

**Veterans' Disability Benefits Commission**

**Table 1 - Commission/Task Force Comparisons:  
Primary Topics and Areas of Overlap**

<b>Study Group</b>	<b>Veterans' Disability Benefits Commission</b>	<b>Independent Review Group</b>	<b>GWOT Task Force</b>	<b>PCCWW</b>
<b>Topic:</b>				
<b>VA/DoD Disability Process</b>	Realign disability evaluation process – Services determine fitness for duty, VA rates disability	DoD should overhaul the DES system by implementing a single physical exam (as described by GAO 2004). The services should consistently be determining fitness for duty & VA provides disability rating. DoD should also expand the Disability Advisory Council, Conduct quality assurance reviews on previous 0-20% & EPTS cases, Evaluate loss of function due to burns similar to amputation.	Joint process whereby VA/DoD cooperate in assigning a disability evaluation, determining fitness for retention, level of disability retirement & VA compensation	Restructure disability & compensation systems - DoD/VA should create a single, comprehensive standardized medical exam that DoD administers, DoD maintains authority over fitness & pays for years of service while VA establishes rating, compensation & benefits
<b>Case Management</b>	Intensive case management with an identifiable lead agent	Create tri-Service policy & guidelines for case management services & training, Assign single primary care physician & case manager	System of case & co-management	Comprehensive Recovery Plans & Coordinators <u>with HHS as lead.</u>

<b>Topic</b>	<b>Veterans' Disability Benefits Commission</b>	<b>Independent Review Group</b>	<b>GWOT Task Force</b>	<b>PCCWW</b>
<b>Family Support</b>	Authorize VA to provide family services, Extend health care & allowance to caregivers, Eliminate SBP-DIC offset, Eliminate Tricare co-pays & deductibles for severely injured families	Provide family education on benefits, Survey families on their needs, Assign family advocates	None	Strengthen support for families through Tricare Respite Care & *Aide and Attendant Benefit, Caregiver training, Extend FMLA for 6 months, All combat-related injured families should have full Tricare coverage.
<b>IT Compatibility</b>	Expedite development & implementation of compatible information systems with a detailed plan, milestones, & lead agency, Use IT to improve claims cycle time	Streamline transition by rapidly developing a standard automated system interface for a bilateral exchange of clinical and administrative info between DoD & VA (Described in 2003 PTF)	Enhance VA computerized Patient Record System & electronic enrollment, VA needs to develop a patient tracking application compatible with DoD, Create a TBI database, Improve VA's access to military health records & create an interface with DoD, Create OIF/OEF identifiers and markers for polytrauma, Improve IT interoperability between VA & HHS Indian Health Services.	Rapidly transfer patient information, Create a <i>MyeBenefits</i> website

<b>Topic</b>	<b>Veterans' Disability Benefits Commission</b>	<b>Independent Review Group</b>	<b>GWOT Task Force</b>	<b>PCCWW</b>
<b>PTSD</b>	Holistic approach that couples treatment, rehabilitation, compensation & re-evaluation for wellness, Revise Rating Schedule for PTSD, Baseline level of benefits, PTSD exam process, Examiner & rater training & certification, research on Military Sexual Trauma	Functional/cognitive measures & screenings upon entry & post-deployment, comprehensive & universal clinical practice & coding guidelines for blast injuries and TBI with PTSD overlay to include recording of exposures to blast in patient record. VA/DoD create center of excellence for TBI and PTSD treatment, research & training	Provide Outreach & Education to Community Health Centers on VA benefits & services (to reach vets with PTSD)	VA should care for all OIF/OEF vets with PTSD & (with DoD) improve prevention, diagnosis & treatment, reduce PTSD stigma. DoD should address its mental health shortage, Disseminate clinical practice guidelines to all providers
<b>TBI</b>	Update the Rating Schedule for TBI	Functional/cognitive measures & screenings upon entry & post-deployment, comprehensive & universal clinical practice & coding guidelines for blast injuries and TBI with PTSD overlay to include recording of exposures to blast in patient record. VA/DoD create center of excellence for TBI and PTSD treatment, research & training	Screen all GWOT veterans for TBI	DoD/VA should prevent, diagnose, & treat TBI, Partner with the private sector on TBI care, Disseminate clinical practice guidelines to all providers

<b>Topic</b>	<b>Veterans' Disability Benefits Commission</b>	<b>Independent Review Group</b>	<b>GWOT Task Force</b>	<b>PCCWW</b>
<b>Ancillary Benefits</b>	Adjust & extend A&A, Extend auto & housing allowances to veterans with severe burns, Eliminate TSGLI premiums, Improve SDVI & VMLI, Increase benefits to original intention, Adjust automatically for inflation, Provide a Stabilization Allowance, Research additional ancillary benefits	DoD should partner with VA to provide treatment, education & research in prosthesis care, production & amputee therapy, Allow VA patients to use Military and private prosthetist	Expedite Adapted Housing and Special Home Adaptation Grants, Expand HUD National Housing Locator, Enhance capacity to provide Dental care through VA & private sector.	Transition (3 months of base pay or long-term) payments, Earnings-loss payments, All unfit combat-related injured should receive full Tricare coverage.
<b>Quality of Life</b>	Compensate for 3 consequences: work disability, loss of functionality & QOL, VA develop measures for QOL loss, but in the meantime create up to 25% QOL payment, Research health-related QOL & need for additional ancillary benefits, Increase SMC to address impact on QOL,	Survey patients on their needs.	None	Determine appropriate QOL payments

<b>Topic</b>	<b>Veterans' Disability Benefits Commission</b>	<b>Independent Review Group</b>	<b>GWOT Task Force</b>	<b>PCCWW</b>
<b>Vocational Rehabilitation &amp; Employment (VR&amp;E)</b>	Test VR&E incentives, Review & revise 12-year time limit, Expand VR&E to all medically separating service members, & allow all service disabled veterans access to VR&E counseling, VR&E should screen all IU applicants, increase VR&E staffing, tracking, & resources,	None	Extend VR&E evaluation determination time limit, Expand eligibility for SBA Patriot Express Loans, Increase Career Fairs & integrate Hire Vets First Campaign, Provide Credentialing, Certification, Financial Aid Education Assistance, & Employment rights, Develop Wounded Warrior Intern & Wounded Veterans Readjustment Work Experience Programs,	VR&E effectiveness is not well established and should offer completion incentives of up to a 25% bonus
<b>Concurrent Receipt</b>	Eliminate the ban	None	None	Create a DoD Annuity payment based on rank & years of service
<b>Hazards &amp; Exposures</b>	Create a new structure for Presumption based on casual relationship using four categories	None	Create an embedded Fragment Surveillance Center and Registry	None

<b>Topic</b>	<b>Veterans' Disability Benefits Commission</b>	<b>Independent Review Group</b>	<b>GWOT Task Force</b>	<b>PCCWW</b>
<b>Combat/Combat-Related</b>	Benefits based on severity of disability, not on circumstances or location.	None	None	Benefits and process specifically for combat/combat-related injuries only.
<b>Social Security/Disability Compensation for Earnings</b>	Compensation for earnings loss continues for life.			Compensation for Earnings Ends when retirement Social Security begins.
<b>Walter Reed National Military Medical Center (WRNMMC)</b>	None	Accelerate BRAC construction projects for WRNMMC & new complex at Belvoir, New command and control structure for WRNMMC, Apply regulatory relief to A-76 process, Survey patients & families, Staff & train Med Hold(over) personnel, reevaluate efficiency wedge, Assign a senior facility engineer to oversee non-medical maintenance, Modernize facility assessment tools & prioritize repairs	None	Recruit & retain first-rate professionals for WRAMC through 2011 with resources and incentives to hire civilian health care professionals & admin staff

\* This refers to the Aide and Attendant benefit under Tricare's Extended Care Health Option, and not VA's Aid and Attendance benefit.

**Table 2 - Other Veterans' Commissions & Task Forces:  
Purposes, Findings and Recommendations**

<b>Entity</b>	<b>Chairperson</b>	<b>Charged by</b>	<b>Purpose</b>	<b>Report Date</b>	<b>Findings &amp; Recommendations</b>
IRG on Rehabilitative Care & Admin @ Walter Reed & National Naval (Bethesda)	Former VA Secretary Togo West & Former Army Secretary & Congressman John Marsh	Secretary of Defense	Review continuum of care, leadership & oversight issues resulting in deficiencies reported at Walter Reed <b>Scope:</b> Walter Reed patients & families	Final Report: April 11, 2007	Problems resulted from a failure of leadership, loss of resources & spending authority under BRAC, contracting out, nursing and other staff shortages, challenges of signature injuries, & failure of the Medical Holdover system. Other reports have recommended changes to the MEB/PEB process over the last 10 years, but none have been implemented, which the IRG endorsed as well as a combined DoD/VA evaluation system.
Task Force on Returning Global War on Terror (GWOT) Heroes	R. James Nicholson, Secretary of Veterans Affairs	Executive Order of the President	Improve the delivery of Federal services and benefits to GWOT service members & veterans <b>Scope:</b> All GWOT service members & veterans	Final Report: April 19, 2007	There were 25 recommendations. Action areas included health care, case management, continuity of care, TBI screening, VA Liaisons at military facilities, small business loans, education, career training, employment rights, financial aid, housing locator, electronic tracking between systems, dental, rural health, VA/DoD joint disability process & exams, VR&E extension, & home adaptation. Recommendations can be accomplished within existing authority & resources. Outreach should cover TAP/DTAP attendance, job fairs, vets preference, & a GWOT newsletter, comprehensive database of federal services & benefits.

<b>Entity</b>	<b>Chairperson</b>	<b>Charged by</b>	<b>Purpose</b>	<b>Date</b>	<b>Findings and Recommendations</b>
President's Commission on Care for America's Returning Wounded Warriors (PCCWW)	Former Senator Bob Dole & Former HHS Secretary Donna Shalala	Executive Order of the President	Recommend Improvements for transition, high-quality services for returning wounded troops, access to benefits & services <b>Scope:</b> Wounded OIF/OEF service members, veterans, families	July 25, 2007	There were 6 recommendations: 1) Immediately creating a comprehensive recovery plan with a lead Recovery Coordinator; 2) Completely restructure the disability systems so DoD determines fitness and VA disability benefits; 3) Aggressively prevent & treat PTSD & TBI; 4) Significantly strengthen support for families with amendments to Tricare & FMLA; 5) Rapidly transfer patient info, & develop a federal benefits website, and; 6) Strongly support Walter Reed by recruiting & retaining 1 <sup>st</sup> -rate professionals through 2011.
Veterans' Disability Benefits Commission	LTG James Terry Scott (USA, Ret.)	PL 108-136	Appropriateness of Benefit, level of Benefit, Determination Standards <b>Scope:</b> All disabled service members, veterans, families	Oct 3, 2007	113 recommendations that focused on: compensation for quality of life & a 25% allowance until VA develops measures; line of duty; earnings disparity for service connected veterans with mental disorders & young entry; VA Rating Schedule revisions, especially for PTSD, TBI, & IU; A holistic approach for PTSD that couples compensation, treatment, rehabilitation, & re-evaluation; caregiver health care & an allowance; presumption standards for exposures; DoD disability evaluations and separation exams with Services determining fitness for duty & VA adjudicating a rating; concurrent receipt and survivor concurrent receipt; IT interoperability; & joint ventures, sharing agreements, & integration.

**Table 3 - Total Recommendations**

<b>Veterans' Disability Benefits Commission</b>	<b>Independent Review Group</b>	<b>GWOT Task Force</b>	<b>PCCWW</b>
<b>113</b>	<b>20</b>	<b>25</b>	<b>6 (23 action items)</b>