Arizona Department of Veterans' Service Advisory Commission
4141 N. 3rd Street (North S. Herrera Way), Phoenix, AZ 85012

June 13, 2013

M I N U T E S

Advisory Commissioners
George Cushing, Chair
Jeff Olson, Vice Chair
Philip Hanson (via teleconference)
Wayne Krula
Ron Perkins
David Toliver, Sr.

Absent
Brett Rustand (Absent)

AZ Department of Veterans' Services (ADVS)
Mike Klier, Assistant Deputy Director
Homer Rodgers, Assistant Deputy Director
Katherine Harding, Exec. Asst. to the Interim Director
Judy Smith, Admin. Secretary

Guests
Scott McRoberts, Acting VA Public Affairs Officer
Lonnie Sorrell, Veteran
Joe Frame, Veteran
Christine Grone, Department of Economic Security (DES) Outreach Coordinator

Call to Order – The meeting was called to order at 10:00 a.m. by Chairman George Cushing. Mr. Cushing asked if there were any corrections to the May minutes. Commissioner Perkins moved to approve the minutes from the May meeting as written. Commissioner Toliver seconded the motion. The motion carried unanimously.

Closing of VA Community-based Outpatient Clinic in Buckeye, AZ – Chairman Cushing welcomed visitor, Scott McRoberts, currently serving as Veterans Affairs Acting Public Affairs Officer for the Medial Center. Scott's usual role is Health Assistant Specialist to the Director.

Chairman Cushing went out of agenda order to accommodate Scott who had to leave for a late morning meeting. He asked Scott to report on the closing of the Buckeye CBOC.

Scott reported that the Community-based Outpatient Clinic (CBOC) in Buckeye is not closing but will be under temporary suspension at the end of June. The local VA has no authority to close the CBOC; a closure has to be done through Washington, D.C., however, the VA does have approval to temporarily suspend services in Buckeye and transfer the services to the Northwest clinic in Surprise.

Scott noted that of the seven CBOC's around the state, two are under contract through the VA; these are located in Buckeye and Payson and are the smallest of the CBOC's.

The Buckeye clinic is contracted with Health Net Federal Services who provides services in Buckeye and Payson.

In late 2012, preparing for the contract with the Buckeye clinic to expire, the VA advertised for bids to keep the clinic open. The reason the suspension is occurring is because no bids were received and there was no interest in maintaining the clinic in Buckeye at the time. The VA was left with limited options and decided to transfer Veterans' care to the Northwest clinic, a larger and almost new, state of art clinic in Surprise, where more services are available to Veterans. The VA acknowledges that it is further for patients to travel, and offers Veterans

the opportunity to apply for beneficiary travel reimbursements. Those Veterans who meet the criteria and approval will receive the reimbursement.

Now that there is an urgency, other organizations and physicians are coming forward saying they can provide care and want to keep the clinic open.

The VA cannot negotiate a nearly $8 million contract in 30-90 days; it's a longer process with the government. The VA's focus is to get care transferred as seamlessly as possible. All options are on the table; the VA is committed to having a clinic in Buckeye in the future. They cannot offer a timeline at this point, but they eventually want to reopen a clinic in that area. Scott asked for questions from the commission.

Chairman Cushing addressed the contract matter stating it is his understanding that if the contract is less than a certain amount; it will take longer to process. He knows of at least 2 or 3 doctors who are interested in manning the Buckeye CBOC, yet contracting doesn't permit that to happen within 30 to 90 days and it will take a lot longer.

Mr. Cushing noted that Payson and Buckeye are two of the smaller CBOC's with nearly 400 Veterans in Buckeye receiving care. There are a few thousand Veterans in that area; we assume not all of those Veterans are eligible to participate in the VA healthcare system.

Mr. Cushing is making the assumption that some Veterans who are not currently using the Buckeye facility may be using the Surprise facility because it is larger, or they may be going to the VA hospital because they need specialized treatment that is not offered at the Buckeye clinic.

Mr. Cushing's other concern is that the Surprise clinic recently lost a doctor which will make the clinic short-handed in providing care. The VA is going to ask the current staff at Surprise to absorb 400 or more new patients. How is this going to affect the existing patients at Surprise? Are patients with less serious illnesses going to be unable to get appointments in order to accommodate the patients coming in from Buckeye who may have more serious illnesses and will those patients be seen ahead of the existing Surprise patients?

Mr. Cushing talked with a Veteran whose primary care physician left the Surprise clinic and now the patient is having difficulty getting an appointment. Soon an influx of 400 more patients will be coming to the Surprise clinic. How is current staff going to absorb the extra work? Mr. Cushing is concerned about the quality of care for both the Surprise and Buckeye patients.

Mr. Cushing noted there are three doctors interested in running the Buckeye CBOC. With the system we have, we can't take care of these Veterans because this is not a multi-million dollar operation; and that concerns Mr. Cushing.

Scott McRoberts said there are two dynamics going on; one is the contract in process and second, a decision needs to be made by the healthcare system to open another bid, which they haven't done yet, as it is a long process.

Scott does not have specific details and will follow up with more information. He noted that the VA Medical Center is weighing all options and is not certain at this time that a contract clinic is the best way to go.

He noted that the number of Veteran patients moving from Buckeye to Surprise is around 400, and the number changes daily. The average number of patients seen by one physician is about 1,200; based on complexity or simplicity, a physician may see more or less patients. A Nurse Practitioner or Physician's Assistant would see about 800 patients.

Scott said there are multiple Patient Aligned Care Teams (PACT) which are the model for primary based care in Surprise and the VA is confident that the 400 patients can be absorbed without additional delays in care. The VA acknowledges the loss of a provider in Surprise but new hires are coming in quickly. It is a detailed and complex process; all providers have to be credentialed and privileged. The VA is moving forward as quickly as possible. They are confident that those 400 incoming patients will not disrupt or delay the care of existing patients in Surprise.

Scott said the Arizona Health Care Cost Containment System (AHCCCS) is tied into all of this. This year, the VA Medical Center is dedicating efforts toward AHCCCS and is focused on getting Veterans access to the care they deserve.

Scott noted that the VA Medical Center is moving in the right direction. They are adding more PACT teams. Nine months ago some Veterans were waiting several days for care. The VA Medical Center has reduced that wait time significantly.

The VA is moving rapidly in several directions with many changes going on in management and Lean Six Sigma efficiency experts were brought in to advise the VA of how to cut costs. This practice is going on nationwide in healthcare due to the rapidly increasing costs of healthcare.

Using lean methodology, managing resources better, adding more PACT teams and adding staff in areas of the hospital is eliminating wait times for Veterans.

Commissioner Hanson brought forth a question for Chairman Cushing. He asked if anyone contacted the physician who was interested in taking over the Buckeye CBOC to inquire why he was not involved in the initial effort by the VA.

Chairman Cushing said the doctor did not give an answer as to why he did not submit a bid for the position when the bidding was open.

Vice-Chair Olson inquired if there is an estimate of how many of the 400 Veterans from Buckeye are actually going to be eligible, or are already eligible, for travel reimbursement.

Scott said he does not have a figure on that.

Chairman Cushing said the matter needs to be investigated. It is his understanding that not every Veteran is eligible for travel reimbursement.

Commissioner Olson is concerned about why the medical community in Buckeye did not know the CBOC was being suspended. He inquired what can be done collaboratively in the future to make sure the communities get fully involved in the process when changes are taking place.

Scott said press releases were sent out, which is standard protocol when a CBOC is suspended or closed. He does not know why the VA did not receive any bids. There was specific effort made to contact local providers in the area to make them aware of the suspension. He does not know how many were contacted.

Scott said this information is posted publicly through the Fed Biz Opps on the Federal Business Opportunities website, fbo.gov, for anyone who wants to do business with the Federal Government. Federal Government contractors access this site for information.

Scott stated it is unfortunate but he cannot say why the VA didn't get any bids. VA communication to everyone in the area is robust. Could communication be greater or could there have been more with ads in the paper? Probably so, and maybe this suspension could have been avoided. The VA used the same methodology in Payson for securing bids and they did receive bids.

There are a limited number of providers in both areas. During the last several years, Health Net, the clinic's contractor, went through many providers. They had regular issues in keeping providers. The Buckeye clinic location was moved several times and its current location is in Dr. Rohit Malhotra's office. He is not providing care to Veterans, but is leasing office space to Health Net, the primary contractor.

Commissioner Olson said Scott could add to the discussions taking place at the VA by letting them know that it is the duty of the ADVS Advisory Commission to identify issues that are affecting Veterans and to advise Governor Brewer of policy changes that may help Veterans. Maybe this is an issue where the commission needs to be more involved by contacting Governor Brewer and she can then say to the Department of Health, 'I want you to send out more information on contracts that are coming up for renewal to serve Veterans and the state of Arizona'.

Chairman Cushing noted that as Commissioner Olson had said, when something negative happens with Veterans, the Advisory Commission gets invited to participate. It seems there has been a lot of coverage in the Buckeye and Tonopah areas about this CBOC suspension.

Mr. Cushing said that if advertisements were placed with the media and in the newspapers in these small communities, why did these doctors who now want to participate, not step forward with a bid? Now we are learning that the Buckeye CBOC is being suspended. There should have been discussion when this was being proposed. All of a sudden there is interest when the bidding process is over and the clinic is suspending care to Veterans. Where were these doctors back in November and December, 2012, when the VA proposed closing the clinic?

Chairman Cushing said Scott has answered the contract questions and, although he understands it, he doesn't necessarily agree with the process. Mr. Cushing asked what it would take to make the Buckeye clinic a non-contract clinic. Is there a requirement that a certain amount of Veterans must be served to make it a non-contract CBOC?

Scott said he doesn't have the precise details. He said if the VA wanted to open a clinic of their own, staffed with VA personnel, there would have to be a certain threshold of population in the area to warrant opening a clinic. After that is established and approved, the fastest

way to open a clinic would be to lease space. This would require a federal lease, which is not easy to accomplish and would take time.

Mr. Cushing said, for all that's been said here, we understand that the clinic in Buckeye will suspend services temporarily at the end of June until the VA Medical Center can evaluate the numbers to see if it can become a non-contract clinic. Then a new location would have to be found, or the current location would have to come under a new contract.

Commissioner Toliver verified that the clinic will be suspended; not closed. His concern is for the 400 Veterans being displaced from the Buckeye CBOC and how many staff members are being displaced? Could that staff be Veterans as opposed to non-Veterans? If they are not Veteran staff, what is the possibility of those staff members being replaced by Veterans who need jobs?

Scott said the staff at the Buckeye clinic are sub-contractors, not VA employees. He is not sure if they are Veterans or not. He said the VA is a leader in the country for hiring Veterans. Well above forty percent of the VA staff is Veterans.

Commissioner Toliver inquired about Veterans who will be displaced as a result of this suspension. Scott agreed that Veterans will be displaced; they will receive care in Surprise at the Northwest clinic. No VA subcontracted staff will remain at the Buckeye clinic; however, the clinic will maintain non-Veteran care. VA patients are only a percentage of the patients seen at the clinic. Dr. Rohit Malhotra and other providers in the area see non-Veteran clients, so it is a joint private and Veteran contract over one clinic.

Commissioner Toliver asked how many staff work there.

Scott said the staff caring for Veterans at Buckeye consists of one mid-level provider and one or two support staff. Scott has not been to the Buckeye clinic and doesn't know the specifics of whether they have nursing staff or just medical techs. It is a small clinic with two exam rooms and he believes there is one provider and 2 support staff.

Chairman Cushing noted there is a memorandum of agreement with Indian Health Services (IHS) on the reservation where Native American Veterans receive health care services. Veterans can go to an IHS facility or the VA and the VA reimburses IHS for services provided to the veteran.

Would that be a possibility in this case? The current Buckeye Clinic is a private organization; is there any vehicle in place at this time whereby if the doctor sees a VA Veteran, the VA could be reimbursed for services the clinic provides the Veteran?

Scott said he has not encountered this particular issue before and doesn't have an answer. As far as it relates to Veterans in Buckeye he doesn't know if IHS has clinics there or if this would be a possibility to explore.

Chairman Cushing proposed the question that if an individual is treated by IHS and reimbursed for services by the VA, could there be a way for the Veterans now being seen at the Buckeye clinic to continue going to the Buckeye Clinic once the contract is over and be reimbursed their expenses?

Scott said you are essentially asking if doctors could see patients on a fee basis. He said it would have to be within the regulations and guidelines they have to work with and approved by the VA. He noted that if the Veteran lives past Tonopah and applies for reimbursement, the rules would apply, and this may be possible. It would be considered on a case-by-case basis and might be possible.

Chairman Cushing noted it would help our Veterans by not having to travel to Surprise for treatment and if they were not eligible for travel reimbursement, it would spare them the costs of travel. Round trips get to be expensive at $3.50/gallon for gas and a temporary solution at best would help the Veterans. Mr. Cushing can see that Veterans will be financially impacted.

Scott said, as they are going through the transition, the VA has staff prepared to answer questions. We don't have details on all the issues discussed here but expect to get answers as they go through the process.

Commissioner Olson said he read that there are approximately 3,000 Veterans residing in the Buckeye area and about 400 Veterans, or 7½%, are receiving VA health care. He inquired how that 7½% ratio compares to other clinics; is it low, high or about the same?

Scott said the information is available; it's our market share. Scott said he would like to get back to Mr. Olson with this information.

Commissioner Olson inquired if approval to reopen the contract rests with the Medical Center Director, Director of Veterans Integrated Service Network (VISN), or the Under Secretary of Health?

Scott said it is a local decision.

Chairman Cushing asked if there were any questions for Scott McRoberts. There were no further questions. Mr. Cushing said the commission is concerned and will stand for Veterans on this matter. He advised that the commission's statute charter is in place to advise ADVS and the governor of issues of concern it has that may need to be addressed by either of those entities.

Chairman Cushing thanked Scott for his time and insight into the matter and for coming to talk to the commission and answer questions. Scott left the meeting.

Chairman Cushing reiterated that the Advisory Commission is concerned for Veterans and will continue to stay involved in this issue.

Review of "For Profit" G.I. Bill Accreditation – Chairman Cushing called on Vice-Chair, Jeff Olson for a report of his findings regarding the "For Profit" G.I. Bill Accreditation.

Mr. Olson noted that in his research of the G.I. Bill, as it relates to "for profit" colleges, the issue keeps getting bigger. He shared the following information.

In 1944, a great program for World War II and Korean Veterans came into law. In the 1980's, around 1984, the Montgomery G.I. Bill was introduced. It was similar to an IRA; the service member was required to deposit $100 a month into an account, and the Federal Government

would also deposit money into the account. It turned out not to be a good program because Veterans learned that if they decided not to go to school, they didn't get their money back.

Most recently, the Post 9/11 G.I. Bill came into effect; a great program that is in effect today. In a 2 year period, 2009 through 2011, the VA spent $4.4 billion on the Post 9/11 G.I. Bill. Money is going directly to Veterans; they get reimbursed about $17,000 for tuition fees, and there's a housing allowance and other benefits, and they can use it for 36 months of school.

As time progressed, some things changed and "for profit" colleges came along. They are not necessarily bad, they are fairly new to the system and it is big business. This is not to pick on any particular college; there is a 10 page list of colleges and these are just a few.

During the same two-year school period of 2009 through 2011, the VA paid the University of Phoenix $196 million in G.I. Bill payments. ITT Technology was paid $175 million and DeVry University $128 million.

During this same 2 year period, a large college, the University of California, was paid $20 million dollars. State colleges and universities in New York received $15 million in VA payments. This illustrates how involved the "for profits" have become in the recruitment and enrollment of Veterans who receive G.I. Bill benefits.

Mr. Olson noted that reported graduation rates of "for profit" colleges is 28%. The average tuition is 6 times that of the average public college tuition.

"For profit" colleges have 35,000 recruiters nationwide who are assigned to enroll Veterans. Some classes and schools do not hold accreditations, so some Veterans may enroll in a "for profit" college, stay in school a year and then decide to transfer to a public school. If this happens, none of their accreditations follow them. This means 12 months of the 36 months of Veterans benefits are gone, the Veterans lose money already invested, and they have to start over.

There are documented instances whereby Veterans are entering Master's Degree Programs only to find that the entire degree is not accredited. They spend their money, time, and G.I. Bill, only to find out that it is not accredited by a higher institution accrediting agency, making the Master's Degree worthless.

Twenty states have sued "for profit' colleges. These are some of the negative things that are going on; there are many good things going on at "for profit" colleges; we are only looking at what is happening with Veterans.

Mike Klier said it's the tool they are using to draft people into something that is fast track, as opposed to a college that they may struggle with and that Upward Bound may come in and help get Veterans into curriculum. The G.I. Bill has apprenticeships and plain schools.

Commissioner Olson also noted that some states have changed the role of their State Approving Agencies (SAA). That's the agency that says these are the college classes that are accredited and approved and they go there on a regular basis. He couldn't ascertain if roles have changed because of budget cuts, but some SAA directors said they don't do that anymore.

Mike Klier said SAA directors do a lot of compliance now; 3 or 4 years ago they were strictly curriculum driven to look at eligibility for the G.I. Bill. Now they are in the compliance mode.

Mike reported that 400 institutions were approved by the ADVS State Approving Agency and now ADVS is going out in a team effort with the VA, and the budget may have something to do with that. They are looking at the compliance levels of schools to see if they are maintaining what they are supposed to be doing according to the law.

The overall up front solution is the education the Veteran receives before he or she gets involved in either school. Is it nationally accredited or is it regionally accredited? The two differ and the student should be aware.

Commissioner Olson said there is a number of documented instances whereby Veterans, after leaving the service, are going to an educational fair to determine where they want to go to school and they have found the only presenter was a “for profit” college. Some of the responsibility lies with the Veteran. It’s about the Veteran using the G.I. bill and the colleges at the job fairs registering them for classes. If they are not paying attention, in a year or so, the Veteran learns there is no accreditation.

Mike Klier said the Transition Assistance Program (TAP) is being revamped. It will be much more than it was before. Someone from the ADVS Education Department should be involved with TAP, giving the Veteran the big picture of what is available through the ADVS Education Department.

Commissioner Olson noted that Senator Tom Harkin of Iowa is looking closely into the accreditation matter. Commissioner Olson found a quotation from the Association for Private Sector Colleges and Universities. The quotation said, ‘we are working closely with Congressional Veteran organizations to achieve solutions for the many areas of concern’. He spent two days trying to find out who was involved and what the quote meant and could not get an answer.

Commissioner Olson believes the Advisory Commission needs to research the policy with Governor Brewer and involve the ADVS Education Department to make Veterans aware of accreditation so they can use the G.I. Bill to its fullest extent.

Homer Rodgers said he can attest to what has been said here. As a Vietnam Veteran and after leaving the service, he went to college on the G.I. bill and it is somewhat different now than it was then. There are two types of programs but back then, Veterans were not aware and, if not for good guidance counselors, they wouldn’t have been aware of what courses were technical, even in major universities.

Not all courses were covered back then as far as going to a junior college and then transferring to a university. Mr. Rodgers noted that not all junior colleges, even though they are accredited colleges, are transferrable to a four year university. He said if there is some way to make Arizona Veterans more aware of choices through good guidance counselors; that would be good.

Chairman Cushing would like to keep this item on the agenda for the July Advisory Commission meeting. He asked Mike Klier whether he could arrange for a member of the

ADVS Education & Training Department to speak on this subject at the July meeting. Mr. Klier will make arrangements for someone from Education to be at the July meeting.

He will ask Education to give a dissertation on what Veterans should look for and be concerned about when using the G.I. Bill.

Mr. Cushing is finding that more people are using the website and reading the Advisory Commission minutes to see what the commission is talking about. We hope the Buckeye area Veterans will have the opportunity to read the minutes and see the commission's discussion.

Along the lines of Commissioner Olson's findings regarding "for profit" colleges, Mr. Klier told of a Veteran in Iowa who is having difficulty, as their Veterans department is "for profit" employees.

Commissioner Olson noted that a recruiting seminar for people to come to their universities was held on the campus of the University of Texas; the only provider there was U.T., a "for profit" college.

Commissioner Perkins inquired, at the Federal level, who determines what institutions can receive the G.I. Bill? Is there a way at that level they can control if you want to go to a school that is "for profit" but is not accredited. He inquired why they would pay to go to that particular school. All these programs are being approved, which is questionable.

Mr. Klier said they wouldn't pay. They would have to be approved, in the case of ADVS, by an approving agency who works closely with Education Liaison Regulations (ELR's) and the VA. If it's not an approved school, there is no guaranteed entitlement from the G.I. Bill. They are showing some minimal criteria to get approval. Once the universities get the Veteran on board, they are changing the criteria, which is the bad catch.

Mr. Klier noted that a presentation by the Arizona Veterans' Education & Training Approving Agency would be beneficial to the commission.

Commissioner Olson would like to keep this subject on the Advisory Commission meeting agenda as this will remain an ongoing subject of review by the Advisory Commission as more information becomes available.

Communications – The secretary reported there were no communications received at ADVS since the last meeting.

Agency Announcements and Updates – Chairman Cushing called on Mike Klier for agency announcements and updates. Mr. Klier had reviewed the minutes of the May meeting and the report given by Robert Barnes. He noted that he also had attended the meeting with General Hickey at the VA regarding the backlog of Veteran claims.

Mr. Klier responded to the questions raised at the last meeting regarding the VA claims backlog.

Acceptable Clinical Evidence (ACE) works very closely with Disability Benefit Questionnaires (DBQ's) when a private doctor is completing the forms and that is acceptable in terms of not providing an examination in order to rate the Veteran.

One of the concerns he and Mr. Barnes had with providers on the second deck is a rater looking at something done by a VA doctor at Carl T. Hayden Medical Center and then flagging the provider and getting a second opinion while trying to rate the Veteran claim.

Raters get into problems doing this and we don't want this. We've been told, however, this practice is not what's going on and that the providers, a health provider and one mental health provider, are taking claims 2 years and older, looking at what they can rate, and rating them. The question is whether this is the right way to go. Two year old claims are to be completed by June 19th and the one year and older claims will then be addressed. If they're using the providers correctly, along with the ACE program, it's as good as it gets until they get a regular flow of rating claims going again.

After 9/11, when Veterans were returning from Iraq, nobody knew what (NEHMER) meant. NEHMER was Agent Orange illness, disability or death caused by herbicide exposure in Vietnam.

Nehmer v. U.S. Department of Veterans Affairs is a class action lawsuit brought by NVLSP attorneys in 1986 to challenge a VA regulation, former 38 C.F.R. 3.311a, that stated, among other things, that chloracne is the only disease that scientific evidence shows is associated with exposure to herbicides like Agent Orange used by the United States in Vietnam. (Excerpt from NEHMER vs. U.S. Department of Veterans Affairs Agent Orange Lawsuit from NVLSP website.)

Not long after the NEHMER lawsuit became known, there was a big problem with Vietnam Veteran claims and, at the same time, there was an influx of returning Iraq Vets after multiple deployments. Almost 100% were filing claims, some with 10 or more medical issues.

The next concern is what happens to the new claims? The VA has an express lane designed around the 526, 527, 534 EZ forms that are designed for Fully Developed Claims (FDC). Mr. Klier has taken all the traditional 526, 527 and 534 forms out of the ADVS Vetrospect system. ADVS Veteran Benefit Counselors are using only EZ forms.

The new claims our Veteran Counselors process are sent electronically to the VA for fast action and it's done as a Fully Developed Claim and goes to a manned express lane. The VA has until the 19th of June to complete the two year and older claims; then they will begin the one year and older claims.

Mr. Klier gave a clearer picture of how the VA is dealing with the claims backlog along with taking care of the incoming flow of claims.

Before NEHMER and the bottleneck occurred, the VA was doing a good job. Once the backlog is gone, the VA will be back in good order and processing claims electronically.

Mr. Klier said the (Defense Personnel Records Information Systems (DPRIS), access to official military personnel records, is now being used by our Veteran Counselors. Counselors used to mail requests and wait three months for an answer or information. That is three

months of development with the Veteran and the claim was going nowhere until the answer came back.

ADVS counselors, through a memo of understanding, can request and receive a DD-214 via computer immediately, which helps take the development of a 480 day claim down to 90 or 100 days. The VA's goal is 90 to 100 days for claim processing, with 98% accuracy by 2015. The Veteran Benefits Management System (VBMS) will be the sole holder of information and is supposed to be in place by the end of the year.

When the VA gets caught up on claims and gets a manageable flow going again, hopefully they can stay caught up. However, if another NEHMER situation or large influx from the war happens to disrupt the flow, they have no control over developments of that nature.

In listening to Under Secretary Hickey and through a good relationship with Sandra Flint at the VA Regional Office, Mr. Klier will get on board with the VA to help be a part of the solution.

Mr. Klier noted that ADVS' Veterans Service Division is number one in the state with active Veteran Benefit Counselors in every county. ADVS is a little ahead of the VA in processing claims, which are all being filed electronically. Mr. Klier told the Disabled American Veterans (DAV) Convention in Prescott of this accomplishment and Mr. Barnes recently told a VFW group at Fort McDowell.

Chairman Cushing inquired how many people are in the ADVS Quality Assurance Department.

Mike replied that ADVS will have two QA people reviewing claims. At present, Martha Alderman, ADVS Central Region Manager and Art Brest Veterans' Services Counselor in the American Legion office, who have that experience, are reviewing claims and sending them on to the VA. ADVS is posting the QA position to hire two people.

Provisionals were mentioned by Mr. Barnes at the May meeting. The VA looks at two year old claims and gives a provisional rating. ADVS has one year to review what the VA did and determine if the claim needs to be developed further. The VA is trying to break the backlog and get money to the Veterans.

Mr. Klier said General Hickey indicated that all two year old claims will be addressed by June 19, 2013. After that, her department will work on one year old claims. Mr. Klier said her office is doing a good job in addressing the claims. General Hickey's aim is to get money to the Veterans as soon as possible. She advised her staff to not over develop claims, to look at the Code of Federal Regulations (CFR's) and, if they must deny the claim, deny it, but get the job done. She wants the ADVS and Veteran Service Organizations involved and said she can't do the job without the outside help.

Commissioner Olson inquired if the adjudicators in General Hickey's department are working mandatory overtime to meet the June 19th deadline. Homer Rodgers said her department is working mandatory overtime to complete claims.

Mike said the Department of Defense is being pulled in; the VA Healthcare and DPRIS will be accessible and all claims will be filed electronically.

Mr. Klier noted that Phoenix is the 4th or 5th worst in the 56 VA Regional Offices, at 480 days to process claims. Secretary Hickey and Sandra Flint don't like this rating and are taking steps to improve it. Secretary Hickey presented some challenges to Sandra Flint at the meeting. Mike said New Jersey is doing well with the EZ forms and is getting their claims processed in a timely manner.

Mr. Olson inquired if Secretary Hickey was using the term "benefit of the doubt". Mike said Secretary Hickey did not use the term, "benefit of the doubt". Mike said he uses that term and, when there is the benefit of doubt toward a claim, the decision is made in the Veteran's favor.

Commissioner Toliver, being of the Vietnam era, said many Veterans don't see electronics as friendly mechanisms. He wondered how much that would prolong claims for those who aren't computer efficient.

Mr. Klier said those Vietnam Veterans need to see ADVS Veteran Counselors at the Veterans Services Division for assistance. An accredited service officer will know more than the everyday Veteran and can maneuver around in the computer system to the Veteran's benefit.

Chairman Cushing called on Homer Rodgers for a Capital Planning Report and Project Review.

Mr. Rodgers noted that the Sierra Vista expansion project is 90% complete; an increase of 10% from last month. The project will be fully completed by mid-August. ADOA granted a 45 day extension due to product shipping delays.

The bid tabs for the four improvements at the Phoenix Veteran Home project were received with good responses. However, mistakes were made on the Alzheimer Unit security system bids, so the bid will go out for re-solicitation. ADVS requested a conditional approval to allow more time for a bid re-solicitation.

ADVS received the deed to the land for the Marana Cemetery project. The title insurance is complete. ADVS did the title search, boundary and environmental surveys, and we have reasonably determined that the project will be funded in October.

Mr. Rodgers reported that there have been developments as recent as last Friday on the Flagstaff project. There is some contention between the Department of the Army and the Department of Agriculture over who owns the land.

In 2006, by public law, the state was given the 80 acres of land at Camp Navajo by congressional decree.

The forestry service operates under the Department of Agriculture. Forestry is contending a challenge because the original intent in 1942 was that this was forestry land, and they loaned it to the Department of the Army to use for military purposes and, should the Army not use the land for its intended purposes, the land would revert back to the Department of Agriculture.

Solicitations for bids that went out to construction companies last Monday were pulled one hour later, until ADVS gets clarification of who owns the land.

In discussions with the Corps. Of Engineers, Mr. Rodgers was told they had researched the matter and found that through public law, up to 80 acres of land was given to the state. They said since it was done by public law, ADVS should go forward with the project. A title search that was done states the land is owned by the Federal Government. The Corps. Of Engineers said their attorneys reviewed the matter and declared that since Congress gave the state the land in 2006 through public law, they have no issue.

Mr. Rodgers asked the Corps. Of Engineers for clarification, in writing, before the job goes out for bid a second time. He noted that plans for the project are done and it is going to be a beautiful site.

Commissioner Olson inquired if the Forest Service gave any reason why they want the land? Are they short of land?

Mr. Rodgers said "no", the title search shows the land is owned by the Federal Government. The attorneys contend that Congress can give the land to whomever they want regardless of what department the land is under.

Mr. Rodgers said the building plans are done and 100% approved by Veterans Cemetery Grant Service in Washington, D.C. The only thing left to do is the bid caps and to tie the financial package with the final bid caps after selection of the contractor and then a memorandum of agreement needs to be made in order to proceed with construction.

The worst case scenario for this project would be that it might have to be delayed until next year's cycle. It would mean ADVS would have two cemetery projects going on simultaneously; one in Flagstaff and one in Marana.

Planning would already be done for the Flagstaff project and construction could start. The Marana project would start 6 months later. Plans are yet to be developed and approved for the Marana project.

He noted that $700,000 has been invested in the Flagstaff project to date through plans development and environmental studies.

Mr. Olson inquired that if the worst case scenario happens, does ADVS still have the option of advising the governor to request of the congressional delegation, immediate legislation to transfer the land.

Mr. Rodgers said, "Yes, we do".

Introduction and Welcome to Invited guests – Chairman Cushing welcomed Veterans Lonnie Sorrell and Joe Frame to the meeting.

Also recognized was visitor Christine Grone, Outreach Coordinator of the Department of Economic Services (DES) Child Support Division.

Chairman Cushing asked Lonnie Sorrell if he would like to speak to the commission. Mr. Sorrell requested to speak with Mike Klier after the meeting and asked to confirm the next Advisory Commission meeting which is July 11th.

Chairman Cushing asked Joe Frame if he had anything to bring before the commission. Joe thanked the commission for the opportunity to sit in on the meeting. He wanted to hear about the suspension of the Buckeye CBOC. He said a big crowd is expected for the June 20th meeting at the Buckeye Town Hall regarding the Buckeye CBOC. Veterans don't feel the VA has been straight with them on several matters and they have many questions to be answered at that meeting.

Chairman Cushing recognized Christine Grone of the Department of Economic Security. Christine said the Federal Government has made changes at the state level regarding DES. As the changes relate to Veterans, DES recognizes it needs to do more for Veterans and their families. When Veterans come home from deployments, some go on disability; modifying child support orders needs to be done to make the process more affordable for Veterans.

DES is seeking partnerships with companies and organizations who hire Veterans. Many Veterans who have been loyal in paying support are coming out of the service and can't get jobs. With no income, arrears start building up. There is nothing in the DES program to assist Veterans coming off deployments who don't have jobs.

It is disturbing that there are programs for incarcerated Veterans that allow the write off of Arizona's interests on child support and other bills are put on hold during incarceration.

DES wants to get involved in educating Veterans when they come back from deployments. The number of Veterans in the DES system paying child support is 40%. There is a high population of Veterans coming into the child support system. DES wants to link with other departments to see what can be done to help Veterans.

By finding and partnering with organizations, DES wants Veterans know that when they come back from deployment or are about to go on disability, their child support order will be reviewed to see if modifications can be made. DES wants to educate Veterans who are trying to find work to help alleviate arrears in child support payments.

DES is looking for more ways to alleviate the child support arrears they are seeing more regularly. They realize as more troops come home, there may be a spike in child support arrears in the coming year.

Once arrears reach a certain point, there is nothing DES can do. A partnership with Veterans is important if DES can get modifications done when Veterans are coming back from deployments. DES wants Veterans to know the department is there for them and that they realize that, upon return from deployments, Veterans are losing a pay grade and are trying to find jobs.

DES supports hiring Veterans and the department needs as much information as possible. Ms. Grone would like information on jobs programs in support of hiring Veterans.

Mike Klier said he can provide Christine the contacts and she can call for information.

Chairman Cushing asked if DES was involved in the Veteran job fairs that have been going on in the state.

Ms. Grone said "yes, DES is becoming involved in Veteran job fairs and has developed a more customer service attitude." DES attends Veteran events and has held events for homeless Veterans as well.

Two years ago, the Federal Government's mentality was for DES to get the money any way they could; there was no incentive for changing the situations of the clients. That was all changed; the Federal Government is looking at child support in a different way. Subcommittees have been formed, one of which is a Veteran Support Committee whereby modifications are being done for Veterans.

Chairman Cushing asked if DES was involved in the Transition Assistance Program (TAP) system the military has for Veterans transitioning out of the military. That might be a good time for DES to capture these people. It is difficult when transitioning out of military; Veterans have the idea that they will come home and get a job and things will be normal, but that is not happening.

It would be good if DES could let Veterans know they are there to help those who are transitioning into civilian life. Many may have child support issues, so they need to know there is an agency out there to contact for assistance.

Mr. Cushing said the Transition Assistance Program (TAP) is there to educate Veterans about the G.I. Bill, jobs, and child support, which is a big issue. As a member of the ADVS Military Family Relief Fund (M.F.R.F.) counsel, Mr. Cushing said one of the issues they see is claims for Veterans who are behind in child support. When these Veterans left on deployment, they had a nice home, a couple of cars and a decent paying job. Two or three deployments later, they come back and don't have a job, their home is in foreclosure, their cars have been repossessed and they are in debt for child support.

He said it would be good if DES could get names to follow up with and let Veterans know there is help. Veterans have a lot to deal with when coming back from deployment. Many don't know where to go for the help they need.

He thanked Christine for her input and thanked all the visitors for coming to the meeting.

Outreach Activities for the Commission – Chairman Cushing asked if there were any outreach activities to report.

Commissioner Olson reported that he and Commissioner Brett Rustand contacted the Green Valley Clinic and the Southern Arizona VA Healthcare System in Tucson regarding the Women's Health and Knowledge Fair and the commission's participation. They don't have answers yet but they are working on it.

Mr. Klier said ADVS is trying to get three main hospitals involved for this year's program and hopefully, next year, go out to the CBOC's to make the program available so people can participate without having to travel so far.

Chairman Cushing noted the Department of Arizona's American Legion convention is next week. He inquired if the commissioners would like a presence from the Advisory Commission there. The event is at the Carefree Resort in Carefree, AZ on Thursday, opening night, and Friday and Saturday, June 20-22.

Several thousand people are expected to attend. Chairman Cushing asked commissioners to let him know if they plan to attend. Commissioners Perkins and Toliver said they plan to attend the event on Saturday. Mr. Perkins will pick up the table top display later today.

It is important to let people know there is an Advisory Commission that is interested in their issues and concerns. Many people still don't know there is a commission to address their concerns.

While at the University of Phoenix, Chairman Cushing found that many people are reading the Advisory Commission meeting minutes on the ADVS website.

Commissioner Hanson, who teleconferenced the meeting from Springerville, granted an invitation to the commissioners to hold a meeting in Springerville where the country is beautiful and the weather is much cooler. He inquired when the new ADVS Director will start. He was advised the new director starts with the agency on July 1.

Open Discussion for the Good of the Order – Chairman Cushing and the Advisory Commission, as a token of their appreciation for his work on behalf of Veterans, presented a plaque to Homer Rodgers.

The commission would like Mr. Rodgers to know how much they appreciate everything he has done since coming to the agency. Homer will be retiring from the agency, effective July 6th.

Speaking for the commission and the 600,000 Veterans in the state of Arizona, Chairman Cushing noted the accomplishments of Mr. Rodgers in bringing the Phoenix Veteran Home from where it was to where it is today, the building of the new Tucson Veteran Home, the Sierra Vista Cemetery, and the great accomplishment of bringing a cemetery to Flagstaff.

Chairman Cushing announced that the commissioners will join Joey and Mrs. Strickland for lunch at Macayo's immediately after the meeting; he invited everyone to attend.

Chairman Cushing called for a motion to adjourn the meeting. A motion to adjourn was made by Commissioner Olson. The motion was seconded by Commissioner Perkins. The meeting adjourned at 11:34 a.m. The next Advisory Commission meeting will be held July 11, 2013.