opinion linking anxiety to the NIH dementia study. (Study available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2933793/>). By doing so, he established that, according to a competent medical professional, there was a connection between anxiety and/or PTSD and dementia. Unless VA was willing to refute the NIH findings, either directly from a VA medical opinion or in a medically competent opinion citing studies disputing the NIH conclusion, the required link between a service connected condition (PTSD/anxiety) and

death from dementia (Alzheimer's) was established. A citation of the study alone would not have been probative in validating the relationship in this case.

The outcome Patrick was able to achieve illustrates the importance of not just successfully resolving claims, but knowing why successful conclusions are attained. It was not just citing the study that got a determination of service connected death. A medically competent nexus opinion alone, without the supporting evidence of the study, probably would not have been sufficient either. Together, however, they established grounds for service connection that VA would have had to affirmatively

refute in order to justifiably deny the claim.

At a CACVSO conference, decades ago, an Adjudication Office (what now is called a Service Center Manager) expressed the opinion that it would be more appropriate to describe VA as benefits denying agency rather than a benefit providing program. At times I think there is a bit of this approach still active at VA. It is up to CVSOs and service representatives to make sure, to the extent possible, that they help present claims in a fashion that makes it easier for VA to grant a claim than deny it. Taking a bit of time to seek support for what, in this case, seemed to be a borderline claim can make a difference between an unexpected success and an unfortunate denial of a benefit. Rather than using the link above, just search "dementia and ptsd" and you'll see how little effort it can take to achieve what might have, at first, seemed to be an unlikely result.





Tester, Murkowski Call for End to Offset of Military Retiree Benefits

Thursday, January 24, 2019

(U.S. Senate) – U.S. Senators Jon Tester (D-Mont.) and Lisa Murkowski (R-Alaska) today introduced bipartisan legislation to end the unfair offset of retirement pay and disability benefits for more than 450,000 military retirees.

Their Retired Pay Restoration Act would end the unfair dollar-for-dollar offset of military retirement pay based on the amount of VA disability compensation a military retiree receives. Current law only allows for a retiree to receive both, called concurrent receipt, if the retiree has a VA service-connected disability rating of more than 50 percent.

“It’s unacceptable that any veteran with disabilities is denied full pension and benefits,” said Tester, Ranking Member of the Senate Veterans’ Affairs Committee. “Our bipartisan bill changes an outdated law that largely hurts older veterans who sacrificed for our country, and honors the service of all military retirees by righting this wrong.”

“I have long believed that disabled veterans deserve full con-

current receipt of disability compensation in recognition of their injuries and pension following their military service,” said Murkowski. “If they have earned both, it is only fair that our nation pays both. Veteran dissatisfaction with the unfairness of this offset has lingered for decades. Restoring full concurrent receipt demonstrates our respect for those who continue to suffer from their service related injuries.”

The Retired Pay Restoration Act is endorsed by the Veterans of Foreign Wars (VFW).

“On behalf of the men and women of the VFW and its Auxiliary, we are proud to offer our support for the Retired Pay Restoration Act,” said Carlos Fuentes, Director of the VFW National Legislative Service. “Your legislation would provide an equitable fix by providing concurrent receipt to all those affected by the offset. We appreciate your leadership on this issue and thank you for introducing this legislation.”

Tester and Murkowski’s Retired Pay Restoration Act is co-sponsored by Senators Patty Murray (D-Wash.), Debbie Stabenow (D-Mich.), Bob Menendez (D-N.J.), Amy Klobuchar (D-Minn.), Sheldon Whitehouse (D-R.I.), Chris Coons (D-Del.), Roy Blunt (R-Mo.), John Boozman (R-Ark.), Richard Blumenthal (D-Conn.), Tammy Baldwin (D-Wis.), Edward Markey (D-Mass.), Chris Van Hollen (D-Md.), Tammy Duckworth (D-Ill.), and Kyrsten Sinema (D-Ariz.).



Humorous Perspective

By Jessica Allmon

Well, we made it through January!! Mid-year budget is done and hopefully all of the 1st 6 month documents are submitted to CalVet. I hope you all have gotten in to the swing of writing 2019. I have to admit this year seemed to be easier for me than last for some reason.

To start the New Year off on the right foot, I thought I would talk about customer service. Let's be clear, I am not an expert on customer service. I just thought it would be good to discuss and help each other on some of the things that can make us better when dealing with veterans, their families and dependents.

After hours of perusing the internet

the theme of excellent customer service is to be nice. As a veteran my perception of professionalism does not really include nice. I feel like being professional should be enough, however I have learned that is not the case and is often misinterpreted as rude, gruff or dismissive. I have always been proud of my efficiency and lack of chitchat, but that doesn't seem to be what is expected or needed in the civilian world. Granted, I have had veterans that really appreciate my military bearing and direct approach. I have found that dependents, spouses and family members are a little harder for me to navigate.

I read an interesting statement that said excellent customer service comes from treating the customer how THEY feel they should be treated. I thought about that statement a lot. How would I know how they want to be treated? Then I realized it really comes from active listening and picking up on cues about what they need and how they want it handled.

I know, not everyone can be pleased and sometimes the answers are just out of our control. I have lost my cool when someone has been yelling in my face about how terrible the VA is. I even told an irate veteran to "AT EASE!!" He stopped yelling, looked at me as he sat down and said no one had talked to him like that in years. I apologized and went on to explain that I can't help him if he's yelling; he needs to tell me the problem so we can fix it. The next day he brought me a smiley face balloon. He and I have had great rapport since then. Like I said, I am no expert, but I am positive that would not have worked with a civilian LOL. But at that moment that was the tool I reverted to in an attempt to deescalate the situation. Could it have gone seriously wrong, yes; did it, no.

Being around you all for a couple of years now, I appreciate all of the different approaches and have learned so much about what great, strong, and compassionate group we are. I have also learned the importance of taking a minute between clients. If someone is waiting, I excuse myself to the latrine for a quick hand wash and deep breath so that the experience of the previous person does not influence my next person. I walk out with a smile ready to tackle whatever issue/issues are brought to my desk.

Above all I think customer service is about being genuine. Be you, use the tools that you have and your candor and sincerity will be appreciated. We are in the business of helping our brothers and sisters, and the commonality we have of being veterans is something that helps as an ice breaker on its own. Just like family not all of us will get along. Don't be afraid to let that veteran or dependent go to the person next door if that would truly be a better fit. Ultimately we all just want veterans to get the benefits they have earned.



Upcoming Events

**February 24 – March 1, 2019 CACVSO Winter Conf Holiday Inn
Capitol Plaza, Sacramento, CA**

June 16-21, 2019 Summer Conf Hilton Concord, Concord, CA

DATES OF INTEREST

February 2019

- 1 No Politics Day
- 2 Ground Hog Day
- 3 USO Day & Superbowl Sunday
- 14 Valentine's Day
- 18 President's Day
- 22 Be Humble Day
- 27 No Brainer Day
- 28 Public Sleeping Day

Awareness Weeks

14-20 Random Acts of Kindness Week

Monthly Observances

- Black History Month
- American Heart Month
- Library Lovers Month

