



Colorado Board of Veterans Affairs

STRATEGIC PLAN

2010 - 2014

Revised & Updated

*"To care for him who shall have borne
the battle and for his widow and his
orphan."*

-Abraham Lincoln



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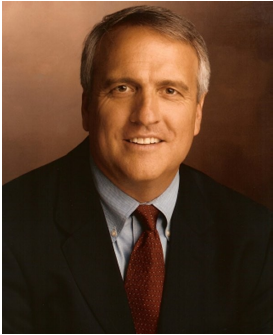
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STATE OF COLORADO

OFFICE OF THE GOVERNOR

136 State Capitol Building
Denver, Colorado 80203
(303) 866 - 2471



January 10, 2010

Dear Fellow Coloradans:

As the son of a veteran, and on behalf of the people of Colorado, I want to extend my personal gratitude to Colorado's military veterans and their families. Their commitment to public service and the sacrifices they have made for their country, state and communities deserve the highest recognition we can give them. While we can never fully repay the debt of gratitude we owe them, it's important for us to do all we can to support them when their service has ended. With so many of our military troops in harms way overseas, honoring our veterans is more important than ever.

This Strategic Plan demonstrates our commitment to honor and serve the more than 420,000 veterans who live in Colorado. The Strategic Plan contains specific strategies to enhance essential services, adequately fund programs and advocate for veterans' basic needs. Thus, it is a tremendous resource for my administration, the General Assembly and all who care deeply for our veterans.

This Strategic Plan outlines a clear path for ensuring that Colorado's veterans and their families will get high quality care and benefits. I'm proud that Colorado recognizes that its veterans are a unique thread in the fabric of our community.

Sincerely,

A handwritten signature in black ink that reads "Bill Ritter Jr." in a cursive, slightly slanted script.

Bill Ritter, Jr.
Governor

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Board Chairman's Statement

In 2007 the Colorado Board of Veterans Affairs embarked on a strategic planning process. The original concept was to provide a planning process that would be based upon core values and assessments of veterans' needs and the resources available to meet those needs. The Board intended to develop a five-year plan with a process that would enable annual assessment and updating. This information is used to determine and continue to develop a vision and mission statement, goals, objectives, and performance measures.

The Board is entering into its third year of the Strategic Plan and decided to use this time to review all aspects of the plan including a new survey to assess veterans' needs and determine how Colorado veterans are utilizing available resources.

The Board worked in conjunction with staff from the Department of Military and Veterans Affairs, Division of Veterans Affairs, and leaders from the Colorado veteran community to include the United Veterans Committee and its member Veterans Service Organizations.

The Board's purpose is to identify and study the needs of all veterans; advise the Governor's office, Legislature and state agencies regarding programs or statutory changes for veterans' assistance; and to oversee the Veterans Trust Fund. The Strategic Plan enables the Board to meet this purpose more efficiently and effectively, as pertinent information is provided as the basis for decision-making and advocacy. Key findings are on the following page.

The Board is grateful for the support given to Colorado veterans. Even in times of economic downturn, we must not waiver from our commitment to provide for those who have sacrificed much for our freedom and liberty. The citizens of Colorado can be proud of the volunteer service that is the hallmark of the veteran community. Let us continue to work together to plan and implement the programs that improve the quality of life for our veterans and for our communities.

***Ralph P. Bozella, Chairman
Colorado Board of Veterans Affairs***

Key Findings

- 1) The segment of Colorado veterans population over 75 years of age, eligible for Veterans Nursing Home beds, will increase by 31% between 2010 and 2025. This equates to the need for 786 beds vs the 606 beds available today.**
- 2) The quality of service provided by County Veterans Service Officers (Excellent rating 2007 - 45%, 2009 - 65%) and State Veterans Service Officers (Excellent rating 2007 - 35%, 2009 - 59%) has significantly improved since 2007.**
- 3) In spite of more than doubling the General Fund appropriation for the Colorado Division of Veterans Affairs from \$416,772 (\$0.97 per veteran per year - 2006) to \$977,692 (\$2.32 per veteran per year - 2010) Colorado still ranks last in funding compared to 31 other states surveyed (to include all neighboring states).**
- 4) 34% of Colorado veterans surveyed are not registered with the U.S. Department of Veterans Affairs (USDVA). Registrations drive region funding.**
- 5) Only 12% of Colorado veterans surveyed are aware of the existence of the Colorado state Veteran Trust Fund's grants to help veterans.**
- 6) The major issues Colorado veterans have with the USDVA are:
a) delays in getting medical appointments [30+days]
b) the length of time required to process claims [150+ days].**
- 7) While Vietnam era veterans are still the largest veteran group nationally and in Colorado (36%), Gulf War veterans (Gulf War 1, OIF & OEF) are now the second largest veteran group nationally and in Colorado. They make up 28% of all Colorado veterans.**

Colorado Board of Veterans Affairs

2010 Members

Ralph P. Bozella.....Chairman

James “Jim” Stanko.....Vice Chairman

Jason A. Crow.....Member

Randall “Randy” L. Hoffman.....Member

Franklin db Jackson Sr.....Member

George D. Thomas.....Member

Vacant.....Member

Ray Z. Dissinger.....(non-member)Board Secretary

Board's Statutory Charter

28-5-703. Rules and regulations - duties.

(1) (a) The board shall propose for adoption by the adjutant general such rules and regulations, not in conflict with this article or other laws, as it may deem necessary to govern the programs administered pursuant to this article.

(b) Any rules adopted by the board of human services in accordance with the requirements of the "State Administrative Procedure Act", article [4](#) of title [24](#), C.R.S., relating to county veterans service offices and veterans affairs other than the state veterans nursing homes shall be enforceable and shall be valid until amended or repealed by the adjutant general.

(2) The division shall be responsible for the proper administration of this article. The board shall study periodically the problems of veterans and based on such studies shall propose such program or statutory changes as it may deem advisable or necessary for veterans' assistance by the state of Colorado or political subdivisions thereof. The board shall make a continuing study of any program put into effect. The board shall perform such other duties as may be assigned to it by law and shall advise and assist the governor, any department in the executive branch, and the general assembly or any committee thereof in regard to veterans' matters.

(3) On or before December 31, 2002, and on or before December 31 each year thereafter, the board, with the assistance of the division, shall report on the status of all programs providing services to the state's veterans, including but not limited to any recommendations for changes to policies, procedures, or law, to:

(a) The governor;

(b) The state, veterans, and military affairs committee of the house of representatives; and

(c) The state, veterans, and military affairs committee of the senate.

(4) The board shall serve in an advisory capacity to:

(a) The state board of human services and the department of human services regarding the operations and maintenance of state and veterans nursing homes operated pursuant to article [12](#) of title [26](#), C.R.S.;

(b) The division of employment and training in the department of labor and employment regarding the provision of services to state veterans pursuant to the "Colorado Work Force Investment Act", part 2 of article [71](#) of title [8](#), C.R.S.;

(c) The department of revenue regarding the issuance of special license plates to veterans and active or retired military personnel; and

(d) Any department, division, board, or other entity that provides services specifically to state veterans, and any executive director, director, board, or other entity that has rulemaking authority pursuant to state law regarding proposed rules that are directed specifically to veterans.

Acknowledgments

The Board would like to thank all the members of the Department of Military and Veterans Affairs (DMVA) Team for their help with this Strategic Plan. We want to especially thank Mr. Michael Hunt, Deputy Executive Director, Mr. William Conroy, Director Colorado Division of Veterans Affairs and Mr. Ray Z. Dissinger, Veteran Trust Fund Administrator for their support of this effort.

The on-line Survey, data analysis, report formulation and final Strategic Plan production were the work of two DMVA staff members, Mr. Walter Paul and Mr. Scott Smith.

We want to thank the members of the United Veterans Committee of Colorado for their participation and insightful comments. This includes the many Colorado veterans service organizations whose members participated in this effort.

We want to thank all the Veterans Departments/Divisions of the 28 states who provided responses to our states' Survey in 2007 which provided the baseline data for this strategic plan.

We want to thank the members of U.S. Department of Veterans Affairs (USDVA) - Veterans Integrated Service Network (VISN) 19, whose work with and for Colorado veterans is highly appreciated.

Finally we want to thank the 448 Veterans who responded to our 2009 Veterans Survey. The purpose of this Strategic Plan is to help them receive the benefits they have earned.

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Vision

That all of Colorado's veterans and their families receive the benefits and services they need to live healthy and productive lives.

Mission

To ensure that the needs of veterans and their families are met through effectively provided, managed, and expanded programs and entitlements.

Board of Veterans Affairs Core Values

- *Veterans Interest – meeting the socioeconomic, medical and family requirements*
- *Service*
- *Dedication*
- *Non-partisan*
- *Commitment*
- *Leadership*
- *Compassion*
- *Fairness – fulfilling the health, welfare and safety needs regardless of position or status.*
- *Building Relationships*
- *Cohesiveness – speak with one voice*

Strategic Goals

Strategic Goal 1 - Develop and protect state funding sources for programs for veterans and their families.

Strategic Goal 2 - Strengthen and enhance the effectiveness of federal, state and local services for veterans.

Strategic Goal 3 - Advocate for socio-economic well being of veterans and their families.

Strategic Goal 4 - Increase the effectiveness of the Colorado Board of Veterans Affairs (CBVA).

Strategic Goal 5 - Assess and communicate the needs of veterans to the appropriate entities.

Strategic Goal 6 – Inform veterans of available services through education and outreach.

Strategic Goal 1 - Develop and protect funding sources for veterans and their families.

1.1 Oversee the principle and interest of the Veterans Trust Fund (VTF)

Strategies: a. Work with the Department of Military Affairs and Veterans Affairs (DMVA) and the Legislature to draft legislation that will change the language in the VTF so that these funds can be used by DMVA to provide for new National Guard armories.

b. Work with DMVA to establish plans for the repayment of VTF monies used within a reasonable time period.

c. Continue to fund grants and requests with the VTF allocation.

Objective 1.1	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
Funding Armories	Legislation to fund Armory construction	Legislation passed	Monitor funds	Monitor funds	Monitor funds	Monitor funds
VTF Repayment	Establish a repayment plan with DMVA	N/A	N/A	Develop plan	Implement plan	Implement plan
Funding Grants	Continue funding grants and requests based on available appropriation.	100%	100%	100%	100%	100%

1.2 Protect integrity of the Veterans Trust Fund (VTF)

Strategy: a. Keep emphasizing to the Legislators the importance of the VTF.

b. Work with the Governor's Office, the Legislature and DMVA to monitor legislation regarding changes to the Master Tobacco Settlement.

Objective 1.2	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
Legislators	% Legislators that understand the importance of VTF.	80%	90%	100%	100%	100%
VTF Legislation	Get a report from DMVA-LL on VTF related legislation (during session)	Monthly	Monthly	Monthly	Monthly	Monthly

1.3 Develop and secure adequate sources of funding

Strategy: a. Begin a process through the DMVA, Governor's Office and Legislature to educate legislators and the public for a need to initiate efforts to protect the VTF.

b. Explore new ways to secure additional funds for the VTF.

Objective 1.3	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
Protect VTF	The VTF fund balance is protected	100% protected	100% protected	100% protected	100% protected	100% protected
VTF alternate funding	Alternate/additional funding sources are secured	1 added source	N/A	1 added source	N/A	1 added source

1.4 Protect the integrity of the Cemetery Trust Fund (CTF)

Strategies: a. Emphasize to legislators the state's responsibility to provide adequate funds to operate the Veterans Memorial Cemetery of Western Colorado.

b. Work with the Governor's Office and the Colorado Department of Military and Veterans Affairs (DMVA) to protect and enhance the CTF funding sources (General Fund, Tax Check-off, USDVA burial allowance, Gifts, Grants and Donations).

Objective 1.4	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
Legislators	% Legislators that understand the importance of funding VMCWC	80%	80%	100%	100%	100%
CTF Funding	Increase to amount of check-off funds received	10%	10%	10%	10%	10%

Strategic Goal 2 - Strengthen and enhance the effectiveness of federal, state and local services for veterans.

2.1 Enhance Cemetery Programs

- Strategies:*
- a. Monitor progress of National Veterans Cemetery in El Paso County*
 - b. Monitor operations and needs at the Veterans Memorial Cemetery of Western Colorado*
 - c. Advocate for improved management of the Homelake Cemetery*

Objective 2.1	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
El Paso Vets Cemetery (National Cemetery)	National Cemetery is built by USDVA	Design funded	Construction Ground Breaking	Construction	Construction	Construction completed
State Vets Cemetery (Grand Junction)	Veterans and their families get high quality customer service from the VMCWC	Bi-monthly report	Bi-monthly report	Bi-monthly report	Bi-monthly report	Bi-monthly report
Homelake Cemetery	Bring it to standards acceptable to veterans	monitor	monitor	monitor	monitor	monitor

2.2 Expand state benefits and services to Veterans

- Strategies:*
- a. Implement the current Strategic Plan.*
 - b. Establish a Veterans Information Clearinghouse..*
 - c. Identify unmet Veterans needs and work with DMVA, Governor's Office and Legislature to address those unmet Veterans needs (based on current veterans survey)*
 - d. Conduct follow up Veterans Survey (every 24 months) to determine progress in meeting the needs of Veterans.*

e. Work with DHS to provide Domiciliary and Assisted Living on the Fitzsimons State Veterans Nursing Home property.

Objective 2.2	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
Strategic Plan	Strategic plan is executed	quarterly review	quarterly review	quarterly review	quarterly review	quarterly review
Veterans Resource Information Clearinghouse (VIC)	Clearinghouse established and operational	Investigate options for VIC	Implement VIC	Monitor VIC	Update as required	Monitor VIC
ID and address Needs	Instituted program(s) to identify and address unmet needs	Increase outreach	Programs for all VSOs	1 new program	Review Needs	1 new program
Follow-up Veterans Survey	Survey is completed in 2011 & 2013	N/A	Survey	N/A	Survey	N/A
Fitzsimons Complex	Have Domiciliary and Assisted Living	DHS presentation	Monitor Application	Monitor Design	Monitor Construction	Monitor Construction

2.3 Monitor County Veterans Programs

- Strategies:*
- a. Review and recommend changes (if necessary) to the current County Veterans Service Officer (CVSO) training program*
 - b. Monitor the training for CVSOs conducted by the Colorado Division of Veterans Affairs (CDVA)*
 - c. Work with DMVA, Governor's Office and the Legislature on revising the funding model for CVSOs*

Objective 2.3	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
VSO Training Program	CVSO Training program reviewed	monitor	monitor	Expand VSO training	monitor	monitor
CVSO Training	CVSOs rate the training as meeting their needs	75%	85%	85%	85%	85%
CVSO Funding	CVSO funding model is revised	Review results	New funding model	Review results	Update program	Review Results

2.4 Promote Veterans Health Care (Clinics, Hospitals etc).

Strategies: a. Work with VISN 19 to encourage more Veterans Clinics in rural areas.

b. Monitor progress of the new VA Hospital at the Fitzsimons Campus.

c. Monitor USDVA progress to reducing waiting times for medical appointments at USDVA facilities

Objective 2.4	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
Veterans Clinics	More rural Veterans Clinics are established	1 added	N/A	1 added	N/A	1 added
VA Hospital	Denver VA Hospital construction is effectively monitored	quarterly report	quarterly report	quarterly report	quarterly report	quarterly report
Waiting Times	Monitor the progress in reducing waiting times at USDVA facilities (Nov & May)	review statistics semi-annually	review statistics semi-annually	review statistics semi-annually	review statistics semi-annually	review statistics semi-annually

2.5 Support Veterans Tax Relief Benefits

Strategy: Monitor the implementation of Referendum E (Property Tax Relief for 100% Permanently Disabled Veterans).

Objective 2.5	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
Ref E implementation	All eligible Veterans that apply receive the exemption.	95%	95%	Expand incl. widows	95%	95%

2.6 Insure adequate funding and support for the Colorado Division of Veterans Affairs (CDVA)

Strategies: a. Advocate for adequate funding for the CDVA with the Governor's Office and the Legislature.

b. Assure adequate funding and staffing in support of CDVA through the state budgeting process.

c. Increase funding options for CDVA

Objective 2.6	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
CDVA Funding Advocacy	Governor & Legislature are aware of the funding needs of the Division (CDVA)	Support DMVA Budget	Support DMVA Budget	Support DMVA Budget	Support DMVA Budget	Support DMVA Budget
CDVA Funding	Funding is adequate for the level of service required to support the Veterans community	annual review	annual review	annual review	annual review	annual review
Increase Funding	Develop additional funding options	Investigate options	Investigate options	Investigate options	Investigate options	Investigate options

Strategic Goal 3 - Advocate for socio-economic well being of veterans and their families.

3.1 Advocate for Veterans benefits and services at the State Legislature and U.S Congress.

- Strategies:*
- a. Provide an Information Paper concerning needs of Colorado Veterans to the appropriate legislative bodies.*
 - b. Work with the United Veterans Committee of Colorado (UVC) and other Veterans Service Organizations to provide testimony and briefings to legislators.*
 - c. Advocate through the regional offices of members of the Colorado Congressional Delegation.*

Objective 3.1	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
Information Paper	Veterans' Needs Information paper is provided to appropriate legislative bodies	review & update paper	review & update paper	review & update paper	review & update paper	review & update paper
Legislative Testimony	Provide testimony to legislative committees when requested	100%	100%	100%	100%	100%
Congressional Advocacy	Provided information to the Colorado Congressional Delegation and their staffs when requested	100%	100%	100%	100%	100%

3.2 Advocate with U.S. Department of Veterans Affairs (USDVA)

Strategy: Work with and through the Colorado Division of Veterans Affairs

Objective 3.2	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
UDVA Advocacy	Provided information to USDVA when appropriate	as required	as required	as required	as required	as required

3.3 Advocate with State Agencies

Strategy: Work with and through the Colorado Division of Veterans Affairs

Objective 3.3	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
Agency Advocacy	Provide information to USDVA when appropriate	as required	as required	as required	as required	as required

Strategic Goal 4 - Increase the effectiveness of the Colorado Board of Veterans Affairs (CBVA).

4.1 Communicate and establish working relationships with elected and appointed officials and relevant agencies at the local, state, and federal level.

- Strategies:*
- a. Testify on legislation affecting veterans*
 - b. Disseminate the CBVA Strategic Plan to Federal, State and Local entities.*
 - c. Promote participation in CBVA meetings by elected and government officials*
 - d. Meet with Governor and selected officials, when necessary, to educate on and promote veterans' issues*
 - e. Offer to accompany Governor & elected officials to significant events*

Objective 4.1	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
Legislative Testimony	Provide testimony to legislative committees when requested	100%	100%	100%	100%	100%
Strategic Plan	Strategic Plan is disseminated to appropriated organizations and entities	80%	100%	100%	100%	100%
CBVA Legislative meetings	Elected & appointed officials are invited to Board activities and meetings/year	5	5	5	5	5
Meet with officials	Meet with Governor at least once per year and selected officials when appropriate	1 & as appropriate	1 & as appropriate	1 & as appropriate	1 & as appropriate	1 & as appropriate
Significant Events	Participate with Governor & elected officials in as many significant events as practical	As appropriate	As appropriate	As appropriate	As appropriate	As appropriate

4.2 Communicate Board activities with state officials

Strategy: Publish and disseminate the Board’s Annual report to Governor and all relevant parties as required by statute.

Objective 4.2	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
Annual Report	Annual Report is disseminated to appropriated organizations and entities	100%	100%	100%	100%	100%

4.3 Increase Public and Stakeholder Awareness of Board Activities

- Strategy:*
- a. Publicize CBVA board meeting schedules*
 - b. Board members speak to organizations throughout the State to educate and inform the public on veterans’ issues and Board activities*
 - c. Conduct CBVA board meetings in locations throughout the state to give as many Veterans as possible the opportunity to participate and meet with County Commissioners/Administrators when possible.*

Objective 4.3	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
CBVA Meeting Schedules	CBVA Board meeting schedules are publicized	Publicize	Publicize	Publicize	Publicize	Publicize
Educate organizations	Provide speaks to educate organizations as often as practical	As required	As required	As required	As required	As required
CBVA On-the-Road	CBVA Board meetings are conducted in locations outside of Denver metro area	2	2	2	2	2
Meet with County Officials	Meet with County Commissioners/Administrators when outside Denver	2	2	2	2	2

Strategic Goal 5 - Assess and communicate the needs of veterans to the appropriate entities.

5.1 Interface with United Veterans Committee of Colorado (UVC), Veterans Service Organizations and other Veterans related agencies

Strategy: Publish and distribute this Strategic Plan to all appropriate Veterans Organizations

Objective 5.1	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
Strategic Plan distribution	Strategic Plan is disseminated to Veterans organizations	100%	100%	100%	100%	100%

5.2 Identify the needs of current and future veterans and develop a multi-year plan to address them.

Strategies: a. Implement the current Strategic Plan.

b. Conduct follow up Veterans Survey (every 24 months) to determine progress in meeting the needs of Veterans.

Objective 5.2	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
Strategic Plan implementation	Strategic plan is executed	Review every 4 months	Review every 4 months	Review every 4 months	Review every 4 months	Review every 4 months
Follow-up Veterans Survey	Survey is completed in 2011 & 2013	N/A	survey	N/A	survey	N/A

Strategic Goal 6 – Inform veterans of available services through education and outreach.

6.1 Inform veterans of their rights/benefits

Strategy: Develop and implement the Veterans Resources Information Clearinghouse (VIC) (see 2.2(b))

Objective 6.1	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
Veterans Resource Information Clearinghouse (VIC)	Develop and Deploy the VIC to CVSOs	Investigate options for VIC	Implement VIC	Monitor VIC	Update as required	Monitor VIC

6.2 Increase the number of veterans registered with the USDVA

- Strategy:*
- a. Work with UVC and other Veterans Service Organizations to encourage veterans to register for medical services.*
 - b. CBVA members will include the registration initiative in all their communications and presentations to Legislators and Organizations*

Objective 6.2	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
Veterans Registration	Non-registered eligible veterans are registered for medical services	Annually review VA Stats	Annually review VA Stats	Annually review VA Stats	Annually review VA Stats	Annually review VA Stats
Registration outreach	CBVA includes registration initiative information in their communications and presentations	100%	100%	100%	100%	100%

6.3 Identify and communicate available resources and programs for Veterans and their families

- Strategies:
- a. Conduct CBVA board meetings throughout the state to give rural Veterans the opportunity to learn about the Board and its activities.
 - b. Veterans Resource Information Clearinghouse (see 6.1 above).
 - c. Publish information of interest to Veterans and their families on the DMVA web site. (<http://www.dmva.state.co.us/page/va/board>)

Objective 6.3	Outcome Measures	Performance Goal				
		2010	2011	2012	2013	2014
CBVA On-the-Road	CBVA Board meetings are conducted in locations outside of Denver metro area	see 4.3	see 4.3	see 4.3	see 4.3	see 4.3
CBVA/CDVA Brochure	Brochure is developed and distributed	see 6.1	see 6.1	see 6.1	see 6.1	see 6.1
CBVA on DMVA web-site	Information of interest to Veterans and their families is published on the DMVA web site.	quarterly review	quarterly review	quarterly review	quarterly review	quarterly review

Annex A - State by State Veterans Programs

Colorado's Board of Veterans Affairs adopted a strategic planning process in 2007, calling for an environmental scan of the veterans programs in other states, analysis of demographic trends to determine future demands for veteran services, as well as an analysis of the veterans unmet needs in Colorado. The plan was updated in 2008 and a major revision and update of the plan was conducted in 2009. This document reports the results of inquiries into these areas. There are three sections in this report:

1. Summary of State Programs (updated 2009)
2. Demographic Information (updated 2009)
3. Veterans Needs Surveys (updated 2009)

Environmental Scan – Other States' Programs

The environmental scan used data from two sources: (1) programs that benefit veterans in other states, and (2) demographic data from the USDVA and other sources. An analysis of the results of the updated research of programs and budgets for the other 49 states is included in this Annex A.

U.S. Department of Veterans Affairs (USDVA) demographic data was used to show the forecast of Colorado's veteran population by age, mortality, conflict period and county. These data are presented in Annex B.

Veterans Needs in Colorado

The relative value of veterans programs to Colorado veterans was analyzed in 2007 and 2009 using three separate survey instruments, which can be found in Annex C:

1. In 2007 and 2009 each of the 75 County Veteran Service Officers (CVSO) were sent a CVSO survey form via email.
2. In 2007 each of the Veteran Service Officers with statewide scope, i.e., those in service organizations and the state Division of Veterans Affairs, was sent a separate survey form.
3. In 2007 and 2009 individual veterans were asked to complete a survey form online, through the state Department of Military and Veterans Affairs web site. Paper copies were also sent out to CVSOs and Veterans Service Organizations so that any veteran not having computer access could participate.

An analysis of the results of these surveys is summarized in Annex D.

Data Available

Full copies of the collected data are available to interested parties, including

- State program descriptions
- State Budgetary data and other information from the state web-sites
- Itemized list of responses from individual veterans

Because of their size, these sets of information are available in electronic version only, either on CD or transmitted via email. To request either, please contact the Director of the Colorado Division of Veterans Affairs, 7465 E. 1st Ave., Unit C, Denver CO 80230, 303-343-1268.

Summary of State Programs

There are three sets of data on state programs. All 50 states were re-surveyed using the web (hereinafter referred to as “the states”). The following data was gathered.

1. State budgetary information for 2010 for 31 states.
2. Structural information on the deployment of Veteran Service Officers and outreach methods, and
3. Information on state programs that benefit veterans.

This information focuses on *state programs only*, presuming that federal veteran benefits are universally available at a consistent level in all states. A brief summary of the states information can be found in Attachment 2 of this Annex.

A concise summary of the states’ budget data can be found at the end of this section as Attachment 1, and a matrix showing all the program categories for each of the states can be found in Attachment 2.

Budgetary Support

A web based research study of 31 states veterans departments/offices was completed in December 2009. This study included the same 28 states from the 2007 study as well as additional neighboring states Wyoming, New Mexico and Utah. This study focused on each state's 2010 General Fund budgets and appropriations in two areas:

- 1) Veterans Services provided by each state's veterans affairs agency. These services include veterans advocacy, claims, CVS0 programs and outreach.
- 2) Cemetery Operations.

NOTE: Any funds provided by the states to Veterans Homes were not included since Colorado DMVA does not operate Veterans Nursing Homes. The funding levels found for each state are in Attachment A-1.

The State of Colorado ranked 31st, the lowest out of the 31 states for state General Fund support for Veterans Service and Cemetery programs at \$2.32 per veteran. The average for all state responses was \$17.87 per veteran, ranging from a high in Connecticut of \$148.53 to Colorado's \$2.32 (Figure 1). The history of appropriations for Colorado Division of Veterans Affairs Operations and Cemetery program are shown in Figure 2 & 3.

Total USDVA expenditures by Colorado Counties and Congressional district are attached as Table A-1 and Table A-2.

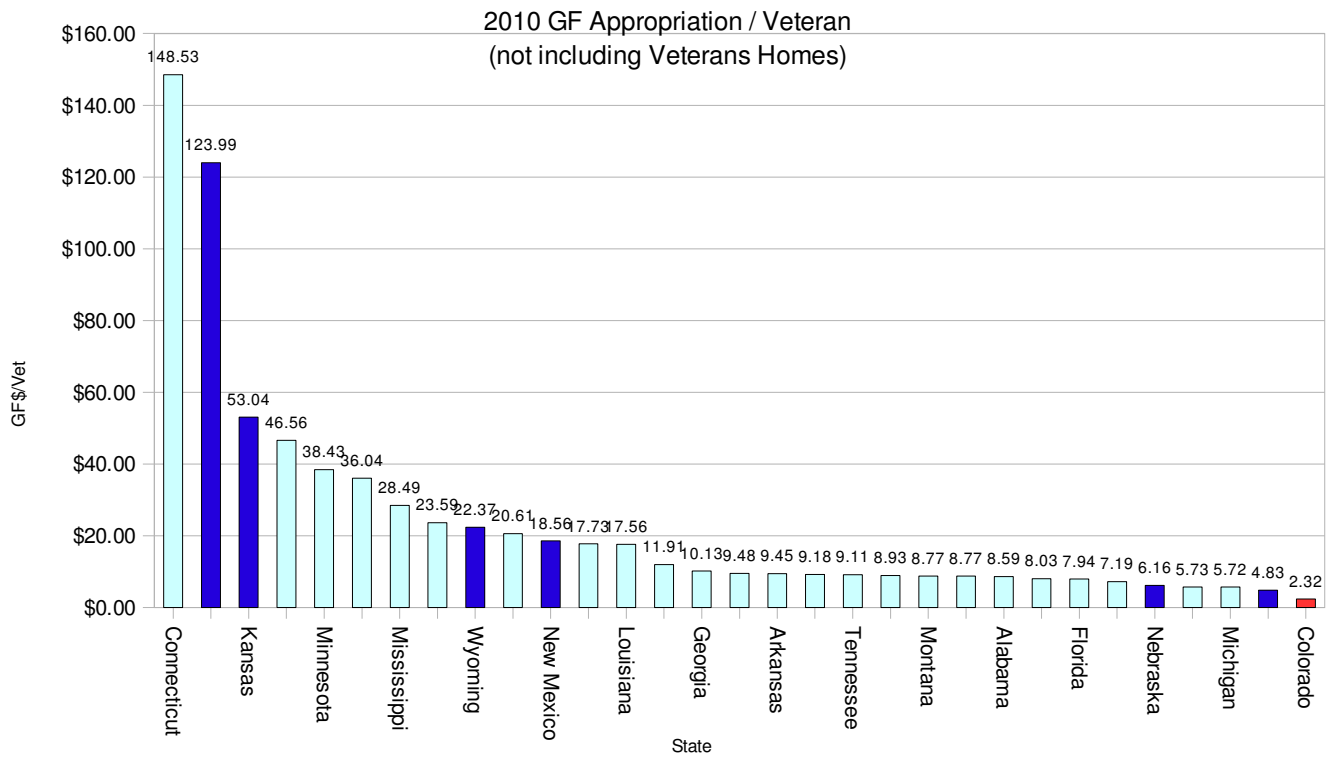


Figure 1- General Fund Support by State for Veterans Operations and Cemeteries 2010
Source: State Financial and Legislative web site Research

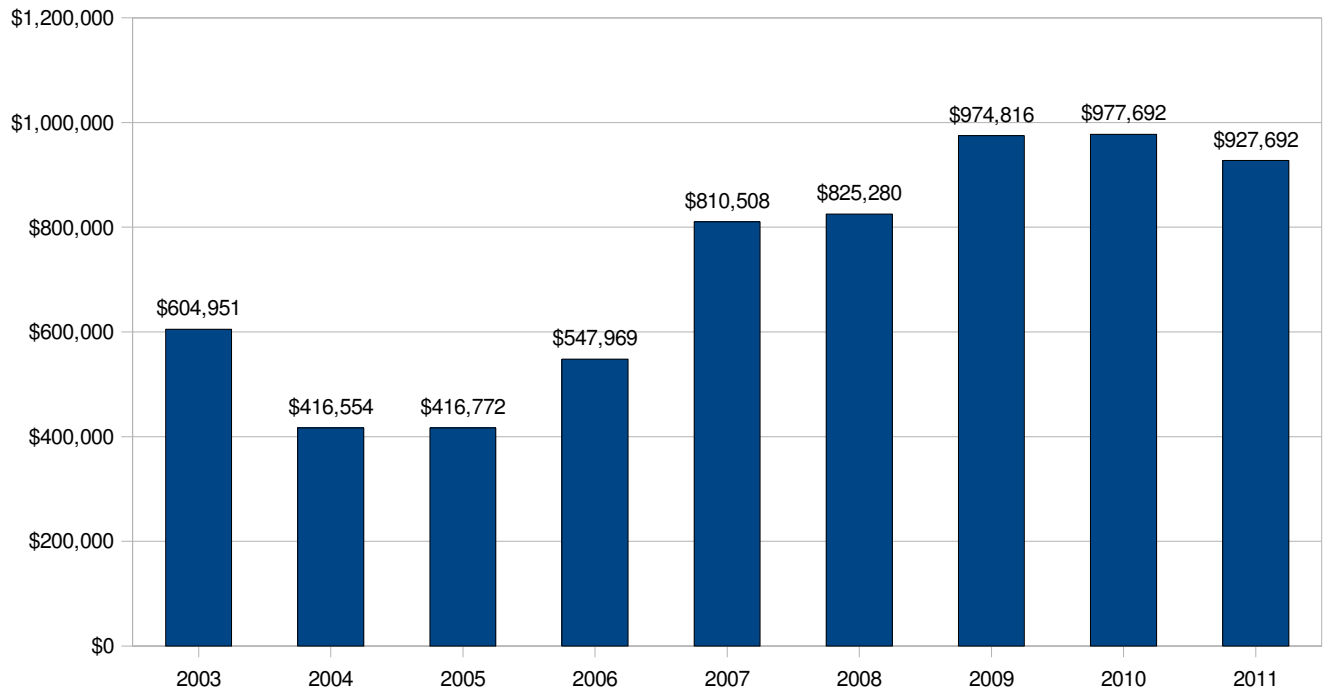


Figure 2- Colorado General Fund Support for Veteran Operations and Cemetery 2003-2011
Source: DMVA Appropriations Long Bill 2003 - 2010
*Note: 2011 is based on the current budget request

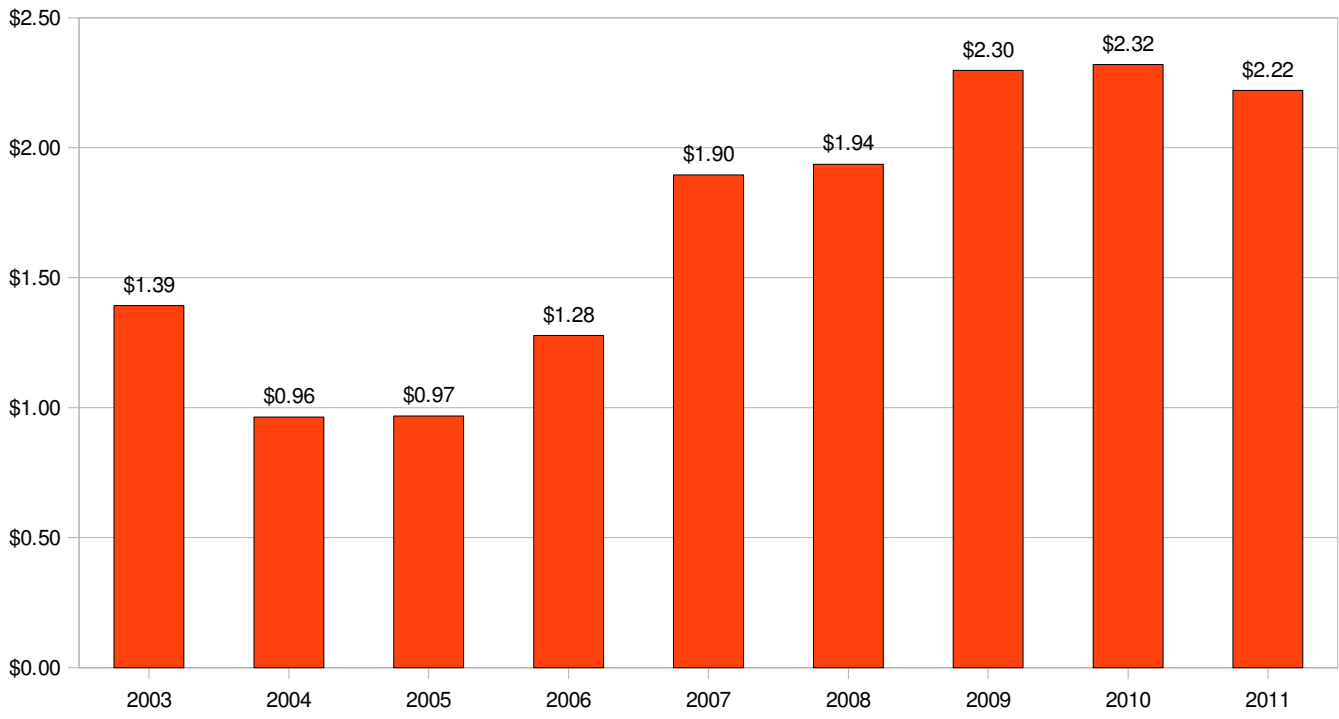


Figure 3- Colorado GF per Veteran per Year – Veterans Operations and Cemetery 2003-2011
 Source: DMVA Appropriations Long Bill 2003 - 2010
 *Note: 2011 is based on the current budget request

Table A-1 USDVA Expenditures by Colorado County

Expenditures in \$000s										
County/ Congressional District	Veteran Population*	Total Expenditure	Compensation & Pensions	Construction ²	Education & Vocational Rehabilitation/ Employment	Loan Guaranty	General Operating Expenses	Insurance & Indemnities	Medical Care	Unique Patients**
ADAMS	30,160	\$83,859	\$41,419	\$-	\$4,088	\$-	\$-	\$1,338	\$37,014	4,285
ALAMOSA	1,159	\$4,771	\$2,707	\$-	\$238	\$-	\$-	\$94	\$1,732	393
ARAPAHOE	47,492	\$120,730	\$67,037	\$-	\$6,696	\$-	\$-	\$3,497	\$43,500	6,360
ARCHULETA	1,402	\$3,618	\$2,108	\$-	\$86	\$-	\$-	\$25	\$1,398	399
BACA	381	\$1,028	\$425	\$-	\$14	\$-	\$-	\$14	\$576	111
BENT	510	\$4,682	\$2,530	\$-	\$58	\$-	\$-	\$18	\$2,076	281
BOULDER	18,966	\$29,986	\$17,697	\$-	\$2,341	\$-	\$-	\$1,916	\$8,033	1,464
BROOMFIELD	2,858	\$7,501	\$3,848	\$-	\$561	\$-	\$-	\$257	\$2,835	392
CHAFFEE	2,163	\$4,676	\$2,841	\$-	\$100	\$-	\$-	\$85	\$1,650	373
CHEYENNE	143	\$355	\$228	\$-	\$-	\$-	\$-	\$27	\$100	41
CLEAR CREEK	1,021	\$1,847	\$1,028	\$-	\$47	\$-	\$-	\$38	\$734	112
CONEJOS	649	\$2,868	\$1,969	\$-	\$52	\$-	\$-	\$13	\$835	241
COSTILLA	328	\$2,183	\$1,366	\$-	\$12	\$-	\$-	\$11	\$795	184
CROWLEY	628	\$2,131	\$1,353	\$-	\$39	\$-	\$-	\$2	\$738	130
CUSTER	596	\$1,901	\$1,259	\$-	\$27	\$-	\$-	\$40	\$576	138
DELTA	3,695	\$13,581	\$6,234	\$-	\$137	\$-	\$-	\$253	\$6,957	1,094
DENVER	36,193	\$231,271	\$64,176	\$50,776	\$4,420	\$-	\$24,787	\$3,425	\$83,686	9,094
DOLORES	192	\$490	\$324	\$-	\$12	\$-	\$-	\$0	\$153	49
DOUGLAS	19,825	\$32,834	\$19,358	\$-	\$2,102	\$-	\$-	\$1,359	\$10,014	1,651
EAGLE	2,447	\$2,441	\$1,132	\$-	\$84	\$-	\$-	\$126	\$1,098	155
ELBERT	2,926	\$5,202	\$3,122	\$-	\$185	\$-	\$-	\$138	\$1,757	234
EL PASO	77,595	\$296,145	\$217,406	\$-	\$21,258	\$-	\$-	\$4,546	\$52,936	12,940
FREMONT	7,335	\$19,798	\$12,574	\$-	\$448	\$-	\$-	\$269	\$6,506	1,281
GARFIELD	3,844	\$8,108	\$3,717	\$-	\$142	\$-	\$-	\$283	\$3,965	723
GILPIN	581	\$882	\$470	\$-	\$24	\$-	\$-	\$3	\$385	62
GRAND	1,370	\$2,106	\$1,145	\$-	\$23	\$-	\$-	\$41	\$897	148
GUNNISON	1,223	\$2,253	\$1,358	\$-	\$150	\$-	\$-	\$70	\$675	181
HINSDALE	82	\$309	\$163	\$-	\$-	\$-	\$-	\$0	\$146	14
HUERFANO	1,064	\$5,591	\$3,864	\$-	\$2	\$-	\$-	\$35	\$1,690	368
JACKSON	175	\$514	\$190	\$-	\$-	\$-	\$-	\$2	\$322	37
JEFFERSON	49,326	\$140,666	\$50,497	\$234	\$21,865	\$-	\$28,413	\$3,545	\$36,111	5,267
KIOWA	137	\$412	\$224	\$-	\$0	\$-	\$-	\$13	\$174	33
KIT CARSON	667	\$1,373	\$571	\$-	\$39	\$-	\$-	\$42	\$721	223
LAKE	532	\$971	\$496	\$-	\$60	\$-	\$-	\$17	\$398	68
LA PLATA	4,396	\$11,047	\$5,279	\$-	\$297	\$-	\$-	\$210	\$5,262	969
LARIMER	22,936	\$55,721	\$30,155	\$-	\$3,518	\$-	\$-	\$1,331	\$20,716	3,435
LAS ANIMAS	1,607	\$7,152	\$4,504	\$-	\$80	\$-	\$-	\$28	\$2,540	563
LINCOLN	645	\$1,039	\$554	\$-	\$19	\$-	\$-	\$12	\$454	79
LOGAN	1,970	\$3,675	\$1,858	\$-	\$165	\$-	\$-	\$145	\$1,507	341
MESA	15,162	\$75,205	\$25,544	\$-	\$1,396	\$-	\$1,006	\$671	\$46,587	5,425
MINERAL	133	\$140	\$95	\$-	\$10	\$-	\$-	\$1	\$33	23
MOFFAT	1,408	\$2,568	\$1,187	\$-	\$74	\$-	\$-	\$45	\$1,261	259
MONTEZUMA	2,843	\$6,330	\$3,569	\$-	\$65	\$-	\$-	\$102	\$2,595	614
MONTROSE	4,213	\$13,801	\$5,589	\$-	\$195	\$-	\$-	\$154	\$7,863	1,191
MORGAN	2,103	\$4,904	\$2,435	\$-	\$76	\$-	\$-	\$106	\$2,288	426
OTERO	2,172	\$13,357	\$9,406	\$-	\$205	\$-	\$-	\$41	\$3,705	619
OURAY	508	\$964	\$294	\$-	\$3	\$-	\$-	\$33	\$635	83
PARK	2,401	\$4,710	\$3,080	\$-	\$100	\$-	\$-	\$55	\$1,475	280
PHILLIPS	366	\$702	\$358	\$-	\$2	\$-	\$-	\$54	\$289	83
PITKIN	1,092	\$1,281	\$601	\$-	\$5	\$-	\$-	\$183	\$492	118
PROWERS	775	\$3,600	\$2,174	\$-	\$74	\$-	\$-	\$11	\$1,341	313
PUEBLO	17,045	\$80,337	\$46,257	\$-	\$2,197	\$-	\$-	\$695	\$31,188	4,775
RIO BLANCO	580	\$1,654	\$822	\$-	\$46	\$-	\$-	\$41	\$745	123
RIO GRANDE	1,234	\$4,798	\$3,066	\$-	\$43	\$-	\$-	\$97	\$1,591	370
ROUTT	1,733	\$1,768	\$905	\$-	\$9	\$-	\$-	\$94	\$760	180
SAGUACHE	580	\$1,517	\$971	\$-	\$12	\$-	\$-	\$35	\$498	127
SAN JUAN	116	\$120	\$74	\$-	\$0	\$-	\$-	\$1	\$45	18
SAN MIGUEL	603	\$651	\$339	\$-	\$0	\$-	\$-	\$49	\$262	70
SEDGWICK	342	\$934	\$501	\$-	\$17	\$-	\$-	\$11	\$404	89
SUMMIT	1,607	\$1,475	\$845	\$-	\$73	\$-	\$-	\$101	\$457	109
TELLER	3,261	\$8,792	\$6,498	\$-	\$328	\$-	\$-	\$148	\$1,818	478
WASHINGTON	469	\$804	\$476	\$-	\$5	\$-	\$-	\$17	\$306	82
WELD	15,441	\$40,881	\$19,459	\$-	\$2,156	\$-	\$-	\$1,023	\$18,244	2,885
YUMA	758	\$1,458	\$798	\$-	\$12	\$-	\$-	\$92	\$556	142
COLORADO (Totals)	426,162	\$1,388,470	\$712,532	\$51,010	\$76,492	\$-	\$54,206	\$27,127	\$467,103	72,800

Table A-2 USDVA Expenditures by Colorado Congressional District

County/ Congressional District	Veteran Population*	Total Expenditure	Compensation & Pensions	Construction†	Education & Vocational Rehabilitation/ Employment	Loan Guaranty	General Operating Expenses	Insurance & Indemnities	Medical Care	Unique Patients**
CONG. DIST (01)	41,790	\$159,746	\$69,608	\$134	\$4,857	\$-	\$-	\$3,802	\$81,345	9,841
CONG. DIST (02)	47,533	\$89,563	\$46,637	\$135	\$6,010	\$-	\$-	\$3,277	\$33,504	4,773
CONG. DIST (03)	69,620	\$267,786	\$133,008	\$-	\$5,483	\$-	\$1,006	\$3,303	\$124,987	19,301
CONG. DIST (04)	53,618	\$132,494	\$69,491	\$-	\$6,530	\$-	\$-	\$3,225	\$53,248	9,067
CONG. DIST (05)	92,134	\$332,971	\$241,209	\$-	\$22,240	\$-	\$-	\$5,092	\$64,431	15,333
CONG. DIST (06)	61,366	\$117,608	\$68,716	\$27	\$7,107	\$-	\$-	\$4,719	\$37,039	6,253
CONG. DIST (07)	60,102	\$288,053	\$83,593	\$50,715	\$24,262	\$-	\$53,200	\$3,711	\$72,572	8,232
COLORADO (Totals)	426,162	\$1,388,221	\$712,262	\$51,010	\$76,489	\$-	\$54,206	\$27,129	\$467,125	72,800

Structural Information

In Colorado, 75 County Veteran Service Officers (CVSOs) assist veterans but only the five accredited State VSOs represent veterans in USDVA claims appeals. In this way, Colorado's program is most like Arkansas', North Dakota's and Wisconsin's, which have roughly the same number of service officers and virtually the same structure.

Although Colorado state government appropriates \$190,654 annually, counties in the state contribute much more than that in supporting the CVSO program. In state fiscal year 2008-09, counties contributed \$1,636,000, ranging \$632 in Eagle county to \$210,000 in El Paso County.

A primary focus of these CVSOs is to maximize the amount of federal veterans benefits their clients receive, and to do that they must try to reach all veterans, and make sure they are registered with the USDVA. A good comparative measurement might have been how many unregistered veterans each CVSO actually caused to register, but those data were not requested in this survey. Therefore, we cannot establish a correlation between the amount of money a state spends on outreach through their CVSO program and the percentage of registered veterans.

The number of unregistered veterans in Colorado should be a major issue for the state. It is a specific strategic planning objective for the Board of Veterans Affairs, and the Board will be considering strategies for its accomplishment.

The state survey instrument in 2007 asked general questions about the governmental Veterans Service Officer (VSO) structure: how many were County VSO versus State VSOs, how the state supported the County VSOs (if any) with funding and technical assistance/training, and who represents the veteran in USDVA appeals. (See Attachment A-3 for the Survey Instrument used.)

Program Benefits

These data were derived from data provided in 2007 and an update based on a review of each states' web site in 2009. The data shows that since 2007 in all of the 11 specific categories there has been an increase in states having active programs. The largest increase is in employment related programs followed by financial assistance and income and property tax exemptions.

The program benefits are sorted into eleven general categories plus an "Other" category. Each category then shows how many states had a program in that category in 2007 and in 2009. The increase between 2007 and 2009 is shown in parenthesis. The "Y" or "N" in the "Colorado" column indicates whether or not Colorado provides that category of program.

<u>Program Category</u>	<u>2007 survey</u> <u># of States</u>	<u>2009 survey</u> <u># of States</u>	<u>In Colorado?</u>
1. <i>Bonus</i>	9	11(+2)	N
2. <i>Cemetery & Burial</i>	33	37(+4)	Y
3. <i>Educational</i>	37	40(+3)	Y
4. <i>Employment</i>	37	45(+8)	Y
5. <i>Fee Waivers</i>	43	48(+5)	Y
6. <i>Financial Assistance</i>	23	29(+6)	Y
7. <i>Homeless</i>	7	11(+4)	Y
8. <i>Medical – Physical</i>	5	7(+2)	Y
9. <i>Mental Health</i>	1	2(+1)	Y
10. <i>Taxes</i>	39	45(+6)	Y
11. <i>Veterans Homes</i>	41	45(+4)	Y
12. <i>Other</i>	20	20	N

Veterans programs in the states are summarized below by category, and for those which are relatively unique or stand out in some way, the specific state is noted. A matrix showing which type of programs occur in which states is in Attachment A-2.

Bonus

The war bonus dates back to the War of 1812, and was originally intended to reimburse soldiers for the use of their weapon, horse, and other equipment while on military duty.¹ Perhaps this is the reason that most of the states which offer a bonus had accomplished statehood before the War of 1812.

Some states provide payments only to a veteran who was domiciled within the state immediately prior to entry into the armed forces. Special bonuses are paid by one or more states for the following service theaters and times:

- Southeast Asian War Prisoners
- Guard called to duty after 9/11/01
- World War II – 9/16/40 to 9/3/45
- Korea – 6/27/50 to 7/27/53
- Vietnam
 - 1/1/61 to 3/28/73
 - 7/1/58 to 8/15/73
- Vietnam Frequent Wind – 4/29-30/75
- Persian Gulf – 8/2/90 to 11/30/95

¹ Taken from the Vermont state benefit description.

- Global War on Terror – after 9/11/02
- Merchant Marine – 12/7/41 to 8/15/45

11 states currently offer bonuses of some kind. Three states offered a bonus for WWII, Korean or Vietnam veterans (one of them also for the conflicts in Lebanon, Panama, Granada, and Desert Storm) but had to be applied for before certain dates, which have expired. Two states still allow special approval for payment (*New Hampshire and Rhode Island*). The amount of the bonus ranges from \$10 per month of service to \$1000, depending upon the state, the war in which the veteran served and the length of service. *South Dakota* has a bonus for active duty since the Gulf War 1.

Colorado does not offer a bonus of any kind.

Cemeteries and Burial

37 states offer some type of burial program to veterans. Most of those states also offer burial services to a surviving spouse (sometimes limited to those who are not remarried), and a few even to a veteran's dependent or handicapped children. (This mirrors federal law in USC 38.) Some states offer such services for free, some are free for the veteran, but not the spouse, and others do so only if the deceased does not have the means for payment; the payment for this services is delegated by some states to the county. In some cases, the veteran and/or their family is eligible for burial only if they are eligible for burial in a national cemetery. Some states allow veterans of U.S. War allies to be buried in their state veteran cemetery. Allowable burial expenses range from \$50 (*Colorado*) to \$6,000 (*New York* – for veterans killed in combat after 9/29/03).

Colorado operates a state veterans cemetery in Grand Junction.

Education

40 states offer some sort of educational benefits to certain veterans and/or their families. 13 states offer free college for four years to qualified veterans at state-supported institutions of higher education or technical schools. In 12 states the benefit also extends to a spouse or not remarried widow(er), and in 27, it applies to a veteran's children; but in 21 of those states, it only applies if the veteran is deceased, has a permanent service-connected disability, or was a MIA/POW. Active National Guard members are given free tuition in 10 states. Some states offer a reduced tuition or a monthly stipend. In some states, this benefit is available through a special scholarship trust fund.

Wisconsin has a “Wisconsin GI Bill” for veterans and their dependents which provides for a full waiver of tuition and fees at the University of Wisconsin system and the Wisconsin Technical College System for continuing education, undergraduate and graduate programs.

A few states only offer this education benefit under certain conditions, such as to children of veterans who died of exposure to Agent Orange in Vietnam (*Missouri*), or to children of veterans who were killed in action or from a service-connected disability (*Iowa*), or are officially reported as prisoners of a foreign government or missing in action (*Mississippi*). *Pennsylvania* operates a grade 3-12 school for veterans' children, with no veteran disability or other special requirements. *Utah* offers free undergraduate tuition only to Purple Heart recipients, and *Pennsylvania* offers up to \$2,500 education loan forgiveness for active duty military personnel after Sept. 11, 2001.

(Note: Many states offer high school diplomas for veterans whose service interrupted their high school education, and quite a few have special such programs for World War II veterans. Since these programs do not require the commitment of state funds, they are not delineated here.)

Colorado offers tuition assistance to members of the Colorado National Guard. Tuition Assistance for Children of POWs, MIAs, or Disabled/Deceased ARNG: Children of prisoners of war or persons missing in actions who were Colorado residents when they entered the Armed Forces can be awarded free tuition in certain state-support schools, as can children of Colorado National Guardsmen who died or were permanently disabled while on State active duty. [C.R.S 25-3-111.4] Active duty personnel stationed in Colorado and their dependents enjoy “in state” tuition rate benefits.

Employment

45 states offer some type of veteran employment assistance, which takes various forms:

- Preference for state and/or local employment opportunities
- Special veterans placement service, assistance, and/or training in a state department of labor
- Special unemployment compensation based upon honorable service (*Alabama*)
- Credit for military service in state retirement benefits (*Arizona, Kentucky, Mississippi, North Carolina, Pennsylvania, Puerto Rico, South Carolina, Washington*)
- Special pension benefits for disabled veterans (*Delaware, New York*)
- Guaranteed state pay for a member of the Guard or Reserves who is called to state or federal active duty (*Indiana*)
- Special state transition assistance for employment in civilian life for recently discharged veterans (*West Virginia*)

A number of states also allow veterans to apply for credit for time spent in military service to governmental pension programs. Many states also offer special benefits only to National Guard and Reserve members.

In *Colorado*, state employees receive 15 days of paid military leave per year to serve in the Colorado National Guard. In hiring, disabled veterans shall have 10 points added to their grades and non-disabled veterans shall be credited with an additional 5 points for state employment, and for city and county governments that have a merit system in place.

Fee Waivers

In 48 states, a number of fees are either waived or discounted for various groups of veterans. (While these are not actual expenditures of state funds, they represent a loss of revenue, and so such programs are included herein. The lost revenue, however, is not included in the summary of state programs cost under “Budgetary Support,” above.) Some states have adopted lengthy lists of specific conflicts and/or time periods, and veterans from those periods enjoy specific benefits. The most common of these are license plates and hunting and/or fishing licenses.

Motor Vehicles: Many states have special license plates commemorating different groups of veterans, but generally applicants pay the full registration fees. Often the fee revenue for such special plates is dedicated to a program which benefits veterans. Common exceptions to this rule are vehicles owned by permanently disabled veterans, and often for members of the National Guard or military reserves. A few states exempt Medal of Honor, Silver Star, Bronze

Star, Distinguished Flying Cross, or recipients of other such awards. *Rhode Island* limits free license plates only to former prisoners of war, and *Mississippi* waives registration fees for surviving spouses of those killed while on active duty during a time of war or national emergency. A few states also exempt veterans from paying driver's license fees.

Hunting/Fishing Licenses: Many states waive the fees for hunting, fishing, and/or trapping licenses for veterans who have a majority percentage disability, or special groups such as prisoners of war. In some states the hunting licenses are limited to small game only.

Park Passes: A number of states offer free state park and camping passes to veterans, although some are limited only to disabled veterans. Some states do this for boating licenses as well.

Business Licenses: A few states offer free or discounted business and occupations license fees to veterans, although most limit them either to groups of veterans (i.e., permanently disabled, or World War II), or specific types of businesses, such as "hawk, peddler or vendors licenses" (*California, Indiana and New Hampshire*), embalmers/funeral directors (*Arizona*), and auctioneers or book agents (*Delaware*). *Alabama's* discounted business license fees is applied generally to any state or local license.

Other Fee Waivers: Some states exempt veterans from paying various certificate and notary fees, and some make special exceptions, such as for tolls (*Florida*), state fair admission (*Illinois*), and bus or transit fares (*Utah*).

In *Colorado*, no motor vehicle registration fee is charged to certain disabled Veterans or Ex-POWs who have established their right to benefits under public laws. The State provides license plates at no cost to veterans who are: recipients of the Medal of Honor, a Valor Medal, or the Purple Heart, Pearl Harbor Survivors, to certain disabled wartime Veterans, special disabled (50%+)Veterans license plates, and special license plates for former POWs. Fishing licenses are provided free for any member of the Armed Forces stationed as a resident patient at a military hospital or convalescent station, any resident patient at a USDVA hospital located within the State, or any Veteran who is permanently and totally disabled. Free lifetime combination small-game hunting and fishing license for a resident Veteran with a service-connected disability of 60% or more.

Financial Assistance

29 states offer some kind of general financial assistance programs for veterans, which fall into two categories: 1) those that benefit the veteran or their family with direct financial assistance in the form of grants, and 2) others that offer loans below normal market rates.

Grants are available in 18 states, usually on an emergency basis, and often to be used only for shelter, food and clothing. *New York* offers an annuity to visually impaired veterans and certain unremarried spouses, and *Pennsylvania* provides for a pension to veterans with a service-connected vision loss or loss of two or more extremities. *Illinois* offers assistance to acquire or remodel dwelling units to accommodate veterans with service-connected disabilities. *Hawaii* provides grants for disabled veterans for the purpose of purchasing or remodeling a home to improve handicapped accessibility. *New Hampshire* law states: "War

veterans and their dependent families who are unable to support themselves shall be supported at public expense in the town or city in which they live (RSA 165:5).”

Loans are most common for homeownership, but some are targeted specifically to business-related activities, and a few are specific to emergency or disaster relief.

Colorado has no statutory financial assistance programs. Some support for emergency funds can be received through the Military Family Relief Fund (Active, Reserve & National Guard members) and through grants from the Veterans Trust Fund (VTF).

Homeless

Although homelessness is a problem often cited by those who work in the veteran services field, only 11 states have a program which specifically targets indigent veterans and their families.

- *Kentucky* has a Homeless Veterans Trust Fund to assist in housing or utilities, and has partnered with the Volunteers of America to operate a drug/alcohol treatment program.
- *Massachusetts* has a program offering financial and medical assistance to indigent veterans and their dependents, for which eligible dependents of deceased veterans can be eligible.
- *New Hampshire* requires the town in which a war veteran lives to support them and their family, if they are not able to do so themselves.
- *New Mexico* provides transition services through nonprofits in Albuquerque and Las Cruces.
- *Utah's* Homeless Fellowship Program provides transitional housing, as well as emergency food and personal hygiene items.
- *Washington's* individually designed case management plan helps homeless veterans find employment, housing, food, and transportation.
- In *Wisconsin*, the Veterans Assistance Program helps at-risk and homeless veterans receive necessary training, education, counseling and rehabilitation services.
- *California* has a program administered through the Human Services Department in coordination with the USDVA
- *Florida* has a program in partnership with the USDVA as well as a Mobile Service Center that travels throughout Florida to provide health services to the homeless.
- *Michigan* has a Veterans Housing program.
- *New Jersey* has established a Veterans Haven for transitional housing of homeless veterans.

Colorado does not have a program specifically designed only for homeless veterans. Like many states *Colorado* conducts homeless veterans “Stand downs” which seek to provide immediate health and welfare assistance to homeless veterans.

Medical (Physical)

Veterans medical needs have traditionally been provided by the USDVA, so state medical programs for general veterans health care are not common. Only 4 state programs have been identified:

- *Connecticut* provides a variety of substance abuse services at the Veterans Recovery Center, on the grounds of the state Department of Veterans Affairs.
- *Ohio*, *Wisconsin* and *North Dakota* offer free transportation for veterans to USDVA facilities

- *Illinois'* Veterans Care Program is designed to provide comprehensive and affordable healthcare to uninsured veterans who do not qualify for VA medical care.
- *Iowa* has established a multi-million dollar fund to provide certain services, including healthcare, to veterans who apply for support to the Iowa Veterans Commission.

In *Colorado*, dental and full medical coverage is provided for line-of-duty injuries/accidents while serving in the Colorado National Guard on state active duty, but there is no special program for veterans.

Mental Health

As with the problem of indigency, there have been many reports of the need for mental health counseling, especially for veterans' families. Only one state reported a specific program to meet this need. *Washington* provides an outreach/counseling program to veterans with war-era and PTSD-related problems for all honorably discharged veterans and family members – including WWII, Korea, Vietnam and the various recent periods of conflict and peace-keeping operations.

Colorado has a special 3-year pilot program targeting discharged veterans of OEF/OIF in El Paso County with mental health issues, which went into effect upon the Governor's signature on June 4, 2007. [C.R.S 27-1-301]

Taxes

45 states offer some sort of exemption on income, property and/or sales taxes for veterans. A number of states offer free automobile registration tax, but since most states call them fees, they are all included under the Fee Waivers section. As with the fee benefits, above, these are not always actual expenditures, unless revenue lost to one or more jurisdiction is reimbursed - as in *Colorado's* "homestead" exemption - so they are not included in the summary above for Budgetary Support.

Property Tax

40 states offer some sort of property tax relief for veterans, the most prevalent of the three types of veterans' tax relief. 25 states offer specific *ad valorem* tax credits or exemptions to disabled veterans, and 15 extend the benefit to widow/ers. Four states allow the benefit to extend to the veterans motor vehicle ownership tax as well.

A number of states have some limitations on the amount of the benefit, either on the amount of taxable value or on the beneficiary's income; both apply in *California*, *Indiana* and *Nebraska*. *Connecticut* indexes the amount of taxable value that is exempt, and *New Mexico* and *Utah* allow different levels of benefit based upon the "condition of service" of a veteran and level of disability respectively. *Maine* allows an exemption for a veteran's estate, with certain conditions and limits.

In 2006, *Colorado* voters approved a property tax exemption for 100% permanent and totally service-connected disabled veterans: 50% of the first \$200,000 of taxable value of an owner-occupied primary residence is exempt from taxation.[39-3-203, C.R.S.]

Income Tax

17 states offer some exemption for state income tax, the most common being military retirement pay in eight states, and active military pay in five. Four states do not tax disabled

veterans pay, and a few have special considerations:

- *Mississippi* exempts disabled veterans from the privilege tax.
- *Missouri* exempts Agent Orange settlement payments.
- *Georgia* exempts the first 180 days of active duty pay.
- *Georgia, North Carolina* and *Wisconsin* exempt income in the year of death, when killed in combat

Colorado excludes up to \$20,000 of retirement pay in any one taxable year from taxation for any member of the Armed Forces. Certain amounts of military disability retired pay is also exempt from taxation in various amounts, depending upon the length and time of service.

Sales/Excise Tax

Six states offer some exemption to veterans for excise taxes, most commonly for motor vehicles (3), and disabled veterans (2). Maryland offers an exemption to veterans for the sales, resale or transfer of a vessel, presumably whether or not the boat or ship is used in commerce. South Carolina specifically exempts veterans from paying the admissions tax to athletic contests in which junior America Legion teams are participating, unless the proceeds are given to individual players in the form of salary or otherwise.

Veterans Homes

State veterans homes generally fall into two categories: nursing, or medical facilities, and “domiciliary” homes, where veterans can live in an assisted living environment, often with their spouse. 45 states operate veterans homes, some only nursing facilities, some only domiciliary, and some both. Many states have only one facility, but some have multiple locations, with Oklahoma’s seven being the most facilities, followed by Colorado and Maine with six each.

Veterans homes in Colorado and Montana are located institutionally outside the veterans agency in the Human Services Departments, and in Texas, the homes are operated by the Texas Veterans Land Board, in the Texas General Land Office. Maine’s six homes are operated by a nonprofit agency.

Colorado operates homes that provide a total of 606* beds:

- The State Veterans Center in Homelake, CO, which has 46 operating beds in the domiciliary unit and 60 beds in nursing care service
- The Colorado State Veterans Nursing Home at Florence, with a bed capacity of 100 beds
- The Colorado State Veterans Nursing Home at Rifle, with a capacity of 100 beds
- The Colorado State Veterans Nursing Home at Walsenburg with a capacity of 120 beds
- The new Fitzsimons State Veterans Home, located in Denver, with a capacity of 180 beds.
- There is also a State Veterans Nursing Home in Trinidad that is in the process of being sold (*126 beds – not counted in total)

Other

States offer a variety of other programs which do not neatly fit into the previous eleven general categories, including:

- **Alabama** - Exemption of Debts for Veterans - All debts incurred pursuant to any act of Congress relating to veterans benefits are exempt from any law of Alabama.
- **Alaska** - The Veterans Land Discount program allows certain veterans to a 25%

discount on the purchase price of state residential/recreational land. The discount may be used only once during the veteran's lifetime and may not be used in conjunction with the veterans preference. Under the Veterans Land Sale Preference, before offering to the general public any unoccupied residential land by auction, a veteran has the exclusive opportunity purchase the land at a restricted sale at fair appraised market value. Parcels that are offered under this preference must be five acres or less, classified as settlement land and zoned for residential use only.

- **Arizona** - Transportation - Common carriers may give free or reduced rates to residents of homes for soldiers, and, with the consent of the Arizona Corporation Commission, to former soldiers and sailors for the purpose of attending any convention.
- **Arkansas** - Disabled Veteran Business Enterprise Opportunities - Certified veteran owned businesses can participate in the state goal of awarding 3% of all state contracts to disabled veterans through the Disabled Veteran Business Enterprise (DVBE) Program. Veterans with a service-connected disability rated at 10% or greater who own at least 51% of a business, and who meet other eligibility criteria.
- **Colorado** will not allow a member of the National Guard to be arrested or served with any summons, order, warrant, or other civil process after having been ordered to any duty or while going to, attending, or returning from any place to which he or she is required to go for military duty, but nothing prevents his or her arrest by order of a military officer or for a crime committed while not in actual performance of his or her duty. [C.R.S 28-3-406] The articles of military equipment personally owned by such members shall be exempt from seizure or sale for debt. [C.R.S 13-54-102]
- **Hawaii** - Special Housing for Disabled Veterans - Payment by the State of up to \$5,000 to each qualified, totally disabled veteran for the purpose of purchasing or remodeling a home to improve handicapped accessibility.
- **Indiana** - Exemption from Jury Duty: Indiana National Guard members are exempt from jury duty. Legal Benefits: Limited arrest immunity to and from drill. Legal defense is available for line-of-duty acts.
- **Oregon** - Oregon Conservatorship Program: Financial management program for certain veterans, their dependents and survivors. Managing the financial affairs of these protected persons helps meet their current and future needs. Most clients have disabilities such as schizophrenia, head injury, and Alzheimer's disease that can negatively affect judgment and reasoning abilities, making them easy targets for unscrupulous people who take advantage of them financially.
- **Washington** - Veterans Estate Management Program allows the Department of Veterans Affairs to act as fiduciary/payee for veterans and their family members incapable of managing their own financial affairs, ensuring basic needs such as housing, food, clothing and medical care are provided.
- **Kentucky and Maine** have special programs and/or Commissions to serve the interests of women military veterans.

Attachment A-1: State Budget Summary (31States)

<u>State</u>	<u>GF \$/Vet</u>	<u>GF Approp</u>	<u># Vets</u>	<u>State</u>	<u>GF \$/Vet</u>	<u>GF Approp</u>	<u># Vets</u>
Connecticut	\$148.53	\$34,122,186	229,734	Kentucky	\$11.91	\$3,997,300	335,670
Oklahoma	\$123.99	\$40,262,592	324,714	Georgia	\$10.13	\$7,841,640	773,858
Kansas	\$53.04	\$11,939,650	225,091	Iowa	\$9.48	\$2,223,104	234,552
Missouri	\$46.56	\$23,553,071	505,916	Arkansas	\$9.45	\$2,407,433	254,664
Minnesota	\$38.43	\$14,652,000	381,309	Virginia	\$9.18	\$7,551,661	822,312
Ohio	\$36.04	\$32,089,000	890,340	Tennessee	\$9.11	\$4,515,900	495,766
Mississippi	\$28.49	\$5,857,984	205,644	North Dakota	\$8.93	\$503,027	56,310
California	\$23.59	\$46,513,300	1,971,959	Montana	\$8.77	\$895,107	102,015
Wyoming	\$22.37	\$1,249,180	55,850	Oregon	\$8.77	\$2,927,255	333,752
West Virginia	\$20.61	\$3,444,839	167,182	Alabama	\$8.59	\$3,485,542	405,624
New Mexico	\$18.56	\$3,241,900	174,687	Nevada	\$8.03	\$1,958,581	243,867
Maine	\$17.73	\$2,456,357	138,551	Florida	\$7.94	\$13,100,000	1,650,876
Louisiana	\$17.56	\$5,354,192	304,889	New Hampshire	\$7.19	\$920,124	127,964
				Nebraska	\$6.16	\$894,602	145,237
				Wisconsin	\$5.73	\$2,392,200	417,654
				Michigan	\$5.72	\$4,029,600	703,970
				Utah	\$4.83	\$741,500	153,623
				Colorado	\$2.32	\$977,692	421,342

Attachment A-2 - State Program Matrix

	Bonus	Cemetery & Burial	Education	Employment	Fees	Financial Assistance	Homeless	Medical (Phys.)	Mental Health	Taxes	Vet's Homes	Other	Total
Alabama	X		X	X	X					X	X	X	7
Alaska			X	X	X	X				X		X	6
Arizona		X	X	X	X					X	X	X	7
Arkansas			X	X	X					X	X	X	6
California		X	X	X	X	X	X			X	X		8
Colorado		X	X	X	X	X		X	X	X	X		9
Connecticut	X	X	X	X	X			X		X	X		8
Delaware		X	X	X	X					X	X		6
District of Col.		All Federal Programs											0
Florida			X	X	X		X			X	X		6
Georgia		X		X	X					X	X		5
Hawaii		X		X	X	X				X		X	6
Idaho		X		X	X	X				X	X		6
Illinois	X	X	X	X	X	X		X		X	X		9
Indiana		X	X	X	X					X	X	X	7
Iowa	X	X			X	X		X		X		X	7
Kansas		X				X				X	X		4
Kentucky		X	X	X	X	X	X			X	X	X	9
Louisiana		X	X	X	X						X		5
Maine		X	X	X	X	X				X	X	X	8
Maryland		X	X	X	X					X	X	X	7
Massachusetts	X	X	X	X	X	X	X			X	X		9
Michigan			X	X		X	X				X		5
Minnesota		X	X	X		X					X		5
Mississippi			X	X	X	X				X			5
Missouri		X	X		X	X				X	X	X	7
Montana		X	X		X					X	X		5
Nebraska			X	X	X	X				X	X	X	7
Nevada		X		X	X					X	X		5
New Hampshire	X	X	X	X	X	X	X			X	X		9
New Jersey		X	X	X	X		X			X	X		7
New Mexico			X	X	X		X			X	X	X	7

	Bonus	Cemetery & Burial	Education	Employment	Fees	Financial Assistance	Homeless	Medical (Phys.)	Mental Health	Taxes	Vet's Homes	Other	Total
New York		X	X	X	X	X				X	X		7
North Carolina		X	X	X	X					X	X	X	7
North Dakota		X	X	X	X	X					X	X	7
Ohio		X	X	X	X	X		X		X	X		8
Oklahoma				X	X	X				X	X		5
Oregon			X	X	X	X				X	X	X	7
Pennsylvania	X		X	X	X	X				X	X		7
Puerto Rico			X	X	X					X		X	5
Rhode Island	X	X			X					X	X		5
South Carolina			X	X	X	X				X	X	X	7
South Dakota	X	X	X	X	X	X				X			7
Tennessee		X		X	X					X	X	X	6
Texas		X	X	X	X	X				X	X		7
Utah		X	X	X	X		X			X	X		7
Vermont	X	X			X	X					X		5
Virginia		X	X	X	X						X		5
Washington		X	X	X	X		X		X	X	X	X	9
West Virginia	X		X	X	X			X		X	X		7
Wisconsin		X		X	X	X	X	X		X	X		8
Wyoming		X	X	X	X	X				X	X		7
Total	11	37	40	45	48	29	11	7	2	45	45	20	340

Source: States Veteran Affairs websites

340

Attachment A-3 – State Survey Form 2007 (not used in 2009)

Survey of the States Veterans Benefits

Colorado Department of Military and Veterans Affairs

2007

State: _____

1. What was the amount of General Fund financial support given to veterans affairs in FY 2007?

Veterans Advocacy: \$_____ # of FTE: _____

Veterans Support: \$_____ # of FTE: _____

Veterans Homes: \$_____ # of FTE: _____

Cemeteries: \$_____ # of FTE: _____

2. What was the amount of other financial support given to veterans affairs in FY 2007?

Veterans Advocacy: _____ # of FTE: _____ source(s): _____

Veterans Support: _____ # of FTE: _____ source(s): _____

Veterans Homes: _____ # of FTE: _____ source(s): _____

Cemeteries: _____ # of FTE: _____ source(s): _____

3. Is the demand for services increasing? _____ Source(s): _____

4. Is state financial support increasing? _____ Decreasing? _____

5. At what level does your state have Veterans Service Officers?

County How many? _____

State How many? _____

6. If your system uses County VSOs, to what extent does your state support them?

a. Training: (e.g., \$10,000/year, 3 conferences/year) _____

b. Funding for staff and operations: (\$ per agency and/or FTE) _____

c. Who supervises, gives them direction: _____

7. Who represents the veteran in USVA appeals? _____

8. What method(s) does your state use for outreach to sign up veterans with USVA? _____

9. Please offer any additional information or comments that you feel makes your system unique, or that you deem relevant. _____

Annex B – Veterans Demographics

Although serious conversations about veteran needs often include the observation that we are creating more veterans today, in fact, veterans are dying at a rate that exceeds any daily gain.

	Total U.S. Service members served in period	Living Veterans from that period
World War II	16,112,566	1,981,216
Korean Conflict	5,720,000	2,448,464
Vietnam Era	8,744,000	7,526,219
Gulf War 1	2,322,000	2,269,000
Global War on Terror	Not determined	3,456,472

Figure 4 - Projected Veteran Population by Conflict 2010
Source: USDVA American wars

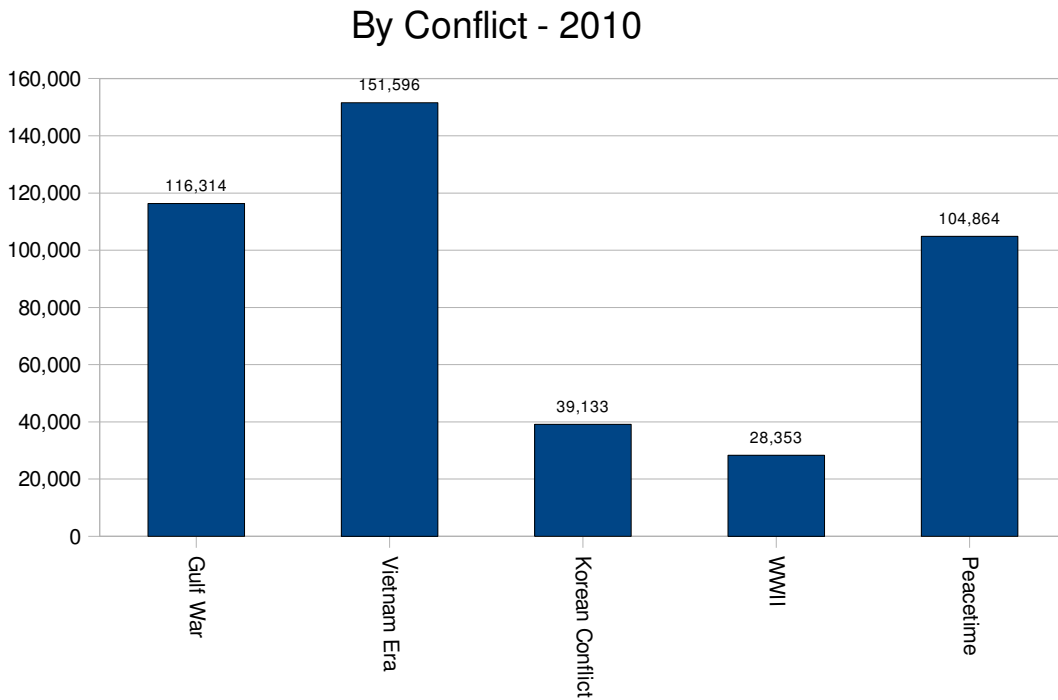


Figure 5- Colorado Veterans by Conflict Period – 2010²
Source: USDVA Forecasts

² The total of the periods shown is 440,260, The total USDVA-projected veterans in Colorado in 2010 is 421,342. The difference is the number of veterans that served in more than one conflict period, and are counted by the USDVA in each.

We have fewer service members in uniform now than at any time since before World War II. As shown in Figure 6, Colorado will experience a 30% decline in total veteran population by the year 2035.

Colorado Veterans 2010-2035

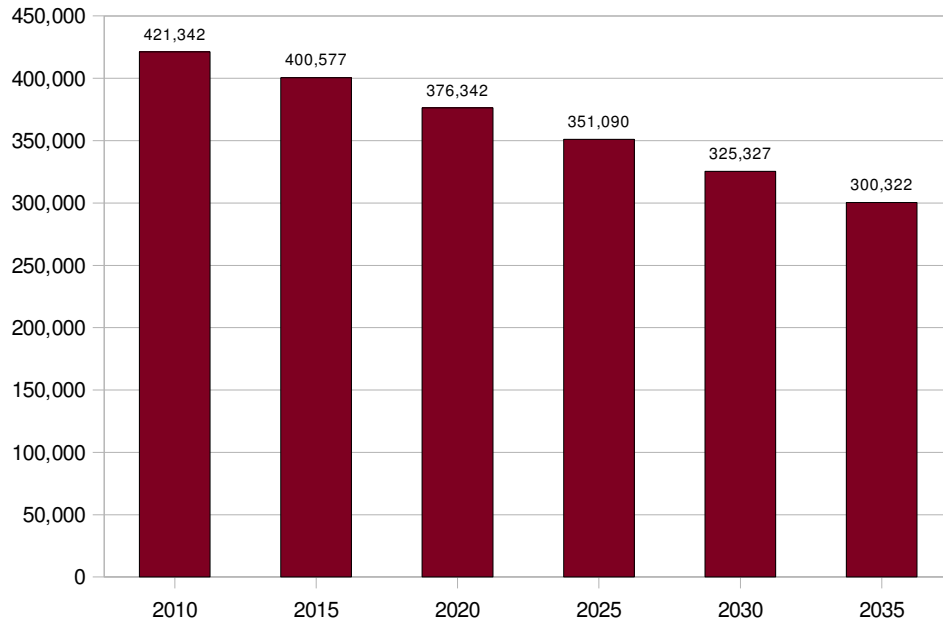


Figure 6 - Colorado Veteran Population 2010-2035
All Ages, All Periods
Source: USDVA

Breaking down this forecast by age shows how this characteristic of the veteran population is expected to change over the next 25 years.

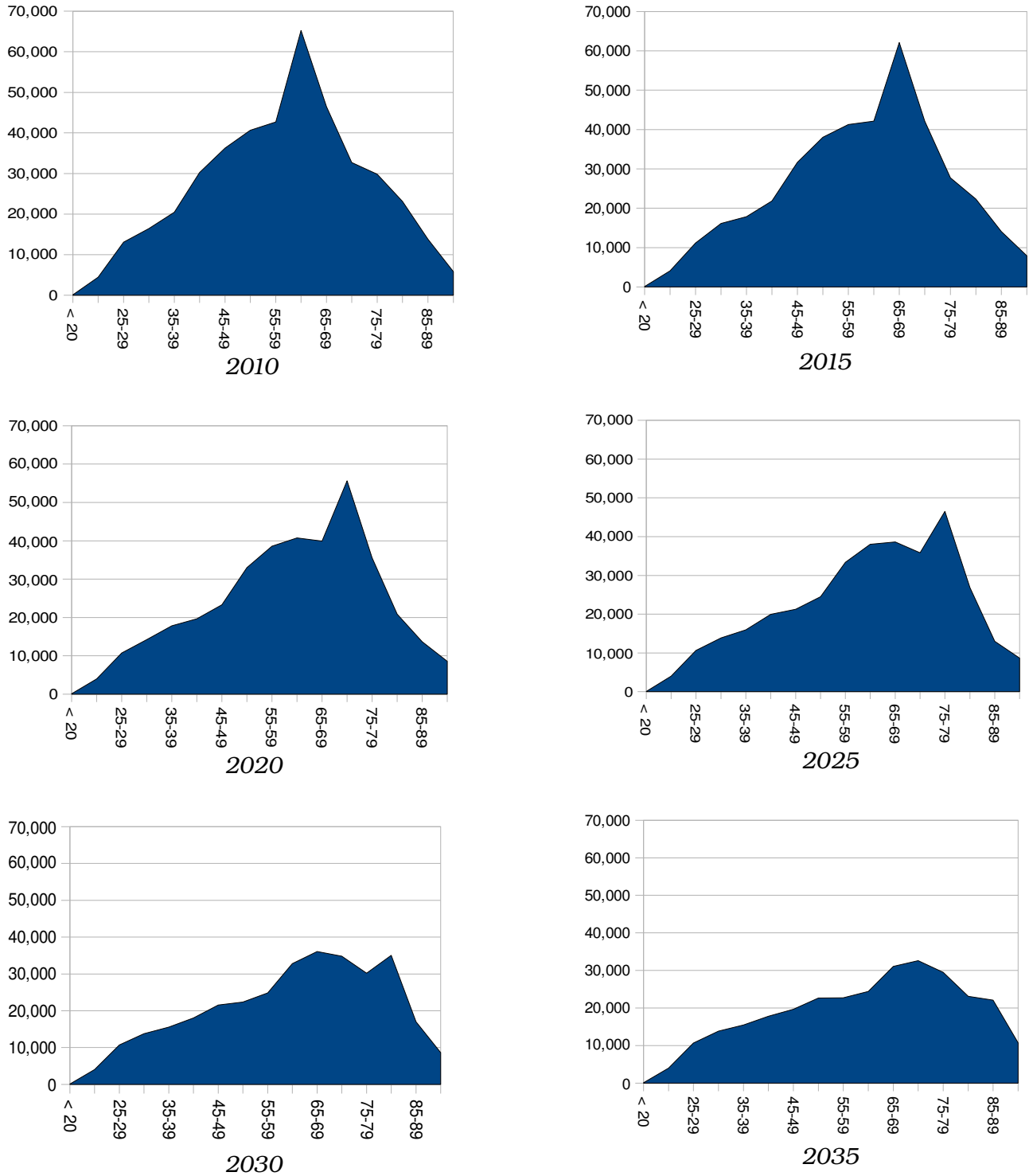


Figure 7 - Colorado Veterans by Age – All Periods
2010 - 2035

Of particular concern is the expected veteran population in need of nursing home services. If we assume 75 years to be a reasonable age at which this benefit demand becomes necessary, the data show there to be an incremental decline through the year 2015, an increase in 2025, followed by a decline in 2030 and beyond. However, the 606 total available beds today in Colorado veterans homes represents about 0.83% of Colorado's veterans over 75. According to the USDVA forecasts, there will be an increase in the number of veterans in that age group through the year 2035 (see Figure 6), peaking in 2025 at 95,042. If the same percentage of veterans who use State Veterans' nursing home services stays at 0.83%, the total beds needed in 2025 will be about 786; **therefore, insufficient beds exist today to meet the needs projected by these data.**³

Veterans 75 and over

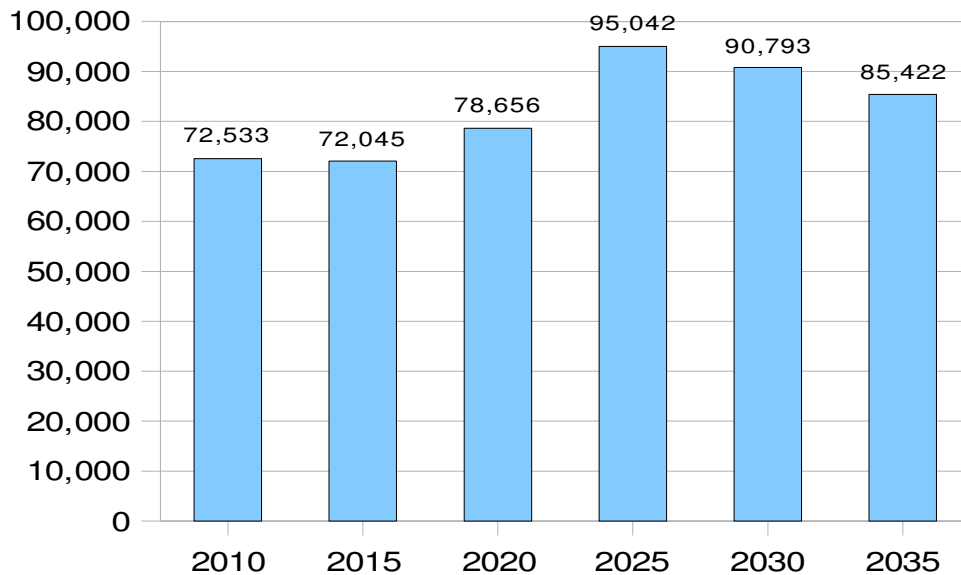


Figure 8 - Colorado Veterans Over Age 75 (2010 -2035)

Source: USDVA

Since the profile of the veteran population of each county in the state is different when viewed by age and conflict, the change over the period 2010-2035 will be different in different counties in the state.

43 of the 64 counties in the state had a declining veteran populations over the period 2007 - 2019. 21 had an increase over that same period. This trend is expected to continue into the near future. A complete listing of these data can be found in Attachment B-1.)

As Figure 9 and 10 below show distribution of living Colorado veterans and mortality by age.

³ The projections are based upon 2008 data.

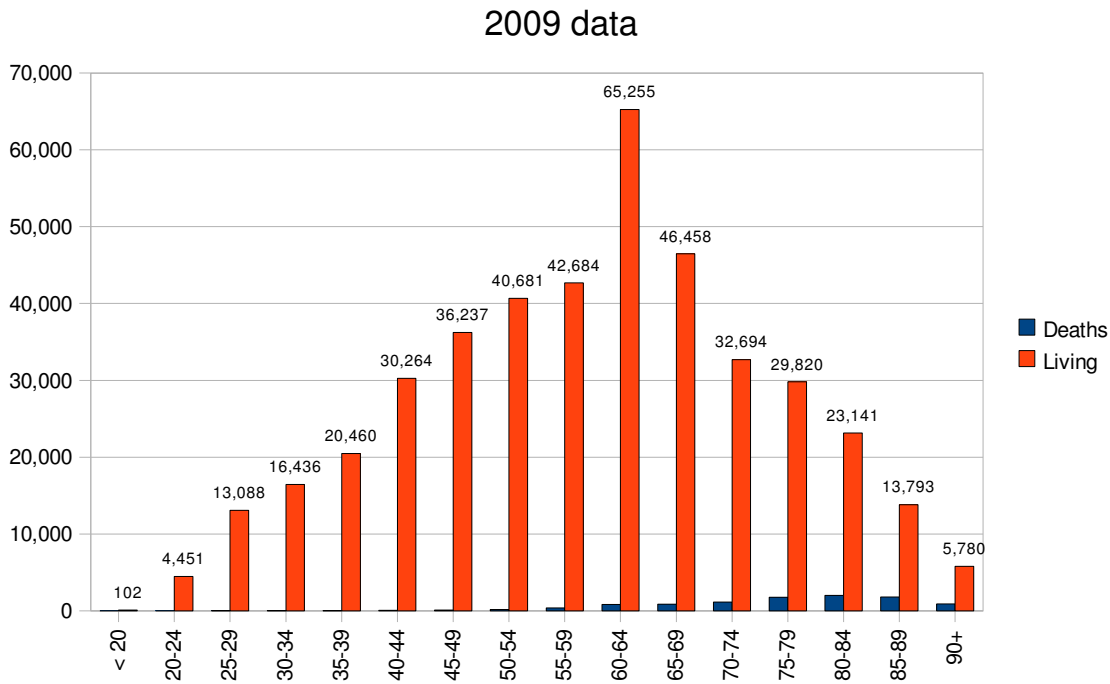


Figure 9 - Colorado Veterans Living and Deaths by Age - All Periods – 2009
Source: USDVA

The number of deaths in Figure 9 is somewhat obscured by the scale of living veterans, so to better display the veteran deaths by age in Colorado, they are shown alone in Figure 10.

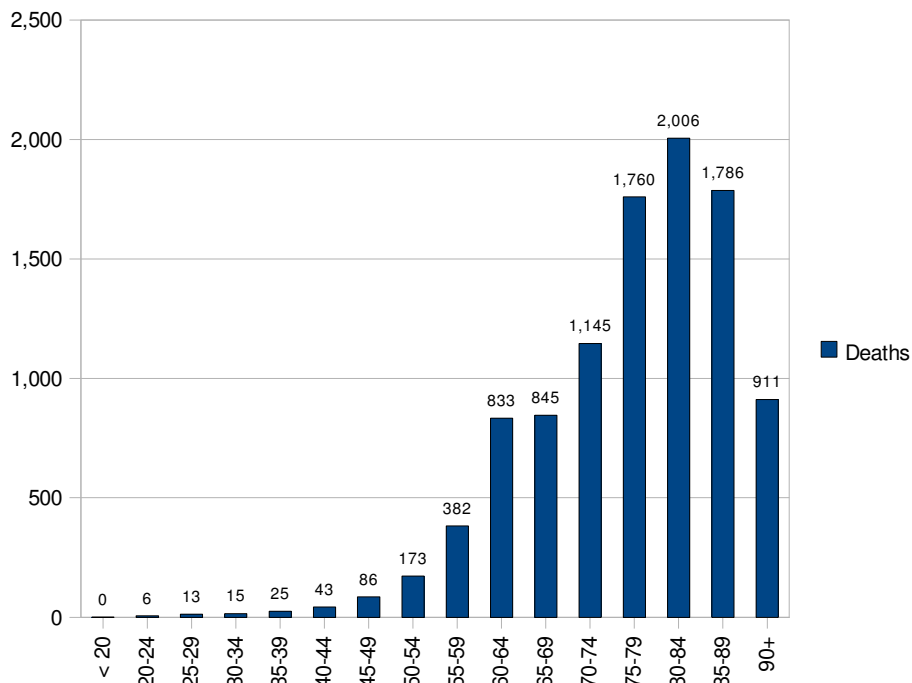


Figure 10 - Colorado Veterans Deaths by Age - All Periods – 2009 only (total: 10,029)
Source: USDVA

The data show that the majority of veterans in Colorado are between the ages of 50 and 70, veterans from the Vietnam era. Their numbers are not decreasing substantially, and will not so until they are between the ages of 70-90 (see figure 9). They are, however, in the age cohort that will be posing the greatest demand on services in the next 25 years, given not only their numbers, but also the presumptive eligibility granted them for their service in Vietnam due to Agent Orange and other factors.

Colorado's veterans represented 1.86% of all veterans in the United States in 2010, and the USDVA forecasts show the state to have nearly 2% in the year 2035.⁴ It would appear that the demand for veterans services in the state will not be diminishing in the 2010-2035 period.

⁴ 421,342 of 22,658,145 in the U.S. = 1.86%

Attachment B-1

County Veteran Population Data: actual 2007 and projected 2010

<u>County, St</u>	<u>9/30/2010</u>	<u>9/30/2007</u>	<u>Difference</u>	<u>County, St</u>	<u>9/30/2010</u>	<u>9/30/2007</u>	<u>Difference</u>
Adams, CO	29,363	30,540	-1177	Kit Carson, CO	631	684	-52
Alamosa, CO	1,144	1,154	-10	Lake, CO	517	540	-24
Arapahoe, CO	46,936	47,708	-772	La Plata, CO	4,462	4,358	104
Archuleta, CO	1,472	1,371	102	Larimer, CO	23,017	22,901	117
Baca, CO	363	390	-27	Las Animas, CO	1,556	1,622	-66
Bent, CO	477	526	-49	Lincoln, CO	637	640	-3
Boulder, CO	18,735	19,109	-374	Logan, CO	1,952	1,965	-13
Broomfield, CO	2,809	2,886	-76	Mesa, CO	15,137	15,137	0
Chaffee, CO	2,161	2,165	-4	Mineral, CO	128	132	-4
Cheyenne, CO	135	150	-15	Moffat, CO	1,431	1,393	38
Clear Creek, CO	1,037	1,005	32	Montezuma, CO	2,858	2,828	30
Conejos, CO	624	652	-29	Montrose, CO	4,236	4,183	53
Costilla, CO	314	334	-20	Morgan, CO	2,010	2,132	-122
Crowley, CO	616	629	-13	Otero, CO	2,144	2,179	-35
Custer, CO	608	591	17	Ouray, CO	512	506	5
Delta, CO	3,678	3,686	-8	Park, CO	2,514	2,341	173
Denver, CO	33,690	37,651	-3961	Phillips, CO	352	373	-21
Dolores, CO	188	196	-9	Pitkin, CO	1,078	1,106	-27
Douglas, CO	20,668	19,334	1335	Prowers, CO	735	793	-58
Eagle, CO	2,474	2,438	37	Pueblo, CO	16,774	17,067	-294
Elbert, CO	3,174	2,801	373	Rio Blanco, CO	576	588	-12
El Paso, CO	77,269	77,194	75	Rio Grande, CO	1,202	1,238	-36
Fremont, CO	7,329	7,309	20	Routt, CO	1,819	1,694	126
Garfield, CO	3,846	3,846	0	Saguache, CO	574	579	-5
Gilpin, CO	584	582	2	San Juan, CO	113	116	-2
Grand, CO	1,350	1,375	-25	San Miguel, CO	660	583	77
Gunnison, CO	1,301	1,183	119	Sedgwick, CO	328	339	-10
Hinsdale, CO	81	82	-1	Summit, CO	1,624	1,596	28
Huerfano, CO	1,039	1,070	-32	Teller, CO	3,387	3,168	219
Jackson, CO	167	175	-8	Washington, CO	446	477	-31
Jefferson, CO	48,331	49,807	-1475	Weld, CO	15,099	15,598	-500
Kiowa, CO	133	142	-9	Yuma, CO	735	767	-33
					421,342	427,706	-6364

Annex C - Veterans Surveys

The 2007 strategic plan include four separate surveys to determine state program budgets/benefits and perspectives of what Colorado provides for its veterans:

1. A survey of multiple States' Veteran Affairs Departments/Offices.
2. Colorado County Veteran Service Officers (CVSOs) survey.
3. Colorado State Veteran Service Officers (VSOs) survey.
4. Individual Colorado Veterans survey.

In this 2009 update and revision the CVSO and the Individual Veterans surveys were redone. The following analysis is based on a combination of current and prior surveys.

Although the state program information in Annex A of this report focused on state programs only, the CVSO, VSO and veteran surveys did not make that distinction. Therefore, it is not surprising that many responses focused on U.S. Department of Veterans Affairs (USDVA) programs.

Copies of these survey instruments and a summary of the results of the survey can be found in Attachments C-1, C-2, and C-3 respectively.

In general, the needs of veterans from the perspective of the CVSOs and VSOs fall into the following categories:

- **Medical**, including transportation, mental health, dental, nursing home benefits, hearing aids and prescriptions
- **Disability**, including compensation for service-connected disabilities
- **Pension**, including compensation for non-service connected disabilities and widows' pension
- **Military Records**, such as a copy of a DD-214
- **Information and Referral**, such as inquiries on burial benefits
- **Insurance**
- **Housing**, including homelessness
- **Other** issues, such as education opportunities, employment referrals, dependents' support services, tax exemptions, and emergency food assistance

County Veteran Service Officers Survey

The survey form was sent to 75 County Veteran Service Officers, and 33 CVSOs responded, representing 32 of the 64 counties in Colorado (50%). 42% of those responding had 5 or more years of service as a CVSO, and 21% had less than one year's experience. The responding CVSOs serve an average of 2309 veterans per month, about 70 per CVSO. 22 respondents work part-time and 11 full-time, and the average monthly workload ranges from 1 veterans served per month in 3 small Counties to 400 in Denver County. The largest proportion of veterans served are from the Vietnam Era (35.1%), followed by WWII (28%), Gulf War 1 & OIF (19%) and Korean veterans (18%).

The requests received by CVSOs are mostly related to Pension (18.3%), Disability (16.1%) and Medical (14.0%) claims, plus a surprisingly large number of general inquiries for other services (30.1%) such as military and veterans records. The veterans needs analysis showed the greatest need was Medical services (35.3%), followed by Pension (17.6%) and Mental health services (12.9%). The other needs included transportation, financial aid and

burial headstones. **The greatest unmet need was in the area of Homeless services (22.4%) followed by Financial aid (10.2%). These were two categories which did not even make the list of unmet needs in 2007.** CVSOs reported that 23.9% of the inquiries they receive from veterans causing the most frustration are related to the USDVA claims process. Almost 60% of their inquiries cover a wide range of issues such as denied benefits, incarcerated veterans, transportation, agent orange benefits, and financial aid.

The survey form asked CVSOs what three things in the system they would change, if they could. Responses covered a gamut of problems, many of which were focused on USDVA, and especially their staffing problems. Some suggested changes that could be implemented at the state level include:

- Increase funding to the counties for training of CVSOs and more full time CVSOs.
- Improve communications with the state Division of Veterans Affairs, possibly with a wide area computer network, and more outreach from DVA
- Grant CVSOs more authority, such as being able to contact the Regional Office directly
- Provide more mental health services in rural areas

The survey found that 88% of respondents stated that the State Division of Veterans Affairs provided them the support they needed to do their jobs.

2007 State Veteran Service Officers Survey

The survey form was sent to 16 Veteran Service Officers (VSOs) with statewide responsibility in the various veteran service organizations: Colorado Division of Veterans Affairs (5), Paralyzed Veterans of America (1), Veterans of Foreign Wars (3), Disabled American Veterans (5), Military Order of the Purple Heart (1), and American Legion (1). Responses were returned by 13 VSOs, who reported serving a total average of 3,059 veterans per month.

The veterans served were in active duty during the Vietnam Era (42.9%), World War II (25%), Gulf War (21.4%) and Korea (10.7%). As with the CVSOs, the top two types of requests are Disability (45.5%) and Pension (27.3%), and the next most common request for assistance was with USDVA Appeals (15.2%).

The veterans top three needs, as reported by the VSOs are Medical, including mental health (45.2%), Disability (22.6%), and Pension (12.9%), although a sizable proportion were reported to be in the Other category (19.4%). They report the top three needs which are not being met to be Medical, including mental health (25%), Pension (5%), and Housing (5%), but a majority of their needs are in the Other category, including Education, Tax relief, Employment, and various support services.

By far, the biggest frustration that veterans have, according to the VSOs reports is in the area of USDVA claims process (62.1%), followed by Medical issues (17.2%) and both Pension claims and Housing issues (3.4% each). [The survey form and results are in Attachment C.]

Individual Veterans Survey

A total of 448 veterans responded to the 2009 survey. 380 use the on-line survey the remainder used the hard copy survey form (see Attachment C-3). This was lower than the 2007 survey where 538 veterans responded.

The major trends identified between 2007 and 2009 were:

- Veterans not registered with VA increased from 25% to 34% (see Outreach)
- Of the 297 veterans signed up with the VA only 58% knew their VA disability rating. (42% answered with Unknown or 0%)
- 57.1% of respondents are Vietnam veterans. In 2007 they made up 49.1% of the respondents.
- The Gulf War 1 and OIF/OEF veteran proportions stayed about the same – 24.4% in 2007 and 24.1% in 2009.
- The proportion of veterans using various VA benefits was very similar to the 2007 results with two exceptions: Medical services increased from 29% to 39% and Prescription Drugs increased from 23% to 30%.
- Surprisingly Mental Health services only increased slightly from 6% to 9%.
- 34% reported that they had never used any VA services to include home loan guarantees and GI Bill (32% in 2007).
- The respondents use of CVSOs increased between 2007 and 2009 from 33.5% to 43.3% while the use of state VSOs decreased between 2007 and 2009 from 19.5% to 9.2%.
- There was a major improvement in quality of perceived service received from CVSOs (Excellent rating 2007 - 45%, 2009 – 65%) and from the state VSOs (Excellent rating 2007 – 35%, 2009 – 59%).

[See Annex D for detailed results]

Outreach

An important point that we learn from the individual veterans survey is that 34% of those responding have not registered with the USDVA. We do not know what portion of these 34% would be considered “VA Priority 8 Subpriority e or g” not eligible for enrollment. Since state allocations of federal veteran funds are made on the basis of the number of veterans in a state, it is crucial to identify strategies that encourage veterans to sign up with the USDVA, maximizing Colorado's share of the federal dollars.⁵

For this reason, ideas were sought in three of the surveys (state, CVSO and VSO) on the subject of outreach. Colorado relies predominately on the County VSOs for outreach. The Colorado CVSOs surveyed used a number of common approaches, such as community meetings, nursing home visits and service organizations. Others use local newspapers to write regular columns for their newspapers, write radio PSAs, and make use of posters in prominent locations. Some of these more active CVSOs are in rural counties.

The State Board of Veterans Affairs has focused on Outreach as one of its major strategic goals (Goal #6).

⁵ See the section entitled “Structural Information,” above.

**Attachment C-1 - County Veteran Service Officers (CVSOs) Survey
Form**

CVSO Survey

Colorado Department of Military and Veterans Affairs
2009

1. Name (optional): _____
2. County(ies) covered: _____
3. Length of Service as CVSO: _____ years
4. Are you full time ___ part time___ How many full time ___ part time ___ in your office?
5. Average # of Veterans served per month _____
6. Types of requests (list top three): (e.g., pension claims, disability claims, etc.)
 - a. _____
 - b. _____
 - c. _____
7. Veterans' VA periods (list top three): (e.g., WWII, Korea, Vietnam)
 - a. _____
 - b. _____
 - c. _____
8. Top three needs: (e.g., medical support, mental health, pension, etc.)
 - a. _____
 - b. _____
 - c. _____
9. Perception of top three needs that cannot be met under current state or federal programs:
 - a. _____
 - b. _____
 - c. _____
10. What are the top three types of inquiries that cause the most frustration for veterans?
 - a. _____
 - b. _____
 - c. _____
11. What do you do for outreach? (media contact?, presentations?, other?)

12. What should be done that is not being done? _____

13. If you could change three things about the system, what would they be?
 - a. _____
 - b. _____
 - c. _____
14. Do you get sufficient support from the Colorado Division of Veterans' Affairs? ____ If not, in what way could that be improved? _____
15. Other Comments: _____

Attachment C-2 – State Veteran Service Officers (VSOs) Survey Form
Veteran Service Organization Survey
Colorado Department of Military and Veterans Affairs
2007

Name of Organization: _____

Location: _____

1. Name of Person Responding: _____
2. Are you full time part time How many total full time ___ part time ___ in your office?
3. Average # of Veterans served per month _____
4. List top three types of requests: (e.g., pension claims, disability claims, etc.)
 - a. _____
 - b. _____
 - c. _____
5. List top three Veterans' VA periods: (e.g., WWII, Korea, Vietnam)
 - a. _____
 - b. _____
 - c. _____
6. Top three needs: (e.g., medical support, mental health, pension, etc.)
 - a. _____
 - b. _____
 - c. _____
7. Perception of top three needs that cannot be met under current state/federal programs:
 - a. _____
 - b. _____
 - c. _____
8. What are the top three types of inquiries that cause the most frustration for veterans?
 - a. _____
 - b. _____
 - c. _____
9. What do you do for outreach? _____

10. What should be done that is not being done? _____

11. If you could change three things about the system, what would they be?
 - a. _____
 - b. _____
 - c. _____
12. Other Comments: _____

Attachment C-3 – Individual Veteran Survey Form

Veterans Survey 2009

Colorado Department of Military and Veterans Affairs

NOTE: When completed please FAX to 303-343-7238 or MAIL to: **Division of Veterans Affairs Office**
7465 East 1st Ave, Unit C, Denver, CO 80230
Attn: Chris

a. E-Mail (optional): _____ b. Age _____

c. My VA disability rating is (circle only one response):

Don't Know , 0% , 10 – 25% , 26 – 50% , 51 – 75% , 76 – 99% , 100%

1. The county I live in: _____
2. I am registered with or enrolled in programs with the Veterans Administration (eg. Health care, Disability, Education, Home Loan, etc)?: Yes No

For the following questions please CIRCLE or MARK all answers that apply:

3. Period of Service:
a. WWII b. Korea c. Vietnam d. Gulf War I e. OIF f. OEF g. Peacetime h.
Other recognized VA period/conflict not listed above.

4. VA Benefits received or receiving:
a. Pension e. Medical Treatment h. Home Loan Guarantee
b. Disability f. Homeless Services i. Other _____
c. Education g. Prescription Drugs j. None
d. Mental Health h. VGLI Insurance

5. Which of the Veterans services listed in 4 above are most important to you (Put a number 1, 2 & 3 next to your picks eg. 1 Pension, 2 Disability etc.):

- ___ Pension
- ___ Disability
- ___ Education
- ___ Mental Health
- ___ Medical Treatment
- ___ Homeless Services
- ___ Insurance Programs (e.g., VGLI)
- ___ VA Home Loan

6. Which of the following Veterans services do you have knowledge of? (Click the check box for all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Claims for Service Connected (SC) Entitlement | <input type="checkbox"/> Insurance Programs (e.g., VGLI) |
| <input type="checkbox"/> Non-Service Connected Pension (NSCP) | <input type="checkbox"/> Incarcerated Veterans |
| <input type="checkbox"/> Death Pension (Widow's Pension) | <input type="checkbox"/> Miscellaneous Claims (i.e., clothing allowance, auto, housing or HISA grant, etc.) |
| <input type="checkbox"/> Waivers and Compromise for excess income | <input type="checkbox"/> Military Records & Corrections |
| <input type="checkbox"/> VA Healthcare | <input type="checkbox"/> Veterans Trust Fund Assistance (Grants) |
| <input type="checkbox"/> Vocational Rehabilitation and Education (VR&E) | <input type="checkbox"/> General Information & Referral Services |
| <input type="checkbox"/> Educational Assistance Programs | <input type="checkbox"/> Copies of documents from USVA records |
| <input type="checkbox"/> Burial Benefits | |
| <input type="checkbox"/> VA Home Loan | |

7. Do you know veterans who have **not** used Veterans Administration services? Yes No
Do have suggestions how we could reach them? _____

8. What **federal** veterans' services do you need that are **not** being provided by **Federal VA**?

9. What **state** veterans' services do you need that are **not** being provided by **State Division of VA**?

10. Have you used the services of your County Veterans Service Officer(s): Yes No

11. If Yes please rate their service to you:

Excellent Good Poor Very_Bad

12. If Poor or Very_Bad please explain: _____

13. Have you used the services of a State Veterans Service Officer in Denver: Yes No

14. If Yes please rate their service to you:

Excellent Good Poor Very_Bad

15. If Poor or Very_Bad please explain: _____

16. Have you used the services of a Service Organization Veterans Service Officer? (eg. Legion, VFW, DAW, PVA, etc) Yes No

17. If Yes please rate their service to you:

Excellent Good Poor Very_Bad

18. If Poor or Very_Bad please explain: _____

19. Have you received veterans related services from other agencies not identified above? Yes No

20. If "Yes" please identify the organization: _____

21. Please Add any other comments you would like to make:

OPTIONAL: Name _____ Address _____

If you have questions about veterans services provided by the Veterans Administration or by the Colorado Division of Veterans Affairs please call: 303-343-1268 or e-mail vetinfo@dmva.state.co.us

Thank you for taking part in the survey.

Annex D - Veterans Survey Results (December 2009) **including 2007 comparison**

1. Number of Respondents: 448
2. Number not Registered with VA 151 (33.7%) (sampling error +/- 4.5%)
3. Number of Respondents who know Veterans not signed up with VA 217 (48.4%) (sampling error +/- 4.7%)

4. Age Distribution:

2007			2009		
0-30	21	3.90%	0-30	13	2.9%
31-40	40	7.43%	31-40	19	4.2%
41-50	77	14.31%	41-50	64	14.3%
51-60	171	31.78%	51-60	118	26.3%
61-70	119	22.12%	61-70	170	37.9%
71-80	87	16.17%	71-80	54	12.1%
81-90	23	4.28%	81-90	10	2.2%
91-100	0	0.00%			

5. Disability Rating (as perceived by Veteran):

2007			2009		
Unknown	96	18.15%	Unknown	92	20.5%
0%	185	34.97%	0%	176	39.3%
10-25%	59	11.15%	10-25%	63	14.1%
26-50%	89	16.82%	26-50%	56	12.5%
51-75%	43	8.13%	51-75%	19	4.2%
76-99%	17	3.21%	76-99%	13	2.9%
			100%	29	6.5%

6. Conflict Distribution:

2007			2009		
WWII	29	5.39%	WWII	10	2.2%
Korea	52	9.67%	Korea	25	5.6%
Vietnam	264	49.07%	Vietnam	256	57.1%
GW1	84	15.61%	GW1	60	13.4%
OEF/OIF	47	8.74%	OEF/OIF	48	10.7%
			Peace/Other	49	10.9%

7. Respondent Geographic Distribution 2009:

34	Adams	7.6%	1	Gilpin	0.2%
1	Alamosa	0.2%	1	Jackson	0.2%
42	Arapahoe	9.4%	41	Jefferson	9.2%
26	Archuleta	5.8%	1	Lake	0.2%
1	Baca	0.2%	5	LaPlata	1.1%
6	Bent	1.3%	11	Larimer	2.5%
25	Boulder	5.6%	30	Mesa	6.7%
2	Broomfield	0.4%	1	Moffat	0.2%
1	Chaffee	0.2%	1	Montezuma	0.2%
2	Cheyenne	0.4%	2	Montrose	0.4%
1	Conejos	0.2%	3	Park	0.7%
3	Custer	0.7%	1	Pitkin	0.2%
2	Delta	0.4%	5	Prowers	1.1%
31	Denver	6.9%	1	Pueblo	0.2%
1	Dolores	0.2%	25	Routt	5.6%
42	Douglas	9.4%	2	Teller	0.4%
4	Elbert	0.9%	2	Washington	0.4%
75	EIPaso	16.7%	8	Weld	1.8%
1	Fremont	0.2%	2	Yuma	0.4%
5	Garfield	1.1%			

8. Benefits Used/Participated in: (due to multiple responses total will exceed 100%)
2007

Pension	11.45%	9.8%	Pension
Disability	41.57%	41.3%	Disability
Education	9.04%	8.0%	Education
Mental Health	6.02%	9.2%	Mental Health
Medical Treatr	28.92%	38.6%	Medical Treatment
Homeless	0.00%	0.0%	Homeless Svcs
Prescriptions	23.49%	30.4%	Prescriptions
VGLI Insuranc	5.42%	5.4%	VGLI Insurance
Home Loans	15.06%	11.8%	Home Loans
Other	0.00%	0.0%	Other
NONE	31.93%	33.7%	None

9. Importance of Benefits: (2009 only)

Pension	8.7%
Disability	19.0%
Education	8.4%
Mental Health	6.3%
Medical Treatment	28.2%
Homeless Svcs	2.2%
Prescriptions	14.6%
VGLI Insurance	3.1%
Home Loans	9.1%
Other	0.2%
None	0.0%

10. Respondents knowledge of what VA Benefits are available: (2009 only)

68.1%	VA Healthcare
61.8%	Burial Benefits
61.2%	VA Home Loan
49.8%	Claims for Service Connected (SC) Entitlement
34.6%	Military Records & Corrections
32.6%	Vocational Rehabilitation and Education (VR&E)
30.6%	Copies of documents from USVA records
27.0%	Death Pension (Widow's Pension)
27.0%	Educational Assistance Programs
23.9%	Insurance Programs (e.g., VGLI)
18.5%	General Information & Referral Services
15.0%	Non-Service Connected Pension (NSCP)
12.1%	Veterans Trust Fund Assistance (Grants)
7.1%	Miscellaneous Claims (i.e., clothing allowance, auto, HISA grant, etc.)
6.7%	Waivers and Compromise for excess income
5.4%	Incarcerated Veterans

11. Veterans Service Officer Ratings:

2007	
Used CVSO Services	33.46%
Excellent	44.67%
Good	27.92%
Satisfactory	12.18%
Marginal	8.12%
Poor	2.03%
Very bad	5.08%

2009	
Used CVSO Services	43.3%
Excellent	64.9%
Good	27.3%
Poor	5.2%
Very Bad	2.6%

2007	
Used State VSO Services	19.52%
Excellent	34.82%
Good	27.68%
Satisfactory	19.64%
Marginal	10.71%
Poor	4.46%
Very bad	2.68%

2009	
Used State VSO Services	9.2%
Excellent	58.5%
Good	34.1%
Poor	4.9%
Very Bad	2.4%

Svc Org VSOs not surveyed 2007

2009	
Used Svc Org VSO Services	32.1%
Excellent	59.0%
Good	33.3%
Poor	6.9%
Very Bad	0.7%

Comments 2009 (samples):

Good, responsive, but delayed in getting appointment.

Why dont you send a booklett to each retired service member so they can read up on it themselves. The VA is great on acting like they care but when you need there help it is like pulling teath.

I AM PROUD TO BE A VET AND NOT USING ANY SERVICES. PERHAPS THIS WILL ALLOW OTHER VETS TO BE TAKEN CARE OFF.

I am a retired Marine who is working full time in a job with benefits. As such I am have never made an attempt to even find out what benefits I may be entitled. Not sure how or even whether the DMVA cares to try and work more with those with no obvious problems

I wrote a letter about 2 months ago asking about getting prescripton drugs for my service relted disability, and also how I could get a VA picture ID. I have not yet receied a reply.

I do not agree with the VA providing long-term medical care and homeless housing assistance to veterans solely because they served in the armed forces in the absence of a service connected or aggravated disability. My objections do not apply to education.

the VA clinic in Durango provides excellent service, particularly Dr. Ono.

I find that all Veteran help orgs do not help me. I have contacted many help orgs and have recieved no contact in return. No State Veteran homeless shelter is listed anywhere on the net. Supposed veteran help groups who recieve federal money or donations

The State of Colorado ranks near the bottom in the US in terms of veterans services. States with a smaller revenue base (Montana) do a much more comprehensive and thorough job in identifying, contacting and assisting veterans. The State Legislature needs to do something.

the clinic in craig has been a life saver. it would be helpful if transportation to denver vamc were available

dates to receive mental and medical services are set too far apart

prowers county transportation program has been a big help.

I go to grand junction va and have had excellent care

I hate to say it but i believe that the county service officer is ineffective and provides incorrect info

I could not get any services started until I contacted the DAV. Without there help I would of never got started on my disability problems. Too much red tape with the VA.

Prompt and excellent attention by my Jeffco CVSO to help me get into the V.A. System.

Lag time for appointments at VA hospital too long

Services of the Douglas County Veteran's Affairs office have been excellent.

Of all the good things that the VA and Veteran Organizations do for vets, families and communities it hardly ever gets any coverage by the news media (TV or Papers).

Annex E - Board's Statutory Responsibility for the Veterans Trust Fund(VTF)

C.R.S. 28-5-709 (2009). Colorado state veterans trust fund - created - report.

(1) (a) There is hereby created in the state treasury the Colorado state veterans trust fund that shall consist of the moneys transferred thereto pursuant to subsection (2) of this section. In addition, the state treasurer may credit to the trust fund any public or private gifts, grants, or donations received prior to July 1, 2002, by the department of human services or, on or after July 1, 2002, by the department of military and veterans affairs for implementation of the purposes specified in this subsection (1).

(b) The moneys in the trust fund shall be used for:

(I) Capital improvements or needed amenities for existing or future state veterans nursing homes;

(I.5) Costs incurred by the legislative oversight committee and the state and veterans nursing home commission created in part 3 of article 12 of title 26, C.R.S., to evaluate the quality of care provided to veterans and their families at certain state and veterans nursing homes;

(II) Costs incurred by existing or future state veterans cemeteries;

(III) Costs incurred by the division; and

(IV) Veterans programs operated by nonprofit veterans organizations that meet criteria adopted by the board and that are selected by the board as grant recipients.

(c) The division may retain up to five percent of the amount annually appropriated from the trust fund for the actual costs incurred by the division and the board in implementing the provisions of this article. Notwithstanding the provisions of section 24-36-114, C.R.S., all interest derived from the deposit and investment of moneys in the trust fund shall be credited to the trust fund. All unexpended and unencumbered moneys remaining in the trust fund at the end of any fiscal year shall remain in the trust fund and shall neither revert to the general fund nor be transferred to the tobacco litigation settlement trust fund created in section 24-22-115.5, C.R.S., nor be transferred or credited to any other fund.

(2) (a) Pursuant to section 24-75-1104.5 (1) (g), C.R.S., and except as otherwise provided in section 24-75-1104.5 (5), C.R.S., beginning in the 2006-07 fiscal year, and for each fiscal year thereafter so long as the state receives moneys pursuant to the master settlement agreement, the state treasurer shall annually transfer to the trust fund one percent of the total amount received by the state pursuant to the provisions of the master settlement agreement, other than attorney fees and costs, during the preceding fiscal year; except that the amount so transferred to the trust fund in any fiscal year shall not exceed one million dollars. The state treasurer shall transfer the amount specified in this subsection (2) from moneys credited to the tobacco litigation settlement cash fund created in section 24-22-115, C.R.S.

(b) Repealed.

(3) (a) (I) All of the funds appropriated to the trust fund pursuant to subsection (2) of this section in fiscal year 2000-01 shall be credited to the trust fund and retained as principal in the trust fund.

(II) For fiscal years 2001-02 through 2005-06, seventy-five percent of the amount of annual appropriations made pursuant to subsection (2) of this section, shall be credited to the trust fund and retained as principal in the trust fund. For fiscal years 2001-02 through 2005-06, twenty-five percent of the amount of annual appropriations made pursuant to subsection (2) of this section, and one hundred percent of any interest earned on the principal in the trust fund shall be subject to annual appropriation by the general assembly and may be allocated by the board for the purposes outlined in subsection (1) of this section.

(III) For fiscal years 2006-07 and 2007-08, seventy-five percent of the amount of the annual transfer made pursuant to subsection (2) of this section shall be credited to the trust fund and retained as principal in the trust fund. For fiscal years 2006-07 and 2007-08, twenty-five percent of the amount of the annual transfer made pursuant to subsection (2) of this section and one hundred percent of any interest earned on the principal in the trust fund shall be subject to annual appropriation by the general assembly and may be allocated by the board for the purposes outlined in subsection (1) of this section.

(b) (I) Notwithstanding the provisions of paragraph (a) of this subsection (3):

(A) For the 2003-04 through 2006-07 fiscal years, twenty-five percent of the amount of annual transfers made pursuant to subsection (2) of this section shall be credited to the trust fund and retained as principal in the trust fund, and seventy-five percent of the amount of annual transfers made pursuant to subsection (2) of this section and one hundred percent of any interest earned on the principal in the trust fund shall be subject to annual appropriation by the general assembly and may be allocated by the board for the purposes outlined in subsection (1) of this section.

(B) For the 2007-08 fiscal year, thirty-five percent of the amount of the annual transfer made pursuant to subsection (2) of this section shall be credited to the trust fund and retained as principal in the trust fund, and sixty-five percent of the amount of the annual transfer made pursuant to subsection (2) of this section and one hundred percent of any interest earned on the principal in the trust fund shall be subject to annual appropriation by the general assembly and may be allocated by the board for the purposes outlined in subsection (1) of this section.

(C) to (E) (Deleted by amendment, L. 2009, (HB 09-1329), ch. 393, p. 2122, § 1, effective June 2, 2009.)

(II) (Deleted by amendment, L. 2009, (HB 09-1329), ch. 393, p. 2122, § 1, effective June 2, 2009.)

(c) For the 2008-09 fiscal year and each fiscal year thereafter, ten percent of the amount of the annual transfer made pursuant to subsection (2) of this section shall be credited to the trust fund and retained as principal in the trust fund, and ninety percent of the amount of the annual transfer made pursuant to subsection (2) of this section and one hundred percent of any interest earned on the principal in the trust fund shall be subject to annual appropriation by the general assembly.

(3.5) (a) Notwithstanding any provision of this section to the contrary, on March 5, 2003, the state treasurer shall deduct two million two hundred eighty thousand nine hundred dollars from the Colorado state veterans trust fund and transfer such sum to the general fund.

(b) Notwithstanding any provision of this section to the contrary, on August 15, 2008, the state treasurer shall deduct two million nine hundred seventeen thousand three hundred dollars from the general fund and transfer such sum to the Colorado state veterans trust fund. Such amount shall be retained as principal in the trust fund, and any interest earned on the principal shall be subject to annual appropriation by the general assembly and may be allocated by the board for the purposes outlined in subsection (1) of this section.

(4) (a) Funds shall be allocated out of the trust fund using the following process:

(I) The director of the state and veterans nursing homes or the director of the division of veterans affairs shall submit to the board a written request for funds to be used for the purposes described in subsection (1) of this section; or

(II) A nonprofit veterans organization, in compliance with the procedures and timelines adopted by the board, shall submit to the board a grant application, in a form adopted by the board, requesting funding for a veterans program.

(b) The board shall vote on each request for funds and on each grant application submitted by a nonprofit veterans organization that meets the criteria established by the board. A majority vote shall be sufficient to approve an allocation of moneys out of the trust fund.

(5) The board shall adopt guidelines that address, at a minimum, the following issues:

(a) The form of an application for use by nonprofit veterans organizations in applying for grants pursuant to this section;

(b) Criteria for identifying nonprofit veterans organizations that may apply for and receive grants pursuant to this section;

(c) Criteria for selecting appropriate veterans programs to receive grants pursuant to this section;

(d) The term and amounts of grants awarded to nonprofit veterans organizations pursuant to this section; and

(e) Standards for determining the effectiveness of veterans programs that receive grants pursuant to this section.

(6) The department may contract with one or more private or public entities for program monitoring and evaluation of any veterans program operated by a nonprofit veterans organization that receives funding pursuant to this section. The board may allocate funds to the division for the costs incurred in entering into such contracts.

(7) (a) The board shall prepare a report evaluating the implementation of this section, including the number and type of improvements or additions to nursing homes that have been made, the number and type of improvements to veterans cemeteries, the number of veterans served through the veterans outreach program, the number and types of veterans programs operated by nonprofit veterans organizations that receive grants pursuant to this section, and the results achieved as a result of allocations made out of the trust fund.

(b) The department shall submit the report to the department of public health and environment for inclusion in the report prepared by the department of public health and environment pursuant to section 25-1-108.5 (3), C.R.S.

Source: L. 2002: Entire part added with relocations, p. 351, § 3, effective July 1; (1)(a) amended, p. 689, § 4, effective July 1. L. 2003: (3.5) added, p. 464, § 6, effective March 5; (1)(b)(III), (2)(a), and (3) amended, p. 2565, § 9, effective June 5. L. 2004: (2)(a) amended and (2)(b) repealed, p. 1713, §§ 15, 16, effective June 4. L. 2005: (1)(b)(I.5) added, p. 597, § 3, effective July 1. L. 2006: (1)(a), (2)(a), (3)(a), and (3)(b)(I) amended, pp. 1040, 1041, §§ 11, 13, effective May 25; (3)(b) amended, p. 1108, § 1, effective May 25; (1)(a) amended, p. 145, § 25, effective August 7. L. 2008: (3.5) amended, p. 867, § 1, effective August 5. L. 2009: (2)(a) amended, (SB 09-269), ch. 333, p. 1769, § 10, effective June 1; (3)(a)(III), (3)(b)(I)(C), (3)(b)(I)(D), (3)(b)(I)(E), and (3)(b)(II) amended and (3)(c) added, (HB 09-1329), ch. 393, pp. 2122, 2123, §§ 1, 2, effective June 2.

Editor's note: (1) This section is similar to former § 26-10-111 as it existed prior to 2002.

(2) Amendments to subsection (1)(a) by House Bill 06-1310 and Senate Bill 06-033 were harmonized.

Cross references: For the legislative declaration contained in the 2005 act enacting subsection (1)(b)(I.5), see section 1 of chapter 168, Session Laws of Colorado 2005.

Annex F – Glossary of VA Terms

Reference (<http://www.va.gov/healtheligibility/Library/Glossary/>)

1151 Benefits

VA awarded monthly compensation benefits for disability or death incurred as the result of VA hospital care, medical or surgical treatment or examination, but only if the disability or death was proximately caused by negligence or an unforeseen event.

A

Access

Access is the veteran's ability to obtain medical care at his/her desired location. The ease of access is determined by components, such as availability of health care services, location of health care facilities, transportation, hours of operation, and cost-effective delivery of health care. Efforts to improve access often focus on improving efficiency of health care delivery processes.

Adjunct Condition

An Adjunct condition, is not a service-connected condition, but is medically determined to be associated with or is aggravating a disease or condition, which is service-connected. A veteran is eligible to receive treatment for an adjunct condition; however, because the adjunct condition is not a condition that is specifically rated, VA can bill the insurance carrier as well as those veterans responsible for copay for treatment provided for the adjunct condition.

Adult Day Health Care

Adult Day Health Care is a therapeutic day care program, provides medical and rehabilitation services to disabled veterans in a congregate setting.

Agent Orange

Agent Orange (AO) is an herbicide that was used in Vietnam between 1962 and 1971 to remove unwanted plant life that provided cover for enemy forces. The VA has recognized the following conditions as associated with but not necessarily caused by exposure to Agent Orange:

- Diabetes (type 2)
- Chloracne or other acneform disease consistent with chloracne (must occur within one year of exposure to AO).
- Porphyria cutanea tarda (must occur within one year of exposure to AO).
- Acute and subacute peripheral neuropathy. (For purposes of this section, the term acute and subacute peripheral neuropathy means temporary peripheral neuropathy that appears within weeks or months of exposure to an herbicide agent and resolves within two years of the date of onset.)
- Numerous cancers:
 - Prostate cancer
 - Hodgkin's disease.
 - Multiple myeloma.
 - Non-Hodgkin's lymphoma.
- Respiratory cancers (cancer of the lung, bronchus, larynx, or trachea). (Must occur within 30 years of exposure to Agent Orange.)
- Soft-tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma).

Aid and Attendance (A&A)

A VA compensation or pension benefit awarded to a veteran determined to be in need of the regular aid and attendance of another person to perform basic functions of everyday life. A veteran may qualify for aid and attendance benefits if he or she:

- Is blind or so nearly blind as to have corrected visual acuity of 5/200 or less, in both eyes, or concentric contraction of the visual field to 5 degrees or less; or
- Is a patient in a nursing home because of mental or physical incapacity; or
- Proves a need for aid and attendance under established criteria

Allowable Deductions

Allowable deductions are those payments made by veterans for certain nonreimbursed medical expenses, funeral and burial expenses and educational expenses. Veterans are able to exclude allowable deductions from their total gross household income in determining their eligibility for VA health care benefits.

Appeal

A process used to request VA reconsider a previous authorization or claim decision.

Applicant

A person who has submitted a formal request for VA health care benefits and/or for enrollment in the VA health care system.

Asset

Property or resource of an individual which includes: cash, stocks and bonds, individual retirement accounts, income producing property, etc.

B

Bereavement Counseling

Bereavement counseling is assistance and support to people with emotional and psychological stress after the death of a loved one. Bereavement counseling includes a broad range of transition services, including outreach, counseling, and referral services to family members.

C

Catastrophically Disabled

A veteran who has a permanent, severely disabling injury, disorder, or disease that compromises the ability to carry out the activities of daily living to such a degree that he/she requires personal or mechanical assistance to leave home or bed, or requires constant supervision to avoid physical harm to self or others.

Chronic Care

Long-term care of individuals with long-standing, persistent diseases or conditions. Chronic care includes care specific to the problem, as well as other measures to encourage self-care, promote health, and prevent loss of function.

Combat Service

A status applied for a veteran who served on active duty in a theater of combat operations during a period of war, after the Gulf War or in combat against a hostile force during a period of "hostilities" after November 11, 1998.

Commonwealth Army Veterans

The term "Commonwealth Army veterans" refers to persons who served before July 1, 1946, in the organized military forces of the Government of the Philippines. These Filipino forces were made a part of the U.S. Armed Forces by a military order of the President dated July 26, 1941. Finally these veterans were discharged or released from this period of service under conditions other than dishonorable.

Community Residential Care

Community Residential Care provides health care supervision to eligible veterans not in need of hospital or nursing home care but who, because of medical and/or psychosocial health conditions as determined through a statement of needed care, are not able to live independently and have no suitable family or significant others to provide the needed supervision and supportive care. The veteran must be capable of self-preservation with minimal assistance and exhibit socially acceptable behavior.

Compensable Disabilities

A VA rated service-connected disability for which monetary compensation is authorized for payment. You might even be entitled to compensation when your disabilities are rated 0% disabling.

Here are the three situations that would be compensable.

- You have a condition rated 10% disabling or greater.
- You have a condition rated at 0%, but it's a disability that entitles you to *special monthly compensation*.
- You have two or more 0% disabilities, and their *combined* effect interferes with your ability to work. (In this case, we'd pay you at the 10% rate.)

Congressional Appropriation

The funding allocated by Congress to VA for providing benefits and medical services to eligible VA beneficiaries.

Consultation

Service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician.

Contract Provider

Any hospital, skilled nursing facility, extended care facility, individual, organization, or agency that has a contractual agreement with VA for providing medical services to veterans.

Copay

A specific monetary charge for either medical services or outpatient medications provided by VA to veterans whose financial assessment determines they are able to pay.

Covered Benefit

Medically necessary care and services included in the Medical Benefits Package as defined within 38 Code of Federal Regulation (CFR) 17.38.

D

Diagnosis

The identity of a medical condition, cause or disease.

Deductible

An amount that a veteran must pay for covered services in a specified time period before VA benefits begin.

Dependent

Spouse or unmarried child (to include a biological, legally adopted, or step child under the age of 18, or between the ages of 18 and 23 and attending school, or a child who was permanently and totally disabled before the age of 18)

Disenrollment

The discontinuation of a veteran's enrolled status. Disenrollment may result because the veteran requests not to participate in VA enrollment, or when VA determines that certain priority groups will no longer be provided services. Requests to disenroll must be in writing.

Domiciliary

A VA facility that provides care on an ambulatory self-care basis for veterans disabled by age or disease who are not in need of acute hospitalization and who do not need the skilled nursing services provided in a nursing home.

Durable Medical Equipment

Equipment intended for frequent use in the treatment of a medical condition or injury. Examples include wheelchairs, hospital beds, walkers, etc.

E

Earned Income

Money you receive from working

Emergency

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in 1) placing the health of the individual in serious jeopardy, 2) serious impairment to bodily functions, or 3) serious dysfunction of any bodily organ or part.

Enrollee

A veteran who has applied for VA medical services under 38 United States Code (U.S.C.) 1710 and 38 CFR 17.36, has been accepted for such care, and who has received confirmation of enrollment in the VA health care system.

Enrollment

The process for providing veterans access to VA health care benefits covered by the medical benefits package.

Enrollment Group Threshold (EGT)

The enrollment priority group level, as determined by the Secretary Veterans Affairs, at which veterans will be accepted for enrollment into the VA health care system.

Environmental Contaminants / Gulf War Illness

Gulf War veterans were exposed to a wide variety of environmental hazards and potential harmful substances during their service in Southwest Asia. These include depleted uranium, pesticides, the anti-nerve gas pill pyridostigmine bromide, infectious diseases, chemical and biological warfare agents, and vaccinations (including anthrax and botulinum toxoid), and oil well free smoke and petroleum products. VA recognizes that there are other health risk factors encountered by Gulf War veterans. Veterans with service during the Gulf War are eligible to receive treatment for conditions related to this service .

If the treatment provided is for an illness or symptom that may possibly be associated with environmental contamination copay for medical care and medication copay will not be charged. Conditions Associated with Environmental Contaminants:

- Persistent fatigue
- Skin rash
- Headache
- Arthralgias/myalgias
- Sleep disturbance
- Forgetfulness
- Joint pain
- Shortness of breath/chest pain
- Feverishness
- Amyotrophic Lateral Sclerosis.

F

Formulary

A formulary is a list of medicines from which your VA provider can choose to treat your medical condition. This list of medicines has been looked at and approved by a group of highly trained VA physicians and clinical pharmacists. New medicines are usually added to the formulary based on a complete review of published medical studies as well as available patient safety data.

Medicines are grouped by VA as Formulary, Formulary-Restricted or Non-Formulary. Formulary-Restricted medicines usually can be used only by those providers with specific experience in how these medicines are prescribed and monitored. For example, oncologists usually are the only VA providers who can prescribe medicines used to treat cancer. Non-Formulary medicines are prescribed for those patients who either have failed or could not tolerate any of the VA Formulary medicines.

Financial Assessment

A means of collecting income and asset information used to determine a veteran's eligibility for health care benefits.

G

Geographic Means Test (GMT) Threshold Copay Required

A copay status assigned to a veteran whose household income is above the VA means test income threshold but below the [GMT income threshold](#). GMT copay for inpatient care is reduced by 80%, all other copay amounts remain the same. [GMT income thresholds](#) are based upon established geographic income thresholds.

Geriatric Evaluation

Geriatric evaluation, which is part of the basic benefits package, is the comprehensive assessment of a veteran's ability to care for him/herself, physical health, and social environment, which leads to a plan of care. The plan could include treatment, rehabilitation, health promotion, and social services.

Gross Household Income

Generally, gross income of the veteran, spouse and dependent children is counted for determining a veteran's eligibility for VA health care benefits. This includes earned and unearned income but excludes most need-based payments such as welfare, Supplemental Security Income (SSI).

Gross Income

Income before allowable expenses are subtracted

H

Hardship

A "hardship" exist when there is a significant change in your family income and [net worth](#) from the previous calendar year to the present year.

You could have been working in the previous year and due to a recent disability are no longer able to work. Chances are this type of situation would create a significant change in your families income.

Head or Neck Cancer

Veterans with cancer of the head and neck and a history of receipt of Nasopharyngeal (NP) radium therapy are eligible for treatment. There are very specific dates and locations where this activity occurred. Eligibility for this special class needs to be verified. (Not all veterans receiving head and neck cancer treatment fall into this treatment category.)

During the 1920s, nasopharyngeal (NP) radium therapy was developed to treat hearing loss caused by repeated ear infections. Radium-tipped rods were inserted into the nostrils and left in place for several minutes. Military physicians used NP radium to treat aerotitis media (barotrauma) in submariners, aviators, and divers. It is estimated that between 8,000 and 20,000 military personnel received NP radium treatments during World War II and until the 1960s.

Veterans also included are those with documentation of NP radium treatment in active military, naval or air service; those who served as an aviator in the active military, naval or air service before the end of the Korean conflict; or underwent submarine training in active naval service before January 1, 1965. Veterans with exposure to NP radium treatments are eligible to receive treatment for conditions related to this exposure, including head and neck cancer.

If the veteran is being treated for any condition during this episode of care that is related to Head and Neck Cancer; the veteran does not have to pay a copay for the visit or the medication.

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA is a federal law enacted in 1996. It was designated to improve availability and portability of health coverage and the efficiency of the health care system by standardizing the electronic exchange of health information and protecting the security and privacy of member-identifiable health information.

Home Health Care

Skilled nursing and other therapeutic services provided by VA or a home health care agency in a home setting as an alternative to confinement in a hospital or skilled nursing facility.

Homemaker/ Home Health Aide Services

The Homemaker / Home Health Aide (H/HHA) Program provides services as an "alternative" to nursing home care. The H/HHA Coordinator along with the interdisciplinary team makes a clinical judgment that the veteran would, in the absence of H/HHA services, require nursing home equivalent care.

Hospice/Palliative Care

Hospice/Palliative Care programs offer pain management, symptom control, and other medical services to terminally ill veterans or veterans in the late stages of the chronic disease process.

Hostilities

"Hostilities" means any armed conflict in which the members of the Armed Forces are subjected to combat conditions comparable to a period of war. The periods of armed conflict are determined by the Secretary of VA in consultation with the Secretary of Defense.

Housebound Benefit

The VA's Housebound benefit is an additional amount available to eligible veterans and dependents who are entitled to VA pension or VA compensation. The housebound allowance may be paid to veterans, dependent spouses, or surviving spouses who because of their physical limitations, are unable to walk or travel beyond their home and are reasonably certain the disabilities or confinement will continue throughout his or her lifetime. Certain restrictions apply. For more information and eligibility criteria on this benefit call 800-827-1000 or go to <http://www.vba.va.gov/bln/21/Benefits/>.

Housing and Urban Development Geographic Index

Congress wanted to grant relief from making VA copay for some veterans with marginal incomes, recognizing that income alone is not always a fair measure of one's standard of living because of sometimes large differences in the cost of living in different areas of the country. Congress modified VA's system of determining veterans' ability to pay for health care by creating a geographically-based income limit and reducing inpatient copay for those veterans whose income falls below these new geographic income thresholds. The new geographic income thresholds are adjusted for all standard metropolitan statistical areas (SMSAs) and are updated periodically to reflect economic changes within the SMSAs. The geographic means test thresholds are based upon the geographically based low-income threshold set by the U.S. Department of Housing and Urban Development (HUD) for public housing benefits.

I

Inpatient Care

Services received during a patient's hospital stay.

Ionizing Radiation

Atomic veterans may have been exposed to ionizing radiation in a variety of ways at various locations. Veterans exposed at a nuclear device testing site (the Pacific Islands, e.g., Bikini, NM, NV, etc.) or in Hiroshima and/or Nagasaki, Japan, may be included. Atomic veterans with exposure to ionizing radiation are eligible to receive treatment for conditions related to this exposure. VA has recognized the following conditions by statute or regulation as being associated with radiation exposure:

Conditions Associated with Ionizing Radiation:

- Leukemia
- Thyroid Cancer
- Breast Cancer

- Lung Cancer
- Bone Cancer
- Primary Liver Cancer
- Skin Cancer
- Esophageal Cancer
- Stomach Cancer
- Colon Cancer
- Pancreatic Cancer
- Kidney Cancer Urinary Bladder Cancer
- Salivary Gland Cancer
- Multiple myeloma
- Posterior Subcapsular Cataracts
- Non-malignant Thyroid Nodular Disease
- Ovarian Cancer
- Parathyroid Adenoma
- Tumors of the brain and central nervous system
- Lymphomas other than Hodgkin's Disease
- Cancer of the Rectum
- Cancer of the Small Intestine
- Cancer of the Pharynx
- Cancer of the Bile Duct
- Cancer of the Gall Bladder
- Cancer of the Renal Pelvis, Ureters and Urethra
- Cancer of the Prostate
- All Other Cancers

L

Low-Income Threshold

Veterans with [gross household income](#) under the "low income threshold" are eligible to receive certain health related benefits at no cost to the veteran. The low income threshold is set by law and varies according to the veteran's family size and benefit applied for.

M

Means Test

The formal financial assessment process used by VA to measure a veteran's [gross household income](#) and assets. The means test determines veterans copay responsibilities and helps to determine enrollment priority.

Means Test Copay Exempt

Veterans not required to make copay for medical care provided by VA include: those with a compensable service-connected rating; those who are in receipt of VA pension benefits; whose income does not exceed the applicable VA means test income threshold; those requiring services/medications for treatment of a service-connected condition; or for disorders related to exposure to herbicides in Vietnam, exposure to ionizing radiation, disabilities related to service in the Southwest Asia theater of operation during the Persian Gulf War period of service; combat veterans discharged after 11/11/1998 who require services/medications within two years of discharge for conditions possibly related to military service; those requiring services/medications for conditions related to sexual trauma experienced while in the military; those exposed to nose or throat radium treatments while in the military who require services/medication for head or neck cancer; and those requiring care for conditions possibly related to participation in Project 112/SHAD experiments, former POW's, veterans in receipt of a PH medal, WWI and MBW veterans, veterans who were discharged from the military for a disability that was incurred or aggravated in the line of duty.

Means Test Copay Required

A copay status assigned to a veteran who is required to make medical care copay based on financial status relative the applicable means test income threshold.

Medicaid

A jointly funded federal and state program that provides hospital expense and medical expense coverage to persons with low-income and certain aged and disabled individuals.

Medical Benefits Package

The term "Medical Benefits Package" refers to a group of health care services that are provided to all enrolled veterans.

Medical Need

The determination that care or service(s) are required to promote, preserve, or restore a veteran's health as specified within 38 CFR 17.38(b). A treatment, procedure, supply, or service is considered medically necessary as determined by the patient's care provider and in accordance with generally accepted standards of clinical practice.

Medicare

A federal program that provides health care coverage for people aged 65 and older, as well as some younger individuals with specific health problems. Medicare Part A covers hospitalization, extended care and nursing home care; Medicare Part B covers outpatient services, and is subject to a monthly premium.

Military Sexual Trauma (MST)

Sexual trauma experienced while on active duty in the military. Sexual trauma is defined as sexual harassment, sexual assault, rape and other acts of violence. Sexual harassment is further defined as repeated unsolicited, verbal or physical contact of a sexual nature, which is threatening in nature. If the veteran is being treated for any condition during this episode of care that the provider believes is related to MST; the veteran does not have to pay a copay for the visit or the medication. <http://www.va.gov/womenvet/page.cfm?pg=23>

N

Nasopharyngeal Radium Therapy

Because it was effective in treating otitis media, military physicians used NP radium to treat aerotitis media (barotrauma) in submariners, aviators, and divers due to enlarged tissue in the throat combined with rapid pressure changes. It is estimated that between 8,000 and 20,000 military personnel received NP radium treatments during World War II and until the 1960s.

Net Worth

Simply put, "net worth" means the market value of everything you own, minus what you owe. There are exclusions, not everything you own or owe is considered. VA has some very specific guidelines on how it computes net worth. The VA Means Test uses the same rules as VA pension to determine your net worth.

Noncompensable

Noncompensable refers awards of service-connection which VA determines do not warrant the award of monetary compensation.

Non-service-Connected Pension

A monetary support benefit awarded to permanently and totally disabled, low-income veterans with 90 days or more of active military service, of which at least one day was during wartime. Veterans of a period of war who are age 65 or older and meet service and income requirements are also eligible to receive a pension, regardless of current physical condition. Payments are made to qualified veterans to bring their total income, including other retirement or social security income, to a level set by Congress. For more information, go to <http://www.va.gov> and click on Compensation and Pension Benefits.

Non-service-Connected Veteran

An eligible veteran who has been discharged from active military duty, and does not have a VA adjudicated illness or injury incurred in or aggravated by military service.

Nursing Home

The term "nursing home care" means the accommodation of convalescents or other persons who

are not acutely ill and not in need of hospital care, but who require nursing care and related medical services, if such nursing care and medical services are prescribed by, or are performed under the general direction of, persons duly licensed to provide such care. Such term includes services furnished in skilled nursing care facilities, in intermediate care facilities, and in combined facilities. It does not include domiciliary care.

O

Open Enrollment

The process of accepting applications for enrollment at any time during the year.

Other than dishonorable conditions

All veterans are potentially eligible for most veterans' health care benefits are based solely on active military service in the Army, Navy, Air Force, Marines, or Coast Guard (or Merchant Marines during WWII), and discharged under other than dishonorable conditions

Outpatient Care

Refers to health care a patient receives without being admitted to a hospital. Examples include office visits, x-rays, lab tests and some surgical procedures.

P

Palliative Care

Care provided primarily to relieve symptoms of a disease or condition rather than for curative purposes.

Pension Benefit

VA pension is a monetary award paid on a monthly basis to veterans with low income who are permanently and totally disabled, or are age 65 and older, may be eligible for monetary support if they have 90 days or more of active military service, at least one day of which was during a period of war. Payments are made to qualified veterans to bring their total income, including other retirement or social security income, to a level set by Congress annually. Veterans of a period of war who are age 65 or older and meet service and income requirements are also eligible to receive a pension, regardless of current physical condition.

Preferred Facility

The veteran identified VA health care location where the veteran prefers to receive care. A preferred facility may be any VA health care location, for example, VA health care facility, independent clinic, or community based outpatient clinic. If VA is unable to provide your needed health care, that facility will make arrangements to refer you to another VA health care facility or to one of VA's private sector affiliates to provide the required care.

Preventive Care

Health Care that emphasizes prevention, early detection, and treatment.

Primary Care Provider

The clinician who is responsible for the supervision, coordination, and provision of the veteran's medical care. This clinician provides routine health services and is the veteran's first point of contact when the veteran becomes sick. The primary care provider can easily refer patients to a specialist (such as a surgeon) should they require care outside the scope of his or her expertise.

Project 112/SHAD

Project SHAD, an acronym for Shipboard Hazard and Defense, was part of a larger effort called Project 112, which was conducted during the 1960s. Project SHAD encompassed tests designed to identify US warships' vulnerabilities to attacks with chemical or biological warfare agents and to develop procedures to respond to such attacks while maintaining a war-fighting capability.

Prosthetic Devices

A device which replaces all or a portion of a part of the human body. A prosthetic device can be used when a part of the body is permanently damaged, is absent, or is malfunctioning.

Public Law (PL) 104-262

The public law passed by Congress in October 1996, also known as the *Veteran's Health Care Eligibility Reform Act of 1996*. This law established national standards of access and equitable health care services to veterans and required that most veterans be enrolled to receive care.

Public Law (PL) 107-135

“ Department of Veterans Affairs Health Care Programs Enhancement Act of 2001” provides for chiropractic care and services for veterans through Department of Veterans Affairs medical centers and clinics.

Purple Heart

A “Purple Heart” is a medal given by the military to a service person injured as a direct result of combat.

R

Radiation Risk Activity

- On site participation in a test involving the atmospheric detonation of a nuclear device.
- Participation in the occupation of Hiroshima or Nagasaki from August 6, 1945 through July 1, 1946.
- Internment as a Prisoner of War in Japan (or service or active duty in Japan immediately following such internment).
- Service at Department of Energy plants at Paducah, KY, Portsmouth, OH, or the K25 area at Oak Ridge, TN for at least 250 days before February 1, 1992.
- Service at Longshot, Milrow, or Cannikin underground nuclear tests at Amchitka Island, AK prior to January 1, 1974.

Referral

The process of referring a veteran from one practitioner to another for health care services.

Regular Filipino Scouts

The Filipino Scouts were guerilla forces considered part of the Commonwealth Army of the Philippines. They were organized under commanders appointed, designated, or later recognized by the U.S. Army.

Respite care

Respite care gives the caregiver of a veteran a planned period of relief from the physical and emotional demands associated with providing care.

Restore Health

The process of improving a veteran's quality of life or daily function level that has been lost due to illness or injury.

S

Secondary Condition

A secondary condition, is defined as a condition that has been caused or is the result of a service connected condition. This condition is also nonservice-connected and treatment provided is also billable.

Service-connected

Generally a service-connected disability is a disability that VA determines was incurred or aggravated while on active duty in the military and in the line of duty. A service-connected rating is an official ruling by VA that your illness/condition is directly related to your active military service. Service-connected ratings are established by VA Regional Offices located throughout the country.

Service-Connected Veteran

A veteran who has an illness or injury incurred in or aggravated by military service as determined by VA.

Sexual Trauma

Sexual Harassment, Sexual Assault, Rape and other acts of violence. Repeated unsolicited, verbal or physical contact of a sexual nature, which is threatening in nature.

Southwest Asia

An area of land located in the southwestern part of Asia to include the Persian Gulf, Red Sea, Gulf of Oman, Gulf of Aden, the portion of the Arabian Sea that lies north of 10 degrees North latitude and west of 68 degrees East longitude, as well as the total land areas of Iraq, Kuwait, Saudi Arabia, Oman, Bahrain, Qatar, and the United Arab Emirates.

Special (New) Philippine Scouts

The term "New Philippine Scouts" refers to non-commissioned Philippine Scouts who—

- Enlisted on or after October 5, 1945
- Served under Section 14 of the U.S. Armed Forces Voluntary Recruitment Act of 1945, **AND**
- Was discharged from this period of service under conditions other than dishonorable

State Veterans Homes

The eligibility for State Veterans Homes varies from state to state. But typically veterans and sometimes their spouse, can be admitted to a State Veterans Home. The costs of living in a State Veterans Home are usually paid by Medicaid, long term care insurance, and private funds. VA pays a modest share of the cost for each veteran living in a State Veterans Home. You can find information on the State Veterans Home(s) for your state by looking in the state government pages of the telephone book. VA social workers at the [VA medical center](#) where you're being treated can also provide information about State Veterans Homes.

U

Urgent Care

Services received for an unexpected illness or injury that is not life threatening but requires immediate outpatient medical care that cannot be postponed. An urgent situation requires prompt medical attention to avoid complications and unnecessary suffering or severe pain, such as a high fever.

V

VA Form 10-10EZ, Application for Health Benefits

The VA form completed by veterans to apply for VA health care benefits. The form includes demographic, military, insurance and financial information

VA Form 10-10EZR, Health Benefits Renewal

The VA Form used by veterans to submit their updated personal, insurance and financial information to VA.

Veteran

The term 'veteran' means a person who served in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable.