LEGISLATIVE TASK FORCE
ON VETERANS' TRANSPORTATION

FINAL REPORT OCTOBER 2010

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EXECUTIVE SUMMARY

In 2008, Governor Ted Kulongoski commissioned the Governor's Task Force on Veterans' Services with the mission of identifying issues facing Oregon veterans and providing recommendations to improve service delivery to those veterans. During its work, the Task Force traveled to 24 cities throughout the state and met with more than 500 veterans. In every city the Task Force visited, veterans identified lack of transportation to and from VA medical appointments as a major barrier to veterans receiving their earned benefits.

In response, the Governor's Task Force recommended that the 2009 Legislature create a task force on veterans' transportation that could more deeply examine the current veterans' transportation system and provide recommendations for enhancements that would meet the concerns of Oregon veterans.

The Legislature passed Senate Bill 98 creating the Legislative Task Force on Veterans' Transportation and appointed the following members:

Michael Ward – Oregon Department of Transportation
Jim Booker – Oregon Employment Department
Tressa Perlicheck – Oregon Department of Human Services
Jim Willis – Oregon Department of Veterans' Affairs
BG Mike Caldwell – Oregon Military Department

The Task Force also invited other stakeholders to participate, including:

Fritz Graham, Senator Ron Wyden's Office
Ben Hier, Senator Jeff Merkley's Office
Elanna Schlichting, Congressman Earl Blumenauer's Office
JD Baucom, Congressman Kurt Schrader's Office
Frank Van Cleave, Congressman Peter DeFazio's Office
Aja Maloney-Capps, Congressman David Wu's Office
John Howard, Congressman Greg Walden's Office
Mike Ward, Disabled American Veterans
Ed Mazza, Disabled American Veterans
Shaun Benson, Portland VA Medical Center
Cindy Howe, Sunset Empire Transportation
Alina Aaron, Mid-Columbia Economic Development District
Jim Palmer, Washington County Veteran Service Officer
Angie Gilley, Crook County Veteran Service Officer
David Fairclo, Advisory Committee to the Director' of Veterans' Affairs
Matt Mumford, Oregon Transit Association
Jim Beard, Confederated Tribes of the Umatilla Indian Reservation
Kimberly Stanchfield, EK Coaches

The new Task Force held an organizational meeting in October 2009, and met monthly thereafter. During the course of its work, the Task Force identified 17 Findings from which it is making 15 Recommendations.

The following are the Task Force Findings:

FINDINGS

- Wheelchair transportation is lacking for some veterans statewide
- Transportation outside I-5 corridor is difficult for veterans
- Sustainable funding source for veterans transportation is needed
- Providing specialty health care in the community would ease transportation needs
- There is a lack of coordination between public transportation service providers and VA
- Some veterans are Title 19 eligible and can use other means of transportation for medical needs
- The State and numerous public transit providers in Oregon has surplus vans that could be used for veterans if federal policy would allow
- Existing medical transportation brokerage system could be used for veterans
- Home health, telemedicine and mobile units for veterans health care would decrease transportation needs
- The Disabled American Veterans (DAV) van system needs financial support to maintain its statewide van system
- There currently is no consistent system of moving veterans to and from VA medical appointments
- Veterans do not know what transportation means are available currently
- Some counties have little to no available transportation means (Crook/Harney/Lake/Union)
- There may be opportunities to partner with local community and economic development efforts to improve veteran transportation infrastructure and quality of life
- Private hospitals are being forced to pay the cost to transport veterans to VA facilities
- There has to be a balance between quality and cost effectiveness of veterans transportation
- An aggressive veteran outreach program will result in more veterans needing transportation

The following are the Task Force Recommendations:

RECOMMENDATIONS

1. Create fund within the Oregon Department of Veterans' Affairs to pay transportation costs for wheelchair bound veterans not eligible for VA Special Mode Transportation

2. Encourage the Oregon Department of Transportation to seek federal grant monies for veteran transportation

3. Seek transportation partnership between the Oregon Department of Transportation, the Oregon Department of Veterans' Affairs and the Veterans Health Administration in order to eliminate barriers to veteran transportation in Oregon and to educate VHA on existing transportation modes for veterans

4. Encourage the Oregon Department of Transportation in partnership with the Oregon Department of Veterans' Affairs to help develop better coordination of public transportation for veterans

5. Establish a pilot project using an existing public transit ride scheduling system to include transporting veterans to and from VA medical appointments

6. Encourage the Veterans Health Administration to better coordinate veterans' medical appointments on the same day in order to reduce transportation needs

7. Identify veterans entitled to existing Title 19 medical transportation benefits and educate them to their state transportation benefits

8. Encourage the Oregon Congressional Delegation to seek money for Oregon veteran transportation needs

9. Encourage the Veterans Health Administration to expand service offered in Community Based Outpatient Clinics (CBOCs), Telemedicine and community contracting to reduce the need for veteran travel

10. Establish an aggressive outreach to service-connected disabled veterans and encourage them to support the Disabled American Veterans in order to bolster the organization's existing medical transportation system

11. Create a veterans transportation informational booklet to inform veterans of the various existing transportation modes available for their medical transport

12. Ensure that veterans transportation must be included in all local Public Transit- Human Services Coordinated Transportation Plans

13. Memorialize Congress urging it to mandate the Veterans Health Administration reimburse private medical facilities for transporting veterans to VA facilities or other facilities if diverted by the VA

14. Establishing a Veterans Advisory Council composed of state agencies that intersect with veterans to help coordinate service delivery to veterans by state agencies

15. Request that the Veteran's Administration re-visit their policy on only allowing the receipt of new vans for DAV transportation services

During the course of its work, the Task Force was cognizant of Oregon's current economic crisis and has worked diligently to provide recommendations with the least amount of fiscal impact. However, transporting veterans does bear a cost. The goal of the Task Force has been to recommend creative ways to leverage existing resources to meet veteran transportation needs, as well as find creative financing through existing federal monies (VA mileage, grants, pilot projects, etc.) to establish a consistent and efficient veteran medical transportation system in Oregon.

With that in mind, please accept this Final Report from the Legislative Task Force on Veterans' Transportation.

Michael Ward, Chair

CURRENT VETERANS' TRANSPORTATION LANDSCAPE

In Oregon, the Veterans Health Administration has developed a system of health care that is based on "catchment" areas with a VA hospital at the center of each catchment and Community Based Outpatient Clinics (CBOC) as satellite providers. Oregon has five catchment areas: Portland, Roseburg, White City, Boise, Idaho, and Walla Walla, Washington. Here is how each catchment area is designed:

PORTLAND VA MEDICAL CENTER
Vancouver Campus
Gresham CBOC
West Linn CBOC
Hillsboro CBOC
Salem CBOC
Warrenton CBOC
Bend CBOC
Newport CBOC
The Dalles Clinic

ROSEBURG VA HEALTH SYSTEM
Eugene CBOC
North Bend CBOC
Brookings CBOC

VA SOUTHERN OREGON REHABILITATION CENTER AND CLINICS
Klamath Falls CBOC

BOISE VA MEDICAL CENTER
Burns Outpatient Clinic

WALLA WALLA VA MEDICAL CENTER
Ontario CBOC
La Grande CBOC

The large VA hospitals provide specialty care, urgent/emergency care, mental health, x-ray, labs, surgery and hospitalization while the CBOCs provide primary care, mental health and labs. There also are five Vet Centers that provide combat trauma readjustment counseling. Those five Vet Centers are located in Portland, Salem, Eugene, Grants Pass and Bend.

When a veteran enrolls in VA health care, the veteran is assigned a primary care doctor at the CBOC closest to their residence. The primary care doctor acts much in the same way as a doctor in a Health Maintenance Organization (HMO), providing referral to specialty care at the main VA facility when necessary. Pharmacy is primarily done by mail in the VA system; however, there are on-premise pharmacists at the main hospitals.

Travel to and from these Vet Centers, CBOCs and VA hospitals can be long and complicated, especially during the winter months in parts of central and eastern Oregon. And, because the Portland VA Medical Center is the only full-service medical center in Oregon, many veterans have to travel to Portland regardless of their location in the state, which can mean several hours of travel one way. Currently, the VA will pay 41.5 cents per mile for veteran travel, which may or may not cover the actual costs of the veteran's travel. This reimbursement is available to eligible veterans, including:

- Veterans with a service-connected disability of 30 percent or more
- Veterans traveling to a VA facility for an appointment related to their service-connected disability
- Veterans receiving VA Pension
- Veterans whose income does not exceed the maximum annual VA Pension rate
- Veterans traveling to a Compensation and Pension exam

VA also will provide Special Mode Transportation (ambulance, wheelchair van, etc.) for veterans if they meet the following criteria:

- The veteran's medical condition requires an ambulance or specially equipped van as determined by a VA clinician, and
- The veteran meets one of the eligibility criteria listed above except Compensation and Pension exams, and
- The travel is pre-authorized (authorization is not required for emergencies if a delay would be hazardous to life or health)

Veterans in Oregon have a dedicated, but limited medical transportation system. In partnership with the Veterans Health Administration, the Disabled American Veterans (DAV) operates a van system to transport veterans to and from their VA appointments. There are 24 vans in the Oregon DAV fleet that are staffed by volunteer drivers. In the first quarter of 2010, DAV drivers logged more than 13,000 hours transporting veterans to and from their medical appointments. These vans run on a regular schedule, although those schedules may not be daily depending on the region. Veterans can call a local number to schedule a ride and so long as there is a seat on the van, the ride is provided.

None of the 24 DAV vans in Oregon are wheelchair accessible. However, the Roseburg VA Health System recently purchased three new vans that are wheelchair accessible and will be training DAV van drivers as to their use. As the only dedicated veteran transportation system in Oregon, the DAV system is an important component of a consistent statewide veterans medical transportation system. However, at this time the DAV van system is not robust enough to meet the full need of veterans in Oregon. According to DAV representatives, because of the high mileage on many of the current vans, the organization needs at least nine new vans to maintain the system currently in place.

Veterans in rural Oregon face a more difficult time finding transportation than veterans in urban areas. In Portland, public transportation provides direct access to the main VA hospital, CBOCs and the Vet Center. However, residents in other counties may not be able to access public transportation either due to proximity to routes or the fact that public transportation may not exist.

Oregon does have a second medical transportation system, but it is designed for Oregon Health Plan (OHP) patients. The Oregon Department of Human Services (DHS) works with seven medical transportation brokerage agencies in the state to provide medical transport to eligible OHP clients. The brokerage system is just that – a system where brokers find rides for patients. Here is how it works: a patient calls their local broker and the broker determines the best and most efficient medical transport for the patient and arranges that ride for the patient. The ride may be a service, such as Dial-a-Ride, a cab, public transport (bus pass), or an ambulance or wheelchair accessible vehicle. There are several different options the broker examines for each request, providing the right ride given the circumstances. DHS then reimburses the broker for the ride.

Given the veteran population in Oregon – roughly 10 percent of Oregonians are veterans – the Task Force is certain that some veterans are receiving medical transport via the OHP brokerage system. However, the Task Force also believes there are other Title 19-eligible veterans who are unaware of this program who would

be eligible and thus could be provided transportation immediately. Outreach to and identification of these veterans will be an important piece of the veteran transportation solution. Further, in discussions with the various brokerages the Task Force has learned that the brokerages are eager to help transport veterans if a system of payment could be developed. This system could include using VA mileage reimbursement money, federal funding, state funding, grant funding, or simply charging the veteran for the cost of the ride.

One example is what Sunset Empire Transportation District (SETD) in Clatsop County did to secure local transportation for veterans. Recognizing the need, SETD successfully wrote a grant through the Oregon Department of Transportation's (ODOT) Seniors and Persons with Disabilities grant program to purchase a handicapped accessible wheelchair bus for the local DAV's use. DAV provided the 10.27 percent matching funds for the grant and the partnership resulted in a new transportation means for veterans in Northwest Oregon. SETD previously had arranged dial-a-ride transportation to disabled veterans to local medical appointments and to the CBOC at Camp Rilea at no charge to the veteran. These types of partnerships and innovations go far in helping provide veteran transportation.

An important consideration when reviewing the current veterans medical transportation landscape is discerning the difference between veterans who *want* transportation versus veterans who *need* transportation. The Task Force focused on veterans who need transportation, which are veterans who will forego their earned VA medical benefits without transportation to their medical appointments. The findings and recommendations are designed to address their concerns. Clearly, a statewide veteran medical transportation system would make it easier on all veterans who need to travel to VA medical facilities. However, a number of transportation modes already exist for many veterans, including: public transport, Greyhound, Amtrak, personal vehicle, car-pooling, DAV van system, and more. The Task Force strongly believes that veterans who are able to use these means of transport should, but more needs to be done to help veterans understand what their transportation options are.

THE MEDICAL BROKERAGE SYSTEM

The most promising opportunity to create a statewide veterans medical transportation network is to leverage the existing statewide medical transportation brokerage system. There are eight medical brokers that provide service to all 36 counties:

CENTRAL OREGON INTERGOVERNMENTAL COUNCIL (CASCADES EAST RIDE CENTER)

Baker
Crook
Deschutes
Grant
Harney
Jefferson
Malheur
Wallowa
Union

OREGON CASCADES WEST COUNCIL OF GOVERNMENTS (CASCADES WEST RIDE LINE)

Benton
Linn
Lincoln

LANE TRANSIT DISTRICT (RIDESOURCE)
Lane

SUNSET EMPIRE TRANSPORTATION DISTRICT (NORTHWEST RIDE CENTER)
Clatsop
Columbia
Tillamook

ROGUE VALLEY TRANSPORTATION DISTRICT (TRANSLINK)
Coos
Curry
Douglas
Jackson
Josephine
Klamath
Lake

MID-COLUMBIA COUNCIL OF GOVERNMENTS (TRANSPORTATION NETWORK)
Gilliam
Hood River
Morrow
Sherman
Umatilla
Wasco
Wheeler

SALEM AREA MASS TRANSIT DISTRICT (TRIP LINK)
Marion
Polk
Yamhill

TRANSPORTATION SERVICES (TRI-MET)
Clackamas
Multnomah
Washington

As noted earlier in this report, the key to using the brokerage system for veteran transportation will be funding each ride. On average, a brokered ride costs .71 cents a mile.

Payment options could include:

- Identify veterans who already qualify for the ride under Title 19 and shift them to that program from DAV or other transportation modes
- Utilize the 41.5 cents per mile the VA reimburses veterans for travel to pay for brokered rides. Make up the difference between VA mileage and the brokerage cost via:
    - Grants
    - State or Federal Funding
    - Directly from the Veteran
    - Tax Credits to the Broker

The brokerage system is the best solution for veterans' medical transportation in that the statewide infrastructure already exists, the brokers are familiar with people with disability and can discern the most appropriate ride for the veteran, and the brokers are eager to help veterans with their transportation needs.

In partnership with the transportation broker Northwest Ride Center (NWRC), the Task Force has been invited to participate in a "listening session" to present a request for a new pilot program to a group including Transportation Secretary Ray LaHood; Rick Krochalis, FTA Regional Administrator; Doug Bernie, Federal Transit Administration; David Riley, Transportation Manager, Department of Veterans Affairs; and a representative from the U.S. Department of Labor. Also in attendance will be congressional staffers from Senators Wyden and Merkley and Congressman Wu's office, as well as State Senators and Representatives.

During the October meeting, NWRC and the Task Force will ask for a six-month pilot project to direct veterans needing medical transportation to contact the brokerage for rides. The brokerage will then schedule the ride with the local DAV or, if available, with another provider for the transportation. NWRC is willing to provide the dispatch service at no cost to the Veterans Administration or the veteran during the length of the project.

Further, NWRC is the only brokerage in the state that issues a gas voucher to eligible clients. NWRC is willing to include veterans in the gas voucher program if the cost of the mileage associated with the transportation voucher can be paid for by some organization. The brokerage will keep statistics on the number of rides and cost of providing the service for review by the Veterans Administration and State of Oregon at which time, if proven successful, the VA will support a financial launch of the project.

The expected outcome of the six-month pilot project is to show that funneling the dispatching of transportation through the local brokerage will improve the efficiency of the available services; improve access to transportation for veterans; reduce the overall cost of transportation by the Veterans Administration; give additional assistance and access to veterans to mobility management options, such as assistance on using public transportation or utilizing other transportation options.

REDUCING THE NEED FOR TRANSPORTATION

There are two ways to solve the veteran medical transportation issue:

1. Create a statewide veterans medical transportation system (discussed above).

2. Provide VA health care services locally in the veterans' community so extensive travel is unnecessary.

In other words, you can move the veteran to the medical care or you can move the medical care to the veteran.

The Veterans Health Administration has taken significant steps to move medicine to the veteran. By establishing CBOCs in communities throughout the state, VA is reaching out to provide medical services in veterans' community. Beyond that, however, VA is an industry leader in telemedicine – providing health care via technology, including mental health.

The Task Force applauds the VA's effort in this area, but believes it needs to go farther faster. CBOCs need to expand to provide some level of specialized care for local veterans. There always will be a transportation issue if VA expects Oregon veterans to travel to a main hospital for specialized care. This is particularly true

of the service-connected disabled veterans who are disabled due to conditions that require specialty care. By offering this care at the CBOC, these veterans will not have to travel long distances to a VA hospital, thus reducing the need for travel. This is especially important in rural and remote Oregon where a trip to the VA can take hours each way, and is quite treacherous or even impossible during winter months.

Another option that VA should consider is expanding its contracting in the community with local health care providers. If a veteran in Bend needs to see a rheumatologist for arthritis, VA could simply contract with rheumatologist in Bend instead of making the veteran drive to the Portland VA Medical Center for the appointment. VA is contracting with local providers for a variety of issues and expanding that contracting will reduce the need for transportation.

Currently, the VA has a mobile Vet Center that can travel around the state and provide mental health services to veterans where they live. The Task Force believes VA should expand mobile health care and use two or three mobile health vans to deliver health care to veterans in the most rural and remote areas of the state.

Also, VA should consider coordinating multiple appointments for individual veterans. Many veterans have more than one doctor at VA hospitals. If the VA could work to ensure the veteran could have multiple appointments on the same day, it would reduce the need for that veteran to make multiple trips to the hospital.

The Task Force is certain that through better coordination and creative management the number of necessary veteran rides to VA facilities can be reduced, especially if VA focuses on providing services to veterans locally.

REMAINING ISSUES

DISABLED AMERICAN VETERANS

As noted earlier in this report, the DAV van system is a vital component of any Oregon veterans' transportation system. However, like all veteran service organizations, DAV only can be successful if it maintains a strong membership. The DAV van system relies upon volunteer drivers and also must raise replacement van costs, both of which can be difficult without support

According to DAV representatives, DAV membership is down. This is not an unusual trend for veteran service organizations. While World War II, Korea and even Vietnam veterans readily joined service organizations, such as DAV, American Legion and Veterans of Foreign Wars (VFW), younger generations of veterans are not joining. Research points to several reasons why the younger generation of veterans is not joining these traditional veteran organizations:

- Younger veterans are working, raising families and do not have time for service in a veteran organization
- Younger veterans do not feel as if they have much in common with the Vietnam and older generation of veterans found in these veteran organizations
- The X and Y generations are not "joiners" and tend not to join any organization
- A number of Cold War era veterans are not eligible to join certain veteran organizations

- Traditional veteran organizations do not cater to the younger generation by changing the culture and atmosphere of their posts

As DAV continues to run its van program, and because the program is financed through donations, the organization must find new members if it hopes to maintain its current service more or less expand in the future. In the first quarter of 2010, DAV provided transportation to 10,831 veterans, covering more than 236,059 miles across the state. These numbers alone point to the extraordinary service the DAV van system provides. DAV representatives told Task Force members that the organization needs help reaching out to veterans, explaining why it is important to financially support DAV, volunteer as drivers and be a part of their organization. The bottom line is without increased membership or another funding source the DAV van system in Oregon could be in danger of being reduced or eventually being eliminated. This would result in a transportation crisis for Oregon veterans.

To address part of the DAV dilemma, the Task Force is recommending that the Veterans Administration re-visit its policy of only allowing the receipt of new vans for DAV transportation services. The Task Force determined that DAV could be the recipients of used vans at no cost, but cannot accept these vans due to VA policy. Should VA allow DAV to accept these vans, such donations would save DAV significant money.

The Task Force also is recommending that proactive steps be taken to help DAV find funding sources for its van system, recruit volunteer drivers for the vans and encourage all Oregon disabled veterans to join the organization to support veteran transportation. This responsibility currently lies solely with DAV, but the Task Force believes both the federal VA and ODVA have the ability to be a significant force multiplier in supporting DAV and its van program.

VETERAN EDUCATION

The Task Force determined that for some veterans, education could be the key to solve their medical transportation needs. Simply put, there are veterans who do not know what options they have for transportation and thus wrongly assume there are no options.

The Task Force is advocating the creation of a veterans' transportation information booklet to inform veterans of transportation options in their area. This information also could be put on the ODVA and Fort Oregon websites. The booklet would contain contact information for DAV, the brokerage system in their region, public transportation and more.

The information also could be distributed to the roughly 80,000 veterans enrolled in VA health care in the state via the federal VA, helping them bridge whatever transportation gap they may have.

LOCAL GOVERNMENT INVOLVEMENT

In order to receive Special Transportation Fund (STF) money from the State, local jurisdictions must draft local Public Transit – Human Services Coordinated Transportation plans. The Task Force is encouraging all local jurisdictions to identify veteran transportation needs in their plans. Once veteran transportation is in their local plan, ODOT then can fund creative veteran transportation needs have been identified in their local plan, project that address those needs become eligible for funding under the STF program as along as those projects can demonstrate that they also address the needs of elderly or disabled. However, without veterans' transportation needs being included in these plans, projects that address those needs are ineligible for STF funding.

VA REIMBURSEMENT FOR VETERAN TRANSPORTATION

There are times when a veteran will have to seek immediate medical attention for an emergency. VA allows

a veteran enrolled in VA health care to seek treatment from the nearest emergency room, including non-VA facilities, such as local hospitals.

Under the law, VA will pay for this emergency visit to a non-VA hospital under certain conditions. One of those conditions is the veteran must be transported to a VA facility as soon as the veteran is stable. In these situations, the local hospital arranges transport, only to be told that the VA is full and the veteran is diverted to another private hospital in the area.

This frustrating situation has many consequences, one of which was brought to the attention of the Task Force. Representatives from the St. Charles Hospital in Bend explained that when a veteran is transported as per VA rules to a VA facility, St. Charles is not reimbursed the cost of that transport by the VA. The representatives from St. Charles Hospital asked if the Task Force could address this issues by seeking to have VA reimburse local hospitals for the cost of transporting a veteran to a VA facility as required by the VA. Under current law, this is a gray area. Veterans can be reimbursed for travel from a VA facility to a private medical facility and back to the VA. However, the law is quiet regarding paying a non-VA hospital for the transport of a veteran to the VA under the rules governing emergency care.

The Task Force believes it is only fair that VA pay for the transportation of a covered veteran who has been stabilized from an emergent situation and is being transported to a VA facility – even if that transport results in a divert to another hospital. Because the law seemingly does not address this situation, the Task Force recommends the Oregon Legislature pass a Joint Memorial urging Congress to address this payment issue.

Further, the Task Force is concerned with the common practice of VA charging a veteran for the cost of emergency care and emergency transportation. With the passage of the Emergency Fairness Act, billing issues regarding veteran emergency care was supposed to be remedied; however, in practice that has not been the case. The Task Force intends to work with VA representatives in Oregon to ensure that the Emergency Fairness Act is implemented properly and that veterans are not billed for their emergency care or transportation.

SUPPORT FOR REINTEGRATION TASK FORCE CONCEPT

As the Legislature is aware, this Task Force is one of three examining specific veteran issues during the 2010 interim. The Legislative Task Force on Veterans' Reintegration is proposing the creation of both a Veterans Reintegration Coordinator in the Governor's Office and a Veterans' Advisory Council, consisting of state agencies that intersect with veterans. The idea behind these two new entities is to better coordinate service delivery veterans with executive branch leadership and authority.

The Legislative Task Force on Veterans' Transportation believes that the veterans' transportation issue would be well served by both a reintegration coordinator and a veterans advisory council. The Task Force knows that the issue of veterans transportation will continue to be an issues after this Task Force completes its work. Having a coordinator who is working together with all the state agencies involved with veteran clients and with the various local grassroots veteran organizations can only improve veteran services in Oregon.

CONCLUSION

Oregon is the 10th largest state in the union by landmass. And even though Oregon's 341,000 veterans are spread throughout our state, this Task Force believes that every veteran – no matter his or her geographical location – should have access to the veteran benefits they have earned through their service.

As identified by the Governor's Task Force on Veterans' Services, medical transport is a significant issue for our veterans, especially those living in rural and remote Oregon. This Task Force has worked hard to provide workable recommendations that can provide a more systematic approach to veterans' transportation.

By using the existing statewide medical transportation brokerage system, encouraging VA to provide more local care, supporting the existing DAV van system, and educating veterans to the transportation services that already exist, Oregon veterans can see marked improvement in accessing their VA health care.

When this Task Force first met, the goal in front of it seemed daunting. However, through the cooperation, dedication and flexibility of the members and the participants, this Task Force believes that the recommendations made in this Final Report will both meet the expectations of the Oregon Legislature and provide a great service to our veterans.

LEGISLATIVE TASK FORCE
ON VETERANS' TRANSPORTATION

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APPENDIX

TITLE 38--VETERANS' BENEFITS
PART I--GENERAL PROVISIONS
CHAPTER 1--GENERAL

Sec. 111. Payments or allowances for beneficiary travel

(a) Under regulations prescribed by the President pursuant to the provisions of this section, the Secretary may pay the actual necessary expense of travel (including lodging and subsistence), or in lieu thereof an allowance based upon mileage traveled, of any person to or from a Department facility or other place in connection with vocational rehabilitation, counseling required by the Secretary pursuant to chapter 34 or 35 of this title, or for the purpose of examination, treatment, or care. In addition to the mileage allowance authorized by this section, there may be allowed reimbursement for the actual cost of ferry fares, and bridge, road, and tunnel tolls.

(b)(1) Except as provided in subsection (c) of this section and notwithstanding subsection

(g)(2)(A) of this section or any other provision of law, if, with respect to any fiscal year, the Secretary exercises the authority under this section to make any payments, the Secretary shall make the payments provided for in this section to or for the following persons for travel during such fiscal year for examination, treatment, or care for which the person is eligible:

(A) A veteran or other person whose travel is in connection with treatment or care for a service-connected disability.

(B) A veteran with a service-connected disability rated at 30 percent or more.

(C) A veteran receiving pension under section 1521 of this title.

(D) A veteran (i) whose annual income (as determined under section 1503 of this title) does not exceed the maximum annual rate of pension which would be payable to such veteran if such veteran were eligible for pension under section 1521 of this title, or (ii) who is determined, under regulations prescribed by the Secretary, to be unable to defray the expenses of the travel for which payment under this section is claimed.

(E) Subject to paragraph (3) of this subsection, a veteran or other person whose travel to or from a Department facility is medically required to be performed by a special mode of travel and who is determined under such regulations to be unable to defray the expenses of the travel for which payment under this section is claimed.

(F) A veteran whose travel to a Department facility is incident to a scheduled compensation and pension examination.

(2) The Secretary may make payments provided for in this section to or for any person not covered by paragraph (1) of this subsection for travel by such person for examination, treatment, or care. Such payments shall be made in accordance with regulations which the Secretary shall prescribe.

(3)(A) Except as provided in subparagraph (B) of this paragraph, the Secretary shall not make payments under this section for travel performed by a special mode of travel unless (i) the travel by such mode is medically required and is authorized by the Secretary before the travel begins, or (ii) the travel by such

mode is in connection with a medical emergency of such a nature that the delay incident to obtaining authorization from the Secretary to use that mode of travel would have been hazardous to the person's life or health.

(B) In the case of travel by a person to or from a Department facility by special mode of travel, the Secretary may provide payment under this section to the provider of the transportation by special mode before determining the eligibility of such person for such payment if the Secretary determines that providing such payment is in the best interest of furnishing care and services. Such a payment shall be made subject to subsequently recovering from such person the amount of the payment if such person is determined to have been ineligible for payment for such travel.

(c)(1) Except as otherwise provided in this subsection, the Secretary, in making a payment under this section to or for a person described in subparagraph (A), (B), (C), or (D) of subsection (b)(1) of this section for travel for examination, treatment, or care, shall deduct from the amount otherwise payable an amount equal to $3 for each one-way trip.

(2) In the case of a person who is determined by the Secretary to be a person who is required to make six or more one-way trips for needed examination, treatment, or care during the remainder of the calendar month in which the determination is made or during any subsequent calendar month during the one-year period following the last day of the month in which the determination is made, the amount deducted by the Secretary pursuant to paragraph (1) of this subsection from payments for trips made to or from such facility during any such month shall not, except as provided in paragraph (5) of this subsection, exceed $18.

(3) No deduction shall be made pursuant to paragraph (1) of this subsection in the case of a person whose travel to or from a Department facility is performed by a special mode of travel for which payment under this section is authorized under subsection (b)(3) of this section.

(4) The Secretary may waive the deduction requirement of paragraph (1) of this subsection in the case of the travel of any veteran for whom the imposition of the deduction would cause severe financial hardship. The Secretary shall prescribe in regulations the conditions under which a finding of severe financial hardship is warranted for purposes of this paragraph.

(5) Whenever the Secretary increases or decreases the rates of allowances or reimbursement to be paid under this section, the Secretary, effective on the date on which such increase or decrease takes effect, adjust proportionately the dollar amounts specified in paragraphs (1) and (2) of this subsection as such amounts may have been increased or decreased pursuant to this paragraph before such date.

(d) Payment of the following expenses or allowances in connection with vocational rehabilitation, counseling, or upon termination of examination, treatment, or care, may be made before the completion of travel:
(1) The mileage allowance authorized by subsection (a) of this section.
(2) Actual local travel expenses.

(3) The expense of hiring an automobile or ambulance, or the fee authorized for the services of a nonemployee attendant.

(e) When any person entitled to mileage under this section requires an attendant (other than an employee of the Department) in order to perform such travel, the attendant may be allowed expenses of travel

upon the same basis as such person.

(f) The Secretary may provide for the purchase of printed reduced-fare requests for use by veterans and their authorized attendants when traveling at their own expense to or from any Department facility.

(g)(1) In carrying out the purposes of this section, the Secretary, in consultation with the Administrator of General Services, the Secretary of Transportation, the Comptroller General of the United States, and representatives of organizations of veterans, shall conduct periodic investigations of the actual cost of travel (including lodging and subsistence) to beneficiaries while traveling to or from a Department facility or other place pursuant to the provisions of this section, and the estimated cost of alternative modes of travel, including public transportation and the operation of privately owned vehicles. The Secretary shall conduct such investigations immediately following any alteration in the rates described in paragraph (3)(C) of this subsection, and, in any event, immediately following the enactment of this subsection and not less often than annually thereafter, and based thereon, shall determine rates of allowances or reimbursement to be paid under this section.

(2) In no event shall payment be provided under this section--

(A) unless the person claiming reimbursement has been determined, pursuant to regulations which the Secretary shall prescribe, to be unable to defray the expenses of such travel (except with respect to a person receiving benefits for or in connection with a service-connected disability under this title, a veteran receiving or eligible to receive pension under section 1521 of this title, or a person whose annual income, determined in accordance with section 1503 of this title, does not exceed the maximum annual rate of pension which would be payable to such person if such person were eligible for pension under section 1521 of this title);

(B) to reimburse for the cost of travel by privately owned vehicle in any amount in excess of the cost of such travel by public transportation unless (i) public transportation is not reasonably accessible or would be medically inadvisable, or (ii) the cost of such travel is not greater than the cost of public transportation; and

(C) in excess of the actual expense incurred by such person as certified in writing by such person.

(3) In conducting investigations and determining rates under this section, the Secretary shall review and analyze, among other factors, the following factors:

(A)(i) Depreciation of original vehicle costs;

(ii) gasoline and oil costs;

(iii) maintenance, accessories, parts, and tire costs;

(iv) insurance costs; and

(v) State and Federal taxes.

(B) The availability of and time required for public transportation.

(C) The per diem rates, mileage allowances, and expenses of travel authorized under sections 5702 and

5704 of title 5 for employees of the United States.

(4) Before determining rates or adjusting amounts under this section and not later than sixty days after any alteration in the rates described in paragraph (3)(C) of this subsection, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report containing the rates and amounts the Secretary proposes to establish or continue with a full justification therefor in terms of each of the limitations and factors set forth in this section.

(h) The Secretary, in consultation and coordination with the Secretary of Transportation and appropriate representatives of veterans' service organizations, shall take all appropriate steps to facilitate the establishment and maintenance of a program under which such organizations, or individuals who are volunteering their services to the Department, would take responsibility for the transportation, without reimbursement from the Department, to Department facilities of veterans (primarily those residing in areas which are geographically accessible to such facilities) who seek services or benefits from the Department under chapter 17 or other provisions of this title.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1113; Pub. L. 86-590, July 5, 1960, 74 Stat. 329; Pub. L. 89-358, Sec. 4(g), Mar. 3, 1966, 80 Stat. 24; Pub. L. 89-455, June 18, 1966, 80 Stat. 208; Pub. L. 94-581, title I, Sec. 101, Oct. 21, 1976, 90 Stat. 2842; Pub. L. 96-151, title II, Sec. 201(a), Dec. 20, 1979, 93 Stat. 1093; Pub. L. 97-295, Sec. 4(5), Oct. 12, 1982, 96 Stat. 1305; Pub. L. 100-322, title I, Sec. 108(a), (b)(1), (c)-(e)(1), May 20, 1988, 102 Stat. 496-498; Pub. L. 102-83, Secs. 4(a)(3), (4), (6), (b)(1), (2)(E), 5(c)(1), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 103-446, title XII, Sec. 1201(e)(1), Nov. 2, 1994, 108 Stat. 4685.)

Authority: 38 U.S.C. 101, 111, 501, 1701, 1714, 1720, 1728, 1782, 1783, E.O. 11302.

Source: 73 FR 36798, June 30, 2008, unless otherwise noted.

§ 70.1 Purpose and scope.

top

(a) This part provides a mechanism under 38 U.S.C. 111 for the Veterans Health Administration (VHA) to make payments for travel expenses incurred in the United States to help veterans and other persons obtain care or services from VHA.
(b) This part does not cover payment for emergency transportation of veterans for non-service-connected conditions in non-VA facilities when the payment for transportation is covered by §§17.1000 through 17.1008 of this chapter, as authorized by 38 U.S.C. 1725.
(Authority: 38 U.S.C. 101, 111, 501, 1701, 1714, 1720, 1728, 1782, 1783, E.O. 11302)

§ 70.2 Definitions.

top

For purposes of this part:
Attendant means an individual traveling with a beneficiary who is eligible for beneficiary travel and requires the aid and/or physical assistance of another person.
Beneficiary means a person determined eligible for VHA benefits.
Claimant means a veteran who received services (or his/her guardian) or the hospital, clinic, or community resource that provided the services, or the person other than the veteran who paid for the services.
Clinician means a Physician, Physician Assistant (PA), Nurse Practitioner (NP), Psychologist, or other independent licensed practitioner.
Emergency treatment means treatment for a condition of such a nature that a prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health (this standard would be met if there were an emergency medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) 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 placing the health of the individual in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part).
Irregular discharge means the release of a competent patient from a VA or VA-authorized hospital, nursing home, or domiciliary care due to: refusal, neglect or obstruction of examination or treatment; leaving without the approval of the treating health care clinician; or disorderly conduct and discharge is the appropriate disciplinary action.
Special mode of transportation means an ambulance, ambulette, air ambulance, wheelchair van, or other mode of transportation specially designed to transport disabled persons (this would not include a mode of transportation not specifically designed to transport disabled persons, such as a bus, subway, taxi, train, or airplane). A modified, privately-owned vehicle, with special adaptive equipment and/or capable of transporting disabled persons is not a special mode of transportation for the purposes of this part.
United States means each of the several States, Territories, and possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.
VA means the Department of Veterans Affairs.
VA-authorized health care facility means a non-VA health care facility where VA has approved care for an eligible beneficiary at VA expense.
VA facility means VA Medical Center (VAMC), VA Outpatient Clinic (OPC), or VA Community Based Outpatient Clinic (CBOC).
VHA means the Veterans Health Administration, a principal unit within VA.
(Authority: 38 U.S.C. 101, 111, 501, 1701, 1714, 1720, 1728, 1782, 1783, E.O. 11302)

§ 70.3 Determination of Secretary.

top

For each fiscal year, the Secretary of Veterans Affairs will determine whether funds are available for paying expenses of VHA beneficiary travel under 38 U.S.C. 111. If the Secretary determines that funds are available for such purpose, VA will make payment for expenses of such travel in accordance with the provisions of this part.
(Authority: 38 U.S.C. 101, 111, 501, 1701, 1714, 1720, 1728, 1782, 1783, E.O. 11302)

§ 70.4 Criteria for approval.

top

(a) VA will approve payment for beneficiary travel under this part if:
(1) The travel was made to obtain care or services for a person who is eligible for beneficiary travel payments under §70.10,
(2) The travel was in connection with care or services for which such person was eligible under the laws administered by VA,
(3) Application was made in accordance with §70.20,
(4) All of the requirements of this part for payment are met, and
(5) Any failure to obtain the care or services was due to actions by officials of VA or persons acting on behalf of VA.
(b) When a claimant requests payment for beneficiary travel after the provision of care or services and the travel did not include a special mode of transportation, VA will approve round-trip payment under this part only if the travel was:
(1) In connection with care or services that were scheduled with VHA prior to arrival at the VHA-designated facility, or
(2) For emergency treatment.
(c) When a claimant requests payment for beneficiary travel for care or services that were not scheduled with VHA prior to arrival at the facility and were not emergency treatment and the travel did not include a special mode of transportation, VA will not approve round-trip payment under this part but will approve payment for the return trip if VHA actually provided care or services.

(d) Except as provided in §70.32 concerning reimbursement or prior payment, when payment for beneficiary travel is requested for travel that includes a special mode of transportation, VA will approve payment under this part if:
(1) The travel is medically required,
(2) The beneficiary is unable to defray the cost of such transportation, and
(3) VHA approved the travel prior to travel in the special mode of transportation or the travel was undertaken in connection with a medical emergency.
(Authority: 38 U.S.C. 101, 111, 501, 1701, 1714, 1720, 1728, 1782, 1783, E.O. 11302)

§ 70.10 Eligible persons.

top
(a) The following listed persons are eligible for beneficiary travel payments under this part:
(1) A veteran who travels to or from a VA facility or VA-authorized health care facility in connection with treatment or care for a service-connected disability (regardless of percent of disability).
(2) A veteran with a service-connected disability rated at 30 percent or more who travels to or from a VA facility or VA-authorized health care facility for examination, treatment, or care for any condition.
(3) A veteran who travels to a VA facility or VA-authorized health care facility for a scheduled compensation and pension examination.
(4) A veteran receiving pension under 38 U.S.C. 1521, who travels to or from a VA facility or VA-authorized health care facility for examination, treatment, or care.
(5) A veteran whose annual income (as determined under 38 U.S.C. 1503) does not exceed the maximum annual rate of pension that the veteran would receive under 38 U.S.C. 1521 (as adjusted under 38 U.S.C. 5312) if the veteran was eligible for pension and travels to or from a VA facility or VA-authorized health care facility for examination, treatment, or care.
(6) A veteran who travels to or from a VA facility or VA-authorized health care facility for examination, treatment, or care, and who is unable to defray the expenses of that travel as defined in paragraph (c) of this section.
(7) A member of a veteran's immediate family, a veteran's legal guardian, or a person in whose household the veteran certifies an intention to live, if such person is traveling for consultation, professional counseling, training, or mental health services concerning a veteran who is receiving care for a service-connected disability; or a member of a veteran's immediate family, if such person is traveling for bereavement counseling relating to the death of such veteran in the active military, naval, or air service in the line of duty and under circumstances not due to the veteran's own misconduct.
(8) An attendant other than a VA employee, who is accompanying and assisting a beneficiary eligible for beneficiary travel payments under this section, when such beneficiary is medically determined to require the presence of the attendant because of a physical or mental condition.
(9) Beneficiaries of other Federal agencies, incident to medical services rendered upon requests of those agencies, subject to reimbursement agreement by those agencies.
(10) Allied beneficiaries as defined by 38 U.S.C. 109 subject to reimbursement agreement by the government concerned.
(b) For purposes of this section, the term “examination, treatment, or care” means the care or services provided under the Medical Benefits Package in §17.38 of this chapter.
(c) For purposes of this section, a beneficiary shall be considered unable to defray the expenses of travel if the beneficiary:
(1) Has an income for the year (as defined under 38 U.S.C. 1503) immediately preceding the application for beneficiary travel that does not exceed the maximum annual rate of pension that the beneficiary would receive under 38 U.S.C. 1521 (as adjusted under 38 U.S.C. 5312) if the beneficiary were eligible for pension during that year; or
(2) Is able to demonstrate that due to circumstances such as loss of employment, or incurrence of a disability, his or her income in the year of travel will not exceed the maximum annual rate of pension that the beneficiary would receive under 38 U.S.C. 1521 (as adjusted under 38 U.S.C. 5312) if the beneficiary were eligible for pension; or
(3) Has a service-connected disability rated at least 30 percent; or
(4) Is traveling in connection with treatment of a service-connected disability.
(Authority: 38 U.S.C. 101, 111, 501, 1701, 1714, 1720, 1728, 1782, 1783, E.O. 11302)
[73 FR 36798, June 30, 2008, as amended at 73 FR 50723, Aug. 28, 2008]

§ 70.20 Application.

top
(a) A claimant may apply for beneficiary travel orally or in writing but must provide VA the receipt for each expense other than for mileage.
(b) A claimant must apply for payment of beneficiary travel within 30 calendar days after completing beneficiary travel that does not include a special mode of transportation.
(c) For beneficiary travel that includes a special mode of transportation, a claimant must apply for payment of beneficiary travel and obtain approval from VA prior to the travel; however, if the travel included a special mode of transportation and the claimant without prior approval applies for payment of the beneficiary travel within 30 calendar days after the travel is completed, the application will be considered timely submitted if the travel was for emergency treatment.
(d) Notwithstanding other provisions of this section, for travel that includes meals and/or lodging, a claimant must apply for and receive approval prior to obtaining the meals and/or lodging in order to receive payment in accordance with §70.30(a)(3) for the meals and/or lodging.
(e) If VA determines that additional information is needed to make a determination concerning an application under this part, VA will notify the claimant in writing of the deficiency and request additional information. If the claimant has not responded to the request within 30 days, VA may decide the claim prior to the expiration of the 1-year submission period required by 38 U.S.C. 5103(b)(1) based on all the information contained in the file, including any information it has obtained on behalf of the claimant. If VA does so, however, and the claimant subsequently provides the information within 1 year of the date of the request, VA must readjudicate the claim.
(f) Notwithstanding other provisions of this section, if a person becomes eligible for payment of beneficiary travel after the travel takes place, payment may be made if the person applies for travel benefits within 30 days of the date when the person became eligible for travel benefits.
(g) The date of an application for beneficiary travel is the postmark date, if mailed; or the date of submission if hand delivered, provided by electronic means, or provided orally.

(Authority: 38 U.S.C. 101, 111, 501, 1701, 1714, 1720, 1728, 1782, 1783, E.O. 11302)
(The Office of Management and Budget has approved the information collection provisions in this section under control number 2900–0080)

§ 70.21 Where to apply.

top
Claimants for beneficiary travel must submit the information required in §70.20 to the Chief of the Business Office or other designee at the VA medical facility responsible for the medical care or services being provided and for which travel is required.
(Authority: 38 U.S.C. 101, 111, 501, 1701, 1714, 1720, 1728, 1782, 1783, E.O. 11302)

§ 70.30 Payment principles.

top
(a) Subject to the other provisions of this section and subject to the deductibles required under §70.31, VA will pay the following for beneficiary travel by an eligible beneficiary when travel expenses are actually incurred:
(1) The per mile rate established by the Secretary for the period of travel for use of privately owned vehicle or the actual cost for use of the most economical common carrier (bus, train, taxi, airplane, etc.), for travel to and from VA or VA-authorized health care subject to the following:
(i) Travel by a privately owned vehicle for a compensation and pension examination that is solely for the convenience of the Government (e.g., repeat a laboratory test, redo a poor quality x-ray) may have a different per mile rate if deemed appropriate by the Secretary.
(ii) Per mile payment for use of privately owned vehicle may not exceed the cost of such travel by public transportation (even if it is for the convenience of the government) unless determined to be medically necessary.
(iii) Payment for a common carrier may not exceed the amount allowed for a privately owned vehicle unless travel by a privately owned vehicle is not reasonably accessible or travel by a common carrier is determined to be medically necessary.
(iv) As required by law, each time the Federal government makes a change in mileage rates payable under 5 U.S.C. 5702 and 5704 for Federal employee travel by privately owned vehicle, but not less frequently than annually, the Secretary shall conduct an investigation of the actual costs of travel, including lodging and subsistence. In conducting the investigation, the Secretary shall consult with the Administrator of the General Services Administration, the Secretary of Transportation, the Comptroller General of the United States, and veterans' service organizations. As part of the investigation, the Secretary shall review and consider various factors including vehicle depreciation, State and Federal vehicle taxes and the costs of gasoline, oil, maintenance, accessories, parts, tires, and insurance. However, to the extent that the Administrator of General Services has, within a reasonable period of time, conducted an investigation of travel costs that included the factors described in this paragraph, the Secretary may consider that investigation in lieu of conducting a separate investigation with respect to the findings of those individual factors. The Secretary is not obligated to accept or rely on any conclusions of the Administrator's investigation. Based on the investigation required by this subsection, VA shall determine whether there is a need to change the mileage rates payable under paragraph (a) of this section. If a determination is made that a change is warranted the new rate(s) will be published in the notices section of theFederal Register.Current rate(s) can be found at *http://www.va.gov/healtheligibility/Library/pubs/BeneficiaryTravel/BeneficiaryTravel.pdf* or by contacting the Beneficiary Travel office at the closest VA health care facility.
(2) The actual cost of ferry fares, bridge tolls, road tolls, and tunnel tolls (supported by receipts for such expenses as required by §70.20(a)).
(3) The actual cost for meals, lodging, or both, not to exceed 50 percent of the amount allowed for government employees under 5 U.S.C. 5702, when VA determines that an overnight stay is required. Factors VA may consider in making that determination include, but are not limited to the following:
(i) The distance the veteran must travel.
(ii) The time of day when VA scheduled the veteran's appointment.
(iii) The weather conditions or congestion conditions affecting the travel.
(iv) The veteran's medical condition and its impact on the ability to travel.
(4) The actual cost of a special mode of transportation.
(b) Payments under this section are subject to the following:
(1) Except as otherwise allowed under this section, payment is limited to travel from the beneficiary's residence to the nearest VA facility where the care or services could be provided and from such VA facility to the beneficiary's residence.
(2) Payment may be made for travel from the beneficiary's residence to the nearest non-VA facility where the care or services could be provided and from such facility to the beneficiary's residence if VA determines that it is necessary to obtain the care or services at a non-VA facility.
(3) Payment may be made for travel from or to a place where the beneficiary is staying (if the beneficiary is not staying at the beneficiary's residence) but the payment may not exceed the amount that would be payable for travel under paragraph (b)(1) or (b)(2) of this section, as applicable.
(4) If the beneficiary's residence changed while receiving care or services, payment for the return trip will be for travel to the new residence, except that payment may not exceed the amount that would be allowed from the facility where the care or services could have been provided that is nearest to the new residence (for example, if during a period of care or services in Baltimore, a beneficiary changed his or her address from Baltimore to Detroit, payment for the return trip would be limited to that allowed for traveling to the new residence from the nearest facility to the new residence in Detroit where the care or services could have been provided).
(5) If the beneficiary is in a terminal condition at a VA facility or other facility under VA auspices and travels to a non-VA medical facility for the purpose of being nearer to his or her residence, payment may be made for travel to the medical facility receiving the beneficiary for such purpose.
(6) Payment may be made for travel from a non-VA health care facility where the beneficiary is receiving care or services to the nearest VA facility where the appropriate care or services could be provided.
(7) Payment will not be made for return travel for a beneficiary receiving an irregular discharge.
(8) On a case-by-case basis, payment for travel may be paid for any distance if it is financially favorable to the government (for example, payment for travel could be allowed to a more distant nursing home when admission to that nursing home is a prerequisite to qualify for community assistance that would more than offset the additional travel payment).

(c) Payment for travel of an attendant under this section will be calculated on the same basis as for the beneficiary.
(d) For shared travel in a privately-owned vehicle, payments are limited to the amount for one beneficiary (for example, if a beneficiary and an attendant travel in the same automobile or if two beneficiaries travel in the same automobile, the amount for mileage will be limited to the amount for one beneficiary).
(e) Beneficiary travel will not be paid under the following circumstances:
(1) The payment of the travel allowance would be counterproductive to the therapy being provided and such determination is recorded in the patient's medical records, and
(2) The chief of the service or a designee reviewed and approved the determination by signature in the patient's medical record.
(Authority: 38 U.S.C. 101, 111, 501, 1701, 1714, 1720, 1728, 1782, 1783, E.O. 11302)

§ 70.31 Deductibles.

top
(a) VA shall deduct an amount established by the Secretary for each one-way trip from the amount otherwise payable under this part for such one-way trip, except that:
(1) VA shall not deduct any amounts in a calendar month after the completion of six one-way trips for which deductions were made in such calendar month, and
(2) Whenever the Secretary adjusts the mileage rates as a result of the investigation described in §70.30(a)(1)(iv), the Secretary shall, effective on the date such mileage rate change should occur, adjust proportionally the deductible amount in effect at the time of the adjustment. If a determination is made that a change is warranted, the new deductible(s) will be published in the notice section of theFederal Register.Current deductible(s) can be found at *http://www.va.gov/healtheligibility/Library/pubs/BeneficiaryTravel/BeneficiaryTravel.pdf* or by contacting the Beneficiary Travel office at the closest VA health care facility.
(b) The provisions under this section for making deductions shall not apply to:
(1) Travel that includes travel by a special mode of transportation,
(2) Travel to a VA facility for a scheduled compensation and pension examination, and
(3) Travel by a non-veteran.
(c) VA shall waive the deductible under this section when it would cause the beneficiary severe financial hardship. For purposes of this section, severe financial hardship occurs if the beneficiary:
(1) Is in receipt of a VA pension;
(2) Has income for the year prior to the year in which application is made pursuant to §70.20 that does not exceed the household income threshold determined under 38 U.S.C. 1722(a) (the current income thresholds can be found at *http://www.va.gov/healtheligibility/Library/pubs/VAIncomeThresholds/VAIncomeThresholds.pdf*); or
(3) Has circumstances in the year the application is made pursuant to §70.20 that cause his or her projected income not to exceed the household income threshold determined under 38 U.S.C. 1722(a).
(d) Waivers granted under this section are valid:
(1) Through the end of the calendar year of the application made pursuant to §70.20; or
(2) Until there is a change in the beneficiary's household income during the calendar year of the application made pursuant to §70.20 that results in the beneficiary no longer meeting the terms of paragraph (c) of this section.
(e) A beneficiary granted a waiver under this section must promptly inform VA of any household income status change during the waiver period that results in the beneficiary no longer meeting the terms of paragraph (c) of this section.
(Authority: 38 U.S.C. 101, 111, 501, 1701, 1714, 1720, 1728, 1782, 1783, E.O. 11302)
(The Office of Management and Budget has approved the information collection provisions in this section under control number 2900–0091)

§ 70.32 Reimbursement or prior payment.

top
(a) Payment will be made on a reimbursement basis after the travel has occurred, except that:
(1) Upon completion of examination, treatment, or care, payment may be made before the return travel has occurred, and
(2) In the case of travel by a person to or from a VA facility by special mode of transportation, VA may provide payment for beneficiary travel to the provider of the transportation before determining eligibility of such person for such payment if VA determines that the travel is for emergency treatment and the beneficiary or other person made a claim that the beneficiary is eligible for payment for the travel.
(b) Payment under this part will be made to the beneficiary, except that VA may make a beneficiary travel payment under this part to a person or organization other than the beneficiary upon satisfactory evidence that the person or organization actually provided or paid for the travel.
(Authority: 38 U.S.C. 101, 111, 501, 1701, 1714, 1720, 1728, 1782, 1783, E.O. 11302)

§ 70.40 Administrative procedures.

top
Upon denial of an initial claim for beneficiary travel, VA will provide the claimant written notice of the decision and advise the claimant of reconsideration and appeal rights. A claimant who disagrees with the initial decision denying the claim for beneficiary travel, in whole or in part, may obtain reconsideration under §17.133 of this chapter and may file an appeal to the Board of Veterans' Appeals under parts 19 and 20 of this chapter. An appeal may be made directly to the Board of Veterans' Appeals without requesting reconsideration.
(Authority: 38 U.S.C. 101, 111, 501, 1701, 1714, 1720, 1728, 1782, 1783, E.O. 11302)

§ 70.41 Recovery of payments.

top

Payments for beneficiary travel made to persons ineligible for such payment are subject to recapture under applicable law, including the provisions of §§1.900 through 1.953 of this chapter.
(Authority: 38 U.S.C. 101, 111, 501, 1701, 1714, 1720, 1728, 1782, 1783, E.O. 11302)

§ 70.42 False statements.

top
A person who makes a false statement for the purpose of obtaining payments for beneficiary travel may be prosecuted under applicable laws, including 18 U.S.C. 1001.
(Authority: 38 U.S.C. 101, 111, 501, 1701, 1714, 1720, 1728, 1782, 1783, E.O. 11302)

§ 70.50 Reduced fare requests.

top
Printed reduced-fare requests for use by eligible beneficiaries and their attendants when traveling at their own expense to or from any VA facility or VA-authorized facility for authorized VA health care are available from any VA medical facility. Beneficiaries may use these request forms to ask transportation providers, such as bus companies, for a reduced fare. Whether to grant a reduced fare is determined by the transportation provider.

(Authority: 38 U.S.C. 101, 111, 501, 1701, 1714, 1720, 1728, 1782, 1783, E.O. 11302)

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA HANDBOOK 1620.02
Transmittal Sheet
May 24, 2007

VOLUNTEER TRANSPORTATION NETWORK (VTN)

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) Handbook defines the Disabled American Veterans (DAV) Volunteer Transportation Network (VTN) and its relationship to a VHA facility.

2. SUMMARY OF MAJOR CHANGES. This is a complete revision of VHA Handbook 1620.2; the major changes refer to:

a. Providing oversight.

b. Ensuring that a security background check and a safe driving record check is completed.

c. Conducting an annual review of documentation.

d. Deleting references to "parallel the standards of wage-grade van drivers."

3. RELATED ISSUES. VHA Directive 1620 and VHA Handbook 1620.1

4. RESPONSIBLE OFFICE. The Voluntary Service Office (10C2) is responsible for the contents of this Handbook. Questions may be addressed to 202-273-8952.

5. RECISSION. VHA Handbook 1620.2, dated May 2, 2001, is rescinded.

6. RECERTIFICATION. This VHA Handbook is scheduled for recertification on or before the last working day of May 2012.

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Acting Under Secretary for Health

DISTRIBUTION: CO: E-mailed 5/24/2007
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 5/24/2007

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VOLUNTEER TRANSPORTATION NETWORK

1. PURPOSE

This Veterans Health Administration (VHA) Handbook defines the Disabled American Veterans (DAV) Volunteer Transportation Network (VTN) and its relationship to a VHA facility.

2. BACKGROUND

a. Changes in the level of funding for the Beneficiary Travel program led the Department of Veterans Affairs (VA) to accept alternative options for transportation of eligible veterans seeking VA services. VTN was established to provide needed transportation for veterans seeking services from a VA facility and/or an authorized facility. VTN guidelines permit volunteer participation in providing transportation to veterans using a volunteer's privately-owned conveyance or a government-owned vehicle, including donated vehicles, county vehicles, and DAV Department (State) or Chapter (local) vehicles.

b. Since 1987, the DAV, with the support of VA Voluntary Service (VAVS), has staffed and funded a nationwide DAV volunteer-based transportation network. In some instances, DAV Departments and/or Chapters have donated vehicles to VA medical facilities. The DAV established and funded the position of Hospital Service Coordinator (HSC), an individual who is a VAVS volunteer and who assumes the responsibility for coordination of the DAV VTN. The HSC coordinates with VA staff to ensure the availability and utilization of the full range of community transportation resources to meet the needs of the local facility.

3. AUTHORITY

VA authorizes volunteer participation in providing transportation to veterans who are seeking VA services or benefits, and to accompanying caregivers, or service animals, if the caregivers' or service animals' presence is medically indicated (see Title 38 United States Code (U.S.C.) 111(h)).

4. VOLUNTEER TRANSPORTATION NETWORK (VTN)

The VTN is designed to provide transportation services to veterans seeking benefits at VA facilities, including Veterans Benefits Administration (VBA) offices, and who have no other means of transportation. Volunteer transportation services consist of, but are not limited to:

a. Private vehicles;

b. DAV Department or Chapter vehicles;

c. Public transportation;

d. Contracted transportation; and

e. Government-owned vehicles, including donated vehicles and county vehicles.

5. SCOPE

a. VA medical center staffs are encouraged to establish VTNs and/or cooperate with DAV representatives and other organizations to provide assistance, within available resources, in the development, implementation, and operation of a VTN that meets the needs of their facility.

b. An HSC or Volunteer Coordinator must be in place and registered as a VAVS volunteer before the VTN can become operational. Space accommodations for the position may be determined locally.

c. The VA facility Director assigns program responsibility to Voluntary Service, which uses the following instructions as guidance for implementing the program.

(1) Facilities and/or Veterans Integrated Services Networks (VISNs) without an existing VTN are strongly encouraged to establish a task group to determine the transportation needs of eligible beneficiaries, research existing transportation services, and analyze potential support from voluntary organizations and individuals. The task group needs to be composed of representatives from Health Administration Service (HAS) or an equivalent program office, Social Work Service, Voluntary Service, DAV, and other services and/or service organizations, as deemed appropriate.

(2) Appropriate HAS and Voluntary Service personnel are to collaborate with the DAV HSC or VTN coordinator in establishing local procedures to schedule transportation to meet the needs of the veteran patient. ***NOTE:*** *The HSC or Volunteer Coordinator assumes coordination of the VTN.*

(3) Linkage needs to be established between the DAV HSC and the VA Medical Center Community Service Coordinator to ensure the availability and utilization of the full range of community transportation resources.

(4) Using Appendix A as a model, each facility and/or VISN must develop a policy memorandum governing the acceptance and use of transportation volunteers.

(5) A training program for volunteers who accept assignments as volunteer drivers and other assignments as deemed necessary, needs to be established. Training programs need to be held in locations most convenient to the volunteers being trained (see App. B).

(6) A facility and/or VISN with a VTN is required to administer physical examinations and health screenings for volunteer drivers at a minimum of every 4 years on a regular basis, at the local facility and/or VISN.

NOTE: *Guidance for volunteers transporting veterans in privately-owned vehicles is found in Appendix D.*

6. RESPONSIBILITIES OF THE VOLUNTARY SERVICE PROGRAM MANAGER (VPM)

The responsibilities of the Voluntary Service Program Manager (VPM) include, but are not limited to:

a. Assisting in recruiting transportation volunteers and providing oversight in ensuring:

(1) Volunteers have proof of a safe driving record and a valid driver's license. Current automobile insurance or private liability insurance is required for all VTN drivers. Proof is to be verified by the VPM. This documentation is kept in the volunteer's file in the Voluntary Service Office. The volunteer must inform the HSC, or coordinator of any changes in his or her driving record, insurance, or any other pertinent changes in information throughout the volunteer's term of service.

(2) Volunteers complete and sign the waiver of compensation on VA Form 10-7055, Application for Voluntary Service, or facsimile.

(3) Volunteers complete a volunteer orientation with the VPM, or designee.

(4) All appropriate training required is completed.

(5) Volunteers' vehicles are in good working condition, have the proper vehicle registration, and pass any applicable state inspection when using a personal vehicle to transport VA patients.

b. Interviewing, orienting, and scheduling the necessary job-specific training for volunteer drivers.

c. Ensuring that the appropriate security background check and safe driving record check of the volunteer driver is secured, prior to assigning the potential volunteer driver any driving duties.

d. Maintaining volunteer files and establishing a mechanism by which each volunteer's credentials, training, and health records can be updated regularly.

e. Maintaining a record of the volunteers' hours.

f. Bestowing appropriate recognition on volunteers for the hours of service contributed.

g. Reporting significant events to the VAVS Office (10C2), i.e., major accidents and incidents, and transportation network concerns and issues which have not been resolved at the local level.

h. Ensuring that a Volunteer Position Description is on file and is communicated to the volunteer driver.

i. Ensuring that annual safe driver training is provided to all volunteer drivers.

j. Ensuring an annual inspection of the volunteer driver 's documents to ensure that these documents are current, i.e. driver's license, proof of current insurance, etc.

k. Ensuring that physicals are obtained for all volunteer drivers, at a minimum of every 4 years, and that all health information is documented in the volunteer's folder.

l. Ensuring that additional annual training occurs in patient safety and the handling of emergency situations, and that all training is documented in the volunteer's folder at the local facility.

m. Creating a VHA local policy regarding the VTN specific to that facility and referencing VHA Handbook 1620.02.

7. RESPONSIBILITIES OF THE HOSPITAL SERVICE COORDINATOR (HSC) OR VOLUNTEER COORDINATOR

The HSC or Volunteer Coordinator is responsible for:

a. Setting up a VTN Office and making sure that it is adequately staffed.

b. Coordinating the volunteers assigned to the VTN.

c. Keeping adequate records of the VTN. This includes keeping a record of the:

(1) Names of volunteers;

(2) Individual volunteer hours;

(3) Mileage traveled;

(4) Date, time, place, and names of veterans transported; and

(5) Incidents and/or accidents.

d. Coordinating the VTN activities with the Chief, Voluntary Service to ensure:

(1) VA recognition of all volunteers involved as transportation network VAVS volunteers, and

(2) The transportation network VAVS volunteer's hours are recorded as official VAVS hours.

e. Ensuring that all transportation provided by volunteers has been approved by the designated VA employee as an official VAVS activity, if other than the VAVS assignment of patient transport.

f. Keeping the VA Medical Center VAVS representative informed of the activities of their organization volunteers in the VTN.

g. Recruiting transportation volunteers who meet the criteria outlined in subparagraph 6a(1) through 6a(5).

h. Publicizing the VTN and the need for more volunteers.

i. Working with the DAV National Service Officer (NSO) and/or the DAV Department supervisor to establish a budget for the VTN (for the HSC, if applicable).

j. Reporting office activities to the DAV Department, DAV National Headquarters and the Medical Center Voluntary Service Office on a monthly basis, or more often if warranted, i.e., major accidents and/or incidents, workload, transportation network concerns, and issues that have not been resolved at the local level.

8. RESPONSIBILITIES OF THE TRANSPORTATION VOLUNTEER DRIVER

The Transportation Volunteer Driver is responsible for:

a. Providing Voluntary Service and DAV with proof of a safe driving record, a valid driver's license, and current automobile or private insurance.

b. Notifying the HSC of any changes related to the safe driving record or insurance.

c. Receiving required training and required volunteer physicals and health screenings.

d. Carrying out the assignment as outlined by the Volunteer Position Description.

d. Reporting to the HSC, or Volunteer Coordinator, the following:

(1) Name(s) and number of patients transported;

(2) Miles driven;

(3) Volunteer hours; and

(4) Any significant events, i.e., traffic accidents and problems encountered while on duty.

9. RESPONSIBILITIES OF THE DISABLED AMERICAN VETERANS (DAV) HSC

The DAV HSC is responsible for working in close cooperation with the VPM in providing oversight and coordination of the VTN, and is instrumental in helping recruit volunteer drivers for the VA medical facility. When possible, this individual is stationed at a VA medical facility.

SAMPLE OF FACILITY MEMORANDUM FOR TRANSPORTATION VOLUNTEER DRIVERS

Date:
To:

SUBJ: Transportation Volunteer Drivers

1. Transportation Volunteer Drivers are regularly scheduled volunteers whose assignment is specifically stated as providing transportation to and from Department of Veterans Affairs (VA) facilities for veterans in the community who seek services or benefits from VA. Transportation Volunteer Drivers may utilize their own vehicles in the process of escorting veterans to and from VA facilities, and provide this service without compensation (WOC) from VA, the veteran patient, and/or a service organization (with the possible exception of out-of-pocket expenses).

2. Transportation Volunteer Drivers must meet the following criteria:

a. Provide proof of safe driving record and a valid driver's license. Current motor vehicle bodily-injury liability and property damage insurance, or personal insurance is required for all Volunteer Transportation Network (VTN) drivers. This documentation must be reviewed annually by the Voluntary Service Office to ensure all documentation is current, and copies must be kept in the volunteer's personnel file in the Voluntary Service Office. The volunteer must inform the Hospital Service Coordinator (HSC) of any moving violations, traffic accidents, expiration of automobile insurance, and/or any other pertinent information throughout the volunteer's term of service.

b. Complete and sign the waiver of compensation on VA Form 10-7055, Application for Voluntary Service.

c. Pass driver physicals and health screenings as required by current Veterans Health Administration (VHA) policy.

d. Complete a volunteer orientation with the Voluntary Service Program Manager (VPM), or designee.

e. Receive all annual training required by the assignment.

f. Provide a vehicle in good working condition that has the proper vehicle registration and has passed any applicable state inspection when using a personal vehicle to transport VA patients.

g. Pass the appropriate security background check.

3. Specific assignments may be made to volunteer drivers by the Disabled American Veterans (DAV) HSC, or designee, or the VPM. VA staff may contact the HSC Office when transportation is required. Every attempt must be made by the HSC to make the necessary

arrangements as soon as possible. At times, VTN Drivers may not be available and service to the veteran might be delayed. In such instances, veterans who require transportation assistance may personally contact local DAV chapters for assistance in making suitable arrangements. Appropriate personnel must submit the names of the veterans to the Beneficiary Travel Clerk upon arrival on station. Veterans utilizing the VTN are not eligible for travel funds.

4. Transportation Volunteer Drivers are considered "WOC employees" within the purview of the Federal Tort Claims Act (FTCA). Therefore, while they are acting in the scope of their employment, they are afforded the protection of FTCA. This coverage extends only to the period in which they are performing the assignment. For example, a volunteer driver who makes a side trip to the bank or laundry is operating outside the scope of their assignment and are, therefore, not covered under FTCA. For this reason, it is required that all Transportation Volunteer Drivers carry adequate motor vehicle bodily-injury liability and property damage insurance, or personal insurance, regardless if they drive a privately-owned vehicle during their VA assignment or not. It is also required that Transportation Volunteer Drivers refrain from making side trips while in the performance of their assignment unless emergency situations dictate otherwise, and that they take the most direct route to and from the VA medical facility.

5. Transportation Volunteer Drivers must record their hours on the assignment sheet. They may record the time from the beginning of the assignment until completion of the assignment.

6. Rescission: None.

7. Follow-up Responsibility: Voluntary Service Program Manager (VPM) (135).

Medical Center Director
Distribution

TRAINING OUTLINE FOR VOLUNTEER DRIVERS

1. Purpose of the Volunteer Transportation Network

a. Disabled American Veterans (DAV) leadership role,

b. Eligibility of veterans needing transportation, and

c. Unique needs of local facility.

2. Volunteer Involvement and Benefits

a. Driver qualifications,

b. Personal insurance requirements,

c. Protection by Federal Tort Claim Act (FTCA),

d. Health benefits,

e. Volunteer meal coverage,

f. Credit for volunteer hours (awards),

g. Identification,

h. Local parking regulations and locations, and

i. Job-specific training.

3. Assignment Description for the Volunteer Transportation Driver. The Volunteer Transportation Driver must:

a. Meet appropriate personnel qualifications and physical requirements (the volunteer must meet both);

b. Know the hours required by assignment;

c. Know the volunteer's responsibilities, including the need to contact local authorities in case of emergency;

d. Understand the need for using the direct route when on assignment;

e. Understand the recording of information (see App. C);

f. Undertake the supervision of assignments; and

g. Understand the reasons for terminating the assignment and/or the volunteer. They include:

(1) Driving record (see Title 5 Code of Federal Regulations (CFR) Section 930.113, Motor Vehicle Operators);

(2) Health (5 CFR Section 339.201, Physical and Medical Qualifications);

(3) Complaints (5 CFR Section 930.113, Motor Vehicle Operators);

(4) Inappropriate use of vehicle; and

(5) Inappropriate conduct or behavior.

4. Specific Responsibilities of Volunteer Drivers

a. Valid automobile or personal insurance is required for all Volunteer Transportation Network (VTN) drivers, regardless if the vehicle is privately owned or not.

b. Valid driver's license.

c. Telephone availability.

d. A definite time availability.

e. Completed volunteer orientation, plus the training for this specific program.

f. Maintenance of accurate and complete trip reports.

g. A vehicle in good working condition that has passed an applicable state inspection, with the proper vehicle registration for the personal transport of Department of Veterans Affairs (VA) patients.

h. Successful completion of physical or health screening.

i. Passage of appropriate security background check.

5. Additional Training Needs

a. Familiarity with the area assigned for pick-up of patients.

b. Knowledge of how to communicate and/or deal with disabled veterans and their families.

c. Appropriate use of vehicles to:

(1) Train for wheelchair transport and other devices (e.g., oxygen), if applicable.

(2) Train for emergency procedures, including:

(a) Cell phone usage,

(b) Availability of emergency numbers to call,

(c) Location of local emergency medical facilities along route,

(d) Location and usage of fire extinguisher,

(e) Location and usage of road hazard signs, and

(f) Other procedures to be determined (TBD) locally.

d. Scheduled appointments.

e. Non-scheduled appointments.

f. Patient activities.

6. Responsibilities of the Hospital Service Coordinator (HSC) or Volunteer Coordinator

a. Coordinate the program with appropriate services;

b. Provide all volunteer drivers with the HSC's or Coordinator's name, office location, and telephone number;

c. Receive the transportation request and determine the transportation eligibility of patient;

d. Supervise all the volunteer transportation drivers;

e. Contact the volunteer transportation driver and make the assignment;

f. Provide funds for transportation, as needed, to indigent and/or needy patients;

g. Assist the VA medical center and the DAV in providing publicity for the program;

h. Prepare and distribute all reports to Department and National DAV Headquarters; and

i. Report all incidents and accidents to the designated VA or DAV staff, as appropriate.

SAMPLE OF A TRANSPORTATION VOLUNTEER CONTACT SHEET

1. DATE OF CONTACT: _____
2. NAME OF VETERAN: _____
3. ADDRESS OF VETERAN: _____
4. SPECIAL DIRECTIONS: _____
5. TELEPHONE NUMBER OF VETERAN: _____
6. PICK UP TIME: _____
7. DATE OF APPOINTMENT: _____
8. PLACE OF APPOINTMENT: _____
9. FOR FUTHER INFORMATION CALL: _____
10. EMERGENCY NUMBER: _____
11. VOLUNTEER ASSIGNED: _____
12. TELEPHONE NUMBER OF VOLUNTEER: _____
13. DATE OF CONTACT: _____
14. ASSIGNMENT COMPLETED: DATE: _____TIME: _____
15. SPEEDOMETER READING OUT: _____
16. SPEEDOMETER READING IN: _____
17. TOTAL MILES: _____ TOTAL HOURS: _____
18. COMPLETED BY: _____
19. RECEIVED BY HSC OR OTHER SUPERVISOR: _____

VOLUNTEERS TRANSPORTING PATIENTS IN CARS OWNED BY VOLUNTEERS

1. The potential for liability on the part of the Government arising from permitting volunteers to use their privately-owned vehicles to transport Department of Veterans Affairs (VA) patients depends upon whether or not the volunteer is deemed to be an employee of the Government and acting within the scope of volunteer's employment. Where these requirements are satisfied, the Government must be liable under the Federal Tort Claim Act (FTCA), Title 28 United States Code (U.S.C.) Subsection 2671-2680, for damage to, or loss of, property, personal injury, or wrongful death caused by the negligent or wrongful act or omission of the employee. FTCA defines "employees of the government" to include persons acting on behalf of a Federal agency in an official capacity, temporarily in the service of the United States (U.S.), whether with or without compensation (WOC). Volunteer workers serving on a WOC basis need to be regarded as employees of the Government within the purview of the FTCA.

2. Moreover, by virtue of 28 U.S.C., Section 2679(b) through (e), the remedy against the Government under the FTCA is exclusive of any other action or preceding by reason of the same subject matter against the employee driver whose act or omission gives rise to a claim. When such an employee is sued individually, whether in Federal or State court, the Attorney General, after determination that the employee was acting within the scope of employment, certifies such status to the Federal court, which thereafter dismisses the individual from the suit, substituting the U.S. as the sole Federal defendant. If the suit is initially filed in State court, this dismissal or substitution process occurs after the action is removed by the Attorney General to the Federal Court. Employees who operate Government motor vehicles, or privately-owned vehicles on Government business, need to consider carrying private liability insurance to cover the situation in which the employee may not be afforded the protection of the Act. In other words, an employee would not be covered under the Act if the employee has an accident while driving a vehicle not in the scope of employment, such as when deviating from a generally traveled route in order to pick up personal laundry or to perform other personal errands. Additionally, as a rule, it is held that an employee is not within the scope of employment while driving between the employee's home and place of duty. In conformity with the provisions of the Act, the final decision as to immunity rests with the Attorney General of the U.S. and, ultimately, the Federal Court; therefore, personal liability insurance might be a prudent investment to insure adequate protection to the individual employee.

3. Regarding injuries to employees in the course of their duties, the provisions of the Federal Employees' Compensation Act (FECA), 5 U.S.C. Section 8101, et seq., are applicable to VA volunteers. The Act provides for compensation and medical services for the disability or death of an employee resulting from personal injury sustained incident to the employee's service. The determination that the injury or death was "incident to service" must be made by the Department of Labor (DOL) or, ultimately, by the courts.

4. Finally, the Military Personnel and Civilian Employees Claims Act of 1964, as amended, authorizes the Secretary of Veterans Affairs, or designee, to settle and pay claims for not more than $40,000 made by an employee for damage to, or loss of, property incident to the employee's service. Volunteers are eligible claimants under the statute (see VA Manual M-02-1, subpar.

17.03a (2)). However, no claim is to be paid if the loss or damage was caused by the employee's own negligence. If the employee has a right to recovery for the loss or damage from a carrier or insurer, a claim for such recovery must be filed before the claim against the U.S. is to be considered. The procedure in VA regulations must be followed (see Title 38 Code of Federal Regulations (CFR) Subsection 14.664-669). The circumstances are very narrow under which damage to, or loss of, a privately-owned motor vehicle may be held to be incident to service and thus compensable. The motor vehicle must have been required to be used for official Government business, not including travel between quarters and place of duty, parking, or vehicles incident to such travel, or use of the vehicle for the convenience of the owner.

APPENDIX 4 - VA VETERANS TRAVEL BENEFITS BROCHURE

Your VA—getting you to your destination!

Veterans Travel Benefits

Fraud Costs Everyone

STOP

Don't TRAVEL down the WRONG ROAD

Beneficiary travel fraud can take money out of the pockets of deserving Veterans. Inappropriate uses of beneficiary travel benefits include:

- incorrect addresses provided resulting in increased mileage
- driving/riding together and making separate claims
- taking no cost transportation, such as Disabled American Veterans (DAV), and making claims

Veterans making false statements for beneficiary travel reimbursement may be prosecuted under applicable laws.

38 Code of Federal Regulations, Part 70.41, "Recovery of Payments"
38 Code of Federal Regulations, Part 70.42, "False Statements"
(Authority: 38 U.S.C. 101, 111, 501, 1701, 1714, 1720, 1728, 1782, 1783, E.O. 11302)

Reporting Fraud

Help VA's secretary ensure the integrity of departmental operations by reporting suspected fraud, waste or abuse in VA programs or operations.

VAOIG toll-free hotline: 1-800-488-8244

(8:30 a.m.–4:00 p.m. Eastern Time Monday–Friday excluding federal holidays)

You may also contact us by mail, e-mail and FAX.

Write the VAOIG Hotline:

VA Inspector General Hotline (53E)
PO Box 50410
Washington, DC 20091-0410

E-mail the VAOIG Hotline: vaoighotline@va.gov

FAX the VAOIG Hotline: (202) 565-7936

Benefit Description

If you meet the criteria below, you may be eligible for mileage reimbursement or special mode transport in association with obtaining VA health care services.

You qualify if:

- you have a service-connected (SC) rating of 30 percent or more, or
- you are traveling for treatment of a SC condition, or
- you receive a VA pension, or
- your income does not exceed the maximum annual VA pension rate, or
- you are traveling for a scheduled compensation & pension examination

You qualify for Special Mode Transportation (ambulance, wheelchair van, etc.) if:

- your medical condition requires an ambulance or a specially equipped van as determined by a VA clinician, and
- you meet one of the eligibility criteria listed above, and
- the travel is pre-authorized (authorization is not required for emergencies if a delay would be hazardous to life or health)

More Information

- http://www.va.gov/healtheligibility/Library?FAQs/BeneTravelFAQ.asp
- or call **1-877-222-VETS (8387)**

Waiver of Deductible

A waiver of the deductible will be provided if you are eligible for travel and you:

- are in receipt of a VA pension or;
- are a non service-connected (NSC) Veteran and your previous year's income does not exceed, or your projected current calendar year's income, in the year of application will not exceed the applicable VA pension rate, or
- are a SC Veteran and your previous year's income does not exceed, or your projected current calendar year's income, in the year of application will not exceed the applicable national means test income threshold or,
- are traveling for a scheduled compensation or pension examination

Note:

For detailed information visit the following links for VA National Income Thresholds
http://www.va.gov/healtheligibility/library/pubs/VAIncomeThresholds

and Pension income thresholds
http://www.vba.va.gov/bln/21/rates/pen01.htm

Mileage Rates

General Travel

$0.415 (41.5 cents) per mile

Scheduled appointments qualify for round-trip mileage. Unscheduled visits may be limited to return mileage only.

Deductible

$3.00 one-way ($6.00 round trip)

Deductible requirement is subject to a monthly cap of $18.00. Upon reaching $18.00 in deductibles or 6 one-way (3 round) trips, whichever comes first, travel payments made for the balance of that particular month will be free of deductible charges.

VA HEALTH CARE

Fact Sheet 16-2
June 2010

Beneficiary Travel Benefits

Benefit Description

If you meet the criteria below, you may be eligible for mileage reimbursement or special mode transport in association with obtaining VA health care services.

You Qualify If:

1. you have a service-connected (SC) rating of 30 percent or more, or
2. you are traveling for treatment of a SC condition, or
3. you receive a VA pension, or
4. your income does not exceed the maximum annual VA pension rate, or
5. you are traveling for a scheduled compensation or pension examination

You Qualify for Special Mode Transportation (Ambulance, Wheelchair van etc.) if:

1. your medical condition requires an ambulance or a specially equipped van as determined by a VA clinician, and
2. you meet one of the eligibility criteria in 1 through 4 above, and
3. the travel is pre-authorized (authorization is not required for emergencies if a delay would be hazardous to life or health)

Mileage Rates

General Travel .....$0.415 (41.5 cents) per mile
Scheduled appointments qualify for round-trip mileage. Unscheduled visits may be limited to return mileage only.

Deductible (effective January 9, 2009) ..... $3.00 one-way ($6.00 round trip)
Deductible requirement is subject to a monthly cap of $18.00. Upon reaching $18.00 in deductibles or 6 one-way (3 round) trips, whichever comes first, travel payments made for the balance of that particular month will be free of deductible charges.

Waiver of Deductible

A waiver of the deductible will be provided if you are eligible for travel and you:

1. are in receipt of a VA pension or;
2. are a NSC veteran and your previous year's income does not exceed, or your projected current calendar year's income, in the year of application will not exceed the applicable VA pension rate, or
3. are a SC veteran and your previous year's income does not exceed, or your projected current calendar year's income, in the year of application will not exceed the applicable national means test income threshold or,
4. are traveling for a scheduled compensation and pension exam

Note: For detailed information visit the following links for VA National Income Thresholds http://www.va.gov/healtheligibility/library/pubs/VAIncomeThresholds/ and Pension income thresholds http://www.vba.va.gov/bln/21/rates/pen01.htm.

Additional Information

Further information can be found in the Beneficiary Travel "Frequently Asked Questions" (FAQ) at http://www.va.gov/healtheligibility/Library/FAQs/BeneTravelFAQ.asp.

APPENDIX 5 - VA BENEFICIARY FACT SHEET

Beneficiary Travel Frequently Asked Questions (FAQs)

1. Who is eligible for travel?

- Veterans rated 30% or more SC for travel relating to any condition
- Veterans rated less than 30% for travel relating to their SC condition
- Veterans receiving VA pension benefits for all conditions
- Veterans with annual income below the maximum applicable annual rate of pension for all conditions
- Veterans who can present clear evidence that they are unable to defray the cost of travel
- Veterans traveling in relation to a Compensation and Pension (C&P) Examination
- Certain veterans in certain emergency situations
- Certain non-veterans when related to care of a veteran (attendants & donors)
- Beneficiaries of other Federal Agencies (when authorized by that agency)
- Allied Beneficiaries (when authorized by appropriate foreign government agency)

2. Are OEF/OIF veterans, combat veterans, spinal cord injury (SCI) or any other "special" group of veterans eligible for travel based upon their inclusion in that group?

With the exception of veterans traveling to a VA or VA authorized transplant center in relation to VA transplant care, veterans in a "special" group are not eligible for VA travel benefits based solely on their inclusion that group. "Special" group" veterans must meet travel eligibility criteria in the same manner as any other veteran.

3. What travel can the Department of Veterans Affairs (VA) provide?

VA has authority to provide eligible beneficiaries reimbursement for mileage, special mode of transportation (when medically justified by a VA health care provider), and in certain circumstances, taxi or hired car.

4. What are current mileage rates for travel? Why are rates different for veterans and VA employees?

Effective November 17, 2008 VA reimburses 41.5 cents per mile for ALL veteran travel, including C&P exams and when VA has determined that a deficiency lab, EKG, x-ray etc. exists in relation to a C&P exam ("Convenience of the Government").

Mileage rates for veterans and VA employees are determined under separate authorities and take different criteria under account. Title 38 United States Code (U.S.C.) 111 and 38 Code of Federal Regulations (C.F.R.) 70.1 – 70.50 are the authorities for Beneficiary Travel. 41 C.F.R. Chapter 301 provides guidance for employee travel.

5. Can mileage reimbursement or special mode transport be withheld from a travel eligible veteran?

Travel benefits may be withheld when it is clinically determined that travel allowance would be counterproductive to care, treatment, or therapy being provided and such determination is recorded in the patient's medical record. In addition, the chief of the service or a designee must review and approve the determination in writing in the patient's medical record.

6. What are the deductible amounts? Is the monthly deductible cap for each facility or is it for travel to all VA facilities for health care? Who is required to pay the deductible?

Public Law 110-387 required VA to reduce (and freeze) the deductible amounts to those originally specified in 38 U.S.C. § 111(c)(5). Therefore, effective January 9, 2009 the Beneficiary Travel deductible was reduced to $3.00 per one way trip; $6.00 for a round trip; with a maximum deductible of $18.00 per calendar month. The $18.00 is the total monthly deductible amount for travel to all VA facilities. Regardless of the deductible amount withheld per trip, deductible requirements end after 6 one-way (3 round) trips in a calendar month. Should a veteran be going to multiple VA facilities, and the veteran notes this when applying for Travel reimbursement, it is incumbent upon the facility providing the care and travel to contact any other VA facilities to determine if the deductible has been met.

The only exemptions to the deductible are:

- Veterans traveling in conjunction with a C&P examination,
- Non veteran donors,
- Veterans requiring a special mode of transportation, and
- when it is determined that the imposition of the deductible would cause a severe financial hardship (see "Waivers")

All other eligible veterans, including those receiving care for service connected conditions, are required to have the deductible applied.

7. Who is eligible for a waiver? How do you determine if a veteran is eligible for the waiver?

Waivers of the deductible can be made when the deductible causes a "severe financial hardship" to the veteran. Per 38 CFR § 70.31(c), a severe financial hardship occurs when the veteran is in receipt of a VA pension; his or her income for the year prior to application, or projected income for the year of application (current year) does not exceed the appropriate VA pension level; or in the case of an SC veteran, income is at or below the appropriate "Means Test" thresholds for the year prior to application or projected for the year of application.

8. How is it determined that a veteran requires "Special Mode" transportation? What eligibility requirements must be met?

Special mode of transportation includes ambulance, ambulette, air ambulance, wheelchair van, and other modes which are specially designed to transport certain disabled individuals. Special mode DOES NOT include public transportation such as taxi, bus, subway, train, airplane, or privately owned conveyance with special adaptive equipment and/or capable of transporting disabled persons.

In order to be eligible for special mode of transportation, two criteria must be met. The veteran first has to be administratively eligible for transport at VA expense. This includes meeting the basic criteria, as well as being "unable to defray the expenses of travel" as defined in 38 CFR 70.10 (c). Unless these criteria are met the veteran is not eligible for special mode of transportation.

Once administrative eligibility is established, a VA clinician must then determine that a special mode of transportation is medically required to transport the veteran for VA health care. Unless one of the forms of special mode of transportation is required and documented as such, this method of transportation is inappropriate. Should it be clinically determined at one VA facility that such transportation is required, this should be accepted at all VA facilities, unless there is reason to think a veteran's condition may have changed. Local procedures should be established to determine special mode requirements, as well as communication guidelines to other VA facilities when it is necessary to send veterans with this requirement to Tertiary Care, other VA facilities, or non-VA providers for treatment.

9. How much discretion does a facility have if a veteran does not meet eligibility standards and extenuating circumstances exist?

There is no authority to provide transportation at VA expense for veterans who do not meet eligibility requirements, except in the case of Organ Transplants (VHA Directive 2001-027).

10. Is there anything we can do to obtain travel for ineligible beneficiaries?

When a veteran does not meet eligibility for Beneficiary Travel, other sources, including the DAV network, family and community should be aggressively pursued.

VA Form 3068, "Reduced Rate transportation" is also available for field use. This form can be presented to transportation carriers for possible reduced rates for veterans needing to travel in relation to VA health care. It is mainly used for bus transportation; however it may be accepted by other carriers. In addition, VA facilities should be pro-active in assisting the veteran explore possible VA options that would give him/her eligibility for Beneficiary Travel. These include:

- Service Connection

        - Is the veteran potentially eligible? Refer to the Directory of Veterans Service Organizations, a VBA Representative, your Regional Office, or the VA web site.
    - A&A/Housebound
        - For veterans not receiving these benefits, is their income at or below the income thresholds for these benefits? VHA Directive 2004-026, "Income Thresholds Used in Identifying Veterans Exempt from Extended Care Service and Outpatient Medication Copayment and in Determining Eligibility for Beneficiary Travel" provides details on how veterans not receiving A&A/housebound may still be determined eligible for Beneficiary Travel.
    - "Hardship" review
        - Is veteran unable to pay the cost of their transportation?
        - Has veteran lost their job?
        - Does it appear that their future income will be less?

11. Does VA have authority to provide transportation for Fee Basis or visits when an eligible veteran chooses to use private health insurance to pay for care?

VA has authority to pay for transportation of veterans traveling to VA authorized non-VA health care when a deductible (if applicable) is met. If VA is **not** paying for the care, travel at VA expense will not be provided.

12. What if a veteran chooses to go to his "preferred" facility instead of the closest VA facility that can provide the care?

Veterans have the choice to go to any VA facility they choose for care. However, travel can only be authorized to the nearest facility that can provide the needed care. Therefore, should a veteran choose to go to another facility than that closest to his home, they are responsible for any costs beyond that for transportation to the nearest facility. This includes mileage and special mode of transportation.

13. How do we determine mileage for reimbursement purposes?

VA has not established use of a single reference. Mileage can be determined using authoritative guidance such as Rand McNally or MapQuest; or zip code to zip code as determined at the local VA health care facility, whichever gives the greater benefit to the veteran.

14. What if a veteran has a PO Box and physically lives elsewhere?

Beneficiary Travel is intended to assist veterans with transportation from their place of residence to the VA health care facility that can provide the needed care. With the implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) veterans now have the option of having their official mail sent to any place they choose. However, this does not imply that Travel should be paid from that point. Similarly, a veteran's home address could be in another state but he or she is currently staying in the area. Therefore, Travel should not necessarily be paid from the distant address. In order to determine appropriate travel reimbursement it is necessary that a veteran establish a current place of residence. A veteran may be asked to provide documentation establishing their address. Should a veteran refuse to provide this information, they are only authorized travel to the nearest VA facility that can provide the required care, not necessarily where the veteran chooses to seek care or treatment. If another VA facility is closer to the veteran's actual residence and that VA facility can provide the care, then Travel reimbursement will only be to that point.

15. Which facility is responsible for travel when a veteran is referred to a Tertiary Care facility, or another facility that can provide the needed care on an outpatient basis? For inpatient treatment? What about veterans who do not meet eligibility criteria?

For outpatient treatment, the VA facility that is providing the care, or in the case of non-VA care, the facility that authorizes the care is responsible for arranging and providing travel to eligible veterans. Therefore, should a VA facility refer a veteran to another VA facility for care, the second facility is responsible for providing travel, as they will be providing the care (as well as authorizing it). For non-VA (FEE Basis) care, the VA facility that authorizes and pays for the treatment is responsible for travel.

When it is necessary to transport an inpatient between VA facilities (Inter-facility Travel), the releasing VA facility is responsible for travel. Therefore, the initial transportation will be the responsibility of the first facility, and return transport is the responsibility of the second facility. The only exceptions to these rules are for transportation in relation to VA transplant care and for transportation to a VA Parkinson's Disease, Research, Education and Clinical Centers (PADRECCs). In such cases, the referring facility is responsible for round-trip transportation for either inpatient or outpatient care.

16. Who is responsible for transport of veterans in a community nursing home (CNH)?

For veterans in a CNH at VA expense, the placing VA facility is responsible for travel. Should a CNH veteran be placed in another VA Clinic of Jurisdiction (COJ), the initial placing facility will be responsible for travel (and CNH payment) for the first 90 days. After that time, the receiving COJ will be responsible for costs incurred, including travel for VA placement of the veteran. Veterans in a CNH at private expense must meet eligibility requirements for VA payment of non-VA emergency care as well as Beneficiary Travel in order to receive transport at VA expense.

17. What authority does VA have to transport veterans in emergency situations?

Transport from a VA facility to a community facility for emergency treatment: When a veteran develops an emergency while receiving care at a VA facility and the facility cannot provide the needed care, transport to a community provider and back to the VA facility can be authorized at VA expense in accordance with 38 U.S.C. § 1703(a)(3), regardless of the veteran's Beneficiary Travel eligibility.

Transport from any point other than a VA facility to a community facility for emergency treatment: If the emergency episode of care is approved for VA payment, then transport from the point of emergency to the non-VA facility can be authorized at VA expense. However, once medically stabilized at the community provider, the veteran must meet Beneficiary Travel and medical eligibility criteria for further transportation at VA expense.

18. Can VA pay for transport of an attendant, donor, or other non-veteran?

VA has the authority to pay for transportation and associated incidental costs (lodging, food, etc.) at VA expense of certain non-veterans when:

- It is clinically determined by a VA provider that due to the veterans mental or physical condition that an attendant is required when transporting the veteran, or
- The non-veteran is the donor or potential donor of tissue, organ, or parts to a veteran receiving VA, or VA authorized non-VA health care, or
- In the case of an Allied Beneficiary, travel and reimbursement has been authorized by the appropriate foreign government agency, or
- Travel and reimbursement is authorized by another Federal Agency when VA care is provided to a beneficiary of that agency.

19. Is VA required to pay for lodging and meals associated with VA travel?

VA may provide reimbursement for the actual cost up to 50% of the government employee rate for meals and/or lodging, when appropriate. The need for such costs should be determined on a case-by-case basis and based upon the veteran's medical condition, distance required to travel, and any other extenuating circumstances. Such items should be requested and authorized in advance of travel. Reimbursement should not be provided solely because the veteran chooses to stop or take a less direct route to the VA facility.

20. Does VA have authority to pay ferry fares; bridge, road, and tunnel tolls; luggage fares; or parking in association with VA travel?

Reimbursement for these and/or other accessories of travel may be provided upon presentation of an appropriate receipt. The beneficiary should be informed prior to their travel to save their receipts. They should also be informed of any travel restrictions

(e.g., amount of luggage authorized). Reimbursement is based on a case-by-case basis and the individual needs and condition of the beneficiary.

21. Does VA have authority to transfer veterans to where they "grew up", or where their family resides?

VA has limited authority to provide travel for such requests. Such transport may be approved for travel eligible veterans if the cost to the government is less than to the originating home of record. Otherwise, only veterans receiving inpatient care at a VA facility, or non-VA facility at VA expense, in a terminal condition (estimated less than 6-months to live) can be transferred to a suitable health care facility in area other than where they lived upon entering the VA facility. In addition, such transfer can occur only from one VA facility to another, or when VA is paying for care at a non-VA facility, and future care will be at VA expense. Veterans receiving care on an outpatient basis are not eligible for such transportation.

22. How should travel be determined if a veteran changes residence while undergoing VA health care, especially if they are an inpatient?

If the beneficiary's residence changed while receiving care or services, payment for the return trip will be for travel to the new residence except that payment may not exceed the amount that would be allowed from the facility where the care or services could have been provided that is nearest to the new residence.

For example, if during a period of care or services in Baltimore, a beneficiary changed his or her address to Detroit, payment for the return trip would be limited to that allowed for traveling to the new residence from the nearest facility to the new residence in Detroit where the care or services could have been provided.

23. How should Beneficiary Travel at CBOCs or other outlying VA facilities be handled when there isn't a Travel Office or agent cashier agent cashier on station?

Each "parent" facility must develop local guidelines in order to provide Beneficiary Travel benefits to eligible veterans at remote facilities under their jurisdiction. These must include procedures to capture appropriate documents and signatures in order to meet the requirements of the program as well as those of other involved services (e.g., Fiscal).

24. How long do beneficiaries have to submit a claim for travel?

Without a Special Mode of Transportation:

A claimant must apply either in person or in writing for payment of Beneficiary Travel within 30 calendar days after completing travel that does not include a special mode of transportation.

With a Special Mode of Transportation:

For Beneficiary Travel that includes a special mode of transportation, a claimant must apply for payment of Beneficiary Travel and obtain approval from VA prior to travel.

Emergency treatment:

If there has been an emergency treatment and the claimant applies for payment of Beneficiary Travel (without prior approval) within 30 calendar days after the travel is completed, the application will be considered timely submitted.

Eligible within 30 days of travel:

If a person becomes eligible for Beneficiary Travel after the travel takes place, payment may be made if the person applies for travel benefits within 30 days of the date when the person became eligible for travel benefits.

25. What are the VA authorities for Beneficiary Travel, and where can copies be obtained?

The following are current legislative, regulatory and VHA Manual guidelines for VA Beneficiary Travel:

- United States Code (USC)

- Payments or allowances for Beneficiary Travel – 38 U.S.C. § 111
- Code of Federal Regulations (CFR)
  - Purpose and Scope – 38 C.F.R. § 70.1
  - Definitions – 38 C.F.R. § 70.2
  - Determination of Secretary – 38 C.F.R. § 70.3
  - Criteria for Approval – 38 C.F.R. § 70.4
  - Eligible persons – 38 C.F.R. § 70.10
  - Application – 38 C.F.R. § 70.20
  - Where to Apply – 38 C.F.R. § 70.21
  - Payment Principles – 38 C.F.R. § 70.30
  - Deductibles – 38 C.F.R. § 70.31
  - Reimbursement or Prior Payment – 38 C.F.R. § 70.32
  - Administrative Procedures – 38 C.F.R. § 70.40
  - Recovery of Payments – 38 C.F.R. § 70.41
  - False Statements – 38 C.F.R. § 70.42
  - Reduced fare requests – 38 C.F.R. § 70.50

26 Are veterans who work at a VA facility and receive their care there eligible for Beneficiary Travel reimbursement when they have a medical appointment? What about volunteers?

Eligible employee veterans and Compensated Work Therapy (CWT) patients shall be provided mileage reimbursement in the same manner as other travel eligible veterans when they have a scheduled health care appointment on the same day they are working. As always, in order to qualify the veteran must meet Beneficiary Travel eligibility. In the case of an employee, sick or annual leave should be used to cover the period of the appointment if the appointment is during their tour of duty. CWT patients should have appropriate approval for absence from their CWT program. In cases of unscheduled visits, if the employee or CWT patient is seen as a veteran (vs. employee), then they may be reimbursed for one-way travel the same as other veterans. The following must be met in order to be eligible for such reimbursement:

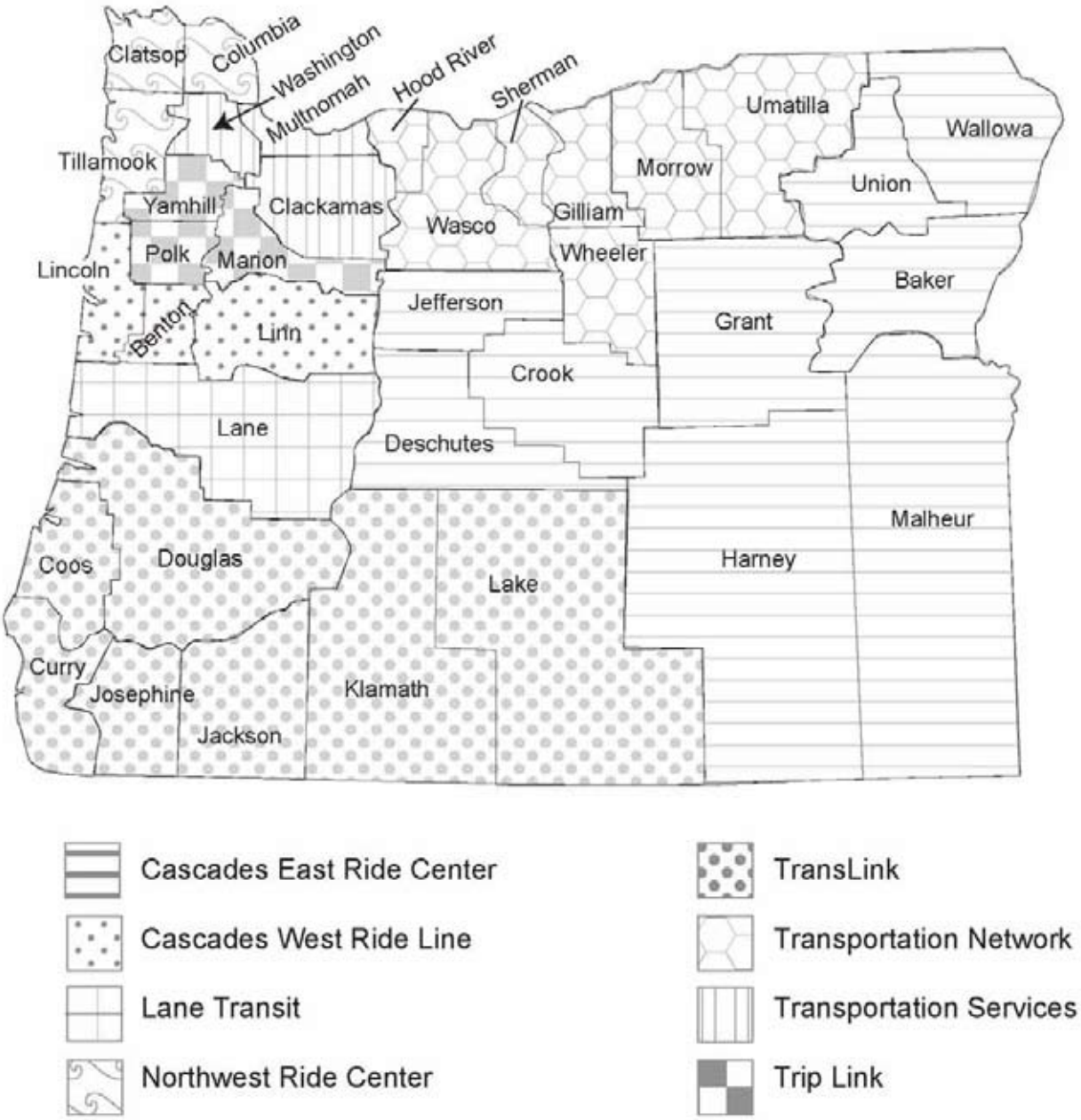
- The purpose for which the veteran reported is one for which travel at VA expense would have been normally authorized, and
- The visit is satisfactorily completed

Volunteers are not employees and are therefore eligible for Beneficiary Travel reimbursement whether or not they volunteer on the same day as their appointment.

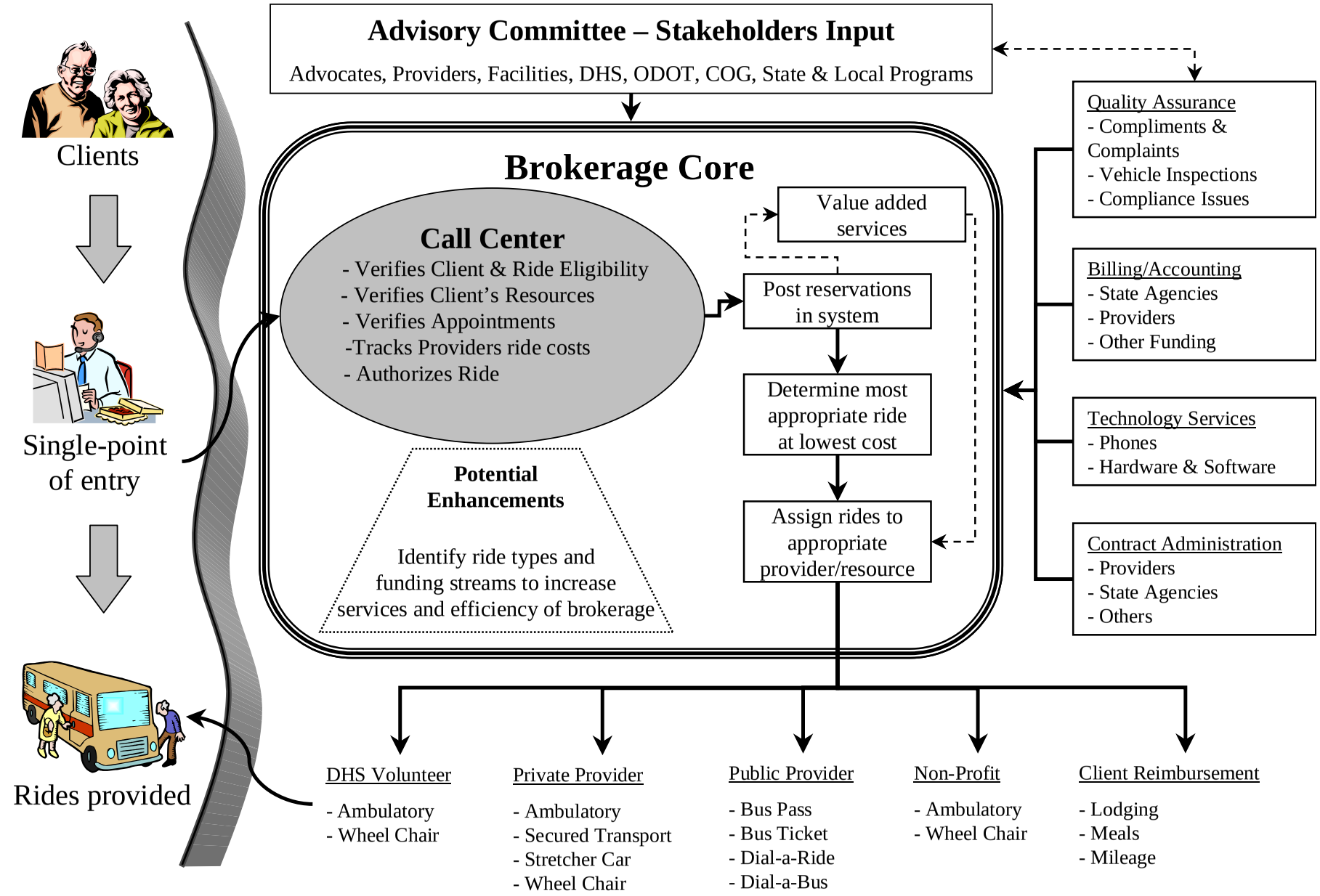
27 Are veterans who travel together all entitled to Beneficiary Travel reimbursement? What about those veterans who take the DAV system or other "free" transportation?

In order to be eligible for travel benefits when transporting to VA care or treatment, a veteran must actually be incurring an expense. Should one or more veterans travel together in a private vehicle, only the owner of the vehicle is actually incurring expenses and therefore is the only person entitled to travel reimbursement. However, should multiple veterans share a vehicle where passengers must pay for their transport such as a taxi or where one veteran pays another veteran for transport, then all are entitled to travel reimbursement either at the mileage reimbursement rate or actual expense, whichever is less. Such persons must provide a receipt to indicate an incurred expense and to receive reimbursement. Veterans who take non-pay transportation such as DAV transportation, VA Network transportation systems or other no-cost city, state, or area systems are not incurring cost and therefore are not entitled to Beneficiary Travel reimbursement.

DHS Transportation Brokerage Map



Coordinated Transportation



APPENDIX 8 - BROKERAGE FLOW CHART