

Maine's Older Veterans Access to Healthcare



**A Current Assessment by the
Maine Bureau of Veterans' Services**
Researched and written by Sarah A. Sherman
Copyright April 2022

Acknowledgements

This healthcare needs assessment was researched and written by Sarah A. Sherman, Director of Strategic Partnerships at the Maine Bureau of Veterans' Services.

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**This report is dedicated to Maine's
elder veterans and the medical, oral
health, and mental health care
professionals who care for them.**

Executive Summary

Key Findings

The Maine Bureau of Veterans' Services (MBVS) mission is to provide advocacy for all of Maine's veterans. This report was created to highlight both potential barriers and existing solutions regarding veterans' access to health, dental, and mental health services. When possible, personal interviews were conducted with the professionals who are in the frontline serving Maine's older veterans.

Notably, access to healthcare is particularly pertinent because we live in a very rural state. Issues such as veterans not being service-connected to Veterans Affairs (VA) or MBVS and the state and federal benefits they are entitled to, transportation, distance to appointments, ability to drive, lack of providers and connection to timely appointments, the affect of the COVID pandemic, and lack of access to telemedicine and/or lack of understanding regarding technology are all issues that negatively affect Maine's older veterans.

At the request of the Veterans and Legal Affairs Committee, MBVS has prepared updates for:

- The implementation of a marketing and outreach program to increase awareness of services and benefits available to both veterans and their family members.
- To improve veterans' identification and their connection to both state and federal benefits.
- Maintaining a records management system that provides both improved customer service and enhanced staff usability.
- Employing specially trained Veterans Services Officers both in MBVS's field offices and a the state's veterans' hospital (VA Maine Healthcare System—Togus).

In this report, the Bureau identified multiple assets for Maine's older veterans' increased access to health, dental, and mental health services, which includes: The VA Maine Healthcare System (Augusta); (3) VA Outpatient Clinics—Bingham, Fort Kent, and Houlton; (8) Community Based Outpatient Clinics—Bangor, Calais, Caribou, Lewiston, Lincoln, Portland, Rumford, and Saco; (5) Vet Centers—Bangor, Caribou, Lewiston, Portland, and Springvale; (7) Maine Bureau of Veterans' Services Field Offices—Bangor, Lewiston, Portland, Caribou, Machias, Springvale, and Togus.

Note: *During the pandemic both the VA and MBVS quickly changed many of their processes over to virtual so both telemedicine and connection to benefits were provided without timely delays. In many instances, these services actually became more productive in regard to scheduling and the number of appointments that could be accomplished during the work day.*

In addition to state and federal service providers, noteworthy community partners play an integral part in Maine's older veterans access to healthcare and overall wellbeing. Multiple veterans' services organizations, transportation services, mental health agencies who have created specific veterans' programs, and other veteran-centric organizations—adaptive sports, peer-to-peer support, and alternative therapies all play an important part in ensuring Maine's older veterans receive the care and support they need.

With the finalization of this report, news broke that the Board of the Maine Veterans' Homes had voted to close two homes in Caribou and Machias due to staffing and budgetary issues. An emergency proposed amendment to LD 2001, "An Act To Fund and Support the Veterans Homes in Caribou and Machias and Require Legislative Approval for the Establishment and Closure of Veterans Homes," was introduced by Senate President Jackson.

On March 15, Governor Janet Mills proposed \$3.5 million in funding to keep Maine Veterans' Homes open in Caribou and Machias for at least another year, allowing time for the State and Maine Veterans' Homes to develop

long-term plans for the facilities and their residents and would establish a process to ensure the state explores every available option before approving the closure of the homes. On March 31, with a unanimous vote from the State Legislature, Governor Mills signed into law LD 2001, and this was followed by a unanimous vote by the Maine Veterans' Home Board on April 1st to keep the veterans' homes in Caribou and Machias open.

Also in March 2022, the VA's report *Recommendations to the Asset and Infrastructure Review Commission* were released for the VISN 01 Far North Market (Maine). Highlights included: A decrease in veteran population overall but an increase in the demand for Community Living Centers (CLC). An increase in demand for inpatient medical and surgical care, CLC services, and outpatient care is projected to increase, as well as increasing community care partnerships with local hospitals in rural areas. This study did not take into account the potential closure of the Machias and Caribou Veterans' Homes. To review the complete report go to [VISN01-Market-Recommendation.pdf \(va.gov\)](https://www.va.gov/VISN01-Market-Recommendation.pdf).

Community Perspectives and Partners

The Maine Bureau of Veterans' Services (MBVS) partners with numerous community partners to ensure that veterans' needs are being met across the State of Maine. This can be seen in collaborations to work together to prevent veterans' homelessness, provide non-perishable food to veterans experiencing food insecurity, educating the community about best practices regarding veterans' suicide prevention, and connection to medical, dental, and mental health service providers.

A Legislative Update

This report contains an update with the progress implementing the improvements associated with LD 1612 of the 127th Legislative, Resolve 2015, Chapter 48—Implementation of the Recommendations of the Commission To Strengthen and Align the Services Provided to Maine's Veterans Regarding Enhancements to the Bureau of Maine Veterans' Services is included on pages 9-11. MBVS conducted a review of services provided in relation to LD 588 of the 130th Maine Legislature—A Resolve to Study Veterans' Benefits in Maine, and those results are found within the pages of this report.

Recommendations

- MBVS will continue its mission to connect veterans to the VA and state benefits they earned by serving in the U.S. Military. Increased veteran connection to the VA brings more federal funding to the state's VA facilities and can help provide financial security to older veterans when they file for a service-connected claim and it is approved.
- Work with the Maine Hospital Association, its partner emergency rooms, and Maine's responding mental health crisis providers to ensure that when veterans present at an emergency room, staff is adequately educated regarding the following facts and preventative strategies: Veterans' medical issues can be different than civilians (see VA Health Providers Guide); Utilize Veterans Safety Plans as part of standard discharge procedures; Provide Veterans' Crisis Line information, and utilize MBVS brochure as part of the veteran's discharge paperwork to assist with connection to state and federal veterans' benefits.
- Raise awareness about the services the VA Maine Healthcare System (Togus and Community Based Outpatient Clinics) and Vet Centers provide.
- MBVS provide needy veterans' connection to the Maine Veterans' Dental Network and promote the continuing education program for oral healthcare and medical professionals to increase overall awareness regarding veterans' dental care issues and trauma-informed best practices.

- Partner with the Lunder-Dineen Health Education Alliance of Maine and VA Maine Health Care System to increase staff, home healthcare providers, and family members awareness about good oral hygiene practices for veterans' increased overall health.
- MBVS will work with partner agencies (VA Maine Healthcare System and Vet Centers) to explore ways that a Qualifying Condition Review Board certification process could be created in Maine to assist veterans who received bad paper discharges for behavior directly related to service.
- Continued work with Maine's transportation systems to help increase veterans' access to healthcare.
- Continue efforts to combat homelessness and food insecurity issues with Maine's older veterans.
- Strive to improve ease of access to mental health services for veterans.
- Work with Maine Veterans' Homes to ease veterans' and their families transition from aging at home to supported care and partner with the VA to increase older veterans' access to Community Adult Day Health Care throughout the state.

Introduction—A Current Assessment MBVS

The Joint Standing Committee on Veterans and Legal Affairs considered L.D. 588, *Resolve, To Study Veterans' Benefits in Maine*, which would have required the Department of Defense, Veterans and Emergency Management to study federal and state benefits available to veterans in the State and the efficacy of those benefits in addressing deficiencies in comprehensively and fairly addressing issues experienced by the veterans.

Based on information provided at a public hearing and work sessions about the comprehensive review conducted by the Commission To Strengthen and Align the Services Provided to Maine's Veterans during the 127th Legislature, pursuant to Resolve 2015, Chapter 48, the committee unanimously voted the bill, "Ought Not To Pass." Subsequently, the committee requested that MBVS, in conjunction with the Department of Health and Human Services where appropriate, conduct a review of services specified in L.D. 588 to include:

1.) Elderly veterans are receiving proper care and benefits commensurate with their advanced age and health care and living accommodations needs; **2.)** The provision of benefits based on factors such as length and type of service, whether the veteran incurred a service-related disability, the level of a service-related disability, the income of the veteran, and other factors leave gaps in the provision of benefits to veterans who have a need for the benefits; **3.)** Health care, dental care, and mental health care benefits adequately address the issues experienced by veterans; and, **4.)** Mental health care benefits can be augmented or enhanced to adequately address the large number of suicides by veterans.

Research Methods

This report was created during the ***COVID-19 pandemic*** through a series of email, telephone, and Microsoft Teams or Skype interviews. Some of the interviewee quotes were edited for brevity. All interviewees were afforded the opportunity to review the author's notes as a courtesy to ensure accuracy and to avoid anyone feeling they were misquoted in the final report.

All sources have been cited throughout the report and an appendix, works cited, and glossary of terms can be found at the end of the report to provide further clarification for the reader. Words in ***bold italics*** are referenced in the glossary. All materials printed in this report were done with the expressed permission of the interviewee. All photographs in this report were taken by Sarah A. Sherman, were reproduced from Sherman's personal collection, or their sources are cited.

**Legislation Update—LD 1612/127th Legislature,
Resolve 2015, Chapter 48—An Act To Implement the Recommendations of the
Commission To Strengthen and Align the Services Provided to Maine's Veterans
Regarding Enhancements to the Bureau of Maine Veterans' Services.**

MBVS has worked to meet all the legislative requests of LD-1612 as follows:

(17) The Adjutant General shall establish a system, to be administered by the Director of the Bureau of Maine Veterans' Services, to express formally condolence and appreciation to the closest surviving family members of members of the United States Armed Forces who, since September 11, 2001, are killed in action or die as a consequence of injuries that result in the award of a Purple Heart medal.

- MBVS created a Veterans' Recognition Program which provides certificates and coins to veterans, as well as State of Maine Gold and Silver Star Honorable Service Medals, and Gold Star pins to spouses, parents, and siblings <https://www.maine.gov/veterans/recognition/programs/index.htm>

(21) The Adjutant General shall implement a program to identify residents of the State who are not considered veterans but are military retirees or former members of the Maine Army National Guard or Maine Air National Guard who successfully completed service.

- MBVS implemented and utilizes Internet Quorum (IQ) a digital database and client record to record every current Service Member, Veteran, and Maine Army National Guard or Maine Air National Guard member in the State of Maine when their information is provided to the Bureau.

Sec. 2. 37-B MRSA §501, first ¶, as amended by PL 1997, c. 455, §17, is further amended to read:

The Bureau of Maine Veterans' Services, referred to in this chapter as the "Bureau," is established and shall provide informational services, program assistance, memorial facilities and financial aid to veterans in the State and their dependents in order to ensure that they receive all entitlements due under the law, are relieved to the extent possible of financial hardship, receive every opportunity for self-improvement through higher education and are afforded proper recognition for their service and sacrifice to the Nation. The Bureau shall serve as the primary source of information for veterans in the State regarding all services, benefits and honors administered by the State and, to the maximum extent possible, services and benefits provided by the United States Department of Veterans Affairs, veterans' service organizations and other organizations dedicated to serving veterans.

Sec. 3. 37-B MRSA §503, sub-§§7 and 8 are enacted to read:

7. Marketing and outreach program. The director shall implement, as a core function of the Bureau, a marketing and outreach program to increase, to the greatest extent practicable, awareness of services and benefits available to veterans and family members of veterans and to encourage veterans to seek the benefits and services to which they are entitled. The director is authorized to employ personnel dedicated to the marketing and outreach program objectives described in this subsection. The director is authorized to enter into memoranda of understanding with other state agencies to allow for the sharing of information to achieve the objectives of the program. The marketing and outreach program objectives must include, but are not limited to:

A. Identifying residents of the state who are veterans;

B. Increasing awareness of the Bureau to veterans and family members of veterans; **Note: Several Bureau programs serve as marketing opportunities to reach veterans such as: The Maine Veterans' Dental Network, Veterans Dependents Education Program, Veterans' Recognition, D-214 Requests, and Veterans Services Officer appointment.**

- C. Implementing media and technology to encourage veterans to self-identify to the Bureau and communicating to veterans and family members of veterans about the services and benefits available to them;
- D. Attendance by bureau personnel at events organized for and by veterans that, as determined by the director, facilitate the objectives of this subsection; and
- E. Establishing benchmarks to measure the effectiveness of marketing and outreach efforts.

The program objectives listed in this subsection may also be used to assist the commissioner to identify residents of this State who are military retirees or former members of the Maine Army National Guard or Air National Guard who completed service requirements but never served on active duty.

- MBVS works daily to identify Maine residents who are veterans. This is achieved by in person, written, telephone, and internet interactions, as well as by referrals from partner organizations.
- Raising bureau awareness has been achieved via our E-newsletter, social media presence, press releases, and by attending in person events (pre-COVID pandemic).
- In 2021, MBVS added an upload documents tab to its website, thus allowing veterans to self-identify with the Bureau.
- Pre-pandemic, bureau personnel attended most veterans' events around the State of Maine in person and will resume this practice once COVID protocols are relaxed and it is safe to do so.
- MBVS measures the effectiveness of marketing and outreach efforts through Intranet Quorum (IQ), a case management system that creates reports, provides Facebook Distribution Scores, and incoming inquiries to our seven field offices when a new initiative is announced. **Note: Currently MBVS has 52,442 veterans in IQ. Of that number 6,845 are marked as deceased. The most current VA statistics estimates that by 9/30/2022 the veterans' population in Maine will be 104,149.**

8. Records management system. The director shall acquire and maintain an electronic database with secured remote access capabilities to facilitate management of records of veterans, spouses of veterans and veterans' dependents served by the bureau. When selecting a records management system, the director shall ensure that, at a minimum, the system is capable of:

- A. Reducing reliance on paper records;
- B. Allowing for immediate access by authorized users to update records;
- C. Displaying a complete records of assistance provided by the bureau to veterans and veterans' family members;
- D. Providing improved customer service to veterans seeking assistance from the bureau; and
- E. Identifying burial locations on a map of the Maine Veterans' Memorial Cemetery System.

- MBVS's IQ records management system fully completes the requirements asked in A-D and allows staff to provide everything from a State of Maine Park Pass, to a copy of their DD Form 214 discharge papers, to scheduling a Veterans Service Officer appointment.
- MBVS staff spent several years using a GIS coordination system to survey, photograph, map, and create an index of the Maine Veterans' Cemetery System per the request listed in E.
<https://www.maine.gov/veterans/resources/mcs-search/cemetery-search.html>

Sec. 4. 37-B MRSA §508, as amended by PL 2013, c. 569, §4, is further amended to read:

§ 508. Veterans Services Officers

Veterans Services Officers shall serve, assist and advocate for all veterans. Veterans Services Officer must be trained and conversant on the issues, benefits and definitions affecting all veterans, including atomic, Vietnam, Desert Storm and female veterans. The bureau shall have at least one veteran service officer who specializes in female veterans' issues. The Director shall regularly conduct an assessment of the number and geographic distribution of veteran service officers to ensure the number and location of officers is adequate to effectively serve veterans in the State.

Sec. 5. 37-B MRSA §514, sub-§2, as amended by PL 2013, c. 569, §6, is further amended to read:

2. Veterans Services Officers at veterans hospital. Sixty-four thousand five hundred dollars annually to each veterans' service organization that has funded and maintained a veteran service officer at the Veterans Administration Hospital at Togus for at least one year as of January 1, 2013. If revenues in the fund are insufficient to make the full amount of the distributions required by this subsection, the director shall divide the amount of available funds equally between the veterans' service organizations. A veterans' service organization that receives funds under this subsection shall establish, in consultation with the Director, methods to provide the director with data that demonstrate that the funds from the fund are being used to the maximum extent possible to support and assist veterans of this State in filing claims with the United States Department of Veterans Affairs in an accurate and timely manner.

MBVS provides financial support to the American Legion and VFW Veterans Services Officers whose offices are embedded at VA Maine Healthcare System (Togus), as well as \$15,000 in support of the Disabled American Veterans (DAV) van that provides veterans rides to their appointments at Togus, funding for Homeless Mobile Veterans Stand Downs in October, and to purchase American flags for the graves of those veterans buried in the Maine Veterans' Cemetery System.

Barriers to Veterans Accessing Healthcare in Maine

There are multiple factors that currently affect veterans accessing medical care in our state, and they fall under the following categories:

Veteran isn't Service-Connected to Veterans Affairs (VA) - The veteran has not connected to the VA or been rated under the **VA Schedule of Rating Disabilities** (VASR-D). Veterans with conditions listed in the rating schedule are assigned numeric values (ratings) that correspond with the increased severity of the condition. Ratings range from 0% to 100% and increase by increments of 10% or with Individual Unemployability. When a veteran can't work because of a disability related to his or her service in the military (a service-connected disability), they receive disability compensation or benefits at the same level as a veteran who has a 100% disability rating.

Decreasing Veterans' Population and Changing Demographics

A decreasing veteran population and changing demographics (While the population decreases, more veterans will require resources to assist them in aging.)

Transportation and Distance to Drive - Maine is a very rural state. In 2010, the U.S. Census Bureau noted Maine as the most rural state in the United States. For many veterans who live in Northern Maine, it is a three to four-hour drive to get to the VA Maine Healthcare System (Togus) in Augusta, or a several hour drive to one of the VA's Community-Based Outpatient Clinics. The cost of fuel may be prohibitive, the veteran may not have reliable mode of transportation or a family member who can bring them, or the veteran may no longer hold a driver's license.

Cost of Medical Care - The veteran may not be able to afford the cost of medical insurance, is over income to qualify for MaineCare (Maine's **Medicaid** Program), or is on a fixed income.

Veteran Identification - Many veterans never connected to the VA when they discharged from the U.S. Military and may be eligible for healthcare, dentistry, mental health services, and other benefits of which they are not aware. A DD Form 214 (military discharge) is required to do so, but the veteran must produce it to receive services.

Availability and Access to Medical Care - There are often long waits for treatment when a veteran hasn't established a relationship with a medical practice in his or her community. If a veteran can't find help for their health issue, they may go to the emergency department at their local hospital, which may be a very expensive alternative.

Veteran resides in a Long-Term Living Situation - Maine Veterans' Homes, VA Contract Homes, or private nursing homes throughout the state.

Lack of Medical Professionals in Maine - We have a shortage of doctors, nurses, dentists, dental hygienists, and mental health providers in Maine.

No Continuing Education Resources For Medical Professionals Regarding Veterans and Trauma Informed Care - Veterans may exhibit high levels of anxiety due to undiagnosed or undisclosed Post Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and/or Traumatic Brain Injury (TBI).

MaineCare Coverage and Reimbursement Rates - Reimbursement rates haven't changed in many years which puts medical and dental providers in a difficult position financially.

Medical School Debt – New doctors, nurses, dentists, and dental hygienists may leave school with substantial student loan debt upon graduation.

Non-Profit, Free Standing Medical Clinics and Nursing Homes Struggle to be Financially Stable - Their sources of income include MaineCare, payments made according to sliding-scale fee schedules, with some proportion of self-pay patients or private insurance. Financial stability is an ongoing problem for many of these clinics across the State of Maine.

Effect of the Coronavirus Pandemic - Many clinics throughout the state of Maine have had to completely change the way they provide services. With the onset of the COVID-19 pandemic, additional safety precautions and personal protective equipment have undoubtedly added to the cost of care.

Assets for Veterans - A History of VA Maine Healthcare System (Togus)

Maine has a long-standing tradition of taking care of its veterans that dates back to President Lincoln's 1865 Act creating the National Asylum (later changed to Home) for Disabled Volunteer Soldiers. The Eastern Branch at Togus was the first of the new homes to open in November 1866.

The first veteran was admitted to Togus on November 10, 1866. The veteran population of the home remained under 400 until a building program began in 1868 which provided housing for 3,000 veterans. The home was organized much like a military camp with the men living in barracks and wearing modified Army uniforms. Although a 100 bed hospital was completed in 1870, medical care at the home was limited, even by the standards of the day.



Mineral Spring, Togus, ME circa 1907.

Togus became a Veterans Administration facility following the Consolidation Act of July 1930 which joined all agencies providing benefits to veterans and their dependents. Most buildings which make up the present facility were constructed in the following decade. Togus' role gradually changed from a domiciliary or home to a full service medical center with the greatest change occurring after World War II due to the large number of returning veterans requiring medical care. (VA Maine Healthcare System, <https://www.maine.va.gov/about/History2.asp>)

The VA Maine Healthcare System and the Maine Bureau of Veterans' Services – Different Agencies With the Same Goal

Though the two are often confused, the VA Maine Healthcare System and the Maine Bureau of Veterans' Services (MBVS) are two different entities, one Federal and one State, but ultimately, they share the same unified goal – to advocate for Maine veterans. MBVS does not have a clinical mission as the Bureau's focus is to serve as the state's primary advocate for veterans and their families. Their mission started in 1946, after the end of the Second World War. They provide Veterans Services Officers to assist with access to federal and state benefits and oversee the state's Veterans' Cemetery System. The VA is responsible for providing vital services to America's veterans on a nationwide scale. They provide health care services, benefits programs, and access to national cemeteries for veterans and their dependents. There are two administrations to the VA that oversee healthcare and benefits:

Veterans Health Administration

“The Veterans Health Administration is the largest integrated health care system in the United States” (Veterans Health Administration, 2019, para 1). “VHA Medical Centers provide a wide range of services including – traditional hospital-based services such as surgery, critical care, mental health, orthopedics, pharmacy, radiology and physical therapy. In addition, most VA medical centers offer additional medical and surgical specialty services including audiology & speech pathology, dermatology, dental, geriatrics, neurology, oncology, podiatry, prosthetics, urology, and vision care” (Veterans Health Administration, 2019, para 3).

<https://www.va.gov/health/aboutvha.asp>

Veterans Benefits Administration (VBA) “Provides a variety of benefits and services to **Service Members**, veterans, and their families.” (Veterans Benefits Administration, 2020, para 1).

Some of the major program offices within VBA are:

- Compensation Service
- Pension and Fiduciary Service
- Insurance Service
- Education Service
- Loan Guarantee Service
- Office of Transition and Economic Development
- Vocational Rehabilitation & Employment Service (VR&E)
- Office of Field Operations
- Appeals Management Center (Veterans Benefits Administration, 2020)

<https://www.benefits.va.gov/BENEFITS/about.asp>



Dental Care for 100% Service-Connected Veterans and Certain Other Veterans

The Veterans Health Administration (VHA) Dental Program consists of a six-tier eligibility system that is structured differently from other VA medical benefits in that veterans’ access to it may have time and/or service limitations. This program is designed to provide necessary dental care to maintain or restore oral health and masticatory function for veterans.

See APPENDIX (A) for Eligibility for Dental Benefits for Veterans Through the VA

Currently, the VA Maine Healthcare System has two dental clinics in the State of Maine with a third under construction:

1. The VA Maine Healthcare System in Augusta (also known as Togus), provides general dentistry, has a part time oral surgeon, and offers very limited services in the specialties of periodontics, prosthodontics, and endodontics. Most specialty care is referred to specialists in the community along with treatment for sleep apnea devices, temporomandibular disorder (TMD) management, oral maxillo-facial prosthodontics, and sedation dentistry. <https://www.maine.va.gov/>
2. The Bangor Community-Based Outpatient Clinic mostly provides general dentistry.
<https://www.maine.va.gov/locations/bangor.asp>
3. The VA Maine Healthcare System is scheduled to open a third dental clinic at the Portland **Community-Based Outpatient Clinic** (CBOC) in the spring of 2022.
<https://www.maine.va.gov/locations/portland.asp>

VA Mental Health Care

The VA Maine Healthcare System (Togus) website notes, “VA Maine health care operates a comprehensive behavioral health program. We provide excellent Veteran-focused mental health care. Ask a care coordinator about treatment options suited to your unique needs. If you qualify for VA health care, you can get high-quality mental health services as part of your benefits. You may also be able to get care for certain mental health problems even if you don’t have VA health care.

“Mental health services are also available at the Bangor and Portland Mental Health Clinics as well as at all the Community Based Outpatient Clinics (Calais, Caribou, Lincoln, Rumford and Saco and the Houlton Access Point. They also provide outreach to homeless veterans.” <https://www.va.gov/maine-health-care/health-services/mental-health-care/>

Services offered include: Depression, sadness, grief	Anxiety, worry, nervousness
Post Traumatic Stress Disorder (PTSD)	Relationship problems
Emotional problems, such as managing anger	Vocational issues
Troublesome thoughts or ideas	Confused thinking
Aggressive or self-harming behaviors	Memory problems
Stress from medical problems and/or pain	Addiction problems

Maine Veterans' Homes

Maine Veterans' Homes is an independent, nonprofit organization providing quality care to veterans, their spouses, and Gold Star parents at homes throughout the state of Maine. With a mission of, “Caring for those who served.” MVH is a Provider of Choice to veterans and their families seeking nursing home and assisted living care. MVH offers long-term care, short-term skilled nursing, memory care, respite programs, rehabilitation, and therapy. Currently serving more than 500 residents daily, 92% are veterans, with veteran spouses and Gold Star Parents comprising the remaining eight percent.

Maine Veterans' Homes is an independent organization, operating separately from the Veterans Administration, but frequently works with the VA to support veterans in achieving their best outcomes. Unlike some other long-term care facilities, MVH participates in ongoing trauma-informed or other veteran-specific training from the VA to support the unique needs of their residents. Individualized care plans, developed for each resident, address the challenges of those recovering from a variety of issues, such as Post-Traumatic Stress Diagnosis (PTSD).

The MVH eligibility team works with every applicant to determine their needs for care and available funding. Residents qualify based on their status as an honorably-discharged veteran, a veteran's spouse, or as a qualifying Gold Star Parent. While a service-related disability is not a requirement for residency, if the Veteran applicant has a 70% or higher service-connected disability from the VA, their care will be paid for by the VA.

If considering care at Maine Veterans' Homes, applicants are encouraged to start planning early and work directly with the MVH Eligibility Team to determine their plan. Some financial aspects to consider when applying include: Medicare, 70% to 100% VA service-connection rating, MaineCare, Aid and Attendance Benefit, Long-term care vs. short-term care, and Daily stipend

Selection of a Home should include physically touring the facility and meeting with staff and leadership. Considerations of cultural fit and proximity to family members and friends are also often carefully considered when making any choice in care. To learn more about Maine Veterans' Homes and to receive our free eligibility guide and application visit www.mainevets.org

VA Benefits

The resources described on this page are found on the Maine Veterans' Home website, "As a veteran of the U.S. Armed Forces, you may qualify for VA benefits for long-term care, extended care, short-term stays and rehabilitation care. There are certain eligibility criteria involving service, level of care or assistance needed, income, insurance, and other factors. For assistance in filing a VA disability claim, or if you wish to speak to a Veterans Services Officer regarding benefit eligibility, please contact the Maine Bureau of Veterans' Services at 207-430-6035 or mainebvs@maine.gov.

Gaining Additional Income to Pay for Skilled Nursing Care

"You may gain stipends through the Veterans Affairs' Aid and Attendance Program to help pay a portion of the costs of residence in a state veterans' home, such as Maine Veterans' Homes. Eligibility for veteran long-term care services, provided in a long-term care setting, are determined based on a variety of factors, such as need for treatment, personal care and assistance, service-connected status, insurance coverage, ability to pay, etc. Gaining Veteran health care benefits from the VA are separate from gaining eligibility for services at Maine Veterans' Homes. <https://mainevets.org/veterans-benefits/>

VA Aid and Attendance Benefits and Housebound Allowance

"VA Aid and Attendance or Housebound benefits provide monthly payments added to the amount of a monthly VA pension for qualified Veterans and survivors. If you need help with daily activities, or you're housebound, find out if you qualify.

Am I eligible for VA Aid and Attendance or Housebound Benefits as a Veteran or Survivor?

VA Aid and Attendance eligibility

"You may be eligible for this benefit if you get a VA pension and you meet at least one of the requirements listed below.

At least one of these must be true:

- You need another person to help you perform daily activities, like bathing, feeding, and dressing, **or**
- You have to stay in bed—or spend a large portion of the day in bed—because of illness, **or**
- You are a patient in a nursing home due to the loss of mental or physical abilities related to a disability, **or**
- Your eyesight is limited (even with glasses or contact lenses you have only 5/200 or less in both eyes; or concentric contraction of the visual field to 5 degrees or less)

Housebound Benefits Eligibility

"You may be eligible for this benefit if you get a VA pension and you spend most of your time in your home because of a permanent disability (a disability that doesn't go away)." **Note:** *You can't get Aid and Attendance Benefits and Housebound Benefits at the same time.* <https://www.va.gov/pension/aid-attendance-housebound/>

How do I get this benefit?

You can apply for VA Aid and Attendance or Housebound Benefits in one of these ways:

“Send a completed VA form to your pension management center (PMC). Fill out VA Form 21-2680 (Examination for Housebound Status or Permanent Need for Regular Aid and Attendance) and mail it to the PMC for your state. You can have your doctor fill out the examination information section.”

APPENDIX L, M, & N—VA Form 21-2680

You can also include with your VA form:

- Other evidence, like a doctor’s report, that shows you need Aid and Attendance or Housebound Care.
- Details about what you normally do during the day and how you get to places.
- Details that help show what kind of illness, injury, or mental or physical disability affects your ability to do things, like take a bath, on your own

If you’re in a nursing home, you’ll also need to fill out VA Form 21-0779 (Request for Nursing Home Information in Connection with Claim for Aid and Attendance).

APPENDIX O—VA Form 21-0779

Apply in person

You can bring your information to a VA regional office near you.

<https://www.va.gov/pension/aid-attendance-housebound/>

APPENDIX B—Determining Eligibility at Maine Veterans’ Homes



VA Community Care Network



Corey Vail, Chief of Community Care VA Maine Healthcare System

According to the U.S. Department of Veteran Affairs website, “VA provides health care for Veterans from providers in your local community outside of VA. Veterans may be eligible to receive care from a community provider when VA cannot provide the care needed. This care is provided on behalf of and paid for by VA. Community Care is available to Veterans based on certain conditions and eligibility requirements, and in consideration of a Veteran’s specific needs and circumstances. Community care must be first authorized by VA before a Veteran can receive care from a community provider. As with care provided directly by VA, Veterans are charged a copayment for non service-connected care. Learn how to pay your bill and alternative payment options. In addition, VA may bill Veterans’ health insurance for medical care, supplies, and prescriptions related to treatment of non service-connected conditions” (U.S. Department of Veterans’ Affairs, 2019). <https://www.va.gov/COMMUNITYCARE/programs/veterans/index.asp>

Corey Vail, Chief of VA Community Care at VA Maine, described the program’s recent transitions: “For many years the VA utilized third-party administrators such as TriWest and Health Net, as well as local provider agreements to facilitate care in the community. On June 6, 2019, the VA Mission Act went into effect, and the Community Care Network was established. For VA Regions 1, 2, and 3 (Maine to Idaho), Optum Public Health Solutions, a subsidiary of UnitedHealth, a global healthcare corporation, was contracted to provide services.”

VA Community Care Network Enrollment

Christina Brochu, a VA Health Information Technician at Togus, processes all dental care requests. Brochu noted, “There are currently 41 Community Care dental providers in Southern Maine and none in Eastern, Western, and Northern Maine. There is a **vital** need for dentists to become connected in rural parts of our state.” Medical and dental providers can enroll at—https://www.va.gov/COMMUNITYCARE/providers/Community_Care_Network.asp



VA Maine Healthcare System (Togus)

Geriatrics Care at the VA Maine Healthcare System

Dr. Isabella Lutostanska, Geriatrician

VA Maine Healthcare System

Dr. Izabela Lutostanska brings a worldview to geriatrics. Originally from Szczecin, Poland she earned her medical degree at the Pomeranian Medical Academy and moved to the United States in 1991. She then pursued a residency in the Internal Medicine Residency program from Michigan State University located at Spectrum Medical Center in Grand Rapids, MI.

While waiting to be accepted into the program Dr. Lutostanska served as a caregiver for older adults. It was there that she realized she's always been comfortable with the older generation. She is a patient listener and enjoyed learning about their life-long experiences. After completing her residency program in internal medicine, Dr. Lutostanska continued her education by pursuing in a one-year Geriatrics Fellowship jointly conducted at the Hines Veterans Medical Center and the Loyola Medical Center in Chicago, IL. It was there that she realized she had found her calling.

In 2003, Dr. Lutostanska took a position at the VA Maine Healthcare System (Togus), as a primary care physician, while awaiting an opening in the Department of Geriatrics. At the same time, Dr. Patrick Daley had started a Hospice Fellowship program at Togus. She was able to participate in this program and it furthered her training and greatly expanded her knowledge of end of life care.

By 2008, Dr. Lutostanska moved over to the Geriatrics Department which had expanded greatly since its original beginnings. It now offers a diverse team of medical professionals to assist older veteran patients as their healthcare needs change. Currently, there are two geriatric specialists, two hospice specialists, multiple advanced practice providers, psychologists, clinical social workers, nurses, an occupational therapist working as a team at the geriatric's clinic, Community Living Centers and in home based primary care.

When asked what age older veterans start working with a geriatric specialist, Dr. Lutostanska noted, "Usually patients move from primary care to the geriatrics clinic not only based on age (70 years old and over), but also based on complexity of their diseases. At this point, veterans develop chronic medical conditions and we are here to help them navigate their healthcare and to provide best practices."

Examples of Geriatric medical conditions include:

- Diabetes
- Osteoarthritis
- Congestive Heart Failure
- Dementia
- Neurological diseases like stroke and Parkinson's
- Osteoarthritis with mobility problems and falls
- Depression
- Hearing and vision loss
- Hypertension
- Incontinence



Dr. Isabella Lutostanska, Geriatrician

There are many tools available through the VA to assist older veterans and their families with their healthcare decisions, including when it is appropriate to start working with the geriatrics team. Severity indexes (combined data quantified and weighted for significance of outcomes) are often referenced by primary care physicians and higher scores help indicate that it may be time to make a referral to the Geriatric Clinic. Chronic medical conditions and frequent visits to the emergency room and/or hospital also serve as another indicator. “It is very rewarding to me as a Geriatric doctor to see how our team can positively impact the life of an older veteran,” Dr. Lutostanska explained. “We try to help veterans stay at home as long as possible, because they are most comfortable living in their own communities and we can offer home-based primary care services as well as partnerships with community-based healthcare services (e.g. District Nurse, Home Care Agencies). When it is apparent that this is no longer feasible, our team can assist with the transition into assisted living, nursing home, or hospice care.”

The criteria for Home Based Primary Care are based on high medical needs and are overseen by the Geriatrics team:

- Veteran is relatively homebound due to chronic medical conditions
- Displays one or more geriatric medical issues
- Veteran needs help managing healthcare at home
- Veteran has a high score on the severity index
- Veteran has frequent falls or visits to the emergency room/hospital admissions
- Veteran has memory issues
- PCP cannot manage their symptoms from his or her clinic

When an older veteran cannot safely live at home any longer several options may be considered including: independent living with the help of Home Based Primary Care (team can step in, deliver primary care at home and recommend ancillary services if the patient needs assistance); assisted living (not at the level of needing nursing home care, but can't live alone); nursing homes (24 hour care provided). Please note that long-term care is covered by the VA for veterans that are 70% service-connected for disabilities. All veterans are responsible to pay out of pocket expenses for assisted living facility care.

“It has been my experience over the last 30 years that memory issues in older adults are different in every patient, but usually start to manifest around the age of 75,” Dr. Lutostanska remarked, “Sometimes we see memory loss in veterans in their 50s. Memory loss can be associated with Traumatic Brain Injuries or multiple concussions over a period of time. Memory loss can also result from other factors including family history (first relatives - mother, father, siblings) and environmental exposures. There is no specific link between military exposure and dementia yet, but we know, that for example exposure to certain chemicals, including Agent Orange may trigger a genetic predisposition to developing Parkinson’s Disease. The most common diseases associated with memory loss we see at our Geriatric Clinic are Alzheimer’s Dementia, Vascular Dementia and Parkinson’s Disease with Memory Loss.

When asked if Post Traumatic Stress Disorder (PTSD) symptoms increase or decrease with age, Dr. Lutostanska cited several factors that can effect veterans including if diagnosis was addressed early in the veteran’s life, if the veteran with untreated PTSD has dementia, if the veteran with untreated PTSD is at the end of life. “Few years ago, I treated veterans residing in our Dementia Care at Togus VA, and was able to observe several World War II veterans over a period of time,” Dr. Lutostanska recalled, “Many of those veterans would be very disturbed at times of constantly changing environments. It dawned on me that when large construction projects were going on outside, the sudden loud noises were triggering veterans’ PTSD symptoms, which had perhaps lain dormant for years. In a distant past there was such stigma and feelings of shame surrounding PTSD or other mental health issues, that many veterans wouldn’t ask for help and they suffered in silence. Now, I strongly urge veterans of all ages to seek mental health help as soon as they are experiencing symptoms of PTSD.”

Geriatrics Care at VA Maine Healthcare

Tricia Tracy, RN

Geriatrics and Extended Care Service Manager VA Maine Healthcare System

Tricia Tracy is the daughter and wife of a veteran, and as a teenager she accompanied her father to the Togus Campus for his appointments. From these experiences, she knew from an early age that nursing was the career path she was destined for. That premonition would be realized 24 years later in 2017, when she became the Nurse Manager of the Community Living Center at Togus, and later in 2020 the Geriatrics and Extended Care Service Manager.

The VA Maine Healthcare System's Geriatrics Program began in 1992 and offered a Geriatric Physician and Psychiatrist regarding its long-term care program. It has since evolved into a vibrant program that includes:

- **Geriatric clinic with a team approach to patient care**
- **Social worker**
- **Psychologist**
- **Registered Nurse**
- **Geriatrician**
- **Inpatient and Outpatient Hospice and Palliative Care**
- **Geriatric Evaluations**
- **Community Center**
- **Skilled long-term care unit and a unit specific for dementia care**
- **Commercial residential care and contract nursing homes**
- **Oversite of the Maine Veterans' Homes**
- **Adult Day Health Care**
- **Caregiver Support**
- **Medical Foster Home Program**—An alternative to long-term care facilities for a veteran who requires 24-hour care. The veteran lives at a home that has passed special requirements to host him or her and pays his or her own way for the service.
- **Home Based Primary Care**—Consisting of a multi-disciplinary approach to include: Social Workers, Psychologists, Registered Nurses, Geriatricians, Nurse Practitioners, Physicians Assistants, Occupational Therapists, and a Dietitian. A real plus for a rural state.



Tricia Tracy, RN
Geriatrics and Extended Care Service Manager

Accommodations as veterans age come in many different forms. Currently, the VA Maine Healthcare System offers – Audiology, Optometrists, Ophthalmology, Physical Therapy Rehab and Occupational Therapy, Prosthetics, a Wheelchair Clinic, Caregiver Support Program with an educational component, and Visual Impairment specific Services (will come into the veteran's home to set up). To receive home based primary care, veterans must meet a VA criterion to be enrolled in the program.

Transportation can also become an issue as veterans age and the logistics of their care may have to be modified. VA Veterans' Transportation can be utilized for rides to Togus and Community Based Outpatient Clinics.

Note: See *VA Transportation to Medical Appointments and Other Transportation Services Veterans Can Utilize*, pgs. 34 & 35 and APPENDIXES (E,F, & G) for further transportation information.

When asked if the symptoms of Post Traumatic Stress Disorder, Traumatic Brain Injury, Military Sexual Trauma, and/or Substance Abuse issues increase or decrease as veterans age, Tracy deferred to the Geriatrician at Togus to get her perspective. After discussion, the consensus was that it really varies on a case-by-case basis and factors like what symptoms is the veteran experiencing, is this the first time they have disclosed their trauma, did they receive any interventions previously that helped them manage their psychological or addiction symptoms, and are there any underlying medical issues that are increasing the severity of their symptoms.

Tracy has been a nurse for over 28 years, and she noted the honor and gratification that she feels by serving the veteran population. Recently she had the opportunity to accompany staff in the home-based care program and said she was genuinely amazed by how much they accomplish off the Togus Campus and in the community. "Having come from the private sector of nursing, I want to make sure everyone knows how focused the VA is on not only veterans' care, but that of their family and caregivers," Tracy noted.

COVID-19 posed multiple challenges for the VA Maine Healthcare System, but the entire staff rose to the occasion utilizing technology more, and most of Tracy's older patients have been receptive to the change once they got the hang of it. "The VA has been an innovative leader in managing the COVID-19 pandemic," Tracy stated, "Togus offered vaccination clinics on campus, in the CBOCs, and now their home-based primary care program is vaccinating veterans at home. We really set the standard for how to create new protocols and initiate them."



**David Strong, Clinical Social Worker
Geriatrics Multi-Disciplinary Team & LGBT Veteran Care Coordinator, VA Maine
Healthcare System**



**David Strong, Clinical Social Worker
Geriatrics Multi-Disciplinary Team**

Part of David Strong's role as a *Clinic Social Worker* in the VA Maine Healthcare System is that he serves on the geriatric multi-disciplinary team working with older veteran on the Togus Campus and in the community. One of his duties is providing geriatric evaluations which have a multi-faceted purpose to help determine the best care plan for the veteran as they age. Often, the veteran or their family are concerned about changes they are noticing in health or cognitive abilities.

When a geriatric evaluation is set up there are three parts to it. The first is that the veteran meets with a Registered Nurse who provides a nursing assessment (takes their vital signs, checks in on their activities of daily living, and does a medication review with the veteran). Then the veteran meets with a VA Geriatric Doctor and who does more detailed testing with the veteran. The last part of the process is to meet with a VA Social Worker to discuss family support the veteran has and to take two cognitive assessments.

The first is the Saint Louis University Mental Status Exam (SLUMS) which was developed at the Division of Geriatric Medicine, Saint Louis University School of Medicine in affiliation with the VA as a screening tool for detecting mild cognitive impairment. The second is the Montreal Cognitive Assessment (MOCA) which is used as a screening assessment

for also detecting cognitive impairment. Both tests are used to evaluate mild cognitive dysfunction and incorporate the following skills into the testing process – short term memory, executive function, visuospatial ability, orientation, a clock drawing test, language abilities, animal naming, abstraction, and attention.

See APPENDICES (H & I)

Once the veteran has completed the evaluation, the team puts a report together and provides their recommendations which could include:

- Additional supports in the home e.g. grab bars in the bathtub, getting fitted for hearing aids, glasses, or a wheelchair.
- Giving up their driver's license.
- Transitioning out of the VA's primary care system and into its geriatric care program.
- Inclusion in the VA's Home-Based Primary Care Program (dependent on the team's recommendation and distance the veteran has to drive to either the Togus Campus or a VA Community Based Outpatient Clinic - usually 30-40 miles).
- Recommendation for a VA, Maine Veterans' Home, or private nursing home facility.

Strong noted, "Geriatric evaluations are invaluable because they provide the veteran, their family, their caregivers, and VA staff with all the information that can best help the veteran as they make the decision to age in place or transition from primary care into geriatric care. Taking the time to go through this process with a veteran helps us ensure that all their needs are met and can serve as a bridge for some of the difficult conversations families have to have with their veteran as they age."

VA Medical Center Togus Women's Health Program

**LaRhonda Harris, RN
Women Veterans Program Manager
VA Maine Healthcare System**

LaRhonda Harris serves as the Women Veterans Program Manager at the VA Maine Healthcare System. She is a veteran and served in the U.S. Air Force from 1986-1989, discharging at the rank of 1st Lieutenant in 1989. She was brought up in a military family - her father served two tours in combat during the Vietnam War with the U.S. Army and had a remote tour to Korea. After being raised in the Army, attending college and having worked in the private sector for a year, she was a seasoned RN entering the Air Force and had quite a bit knowledge of what life in the military would be like and was prepared for the military structure. These combined experiences fully prepared LaRhonda for her work at the VA.

The Women's Health Program has been formally in existence since 1997. The New Clinic for Women was opened in 1997 in building 200 on the 5th floor at the end of the hall. This was a very important step in Women's Health at VA Maine, as it was acknowledged that women are veterans and that they needed and deserved specially trained providers who could meet their gender specific needs in a separate and welcoming space all their own.

Then as time went on, it was discovered that more and more women were coming into the VA and walking though the main Hospital and traveling to the 5th floor was something that some of our female veterans saw, at times, as traumatizing. In 2014, VA Maine was able to renovate space on the ground floor on Building 205, so women did not have to walk through the main hospital or get on an elevator with mostly all men to get to their primary care appointment anymore. The clinic was not the VA standard "TOGUS White," and a VA interior designer was used to create a calming décor concentrating on privacy, dignity, and respect - separating clinical space from administrative therapy space.

LaRhonda assumed the role of the Women Veterans Program Manager (WVPM) in 2010, but the staff and the clinic are supervised and staffed by the Primary Care Service Line. Although she is co-located in the Women's Clinic, she does not manage the clinic. The WVPM's office is located close to our women veterans, and it also houses their Military Sexual Trauma Therapist, and a Gynecological Specialist is co-located at the clinic thus making the facility very user friendly and welcoming to female veterans.

The Program offers Comprehensive Primary Care, not just at the Togus Campus, but in all their Community Based Outpatient Clinics (CBOC). Harris notes, "When we talk about Comprehensive Primary Care, this is not specialty care. This is basic preventative health care and screenings for all genders. Women have different parts that require different screenings, but not considered specialty care. Our women can get their gender specific care at all our clinic locations in the VA Maine Healthcare System. There are designated providers who have specialized training in women's health and maintain their competencies in changing recommendations for preventative health."



**LaRhonda Harris, RN
Women Veterans Program Manager**

The VA Maine Healthcare System is fortunate to have a full time Gynecological Surgeon and he is located on the Togus campus. Dr. Ting is also an Air Force veteran and adds an additional level of care to the Women's Clinic. Harris always likes to say, "We treat the entire veteran male or female, head to toe, A to Z. Maternity care, reproductive health, menopause management, substance abuse, cancer treatments, weight management, etc., is all part of the basic medical package for all veterans."



**PVT First Class
Constance Sherman Newcomb
Army WACS circa WWII**

Specialty care is by referral and is available at the Togus Campus or in the community with approval from the veteran's primary care provider. The VA's maternity care and all breast health is also done locally to where the veteran is living. Some ask why Togus does not have a mammogram machine? The answer to that question is that community hospitals have the volume to maintain a comprehensive breast health program that includes mammogram, ultrasounds, breast MRI's, stereotactic biopsy equipment, dedicated centers with radiology technicians, and of course surgeons, and cancer treatments. The VA does not want their veterans to get fragmented care and veterans who need specialty care especially treatment of cancer, should be able to get that care closer to home. Having family support nearby, is sometimes the best treatment.

The Women's Clinic's older veterans are assessed in their primary care appointments and are referred to the appropriate clinics or to the community for further treatments and/or therapies. The Mission Act has made it easier for the VA to allow their veterans, who have some of these issues, to stay closer to home, allowing their families to get them to their appointments easier and without driving long distances. The VA Maine Healthcare System's facilities are equipped with lifts and mobility equipment for any veteran who needs it and their Physical Therapy and Wheelchair Departments are available to do evaluation for the need for mobility devices, walkers, canes, etc.

All veterans at VA Maine can be seen by the Audiology Department for an evaluation for hearing aids and be seen in the Optometry Department for vision corrections. This is part of the basic medical benefit package. There may be a co-pay for some of these services, but they usually are not a barrier to getting these devices. And through the years, the selections of eye wear has evolved to be more attractive for our female veterans, young and older. As any health care system, we try to meet the needs of our veterans, despite which phase of their life they are in. Therefore, it is important to have interested and trained Women's Health primary providers in our clinics, to assess the need and refer female veterans to the appropriate specialty services as needed.

Access to Togus can be very challenging for older veterans in a state that is rural and does not have a very strong public transportation system. Luckily, Togus has a very supportive Patient Transportation Office that VA providers can send a consult to, they will look at all the community resources in the community to get the veteran to their appointments and look at what Disabled American Veterans (DAV) can do to transport them to the Togus Campus. There are unique programs/grants available, and the Patient Transportation Office does their best to work with the veteran and their providers to get them to their appointments and/or to consolidate them so they can be done in one day instead of over two or three days. If the veteran has to go to Boston, MA, for treatments not offered on the Togus Campus there is also a shuttle that leaves daily that any of our veterans can use.

As the Mission Act has allowed veterans to stay closer to home to receive their care, sometimes families have been able to step in and provide this transportation. When a veteran becomes homebound, there are geriatric programs that may be able to assist with home based primary care, home adaptive grants, and the expansion of the care giver

program is always an option. Not one program meets the needs of all veterans, but referral to one of our social workers will evaluate the needs of the veteran and between what the VA can offer and the community, the goal will be to care for the veteran in the best way possible.

Regarding Post Traumatic Stress Disorder, Traumatic Brain Injuries, Military Sexual Trauma, and Substance Abuse Disorder as female veterans age, do the symptoms related to these diagnoses increase or decrease? Harris noted that she is not a subject matter expert in any of these areas, but believes that every female veteran is unique, and every female veteran's response to therapy is individualized. There are too many variables to generalize one way or another. Research has their studies for the majority, but how severe the trauma, how soon the veteran seeks care, the background, and the support system of any veteran would impact the symptoms of the veteran as they age.

Harris remembers caring for an 83-year-old female patient (not a veteran), who needed to have a hip fracture repaired. She had Alzheimer's and pre-thinking by staff was that the patient would most likely never walk again as trying to get her moving with the pain/discomfort and her not understanding, would almost be impossible. But to Harris's amazement, the patient's memory loss was short term, and at the moment she may have become resistive to moving, they got her to stand up and do some exercises until she refused. Then in about an hour or two they tried it again, and she had already forgot how difficult the previous attempt had been, so she continued to improve and did amazing. Recovery at any age, depends a lot on the patient's willingness to participate.

In the past 25 plus years that Harris has worked at the VA Maine Healthcare System, she has seen a lot of changes for the better in the health care for female veterans. A whole primary care space for women, private and semi-private inpatient room renovations so women can be admitted to our hospital, Gynecology Specialist going from one day every other week, to a full time Gynecologist Surgeon who also can perform female urology evaluations and surgery.

Maternity care that also includes seven days of infant care, reproductive health and work ups for infertility related issues to menopausal symptom management, specialized training for providers for musculature skeletal pain symptoms, breast cancer treatments and prosthetics, to a contract in the Togus Emergency Room for a Sexual Assault Forensic Specialist to provide specialized care. "There is always more that can be done like any health care system," Harris noted, "But as more women veterans utilize our VA Maine Healthcare System, the better it will become."



Healthcare for Women Veterans

Women who have served in the Armed Forces are eligible for a variety of veterans benefits. VA actively encourages women to utilize the benefits due them. The Veterans Affairs Medical Center (VAMC) Togus Women's Health Program targets programs and facilities to meet the unique needs of female veterans.



**Norma Clifford Smith, Navy WAVES
Pharmacist Mate Third Class circa WWII**

Services Offered

- Gynecology services
- Breast exams and mammography
- Reproductive health care
- Menopause treatment
- Osteoporosis
- Cancer screening
- High cholesterol treatment
- Chronic obstructive pulmonary disease (COPD) treatment
- Diabetes prevention and treatment
- Flu vaccine
- High blood pressure prevention and treatment
- Treatment for obesity
- Smoking cessation
- Military Sexual Trauma (MST) treatment

Patients will be referred to other VA facilities or to the community for any service not available through VA Maine Healthcare System. Mental health services, including treatment for post traumatic stress disorder, are also available for women. Treatment for substance abuse is available as well.

<https://www.maine.va.gov/MAINE/services/women/index.asp>

Women Veteran Program Managers are available at each VA Medical Center nationwide to assist women veterans and coordinate services. Women veterans who are interested in receiving care at VA should contact the nearest VA Medical Center. Women Veterans are assigned to a designated Women's Health Primary Care Provider who can provide general primary care and is specially trained or experienced in women's care.

LaRhonda Harris, RN
Women Veterans Program Manager

Phone: 207-623-8411 ext. 4017
Toll Free: 877-421-8263 ext. 4017

Primary Care Telephone Assistance Program (TAP)

Call the Telephone Assistance program for:

- Health care advice and information
- Medication information
- Appointment information

TAP Contact Information

Monday through Friday 7:30 a.m. - 4:00 p.m.
Call 877-421-8263 ext. 7490

Evenings, weekends & holidays

Call 877-421-8263 x7490 or 866-757-7503



If enrolled in Primary Care at a Community Based Outpatient Clinic, call that clinic directly:

- Bangor CBOC: 207-561-3600/877-421-8263 x 3600
- Calais CBOC: 207-904-3700/877-421-8263 x 3700
- Caribou CBOC: 207-493-3800/877-421-8263 x 3800
- Fort Kent Access Point: 207-492-3800/877-421-8263 x3 800 (Caribou CBOC)
- Houlton Access Point: 207-403-2000/877-421-8263 x 2000 (Lincoln CBOC)
- Lincoln CBOC: 207-403-2000/877-421-8263 x 2000
- Rumford CBOC: 207-369-3200/877-421-8263 x 3200
- Saco CBOC: 207-294-3100/877-421-8263 x 3100
- Mobile Medical Unit: 1-866-961-9263

<https://www.mainevet.va.gov/MAINE/services/women/index.asp>

The VA's Whole Health System offers women veterans proactive and personalized health care—empowering you to achieve your greatest level of health and well-being. Whole Health means the Whole You. From integrative health approaches like stress education, nutrition, and health coaching, to traditional clinical care and complementary health approaches—your journey to Whole Health starts here.



Helen Martin Henderson
Yeoman Third Class, Navy WAVES
circa WWII

Well-Being Programs

Proactive, integrative health approaches such as:

- Health coaching
- Mind-body therapies and stress reduction
- Mindfulness
- Nutrition and weight management
- Peer support and community resources
- Programs to stop smoking
- Physical therapy and chiropractic services

General Health

Veterans will be at the center of a Patient Aligned Care Team (PACT). A provider, nurse, and others will engage with them to manage their health care. Primary care: includes general medical care for acute and chronic conditions, such as chronic pain, high blood pressure, and diabetes. Preventive care: includes immunizations and cancer screenings, such as mammogram, Pap, and colonoscopy. Gender-specific care, birth control, family planning and preconception counseling, maternity and newborn care (first seven days after birth), and osteoporosis screening and management.

Gynecology Health Services

Evaluation and treatment for:

- Abnormal Pap test
- Abnormal uterine bleeding
- Infertility
- Pelvic pain
- Gynecologic cancers

Mental Health

Evaluation, counseling, and treatment for:

- Depression, mood, and anxiety disorders
- Alcohol and drug use and addiction
- Coping with illness
- Intimate partner violence/sexual and domestic abuse
- Military sexual trauma (MST)
- Parenting and caregiver concerns
- Post Traumatic stress disorder (PTSD)
- Stress adjustment from deployment



Specialty Care

- Management of chronic or complex conditions, including heart disease, diabetes, cancer, and fibromyalgia, as well as HIV/AIDS and hepatitis.
- Surgery programs available at most Medical Centers.
- Rehabilitation, homebound, and long-term care VA referrals are given to those in need of rehabilitation therapies, such as physical therapy, occupational therapy, speech-language therapy, exercise therapy, recreational therapy, and vocational therapy. <https://www.maine.va.gov/MAINE/services/women/index.asp>



VA Geriatrics & Extended Care

Services Offered:

Community Living Center

The Community Living Center (CLC) provides compassionate, person-centered care in a safe and home-like environment to eligible veterans who require nursing home level care. The goal of care is to restore function, prevent decline, maximize independence, and provide comfort when dying.

Home Based Primary Care (HBPC)



HBPC consists of programs that manage care in veterans homes and community settings. Services include:

- Home-based primary care
- Home telehealth care
- Adult day health care
- Community nursing home care
- Skilled home care
- Home hospice care
- Home IV therapy (mobile)

**SGT Myrtle Seavey First
U.S. Marine Corps circa WWII**

Geriatrics & Extended Care Services (G & EC)

- | | |
|---|--------------------------------------|
| - Geriatrics primary care | - Contract nursing home care program |
| - Geriatric and geropsychiatric consultations | - Respite |
| - Geriatrics evaluation and management | - Palliative care |
| - Inpatient/outpatient | - Rehabilitative |
| - Special care dementia unit | - Hospice |

<https://www.maine.va.gov/services/geriatrics.asp>

VA Mission Act

Enacted in 2018, the MISSION Act gives veterans greater access to health care in VA facilities, and the community, expands benefits for caregivers, and improves the VA's ability to recruit and retain the best medical providers.

Under the new Veterans Community Care Program, veterans can work with their VA health care provider or other VA staff to see if they are eligible to receive community care based on new criteria. Eligibility for community care does not require a veteran to receive that care in the community; veterans can still choose to have VA provide their care. Veterans may elect to receive care in the community if they meet any of the following six eligibility criteria:

1. A veteran needs a service not available at any VA medical facility.
2. A veteran lives in a U.S. state or territory without a full-service VA medical facility. Specifically, this would apply to veterans living in Alaska, Hawaii, New Hampshire and the U.S. territories of Guam, American Samoa, the Northern Mariana Islands and the U.S. Virgin Islands.

A veteran qualifies under the “grandfather” provision related to distance eligibility under the Veterans Choice Program.

1. VA cannot furnish care within certain designated access standards. The specific access standards are described below:

Drive time to a specific VA medical facility

- Thirty-minute average drive time for primary care, mental health and noninstitutional extended care services.
- Sixty-minute average drive time for specialty care.

Note: Drive times are calculated using geo-mapping software.

Appointment wait time at a specific VA medical facility

- Twenty days from the date of request for primary care, mental health care and noninstitutional extended care services, unless the veteran agrees to a later date in consultation with his or her VA health care provider.
 - Twenty-eight days for specialty care from the date of request, unless the veteran agrees to a later date in consultation with his or her VA health care provider.
1. The veteran and the referring clinician agree it is in the best medical interest of the veteran to receive community care based on defined factors.
 2. VA has determined that a VA medical service line is not providing care in a manner that complies with VA's standards for quality based on specific conditions.

For more information, visit www.missionact.va.gov

The VA MISSION Act:

- Strengthens VA's ability to recruit and retain clinicians.
- Authorizes "Anywhere to Anywhere" telehealth across state lines.
- Empowers veterans with increased access to community care.
- Establishes a new urgent care benefit that eligible veterans can access through VA's network of urgent care providers in the community.

VA serves approximately nine million enrolled veterans at 1,255 health care facilities around the country every year.



Expanding Benefits to Caregivers

As part of the VA MISSION Act, more family caregivers are being given access to the Program of Comprehensive Assistance for Family Caregivers so the VA can support them as they care for veterans of all eras.

VA began accepting applications October 1, 2020, in two phases:

First, family caregivers of veterans who were seriously injured in the line of duty on or before May 7, 1975, will become eligible for this program.

After two years, family caregivers of veterans who were seriously injured in the line of duty between May 7, 1975, and September 10, 2001, will become eligible.

See the VA Care Giver Support Program website at—https://www.caregiver.va.gov/support/support_benefits.asp

APPENDICES J & K—Veterans Affairs Program of Comprehensive Assistance for Family Caregivers—Expansion Fact Sheet

General Support Services

Currently, caregivers of veterans from all eras may be eligible for training, education, respite care services, the Caregiver Support Line, self-care courses, and other services. The VA provides general support for caregivers of any enrolled veteran, regardless of how or when they were injured.

Comprehensive Assistance

In addition to general support, caregivers in the VA's Program of Comprehensive Assistance for Family Caregivers may receive a monthly stipend, beneficiary travel, mental health counseling, enhanced respite services, and other benefits.

Community Adult Day Health Care

The VA offers Community Adult Day Health Care (CADHC) which provides veterans the opportunity to engage in social activities, peer support, companionship, and recreation. This program is also for veterans who are isolated, or their caregiver are experiencing a burden, and can provide respite care for a family caregiver and/or also help veterans and their caregiver gain skills to manage the veterans' care at home.

These programs offer half-day or full-day care, and usually constitute interaction two to three days a week, but veterans may be able to attend five days a week under certain circumstances. Assistance with transportation may be available or the family caregiver can transport the veteran. Clinical eligibility for CADHCs is based on enrolled veterans' meeting the clinical need for the service and if it is available. The criteria for eligibility includes:

A.) Veterans must meet clinical eligibility for the CADHC program on the basis of an interdisciplinary assessment which identifies one or more of the following conditions:

- 1.) Three or more Activities of Daily Living (ADL) dependencies
- 2.) Significant cognitive impairment, or
- 3.) Two ADL dependencies and two or more of the following conditions:
 - a.) Recent discharge from a nursing home or planned nursing home discharge that is contingent on receipt of home and community-based care services,
 - b.) Seventy-five years old or older,
 - c.) High use of medical services defined as three or more hospitalizations in the past year or 12 or more visits to outpatient clinics and emergency evaluation units, combined, in the past year,
 - d.) Clinical depression and/or anxiety
 - e.) Living alone in the community.

B.) It is recognized that every contingency cannot be foreseen. When a veteran who does not strictly meet the preceding criteria nevertheless is determined by the clinical care team to need CADHC services, the services may be ordered. The reason for the variance from these standards must be documented in the veterans' electronic health record by the team member completing the assessment.

C.) The veteran must give oral informed consent to participate in CADHC as provided in VHA Handbook 1004.01(3), Informed Consent for Clinical Treatments and Procedures, dated August 14, 2009.

CADHC Centers in Maine Include:

Barron Center—Portland

Cohen Center—Hallowell

Friendship Cottage—Blue Hill

Gather Place—Presque Isle

Gardiner Alzheimer's Center—Gardiner

Golden Years Adult Day Care—Springvale

Muskie Center—Waterville

My Friends Place—Bangor

Robert and Mary's Place—Ellsworth

Sky-Hy—Topsham

Somerset Center—Skowhegan

Trusted Souls—New Gloucester

Waldo Center—Belfast

APPENDICES C & D—CADHC Centers

VA Commission to Streamline Veterans' Services

In 2019, the VA released a new initiative that utilized a digital compensation claims tool to expedite the claims process which in past could take up to two months to adjudicate. This new process circumvents weeks of paperwork review completing the task in just a few minutes. The collaboration between the VA and the Defense Department (DOD), allows claims adjudicators to link a veteran's personal information with DOD records. Digital integration is part of the VA's ongoing efforts to not only streamline the claims process, but to provide veterans with better service overall. MBVS maintains a Memorandum of Understanding with the Department of Defense to receive electronic DD-214s.

VA Adaptability During the COVID Pandemic

The VA moved swiftly when the COVID pandemic changed the dynamic of their ability to see patients in person. Access to telehealth took president and allowed VA medical and mental health professionals a means to stay in touch with their patients both by telephone and video. This link to services proved critical for both older patients and those living in rural areas of the state.



VA Transportation to Medical Appointments

Giselle White, Mobility Manager, VA Maine Healthcare System

If a veteran requires assistance getting to an appointment at the VA Maine Healthcare System or any of the VA's 11 Community Based Outreach Clinics, Giselle White, Mobility Manager at Togus has many resources that can help. From the Disabled American Veterans' (DAV) van to community transportation or even taxi fare in a pinch. White noted, "Maine is such a large state, sometimes I have to get creative. There is the Highly Rural Transportation Grant that I can tap into, but it only applies to VA or VA Community Care Network appointments."



engage the community in addressing economic and social needs. Its programs serve all sixteen counties in Maine, but primarily serve low and moderate-income individuals in Penobscot, Piscataquis and Knox Counties.

Penquis Transportation Services was founded in 1984. Steven Richard started working at Penquis in 2013 managing the successful launch of the regional MaineCare Transportation Brokerage. In 2018 the organization was awarded the Outstanding Rural System of the Year by the Community Transportation Association of America. In 2021, he became the Director of Transportation Services, coordinating the MaineCare and community transportation programs.

"We are a large Community Action Program with 70 different active programs spanning everything from Head Start to autism support for parents to substance abuse treatment to assisted living for seniors. Our job is to problem solve real life issues," Richard stated, "Every time we evaluate a situation in the community, transportation always lands in the heart of that problem. Our goal is to break through those barriers and provide full services to community members. In the next few years there will be a real change in the nature of how we provide services as we plan to work with other transportation agencies to better link communities together by providing additional shuttles linking outlying towns to city centers."

When asked how Penquis Lynx Mobility Service works with elder veterans to address transportation issues Richard noted, "As veterans age they start to encounter more mobility challenges. All of our vans are lift equipped and for many seniors, once they stop driving, we become their only access to the community. It is critical that we can get vehicles in places where people need us and for those who prefer the security of their wheelchair or walker, we will arrange for a car to pick them up. Scooters are great mobility aids for the elderly and the **Americans With Disability Act** allows them to board any public form of transportation. We just ask that the scooter is parked during transit and that the passenger sits in a seat on the van, not on their scooter during the trip."

Currently Penquis Transportation Brokerage serves as a **MaineCare Brokerage System**. They provide trips to medical appointments for people who are covered by MaineCare. For those who aren't covered, but whose income falls within 200% of the Federal Poverty Guidelines, Penquis Transportation utilizes Lynx Mobility Services. Both transportation services frequently partner with the VA Maine Healthcare System to help veterans get to their appointments at Togus in Augusta, ME. Connections can be made to Lynx Mobility Services by calling 1-866-853-3695 or 207-973-3695 or by going to their website <https://www.penquis.org/services/transportation>.

See APPENDIX F: Penquis Transportation Brokerage and Penquis Lynx Mobility Services grant sources.

Western Maine Transportation Services

Western Maine Transportation Services (WMTS) was founded in 1976, out of an independence project for older adults. It started with vans and grew into the extensive organization that it is today, providing multiple routes in Androscoggin, Franklin, and Oxford Counties as well as in the town of Brunswick. Run on a commuter model, it connects rural communities to the Lewiston/Auburn urban center with local demand-response services and/or flex-route services in many communities.

Sandy Buchanan is the General Manager for WMTS; she has served with the company for over 30 years and has seen many changes in that time. Buchanan stated, “Transportation is always evolving. When I started, our main customers were widows who never got their driver’s licenses and needed to go grocery shopping. Over the years, the company really grew and now we have routes between Lisbon and Lewiston/Auburn, Farmington/Wilton and Lewiston/Auburn and we are working on a new route between Bath and Lewiston/Auburn. We help meet the community’s transportation needs – to get to work, appointments, continuing education opportunities, and essential needs such as grocery, legal, pharmacy, and banking.”

The WMTS <http://www.wmtsbus.org/> website notes, “If you live in Lewiston, Auburn, Lisbon, Lisbon Falls, Norway, South Paris, Oxford, Rumford, Mexico, Farmington, Wilton, Jay, and Livermore Falls, Western Maine Transportation Services has a regular wheelchair-lift equipped paratransit bus and minivan service that can get you to medical appointments, shopping, personal services and daytime social activities” (Western Maine Transportation Services, 2020).

WMTS doesn’t have a veterans’ specific route but does provide transportation to the VA’s Community Based Outreach Clinic in Lewiston. Veterans pay their own fare, but if a veteran can’t afford it, WMTS always works to find an alternative payment source for them, such as the United Way Community Rides program if the veteran meets income guidelines. WMTS does provide transportation to the VA’s Community Based Outreach Clinic in Lewiston.

See APPENDIX G: Western Maine Transportation Services Public Bus Fares Schedule.



Western Maine Transportation Services

Maine's Veterans' Outreach Centers

The VA Maine Healthcare System also has a close relationship with Maine's five Vet Centers which provide readjustment counseling to combat veterans as well as provide Military Sexual Trauma counseling and bereavement counseling services. <https://www.maine.va.gov/visitors/VetCenters.asp>

Bangor Vet Center

368 Harlow Street
Bangor, ME 04491
Phone: (207) 947-3391
Fax: (207) 941-8195

Caribou Vet Center

456 York Street
Caribou, ME 04736
Phone: (207) 496-3900
Fax: (207) 493-6773

Lewiston Vet Center

29 Westminster Street
Lewiston, ME 04240
Phone: (207) 783-0068
Fax: (207) 783-3505

Portland Vet Center

475 Stevens Avenue
Portland, ME 04103
Phone: (207) 780-3584
Fax: (207) 780-3545

Sanford Vet Center

628 Main Street
Springvale, ME 04083
Phone: (207) 490-1513
Fax: (207) 490-1609



Thoughts from Two Vet Center Directors

Alexander Leger-Kelley

Director Northern Maine Vet Center

Director Alexander Leger-Kelley has worked at the Northern Maine **Vet Center** in Caribou for over ten years, seven as a Clinical Social Worker, and for the last three as the center's Director. He has a firm belief in the psycho-social rehabilitation model, meaning his work with veterans is intended to reach them where they are at and takes into account their geographic location, cultural background, physical and mental health issues, and medications, and to teach them cognitive, emotional, and social skills that allow them to live and work in their communities as independently as possible.

Vet Centers and their staff provide readjustment counseling specifically to combat veterans, veterans who experienced Military Sexual Trauma, and bereavement counseling services for family members who lost those on active duty. Additionally they provide services to active duty military personnel and members of the National Guard who have been activated for state or national emergencies. Originally formed in the 1970's when Vietnam Veterans were looking for peer-to-peer support groups, Vet Centers offer a very specialized field of services. They are overseen by the VA, but are a stand-alone entity, providing a safe place for veterans to discuss topics that often don't relate to the civilian world.

In Maine there are five locations veterans can access this type of support – Caribou, Bangor, Lewiston, Portland, and Sanford. Maine is part of the North Atlantic District, which is the largest in the United States hosting 81 Vet Centers, out of a total 300 nationwide. To work at a Vet Center, staff are required to have a master's degree in counselling or related discipline, and a high percentage of staff are veterans.

Living in a rural state can sometimes pose a number of logistical issues for healthcare, but Leger-Kelley noted veterans' strong connection to services in Northern Maine, including the VA providing the community with a small bus which is used to transport veterans to appointments at the VA Maine Healthcare System, Community Based Outpatient Clinics, and the Vet Center. During the pandemic, telehealth paid a huge role and the VA provided veterans with tablets so they could access their appointments electronically.

Regarding working with older veterans, Director Leger-Kelley noted the obvious issues – hearing, site, mobility, and distance to travel, but the most important aspect for him is that his staff utilize a trauma-informed approach throughout their interaction with their clients. He stated, "Self-advocacy can be very daunting for people experiencing trauma, anxiety, and/or depression symptoms. It isn't always easy for veterans to ask for help, but my staff and I worked to create an environment that encompasses safety, trustworthiness, collaboration, and empowerment for them. Sometimes that is as simple an action as returning a veterans' call the same day to help relieve his or her anxiety about getting an appointment, or asking them where they would prefer to sit during a counseling session, or soliciting feedback from our veteran clients about events that we host at the Vet Center."

When asked about the increase or decrease of symptoms of Post Traumatic Stress Disorder (PTSD) or Military Sexual Trauma (MST) in older veterans, Director Leger-Kelley had a very interesting perspective. He noted an increase in symptoms for some veterans when they reach retirement age, as well as personal concerns about safety as they may question if they are physically able to protect themselves anymore. On the other hand, sometimes the re-experiencing of trauma symptoms has a strong tendency to reduce over time. All of these aspects have a large situational piece in them, meaning the veteran could have experienced childhood trauma and their military trauma is actually secondary to that. It can also be when the veteran sought help with



Alexander Leger-Kelley
Director Northern Maine Vet Center

their trauma symptoms, if they are following the treatment plan, or if they are disclosing the trauma for the first time in their 70s.

"Sometimes veterans ask me if their PTSD will get worse as they age," Leger-Kelly remarked, "There isn't a standard answer for that question as there are different factors that can impact them including counseling (which can have a positive impact at any age); assessing the trauma as it is common for veterans to have difficulty remembering certain aspects of traumatic events or is it a cognitive problem as they age, and making the decision with the veteran to reintegrate the forgotten memories depending on where they are in their treatment plan"

Retirement is also a factor that may increase a veteran's trauma symptoms. As they slow down in their daily lives, suddenly there is more time for reflection, and this may lead to a resurgence in memories. This coupled with an increased access to media (television and movies) may start to increase veterans' triggers (e.g. news coverage of the war in Iraq and Afghanistan, old war movies, realistic video games a grandchild is playing). Over time a veteran may lose their tolerance to interact with people as their stress tolerance reduces dramatically and they start to isolate themselves from their family and friends.

Another piece of the puzzle often is the loss of physical ability and sense that when the veteran was young they could protect themselves, but now as they get older they are experiencing a loss of muscle strength perhaps compounded by medical issues, which makes them feel more vulnerable physically in their environment. Add to these changes – a shift in the weather, long forgotten sounds, and smells, and it creates a strong equation for PTSD symptoms to resurface when the veteran not a well prepared to deal with these types of stressors.

It is inevitable as we age that there will come a time for self-reflection. For veterans this may include their mortality, wondering if they will be judged for their actions as soldiers in their younger years (moral injury), and how they made their mark on the world. Add to this the loss of a spouse, a child prematurely, a close friend, or a battle buddy, and suddenly in retirement there is a lot of time to think about those you have lost during your lifetime, especially during the war. Veterans tend to isolate to avoid being re-traumatized and the same issues that impact elders elsewhere are exacerbated by PTSD for veterans.

Veterans of any era can access a Vet Center as long as they meet its criteria. Staff must be prepared to work with veterans just coming home from a tour in Iraq or Afghanistan to World War II, Korea, Vietnam, and Desert Storm veterans. Older veterans usually have more medical issues which must be taken into consideration, and for Vietnam War era veterans there can be cancer related issues due to the use of the chemical defoliant Agent Orange. Interestingly, it was this era's veterans who pointed out to Leger-Kelley that their peers who hadn't given up smoking, drinking, and drugs decades ago were no longer with them. Self-medicating is often tied to trauma symptoms and only masks the emotional pain the veteran is experiencing.

During the COVID-19 pandemic, telehealth allowed the VA and the Vet Centers to stay connected with the veterans they serve. In a rural state like Maine, that didn't come without challenges including lack of internet, poor internet connection or speed, and inexperience utilizing the internet. "One of the biggest pieces of working with older veterans as I see it is interconnectivity and communication," Leger-Kelley noted, "How do we as mental health providers ensure that older veterans are receiving the best care possible? If a veteran is in a nursing home and needs services, we will find a way to bring them to him or her either by phone, telehealth, or face-to-face; bottom line, it's the veterans' choice, and I know one nursing home resident who prefers to come to the office because it gets him out for a while."

For more information regarding understanding PTSD and aging, go to the VA's PTSD website:
https://www.ptsd.va.gov/publications/print/understandingptsd_aging_booklet.pdf

Scott Hutcherson

Director Lewiston Vet Center

Scott Hutcherson is a Navy Veteran and has served as the Director of the Lewiston Vet Center for the past five years. He and his staff exclusively work with Combat Veterans and survivors of Military Sexual Trauma from all war-eras. Working with elder veterans often provides a unique set of challenges which include support for family members when a veteran is diagnosed with dementia or Alzheimer's, anxiety over the use of technology for appointments, and finding better ways to help older veterans understand the benefits they are eligible for.



When asked if PTSD symptoms increase or decrease with age, Hutcherson noted, “I often see an uptick in older veterans making appointments with the Vet Center when they retire. All of a sudden, they aren’t working 40 or 50 hours a week and those war time memories they neatly tucked away start to trickle back in because they have slowed down. It’s a common phenomenon and Post Traumatic Stress Disorder (PTSD) has a funny way of surfacing when you least expect it to. The trauma symptoms (impulsivity and anger outbursts) tend to decrease with age, but unfortunately alcohol abuse often increases as a means of self-medication to try to cope with the memories.”

Nightmares or night terrors are often associated with PTSD, and especially for Vietnam Veterans who saw combat in the jungles of Southeast Asia, there are vivid colors and intense smells associated with them. These types of olfactory senses are engrained deep in our brains, and 50 years later, just the right trigger can bring the memories flooding back without warning (a tire burning smells like a burn pit or fireworks mimicking the sound of artillery). Veterans try to “keep the lid down” on these memories, which is why dissociative episodes are common for them (a blank stare or frozen look on their face) and then they seemingly snap out of it and act as if nothing happened or are embarrassed. That is trauma coming to the surface.”

What can we do to help elder veterans? Hutcherson mentioned three areas that he repeatedly sees that need support:

1. When a veteran has memory loss the family needs resources, education, linkage to case management, and respite care.
2. In home assistance with technology. The Department of Veterans Affairs Medical Center (VAMC) provided iPads to veterans during the COVID-19 pandemic, but for many of them it became a source of anxiety because they didn't know how to work the technology. It would be great if there was a mechanism to provide support for the veterans in their homes with these devices until they were comfortable using them and to provide a simple, step by step reference guide that could be left with the veteran after the instruction period is over.
3. Create better ways to communicate benefits information to older veterans and provide assistance with enrollment (many have never connected to the VA), and to provide realistic expectations about what they are and aren't eligible for.

When a veteran reaches the point in their life that they need to be in a nursing home, services from the Vet Center can be modified to accommodate them. “Pre-COVID, we ran in person veterans’ support groups at both Marshwood and Montello Heights in Lewiston, ME,” Hutcherson stated, “Once an assessment is made and it is determined that there is no significant dementia present, we can work with a veteran wherever they are.”

Hutcherson explained, “Vet Centers provide trauma-informed care and are purposely designed to be welcoming to veterans – who by nature often have trust issues. The facilities are decorated with military memorabilia, we always have a pot of coffee brewing, and purposely there is not a lot of over stimulation present because we don’t want them to be triggered or re-traumatized during their counseling session. When we host a veterans’ support group there are ground rules established from the beginning, “No war stories.” Do we talk about the car that backfired in the grocery store parking lot and the veteran instinctively hit the pavement? Yes, we do, because they can all relate to that. It isn’t necessary to relive a particularly gruesome incident to make good therapeutic progress. The veterans we work with know they can trust us and that they are in a supportive environment whenever they walk through our doors.”

VA Recommendations to the Asset and Infrastructure Review Commission

The VA’s March 2022 report demonstrates a concise review of available VA services in the Veterans Integrated Service Network (VISN) 01 Far North Market, “Based on substantial data analysis, interviews with VISN and VA medical Center (VAMC) leaders, consultation with senior VA leadership, and the input received from veterans and stakeholders, VA has developed a recommendation designed to ensure that veterans today and for generations to come have access to the high –quality care they have earned.

“The recommendation also makes sure that VA continues to execute on its additional missions: education and training, research, and emergency preparedness. As VA considers implementing any recommendation approved by the Asset and Infrastructure Review (AIR) Commission, implementation will be carefully sequenced so that facilities or partnerships to which care will be realigned are fully established before the proposed realignment occurs.”

Key elements of the VA’s strategy include:

- Provide equitable access to outpatient care through modern facilities close to where veterans live and through the integration of virtual care.
- Enhance VA’s unique strengths in caring for veterans with complex needs.
- Provide equitable access to quality inpatient medical and surgical care through the optimized use of care delivered in VA facilities and through partnerships, community providers, and virtual care.

Market Strategy—The report notes, “The enrolled veteran population of the largely rural Far North Market is projected to decrease. Demand for inpatient mental health is projected to decrease, while demand for inpatient medical and surgical care, community living center (CLC) services, and outpatient care is projected to increase.”

[VISN01-Market-Recommendation.pdf \(va.gov\)](#)

Note: *The two-year VA Recommendations to the Asset and Infrastructure Review Commission study did not take into account the potential closing of the Machias and Caribou Maine Veterans’ Homes.*



Maine Bureau of Veterans' Services

MBVS serves as the State of Maine's advocate for veterans and has seven field offices, in Bangor, Caribou, Lewiston, Machias, Portland, Springvale, and Togus. The Bureau oversees four Maine Veterans' Cemetery Systems (two in Augusta with one in Caribou and Springvale) and employs eleven **Veterans Services Officers** (six fixed-based in Caribou, Bangor, Togus, Lewiston, Portland, and Springvale), three Homeless Veterans' Coordinators for homeless clients, and two mobile for rural areas or for those homebound clients due to transportation or health challenges) to assist veterans filing for healthcare or benefits claims with the VA.

In addition, MBVS provides or coordinates with other state agencies regarding the following state-run programs:

- Employment
- Connection to Benefits
- Veterans' Identification
(Provide copies and/or connection to the National Archives.)
- Veteran Homelessness
- Education Benefits for Dependents (100% service-connected only)
- Tax Exemption and Financial Benefits
- Burial, Dependents, and Survivor's Benefits (MBVS helps veterans or their families apply to the VA.)
- Recreational Licenses and Privileges - State Park and Museum pass, Disabled Veterans' Moose Hunt, and Veterans' License Plates

<https://www.maine.gov/veterans/>



Discharge from the U.S. Military, Veterans' Identification, and Service-Connection to the VA

Steven Lanning, a U.S. Army Veteran and Claims Supervisor at the Maine Bureau of Veterans' Services, started working at the Bureau in 2017. Prior to that, he served in the U.S. Army for 20 years as a First Sergeant for Mortuary Affairs, served overseas in Iraq and Afghanistan for 48 months, and was discharged at the rank of Sergeant First Class. When asked to describe the discharge process for a veteran Lanning stated, “Every current **service member** is required by congressional mandate to attend 40-80 hours’ worth of pre-separation training or the **Transition Assistance Program** (TAP). The program is started 12-24 months from the service member transitioning from service and can be taken more than once. “There are resume builder workshops, mock interview preparation, and some installations even have business suit donation programs. VA benefits and claims are a mandatory block of instruction where the claims process and VA healthcare is covered. Every service member is given everything that they need to file a claim at that time. However, the process can be so overwhelming for some that they simply do not know where to start.. That is why working with a Maine Bureau of Veterans Services Officer (VSO) is so important. The VSO can walk the veteran through the process from start to finish.”

Lanning described how a veteran’s service is authenticated so they can receive services, “A DD Form 214 (discharge paper) really is the go-to because it shows the veteran’s honorable, other than honorable, or not honorable service. Military retirement I.D. Card is another. Here in Maine, veterans can get a special endorsement on their driver’s license if they present their DD Form 214 at the Bureau of Motor Vehicles when they get their driver’s license.”

“When a veteran is service-connected to the VA, they receive a VA Rating Decision (VARD) letter explaining their recent rating. The VARD explains why they are rated at the current percentage and what they need for the next higher rating. The VARD also explains why a condition was denied and what evidence of record that the VA found favorable and what they did not.” To help civilians and/or dental and medical practitioners understand



**CPL Curtis West, U.S. Army
43rd Infantry Division
circa World War II**

Veterans' Services is that we are here to help with all types of veterans' issues, not just disability claims. Our VSOs are all veterans themselves and most of them had duty during wartime periods and conflicts. They understand what it's like to wear a uniform and that shared experience translates into excellent customer relations. Bureau's VSOs have specialized training which not only allows them to advocate for veterans, but their families, too.

"So many veterans never file with the Veterans Administration, because so often they think, 'I'm taking this away from someone who needs it more than me.' The reality is, more money is brought into the VA system by having veterans apply for the services they earned by serving in the U.S. Military. It's an honor to assist and advocate for veterans while they are navigating the state and federal benefit system."

There are several options for veterans wishing to start the process to become VA service-connected:

1. The veteran can fill out an Intent to File form with a MBVS Veterans Services Officer.
2. The veteran can fill out an Intent to File form with the Veterans of Foreign Wars, American Legion, Disabled American Veterans, or Paralyzed Veterans of America.
3. The veteran can call the VA directly at 1-800-827-1000.

The VA looks at three specific areas to determine if there is enough evidence to create a service-connection claim:

1. What was the event/events that happened while the veteran was in the U.S. Military?
2. Did the veteran receive medical care after their discharge for the problem/problems?
3. What is the veteran's current diagnosis?

If a veteran has a documented VA service-connected disability or health problem, at any time, they can file for an increase if their medical and/or mental health changes, e.g., range of motion decreased in a limb or their back, PTSD symptoms increased. Service-connection is documented in percentages ranging from 10% - 100% and can result in financial support a veteran, which can be a life changing event if the veteran's medical conditions interfere with their ability to work. The 2020 VA Veterans Disability Compensation Rates can be found at this VA web site—<https://www.va.gov/disability/compensation-rates/veteran-rates/>.

Veterans Services Officers are stationed at all of the Bureau's seven field offices. Lanning explained the importance of connecting veterans to them, "My best description is that the veteran will be fully supported from start to finish throughout the process. Our VSOs will go over the required forms, help them fill them out, suggest supporting documents to illustrate their claim, help them get a copy of their DD Form 214 (Discharge Papers) if theirs has been lost or accidentally destroyed, and will go over medical records and perhaps find other areas that a service-related, such as hearing loss (e.g., tinnitus which increases a claim by 10%, exposure to Agent Orange, PTSD or **Traumatic Brain Injury**).

MBVS Veterans Services Officers

Jaime Robichaud has worked for the Maine Bureau of Veterans' Services (MBVS) since 2001. She understands how complex the VA system is and how important Veteran Services Officers (VSO) are to providing veterans with the advocacy they deserve. Over the years, Robichaud has seen many veterans utilize VSO services, which she believes are one of the greatest services MBVS offers noting, "A veteran might not consider a condition they have lived with is related to their claim. Our VSOs are highly trained and, in many instances, that connection can be a life-changing experience for a veteran."

When a VSO is hired by MBVS they receive extensive training, which includes the following:

- 40 hours of Department of Veterans Affairs training.
- National Veterans Legal Services Program online training.
- Online Veterans Services Officers training.
- On the job training and job shadowing.
- Observe the VA claims and ratings system.
- VSOs are issued two reference law books – how to file claims and the ratings system.
- New VSOs may be assigned a mentor depending on their skill set.
- VSOs become independent at about the four-month mark, and start working with three to four veterans per day.
- MBVS VSOs receive ongoing training (three to four times per year)



**MBVS Director David Richmond
greets CPL Curtis West.**

Veterans' Service Organizations in Maine

The Veterans of Foreign Wars, Disabled American Veterans, Paralyzed Veterans of America, American Legion, and Maine Bureau of Veterans' Services all have offices at the VA Maine Healthcare System at the Togus Regional Office:

American Legion - Building 205, Room 318, Phone: 207-623-5726

Bureau of Maine Veterans' Services - Building 248, Room 110, Phone: 207-287-9933

Disabled American Veterans - Building 248, Room 114, Phone: 207-623-5725

Paralyzed Veterans of America - Building 248, Room 112, Phone: 207-621-7394

Veterans of Foreign Wars - Building 248, Room 117, Phone: 207-623-5723

Please keep in mind that working with a Veterans' Services Officer provides support with a claim from start to finish. There are several options for a veteran start the process to become VA serve-connected:

1. The veteran can fill out an Intent to File form with a Veterans Services Officer at the Veterans of Foreign Wars, the American Legion, Disabled American Veterans, Paralyzed Veterans of America, or with a Maine Bureau of Veterans' Services.
2. The veteran can call the VA directly at 1-800-827-1000 or online at www.ebenefits.va.gov.



**SGT Maurice A. Sherman
U.S. Army, Italy circa 1943.**

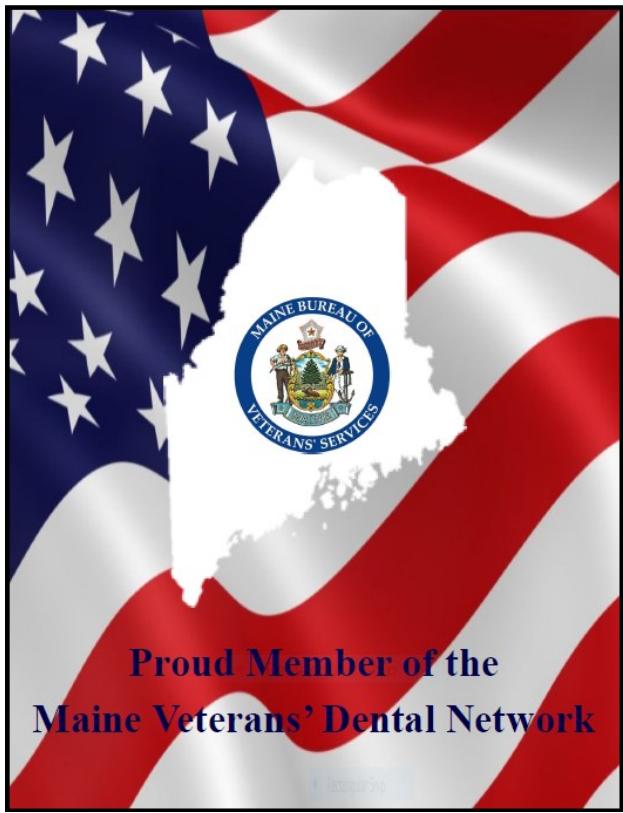
Stressing the Importance of Connecting Veterans to the VA

For many older veterans who were discharged from the military decades ago, there wasn't as encompassing Transition Assistance Program as there is today and they were simply instructed to enroll in the VA. For those who didn't because they just wanted to get on with their lives or found the process too complicated, they forewent the benefits they earned by serving in the U.S. military.

Sarah Sherman, report author, recalled a very personal memory of her father, Maurice Sherman, who was a World War II Combat Veteran, Purple Heart decorated in Italy in 1943. "Despite having permanent nerve damage in his foot and ankle, he never connected to the VA Maine Healthcare System (Togus) until he was 80-years-old because as she heard growing up, 'Other guys need it more than I do.'"

In 2000, Sherman's father's medications were over \$500 per month and he and his wife couldn't afford them as they were living on a fixed income. At that point, he connected with the Disabled Veterans of America (DAV) and finally agreed to go to VA Maine Healthcare System for an exam. Once there his medical records were re-evaluated, he learned that his service-connected disability which was set at 10% after the Second World War had been calculated incorrectly, and he really should have been rated with a 40% disability.

Finally connecting to the DAV and the VA changed my father's life," Sherman noted, "The DAV's assisted him with his claim and connection to the VA provided him access to healthcare, medication, and it helped my parents financially in their retirement."



Maine Veterans' Dental Network

In 2021, the Maine Bureau of Veterans' Services and Northeast Delta Dental established the **Maine Veterans' Dental Network (MVDN)** to offer dental services to veterans who aren't 100% service-connected to the VA, do not have any dental insurance, cannot afford to pay for care out of pocket, and/or deployed on active duty for at least 180 days with the Maine Army National Guard or Air Guard or retired from the National Guard with (20) years of service.

In 2021, Northeast Delta Dental provided a \$35,000 ear-marked grant for veterans directly to 15 dental clinics. Services were provided on a first come first serve basis and were available until the grant funds ran out. In 2022, the grant was expanded to \$100,000, and the network expanded to 22 dental clinics spanning from Biddeford to Fort Kent.

Working with community partners, MBVS created a state-wide referral system to the clinics and will assist with connection to them. Wabanaki Tribal Health Centers not offering dental services in house may refer their veteran dental patients to the clinic or FQHC nearest to their community.

The following are services included in the grant: Preventative, diagnostic, restorative, oral surgery, and major restorative. **Services not included in the grant are as follows:** Dental implants, orthodontics, fixed bridges, telehealth or PPE charges. **Participating Dental Clinics Include:** Community Dental (Biddeford, Farmington, Lewiston, Monson, Portland, and Rumford); Lincoln County Dental (Wiscasset); Kennebec Valley Family Dentistry (Augusta); Waterville Community Dental (Waterville); UNE Dental Clinic (Portland); UMA Dental Clinic (Bangor); Eastport Health Care (Eastport), and Fish River Rural Health (Madawaska, Fort Kent, and Eagle Lake); Katahdin Valley Health Center (Houlton, Millinocket, Patten , Ashland, and Brownville); St. Croix Regional Family Health Center (Princeton), and Greater Portland Health (Portland).

MBVS Director David Richmond noted, “There has been a long-standing need to provide dental services to Maine veterans who cannot afford to pay for them out of pocket. It is with invested research and great pride that we kick off this inaugural program. I’d also like to take this opportunity to thank the clinics who participated in the Bureau’s needs assessment which ultimately lead us to this solution and to Northeast Delta Dental’s President & CEO, Tom Raffio, and Chief Dental Officer, Dr. Mitch Couret for their encouragement and mentorship in building the program. This wouldn’t have been possible without their generosity and we greatly appreciate it.”

In 2022, MBVS was awarded the VA’s Pillar of Excellence for the MVDN and the Bureau created a free, continuing education training program for oral health and medical professionals, *Addressing Veterans' Oral Health Needs*, in partnership with the Lunder-Dineen Health Education Alliance of Maine which is available online at <https://cpd.partners.org/cme.lunderdineen.org/content/addressing-veterans%20%99-oral-healthcare-needs>

“It is clear that the state’s dental clinics are uniquely qualified to identify the veterans in their communities who most need access to oral health services,” stated Sarah Sherman, MBVS Director of Strategic Partnerships, “We are very hopeful that once a foundation is created for this program it will continue to grow.” To receive dental services, veterans must provide a copy of their DD Form 214 (discharge papers). An Honorable or General Under Honorable discharge is required to qualify for the program. Veterans who don’t qualify due to their type of discharge, can work with the clinic to arrange another means of access to care. If the veteran doesn’t have a copy of their DD-214, MBVS can help them acquire one by submitting the State of Maine Request Form—<https://www.maine.gov/veterans/docs/MBVS-Request-Form-Online-Fillable.pdf>

Veterans' Emergency Financial Assistance

MBVS also oversees the Veterans' Emergency Financial Assistance Program (VEFAP) for the State of Maine, which provides up to a \$2,000 grant for veterans who have an emergency financial need and qualify for the program. Veterans who do not have the financial means to pay for a necessary and emergent procedure may apply for VEFAP funds. VEFAP can be utilized in addition to the Maine Veterans' Dental Network grant funding for a veteran who qualifies and needs additional dental care, which can be especially helpful if the ear-marked fund is running low and/or the veteran has a more complex dental issue. VEFAP link - <https://www.maine.gov/veterans/benefits/tax-finance-benefits/vefa.html>

For more detailed information about VA and community based dental care options for veterans see the Maine Bureau of Veterans' Services needs assessment *Oral Health Access for Maine Veterans*. To review the dental report or for more information about the Maine Veterans' Dental Network contact Sarah Sherman at the Maine Bureau of Veterans' Services at 207-430-5816, email sarah.sherman@maine.gov, or go to the Bureau's website—https://www.maine.gov/veterans/benefits/healthcare_dental_access_and_information.html

American Dental Association's National Committee

Dr. Leonard Brennan, DMD, is a member of the American Dental Associations' National Elder Care Advisory Committee on senior health (a council that advises the American Dental Association and other national and state organizations on oral health models and on aging research for seniors). Dr. Brennan noted: "The American Dental Association's National Elder Care Committee is working to develop innovative models of health to improve care and access for seniors. These models would be aimed at overcoming the barriers that prevent so many seniors from seeking treatment.

"The bottom line is to follow the money. When the question is, "How can we afford it?" The answer must be, "It will save you money." People are starting to realize that the reduction in medical costs is tremendous, and that if we can prevent disease, we don't have to treat it,"

Dr. Leonard Brennan

In the April [2020] *Journal of the American Dental Association*, data showed that there were over 4,000,000 hospital emergency visits in the US for just dental complaints from 2008-2010. It was also estimated that the average cost for an ER visit was \$760."



Maine Veterans' Dental Network

A resource for veterans to access dental care who aren't 100% service-connected to the VA, don't have dental insurance, and can't afford to pay out of pocket.

Free Dental Services

For more information, contact Sarah Sherman at the Maine Bureau of Veterans' Services at 207-430-5816 for help locating a participating dental clinic near you. Veterans must provide a copy of their DD-214 (Honorable or General Under Honorable) to receive services.

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Examples of these barriers are finances, fear, health problems, transportation, education, geography and insurance coverage. The greatest barrier to care is finances. The American Dental Association estimates that up to 70% of people 65 and older cannot afford and do not seek oral health care. Since most seniors in Maine do not have the finances or insurance coverage to seek regular dental treatment, their limited options are often using hospital emergency services, tooth extraction, drug management or no treatment at all.

Denture Design

Kathryn Young is a Licensed Denturist (LD) and has worked in the oral health field for over 30 years, the first twelve as a lab technician and dental assistant. She returned to school in 2004 and graduated with honors from the International Denturist Education Centre (IDEC) program of George Brown College in Toronto, Canada. Young founded her own dental laboratory and dental supply company, Denture Designs in Walpole, and has worked for the past seventeen years as a *licensed denturist*. She also serves as adjunct faculty for Tufts University and mentors dental students.

A large proportion of her clientele are older veterans who have lost all or some of their teeth. Currently Young has 370 veterans on her patient roster. The two largest barriers to accessing oral healthcare that she sees them encounter are funding and the distance they must travel to care. She offers a 10% discount to veterans as her way of thanking them for their service, and over the years has donated over \$41,000 in services to veterans. “During the First and Second World Wars and Korean War, if a service member had a cavity, it was not uncommon that military dentists would simply pull their teeth and tell them they would get dentures later.

During the Vietnam War many young soldiers’ teeth were destroyed due to lack of hygiene or poor diet. If a person has a poor diet long enough, their teeth will become loose and fall out,” Young explained. “One veteran told me that due to the lack of access to oral healthcare in Vietnam, he’d chew on sticks in an effort to keep his teeth clean. Another veteran described coming into his base camp just off a 30-day patrol in the jungle and the camp dentist pulled five of his teeth. He was given 72 hours to recuperate and then was sent back out on patrol

with his unit. It’s also not uncommon for me to work with patients, especially veterans, who have several different dentists do multiple procedures on the same tooth or teeth, i.e., patch work dentistry.”

Kathryn Young, LD notes, “There are three main reasons why people lose their teeth:”

1. Neglect of their personal hygiene—Lack of daily dental care, malnutrition, trauma, drug use, smoking, periodontal disease or the bone recedes.
2. Not enough oral healthcare and/or lack of access to dentistry.
3. Too much dentistry—Meaning years of repeat procedures.

“Older veterans continue to amaze me. They are so tough and will suffer in silence when they have a dental problem. They don’t seek as much care and tend to let things go regarding their oral healthcare,” Young said. “I’d really like to see a cultural shift or a re-education of veterans to let them know it’s all right to access dental services. Often there is an underlying bias, that the dentistry that is offered now will be the same experience they had 40 years ago in the military, when actually we’ve had a re-birth of modern dentistry. For instance, the dental clinic at Togus in Augusta is state of the art and is staffed with very dedicated dentists and dental hygienists. <https://www.denturedesigns.com/>

Long-Term Care Oral Health Programs That Work With Veterans Lunder-Dineen Health Education Alliance of Maine’s MOTIVATE Program

The Lunder-Dineen Health Education Alliance of Maine has done a remarkable job creating a unique oral healthcare program in the State of Maine. The Maine’s Oral Team Based Initiative Vital Access to Education (MOTIVATE) Program’s website notes that it “provides interprofessional teams in long-term care with education to advance their knowledge, skills and attitudes about oral health, while supporting best practices to promote evidence-based oral health care, will strengthen both an interprofessional collaborative practice model and total healthcare for older adults” (Lunder-Dineen Health Education Alliance of Maine, 2020).



Kathryn Young, LD

Dr. Leonard Brennan, DMD, is the Co-Director of Harvard School of Dental Medicine's Geriatric Fellowship Program and part time lecturer in their Department of Oral Health Policy and Epidemiology. He also serves as a MOTIVATE Advisory Team Member. He explained, "The MOTIVATE Program was developed in Maine through the Lunder-Dineen Health Alliance of Maine in collaboration with Massachusetts General Hospital, and is recognized by the American Dental Association to be one of the most innovative oral health programs in the country. Its primary task is to promote ways to prevent and manage oral health care in patients over the age of 65 in long term care facilities through the education of the "interprofessional team." Six Maine Veterans' Homes have "participated in the MOTIVATE Program during the last five years.

MOTIVATE moved beyond the pilot stage with positive impact evaluation findings and has expanded by bringing the program to The Cedars in Portland, Island Nursing Home in Deer Isle and Northern Light Mars Hill nursing home in Mars Hill. A broader description of Phases 1 and 2 of the Lunder-Dineen MOTIVATE Program was provided by Labrini Nelligan, Executive Director of the Lunder-Dineen Health Education Alliance of Maine and Denise O'Connell, Lunder-Dineen Associate Director:

MOTIVATE Program (Phase 1)

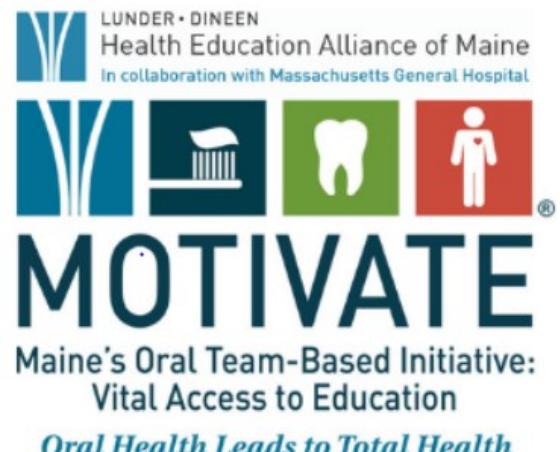
Oral health inequities and health disparities exist among older adults.

Opportunities exist to address these and

prevent more costly care by teaching the care team the importance and process of providing routine evidence based oral health care to Maine's most vulnerable adults residing in nursing homes. The MOTIVATE Program focuses on the oral health of older adults. Labrini Nelligan explained, "The first pilot of the MOTIVATE Program (Phase 1) was conducted at the six Maine Veterans' Homes in Caribou, South Paris, Augusta, Bangor, Machias, and Scarborough. It was on-going for a three year period. [The pilot established] a Maine oral team based education and quality improvement initiative to educate interprofessionally about oral health care basics and best practices (brushing and flossing), and to harness the power of education to equip nursing homes to provide positive, evidence-based oral hygiene that focused on when to act and when to monitor dental issues with their patients. Phase 1 efforts included developing the core team, defining the program's purpose, concept and model, creating content for the learning modules and in person learning, and then enlisting pilot sites. The first few pilot sites were active influencers of the program's development, with adjustments made after each launch."

In 2019, Lunder-Dineen completed the "MOTIVATE Evaluation Report, Preliminary Findings for an Inter-professional, Blended-Learning Program on Oral Health for Long-Term Care Teams, Phase 1: Maine Veterans' Homes System," which illustrated progress made. In 2020, the Lunder Foundation and Mass General committed to funding another five years of this important work throughout the state. Long-term goals include program expansion across long-term care settings throughout the state and the exploration of adapting the program to also serve caregivers for older adults living at home. Lunder-Dineen is delighted to be appearing in the regional special programs highlights in the upcoming 2021 Surgeon General Report on Oral Health. See the Lunder-Dineen website to access the 2019 report—<https://lunderdineen.org/oral-health-motivate>

Partner organizations in the MOTIVATE Program include the Maine Dental Association, the Maine Oral Health Coalition, the University of Maine Center on Aging, the University of New England College of Medicine, and the University of Maine at Augusta Dental Hygiene Program among others. The MOTIVATE Program provides online learning modules, live in person or virtual workshops and an in-person oral health demonstration. Lunder-Dineen works with dental providers to educate nursing home staff on how to work as a collaborative interprofessional team and to know what to do when they identify a problem with a resident. The program revealed that staff now know when to act on emergent problems and also learn a variety of options, including making referrals to clinics, especially when their patient has no family and no financial means to pay for dental care.





One component of the program is to educate the nursing homes about community resources and experts that may partner with them to help older adults when in need. Such organizations are the Community Based Health Clinics, and local non-profit dental clinics such as Caring Hands of Maine in Ellsworth and Community Dental in Portland, the UNE Dental Hygiene and Dental Schools in Southern Maine and the UMA Dental Hygiene Program in Bangor. One interesting finding Denise O'Connell cited is that, "The CNA's who have completed the training have received more dental health care education than most medical students."

Barriers to dental care that the MOTIVATE Program has identified for veterans are as follows:

- Many older veterans live on a fixed income and can't afford to pay for the care they need.
- Older veterans may have never had access to dental care in their younger years.
- Most have no dental insurance and no comprehensive adult dental benefit under Maine Medicaid or Medicare.
- Those in nursing homes may not be able to assist with their own oral health care and staff may be unaware of best practices.
- Because dentists are not co-located in nursing homes, it can be challenging for a resident to travel to a dentist (either no family support or they live too far away, or the physical challenges are too great).
- Veterans may be in a wheelchair and the dentist's office may not be equipped for walkers and wheelchairs. Some may need assistance from two people to transfer into a dental exam chair.
- Finding a dentist who is skilled working with older adults.

The six nursing homes in the Maine Veterans' Homes System participated in the pre-program needs assessment. Lunder-Dineen studied gaps in oral health care knowledge, attitudes towards oral health care, barriers to care, and the utilization of existing programs from around the country (most were found to be too old, i.e., did not meet 21st century learning best practices), and also reviewed adult learning preferences. As a result, four online learning modules were created, which were followed by in-house workshops that featured case studies where staff had to solve real-life problems, such as if a dementia patient is suddenly very agitated, determine if there is an underlying dental problem that the patient can't communicate to staff.

This program was a partnership with the community, connected with local dentists, provided hands-on demonstrations, and a question and answer period for staff. The MOTIVATE Program was onsite for consultation and during this time looked at a variety of factors within the nursing home, including current practices around resident oral care and assessed opposition to learning. Over time and once the new system was in place and training had been provided, the program documented an attitude shift in nursing home staff as they started to recognize that dental healthcare is as important as any other form of healthcare.

Jennifer Crittenden, Ph.D., Associate Director of the University of Maine Center on Aging and MOTIVATE Program Advisory Team Member noted, "There is a Catch-22 in that we strive to teach long-term care facility staff best practices and how to identify oral health problems, but there is often a financial barrier for the patient accessing services. Often it falls back on the family to find dental care for their loved one, to transport them to the appointment, and to pay out of pocket for services. The staff is sometimes put in a bind because they know the patient's family doesn't have the financial resources to do so, but they also know that their patient still needs dental care. We try to combat this situation with education, but the problem still exists."

MOTIVATE Program (Phase 2)

In 2020, the MOTIVATE Program will be reconnecting with past program sites, offering booster education and learning more about what has sustained and where additional support is needed to continue the good work. Lunder-Dineen also plans to expand the program to additional nursing homes throughout the state and would like to expand to community dwelling older adults. Program staff will also be working with the University of Maine Center on Aging to conduct an educational study at the Cedars in Portland and the Island Nursing Home on Deer Isle to specifically look at the impact of evidence benefits of oral health care and other health indicators such as pneumonia.

The Lunder-Dineen Health Education Alliance of Maine is strictly an organization that focuses on education, awareness building, and leadership in the healthcare industry. They are not involved in advocacy or policy, but the data they collect can be given to advocacy groups, who in turn may provide it to the decision makers who shape Maine's healthcare policies. Of note, the MOTIVATE Program has been consistent for the last ten years and has not allowed mission creep. They focused on the designated tasks, provided evidence-based educational best practices and when specific issues stood out, they documented that information as the program progressed.

One potential recommendation emerging from MOTIVATE could be for nursing homes to provide space in-house for dental care. Dentists can not treat patients in their rooms (not sterile or private). Lunder-Dineen is also looking toward the future and efforts are already underway to expand their programming. The UMA Dental Hygiene Community Dentistry Class "adopted" the program in 2020, and in doing so, they created booster education videos for Lunder-Dineen to share with MOTIVATE Nursing Homes. One of the organization's long-term goals includes creating a program where dentists and dental hygiene students travel to nursing homes to treat patients in-house, including veterans, and finding additional funding to provide stipends to organizations that participate in the program as a means of recruitment. There is also the potential for MBVS to create partnerships with both organizations, and by working together to ensure that services are not duplicated.

Dental Lifeline Network

Elizabeth Sawyer serves as the Vice President of Program Services for Dental Lifeline Network and works in their national office in Denver, Colorado. She noted, "The organization started the Donated Dental Services (DDS) in Maine with the support of the Maine Dental Association in 1999. It's a wonderful program, that consists of amazing volunteer providers who provide complex dental treatment to people with disabilities, who are elderly or medically fragile and who couldn't have afforded it otherwise. Most of our dentists commit to treating one or two patients per year, at no charge, and that generosity balances against a comprehensive dental treatment plan that may take three to six months or longer to complete with an average cost of \$4,200 per patient."



When asked about the program's visibility in the community, Sawyer noted, "The organization doesn't do a lot of marketing and many of our referrals are made word of mouth, internet or through social workers. In 2018, we started the "Will You See One Vet?" campaign in an effort to get more volunteers to specifically treat veteran patients. It is our hope that if we recruit more volunteers and have the funding to be able to support more coordinator hours, we will be able to help more individuals, including veterans, every year. There is often a six-month to one-year wait list for services and this has been even more relevant during the COVID-19 pandemic. Unfortunately, we cannot help everyone and our funding and volunteer availability is often limited."

Carol Rioux has served as the Maine program's Coordinator for four years and noted that veterans are very much a part of the Dental Lifeline Network's mission. "We assist seven to ten veterans per year and I have several on my wait list right now," Rioux said. "To apply for the program, the veteran must fill out our application, provide a copy of his or her DD-214 (military discharge papers), proof of disability, or a medical triage form signed by a doctor. Though the Federal Poverty Level (FPL) serves as a guideline to help us determine eligibility, we take into account income and expenses as a final measure of eligibility."

When a veteran's application comes in, we try to get them into a dentist as fast as possible and they are moved to the top of our waitlist once their paperwork is complete. "Transportation has been an issue at times," Rioux remarked, "[and] we have had problems patients to their dental appointments because Maine is such a rural state. Another area where we could use some help is connection to oral surgeons who would be willing to join our network of providers. Currently due to a lack of oral surgeons, I am not accepting applications in Kennebec, Penobscot, and Aroostook Counties. Part of the problem is the oral surgeons are so busy, sometimes booked a year in advance, they have little time to volunteer their services.

"I can't begin to relay how gratifying it is to see a patient, often someone who hasn't received oral healthcare services in years, smile for the first time," Elizabeth Sawyer, Vice President of Program Services for Dental Lifeline Network

"Sometimes veterans don't qualify for the Dental Lifeline Network due to not meeting our qualifications," Rioux added. "I don't like to say no to anyone, especially a veteran, because they served our country. I know they need the work done and they really can't afford oral healthcare services. I hate to see anyone fall through the gaps." Rioux does provide alternative resources to applicants who may not qualify, which includes Federally Qualified Health Centers (FQHCs) or sliding-scale clinics that provide dental care.

Veterans' Continuing Education Module for Oral Healthcare and Medical Professionals

The Bureau worked with the Lunder-Dineen Health Education Alliance of Maine to create a continuing educational module, *Addressing Veterans' Oral Health Needs*, that will provide training including the following topics and will be available online in January of 2022:

1. Veterans Health Administration (VHA) dental services and the qualifying criteria for Maine's veterans.
2. What steps dentists need to take to become a VA Community Care Network Dental Provider.
3. How to help veterans connect to the VA and MBVS.
4. Best practices to provide trauma informed care to all their patients, especially veterans who may have heightened anxiety due to adverse childhood experiences, Post Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST) and/or Traumatic Brain Injury (TBI) symptoms.
5. Assist veterans who would like to access the Maine Veterans' Dental Network and provide options for veterans' dental insurance for those who can afford it.
https://www.maine.gov/veterans/benefits/healthcare/dental_access_and_information.html
6. Assist oral health and medical professionals by providing a continuing education program—<https://cpd.partners.org/cme.lunderdineen.org/content/addressing-veterans%E2%80%99-oral-healthcare-needs>

University of Maine Center on Aging

**Jennifer Crittenden, PhD, MSW, and Assistant Professor of Social Work
Associate Director, UMaine Center on Aging**

Dr. Jennifer Crittenden serves as the Associate Director of the University of Maine's Center on Aging and as an Assistant Professor of Social Work. In her role, she has a unique insight surrounding the issues facing Maine's older adult population, including veterans and the COVID-19 pandemic, which changed the landscape for Maine's elderly dramatically. Access to transportation, access to meals, and technology were suddenly at the forefront of aging issues and there were many struggles associated with it including:

- How to get older adults to necessary medical appointments with their health care professionals.
- Continued safe delivery of meals (additional funding helped address this problem).
- The utilization of telehealth, which many older adults found intimidating due to a lack of comfort with the technology. The National Digital Equality Center provided free or low-cost access and training during the pandemic, but Mainer's missed face-to-face contact with their providers.

When looking at the issues of long-term care, Dr. Crittenden explained that Medicare does not cover it and will only cover short-term care or rehab. Extended care costs often cause older adults and their families to spend down themselves down into poverty to simply qualify for MaineCare coverage (Maine's version of Medicaid). On top of this, add the Veterans Affairs (VA) piece and that the veteran and their family often haven't planned financially for long-term care. Despite their best efforts to keep their loved one at home, sometimes that it isn't realistic due to the extent of care needed for existing or developing health issues. Being proactive about long-term care is a goal everyone should have for their elder relatives and ultimately for themselves.

In the past few years, there has been a movement towards home-based care, which **Medicaid** (MaineCare) will cover and more and more people have been accessing that benefit. With nursing home closures all over the state due to low repayment rates for services and low paying jobs for their employees, we are facing a dilemma as residents in a state with the oldest population in the nation. Then add on top of that people trying to age at home for as long as possible, but when their health declines and they need a higher level of care, they are coming into nursing homes with far more serious medical issues. Another factor that is specific to the COVID-19 pandemic is if facilities require their staff to get vaccinated, some will refuse, and that will lead to further shortages of trained health care professionals in the long-term care industry.

Maine is a very rural state and transportation to access healthcare is often an issue for older adults, especially if they no longer drive or require specialty care, e.g. dialysis, and there are few facilities that provide the service and they are long distances away from their older patients. For veterans, the VA's Mission Act is a healthcare model designed to help veterans in rural areas access services in their communities versus having to travel to the VA Maine Healthcare System in Augusta or one of the 11 VA Community Based Outpatient Clinics.

AgingME: Maine's Geriatrics Workforce Enhancement Program

Many Mainer's are known for their "Bootstraps Mentality" meaning they will take care of themselves and their families without outside interference. Sometimes this causes problems for elders as there may be a hesitancy to access healthcare in rural areas, especially mental health services as there may be a stigma attached to it in smaller communities. For this reason, Maine's Geriatrics Workforce Enhancement Program (GWEP), also known as



**Jennifer Crittenden, PhD, MSW
UMaine Center on Aging**

AgingME, was created to provide a more age-friendly healthcare system by training its current and future workforce and primary care practices to empower older patients.

Dr. Crittenden explained, “GWEP is changing the way the State of Maine trains its providers, students, social workers, medical students, doctors, and nurses throughout the state. The goal is to increase their competency surrounding the specialized area of geriatrics and the University of Maine at Orono is a partner in this project along with the University of New England.”

The AgingME website provides further details about the program including that the model is guided by four principles (known as the 4M's of age-friendly healthcare) that evaluate four opportunities for better health and four areas of greater risk for older adults. The 4Ms model was developed by the Institute for Healthcare Improvement (IHI):

Mentation (mind and memory)

Mobility (balance and walking)

Medication

And what matters most to the elder patient – planning the care they want their future

AgingME has five specific objectives:

- Develop partnerships between academia, primary care delivery sites or systems, and community-based organizations to educate and train a geriatrics healthcare workforce.
- Train geriatrics specialists, PCPs, health professions students, residents, fellows, and faculty to assess and address the primary care needs of older adults.
- Transform clinical training environments to integrated and primary care systems to become age-friendly health systems that incorporate the principles of value-based care and alternative payment models.
- Deliver community-based programs that provide patients, families, caregivers and direct care workers with the knowledge and skills to improve health outcomes for older adults.
- Provide training to patients, families, caregivers, direct care workers, providers, health professions students, residents, fellows and faculty on Alzheimer’s Disease and Related Dementias.

What are some projects being funded by the grant?

- **Project ECHO:** To support the care of older adults in rural primary care sites.
- **Education Enhancements:** To develop and expand education programs such as Maine Academy for Geriatrics Interprofessional Continuing Education Program (MAGIC), UNE COM's Geriatrics Education Mentoring with Seniors (GEMS), enhanced field placements and practical at the University of Maine.
- **Plain language initiative:** To improve health literacy among older adults and their care partners as well as among students and health professionals with older adults.
- **Practice Transformation:** To optimize the use of Medicare Annual Wellness Visits, detect cognitive impairment earlier, focus on the 4Ms and support care partners.
- **Community-based Programs:** To support Falls Prevention Programs, Brain Health, the Conversation Project, and Savvy Caregivers.
- **Conference Offerings:** To deliver special age-friendly health system sessions at the annual Clinical Geriatrics Colloquium and Maine Geriatrics Conference. <https://sites.une.edu/gwep/about/>

Medical Student Debt

“It is hard to attract and keep doctors in Maine, who typically graduate from medical school with huge amounts of student debt,” Dr. Crittenden remarked, “Geriatricians tend to make less money than other medical specialists do, so that also factors into Maine having fewer options for older adults and their families to rely on for this type care. Medical schools have reported that they have Geriatrics slots that they don’t fill due to the lack of a pipeline of medical students interested in the field. Maine has loan repayment programs, but when there are other opportunities and career paths that will enable medical students to pay down their student debt quicker, they are very enticing and hard to refuse.”

Author’s Note: The Finance Authority of Maine offers Maine Health Professionals Loan Forgiveness - https://www.famemaine.com/maine_grants_loans/maine-health-professions-loan-forgiveness/

What Are Other States Doing

Currently the United States has 31 Programs of All-Inclusive Care for the Elderly (PACE) operating. Dr. Crittenden explained, “PACE programs are expensive to set up, but are very beneficial to the older adult community in the long run because they provide healthcare, meals, and socialization all in one package. This combined with the goal of keeping older adults out of long-term care facilities and in their own homes is beneficial to both the participants and their families.”

According to the Medicaid.gov website, “PACE provides comprehensive medical and social services to certain frail, community-dwelling elderly individuals, most of whom are dually eligible for Medicare and Medicaid benefits. An interdisciplinary team of health professionals provides PACE participants with coordinated care. For most participants, the comprehensive service package enables them to remain in the community rather than receive care in a nursing home.

“PACE is a program under Medicare, and states can elect to provide PACE services to Medicaid beneficiaries as an optional Medicaid benefit. The PACE program becomes the sole source of Medicaid and Medicare benefits for PACE participants. Financing for the program is capped, which allows providers to deliver all services participants need rather than limit them to those reimbursable under Medicare and Medicaid fee-for-service plans. The PACE model of care is established as a provider in the Medicare program and as enables states to provide PACE services to Medicaid beneficiaries as state option.”

PACE Eligibility

Individuals can join PACE if they meet certain conditions:

- Age 55 or older
- Live in the service area of a PACE organization
- Eligible for nursing home care
- Be able to live safely in the community

The PACE program becomes the sole source of services for Medicare and Medicaid eligible enrollees. Individuals can leave the program at any time.

Additional Information

[Division of Medicare Advantage Operations \(DMAO\) Programs](#)

The University of Maine's Center on Aging

Working with community partners, the University of Maine's Center on Aging is striving to educate future providers by offering an Interprofessional Graduate Certificate in Gerontology. This program prepares a wide variety of providers – medical and social workers, to feel confident working with older patients and to raise awareness about the specific issues that affect them. The university also offers a second Certificate for Grandparents raising Grandchildren, a subject area that has risen greatly with the opioid epidemic and pertains to working with older populations.

As a GWEP partner, the Center promotes Medicare Annual Wellness Visits for older adults, hospice community awareness, and they also collaborated with the Lunder-Dineen Health Education Alliance of Maine to form the MOTIVATE Program which works to, “Provide interprofessional teams in long-term care with education to advance their knowledge, skills and attitudes about oral health, while supporting best practices to promote evidence-based oral health care, will strengthen both an interprofessional collaborative practice model and total health care for older adults.”

<https://lunderdineen.org/oral-health-motivate>

Outside of Maine, the Center has partnered with The Mayer-Rothschild Foundation in Chicago and The Cedars, a long-term care community in southern Maine to launch The Mayer-Rothschild Foundation Designation of Excellence in Person-Centered Long-Term Care. This research project seeks to move person-centered care from a model that is medically or task-driven, to care that is driven largely by resident preferences, which are often not considered in the delivery of long-term care services. In this first phase of research, The University of Maine Center on Aging and The Cedars will work together to better define high quality person-centered care and optimal strategies for implementing such care.

Of note, Dr. Crittenden's 2015 article, *Serving Those Who Have Served: A Guide to Veterans Services and Supports* was published in the *Journal of Geriatric Care Management* and provides valuable insight for professionals who serve veteran patients – <https://www.aginglifecarejournal.org/serving-those-who-have-served-a-guide-to-veterans-services-and-supports/>

Bad Paper Discharges and the Creation of a Qualifying Condition Review Board

After conducting a six-month needs assessment regarding veterans' access of federal and state benefits, specifically focusing on the area of **bad paper discharges**, the Maine Bureau of Veterans' Services research identified other states who have created clinically qualified boards to review effected service members records and make an educated finding for the purpose of providing state veterans benefits when the board feels it is warranted in cases of LGBTQ+ veterans, Post Traumatic Stress Disorder, Traumatic Brain Injury, Military Sexual Trauma or a combination of these factors.

In March, MBVS provided the report, *Bad Paper Discharges and Veterans' Access to Federal and State Benefits; A look at character of discharge for LGBTQ+ veterans, as well as veterans receiving bad paper for behaviors that can be directly linked to Post Traumatic Stress Disorder, Traumatic Brain Injury, and Military Sexual Trauma*, to the Joint Standing Committee of Veterans and Legal Affairs. MBVS concluded that creating a Qualifying Condition Review Board could be effective and beneficial to all veterans who received an OTH character of discharge from the Military due to PTSD, TBI, MST, LGBTQ+ veterans, or a combination of these reasons. A review board would require clinic support from professionals outside the department and MBVS found examples of how other states have accomplished this.
https://www.maine.gov/veterans/docs/Bad_Paper_Discharges.pdf

Perspective of a U.S. Army Doctor Now in Private Practice

Dr. Alan Barker (Major U.S. Army)

Lincoln Medical Partners Family Care Center

Dr. Alan J. Barker attended the University of Utah in 1978 and was enrolled as a NAVY R.O.T.C. student. He took a leave of absence to serve as a missionary for two years, and when he returned, he had not only changed his educational path, but his military one as well. He graduated from Brigham Young University in 1984 with a degree in chemistry. In 1988 he graduated from George Washington University School of Medicine in Washington, D.C. Barker was one of about 40% of fellow medical students who received military scholarships which incurred a military service obligation of a year service for each year of training.

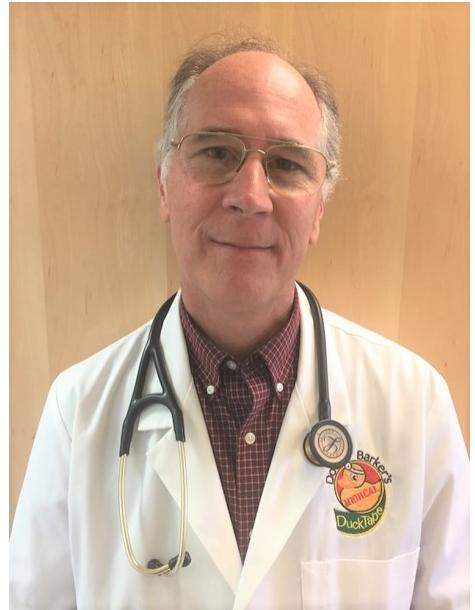
As a medical student he received a reserve commission as a 2nd Lieutenant in the U.S. Army. After graduation, Barker, along with the other U.S. Army scholarship graduates was promoted to Captain in the U.S. Army and placed on active duty. He did a three-year residency in family practice at Madigan Army Medical Center at Fort Lewis, Washington. His first assignment following residency was as a staff physician at the U.S. Army Clinic at Schofield Barracks, Hawaii. Shortly thereafter he was then assigned to Tripler Medical Center in Honolulu, Hawaii where he served as faculty in the family practice residency there. A few years later he returned to Madigan for two more years, where he served as the Medical Student Coordinator.

During his residency training, Desert Storm was erupted in the Middle East and Barker was notified that he might be activated to serve at an Army Combat Support Hospital being mobilized to Kuwait. But, the hospital commander at Madigan Army Medical Center determined that residents would not interrupt their training and instead their faculty/staff members would serve in their stead if need be. As it turned out, seven out of the ten faculty/staff doctors in his department were assigned to Kuwait, which only left three as faculty to teach the eighteen residents in training. Reservist physicians from Washington and Montana were called up to help fill a few of those vacancies caused by Desert Storm.

After moving to Hawaii he was called on to help provide medical care as part of Operation Tropic Refuge to over 500 Chinese refugees that had been adrift in the Pacific and were towed by the U.S. Coast Guard to the Island of Kwajalein in the Marshal Islands.

He later did a six-month stint in Honduras as part of Joint Task Force Bravo at Soto Cano Air Base. He served as primary care physician overseeing the medical care of 3,000 U.S. service members and ran the emergency clinic with two well trained physician assistants. While serving in Honduras he also had opportunities to provide support to the local population, even spending several days in the Mosquito Coast giving basic medical care, administering immunizations, and even helping the dental team pull a few teeth. He determined that family needs trumped the army needs and was discharged from the Army in 1996 at the rank of Major.

When asked how his time in the military overlapped into his private practice Barker recalled how his philosophy of the practice of medicine which he summarizes as, "You had better be ready for anything," was repeatedly imprinted on his soul as a result of his army experience. After completing just his first year of medical school he reported for active duty training, where among other things he received training in chemical casualty care at Aberdeen Proving Grounds, Maryland. There, he practiced treating exposure to nerve agents with in simulations using live monkeys. Then, during his first year of residency he took a one-week Combat Casualty Care Course at Ft. Sam Houston in Texas, which taught advanced trauma life support skills, land navigation, how to move casualties on the battlefield, the importance of Evacuation Hospitals, and Battalion Aid Stations.



**Dr. Alan Barker, Major U.S. Army
& Lincoln Medical Partners**

"It was during this time, that my world view really changed. I learned that my Military Occupational Specialty Code (MOS) was 61H ("61 Hotel") and it was mentioned in connection with the medical support closest to the front lines — at the Battalion Aid Station. Being new to the army and all its acronyms I timidly raised my hand and asked if I had heard correctly that the U.S Army's plan was to have family doctors located at the front lines. I was answered, "of course, we need physicians with a broad range of training and who can determine who can stay forward and who must be evacuated as close to the front lines as possible." That rocked my world as I didn't join the army to be sent to the front. I thought as a doctor, a family doctor, I would have a more supportive role."

Barker noted, "Years later, my family and I moved to Maine, and I went to work at a small-town hospital in Boothbay Harbor, St. Andrews, where being on call meant taking shifts manning the Emergency Room. I likened this experience to serving at a Battalion Aid Station, in that you had to work as a hands-on doctor, stabilizing the wounded, and moving them on to the next level of care. All of these experiences have flavored my perception of what should happen medically, and with my military experience engrained in my mindset, this has absolutely shaped the type of care I want to provide my patients, especially veterans."

Working with veterans can pose a different set of challenges for physicians on a number of levels. Be there a connection or not with the VA there can be some challenges. Sometimes just trying to get a veteran connected to services and benefits for which he qualifies can be difficult. Sometimes a surprisingly pervasive attitude that the other guys need the VA more than they do can stand as a barrier. Other challenges in dealing with veterans include changes in the VA system and programs (Mission Act), having a primary care doctor at the VA Maine Healthcare System (Togus) and a local physician and the issue of communication and the sharing of records, lack of transportation, and travel time to Togus or ***Community Based Outpatient Clinics*** (CBOC).

Veterans' medical issues in comparison to civilians can also differ and private practice physicians need to be versed on the following:

- Shrapnel injuries (A veteran may have shrapnel in their body that cannot be removed without causing them further medical issues e.g. paralysis.)
- The care of amputated limbs after the veteran is discharged from the military.
- Cancers and lung issues associated with exposure to chemicals (e.g. Agent Orange for Vietnam era veterans) and Burn Pits for (Gulf War, Iraq, and Afghanistan era veterans).
- Hearing loss and/or tinnitus due to artillery, gun fire, serving on an air craft carrier and/or around aircraft, and exposure to Improvised Explosive Devices (IED).
- Post Traumatic Stress Disorder (PTSD) – hypervigilance or constantly feeling on guard, problems concentrating, insomnia, physical symptoms (shaking or sweating), nightmares or night terrors, feeling emotionally numb or cut off from others, easily irritated, jumpy or easily startled (avoids loud noises, fireworks, and crowded events).
- Substance Use Disorder (SUD) and/or suicidal thoughts related to military experience (e.g. combat, survivors' guilt, the loss of a buddy, moral injury, etc.)
- Military Sexual Trauma (MST) - The veteran may have never reported the assault (especially if their abuser was a ranking officer), fear of not being believed, stigmatized, blamed, or kicked out of the military, loss of trust in the military which created an apprehension to interact with the VA.
- Traumatic Brain Injuries (TBI) – change in personality and cognitive skills.



The image shows a pocket card titled "Military Health History" for health professionals. It includes sections for General Questions, Compensation & Benefits, and Living Situation, each with a list of questions. A yellow box highlights questions related to patient answers. The card is dated April 2018 and is from the Veterans Health Administration Office of Academic Affiliations.

Military Health History
POCKET CARD FOR HEALTH PROFESSIONALS TRAINEES & CLINICIANS

General Questions

If your patient answers "Yes" to any of the following questions, ask:
"Can you tell me more about that?"

Would it be ok if I talked with you about your military experience?
When and where did you/do you serve and in what branch?
What type of work did you/do you do while in the service?
Did you have any illnesses or injuries while in the service?

Would you like assistance in filing for compensation for injuries/illnesses related to your service?
Call VA at 1-800-827-1000 or 844-MyVA311 (698-2311)

Compensation & Benefits

Do you have a service-connected condition?
Would you like assistance in filing for compensation for injuries/illnesses related to your service?

Living Situation

Would it be ok to talk about your living situation?
Where do you live and who do you live with? Is your housing safe?
Are you in any danger of losing your housing?
Do you need assistance in caring for yourself and/or dependents?

Sexual Harassment, Assault, and Trauma

Would it be ok to talk about sexual harassment or trauma that you might have experienced?
Have you ever experienced physical, emotional, or sexual harassment or trauma?
Is this past experience causing you problems now?
Would you like a referral for some help with that?
Many people find it helpful to get some support.

APRIL 2018
Veterans Health Administration
Office of Academic Affiliations

**Veterans Health Administration,
Military Health History Pocket Card
for Health Professionals Trainees &
Clinicians.**

When asked how access to care and the symptoms from the above listed medical issues can affect veterans later in life Barker stated, “Transportation, mobility, cognitive (memory/confusion surrounding taking medications), and perhaps most notably, PTSD is different for everyone because it changes people. I see levels of PTSD that increase and decrease depending on the veteran’s circumstance or a specific anniversary of an event. This doesn’t really go away as they get older and it stays with a veteran their entire life but may manifest differently. This concept is often hard for civilians to understand - the invisible issues that veterans are struggling with, because they don’t share the experience or memories that the veteran carries with them every day.”

“Currently, Maine Health runs most of the medical facilities in Lincoln County. I’d like to see them work with the Maine Bureau of Veterans’ Services (MBVS) to create a veterans’ awareness program for all medical professionals in our system. Such a program would cover veterans’ medical issues, including how to help a veteran get connected to the VA, which could be as simple as our offices having a MBVS brochure on hand for medical professionals to hand out and thus provide a direct route for veterans to connect to the VA by engaging with a MBVS **Veterans Services Officer.**”

Employment



Veteran Assistance at Career Centers: All of Maine’s Career Centers have dedicated Veteran Employment Representatives who help veterans find jobs by assisting with resume writing, networking, and interviewing skills.

State of Maine Veteran Hiring Preference: Any veteran candidate who meets the minimum qualifications for a State job is guaranteed an interview, including veterans with an Other Than Honorable discharge. Gold Star spouses are also eligible for the hiring preference.

Accelerated Occupational Licensing Initiative: Provides fast-track civilian licensing for veterans with military expertise in Boiler, Electrical, Fuel, Plumbing.

Health Care Employment For Military Veterans: All veterans discharged or released under conditions other than dishonorable, who completed health care related military training while in the Armed Forces, may utilize their military credentials when seeking civilian employment. Qualified veterans will receive individualized assistance when connecting one-on-one with the Department of Labor’s program staff to facilitate the transition.

FMI: Please email mainebvs@maine.gov



Call 211 OR 1-866-811-5695

Financial Assistance



Veteran Emergency Financial Assistance:

VEFA was created to provide assistance for Maine Veterans who suffer an emergency and do not have sufficient savings or access to other financial assistance to resolve the emergency. Examples of assistance may include: Damage to the veterans home due to fire, flood or hurricane that is not covered by insurance; Illness of the veteran or family member that results in hardship, assistance to prevent or resolve the veteran being homeless; and any other condition that puts the veteran at risk of not having the basic necessities of food, shelter, or safety.

The Bureau may approve up to \$2,000 to a veteran who is currently a resident of Maine.

FMI: Please email mainebvs@maine.gov

**M a i n e B u r e a u o f
V e t e r a n s ' S e r v i c e s**

Seven Field Offices Located in:

- Caribou
- Bangor
- Machias
- Togus
- Lewiston
- South Portland
- Springvale

Phone: 207-430-6035

Central Office: MaineBVS@maine.gov

Cemetery: MVMCS@maine.gov

Maine Veterans Homes: info@mainevets.org

Website: www.maine.gov/veterans

MAINE BUREAU OF VETERANS’ SERVICES

State of Maine Veterans’ Benefits



B E N E F I T S I N D E X

207-430-6035
maine.gov/veterans

Maine Safer Homes Taskforce

As the suicide rate of Maine's veterans continues to rise, the Maine Bureau of Veterans' Services endorses a public health approach uniting with community partners to combat this issue.

Mission

The Maine Safer Homes Taskforce is a statewide initiative that seeks to promote gun safety education in order to prevent suicide by firearm. Achieving this goal involves the support of a wide variety of partners such as VA Maine Healthcare, the Maine Center for Disease Control, Maine's Vet Centers, the Sportsman's Alliance of Maine, Maine Army National Guard Behavioral Health and Suicide Prevention Team, and the Veterans of Foreign Wars. Our objectives are as followed:

- Utilize the strong safety culture that already exists within the firearms community in Maine and expand it to include methods for responding to a veteran, or individual, who is in a mental health crisis and has access to firearms.
- Promote gun safety education and practical off-site firearms storage solutions with family, friends, other veterans, or law enforcement.
- Store firearms, ammunition, and the gun safe key separately, and utilize gun locks.
- Encourage firearms owners, retailers, firing ranges, instructors, and hunter safety programs to promote suicide awareness and prevention techniques throughout the state of Maine.
- Increase mental health counselors' awareness around firearms and military culture. Create programs that connect counselors with firearms instructors and military personnel, including taking counselors on field trips to the range to increase awareness around the different types of firearms, gun locks, and to provide a basic introduction to gun culture.
- Facilitate the creation of veterans' family safety plans and safety plans for the general public as part of mental health treatment plans, discharges from clinics, hospitals, and emergency rooms, and establish protocols to provide genuine follow-up care afterwards.

The Maine Safer Homes Taskforce (MSHT) was formed in October of 2019, after the release of the Veterans Administration's (VA) Veteran Suicide Data Sheet (2017) which showed an increase of 19 Maine veterans' suicides between 2016 and 2017 (*The increase of Maine Veterans' deaths by suicide follows statistical changes that no longer include data for the National Guard and Reserve members lost to suicide.*)

In addition to focusing on why a person attempts suicide, let us also put our efforts into preventable measures. The Means Matter program focuses on understanding the how, or method of a suicide attempt. A suicidal crisis phase is brief (ten minutes or less); reducing the means and creating safety for a person experiencing suicidal thoughts can save lives. Research shows that 90% of people who attempt suicide and survive do not go on to die by suicide later. (1)

Gun safety and community awareness includes:

- Educating the public on proper handling, storage, the use of locks, and mental health awareness.
- Educating firearms retailers, gun ranges, firearms instructors, and hunters on the warning signs of suicidality and how to help if someone is in crisis.

Suicide prevention is a good fit for firearm owners and firearm retailers, it builds on a strong safety culture. Ninety percent of those who survive a nearly lethal attempt do not go on to die by suicide. (1) Suicide is preventable, and with a community approach we can save lives.

Facts

Maine's 2017 deaths by suicide totaled to 274, and 151 those individuals who died by suicide were by firearm which accounted for more than half of suicides. (3) Veteran suicide by firearm in 2017 totaled to 48 in 2017, the highest rate in the Northeast region. Suicide is a serious health crisis in our state, let us find common ground for discussion. Suicide deaths by firearm affects us all, the MSHT is dedicated to taking steps to help everyone facilitate prevention in homes, and communities.

The [Harvard Injury Control Research Center's - Means Matter \(a public health approach\)](#), emphasizes the partnering with gun owners as means to reduce suicide. Suicide by firearms tends to be more fatal, meaning individuals who have access to firearms are at greater risk for suicide. Means restriction is intended to make highly lethal means of suicide less available. Thus, storing guns either out of the home or safely securing firearms during a suicidal crisis lowers the risk of suicide by firearm.

In a recent study, individuals were asked how much time elapsed between when they decided to complete suicide and when they attempted. Twenty four percent stated less than five minutes and 47% said an hour or less. This data is vital in explaining many suicidal crisis's often last from minutes to hours, meaning that there are many suicidal crises that are unplanned. (2) Data tells us that lethal means restriction is imperative because it puts time and distance between an individual who is suicidal and a gun.

Additional Considerations

- Many veterans fear the 2nd Amendment right they fought to defend will be stripped away from them if they admit they are struggling mentally. Learning to appropriately communicate with a veteran in crisis will allow for validation of their feelings, while simultaneously easing tension and fear.
- Often, people in crisis may suddenly experience suicidal thoughts. Those feelings may go away in a few hours or days, but in the moment, those feelings are very real and overwhelming. One step would be to have a discussion with your loved one about storing their guns away from home until the crisis passes. By creating strong social and community support, it sends the message that, "We are here for you and will help you when you are struggling."
- In the same way we do when someone has had too much to drink, e.g., "Friends don't let friends drive drunk," look for offsite storage options when someone is suicidal and there are firearms in the home.

- A veterans' ability to connect with someone outside of the counseling office is in many ways just as vital as their counseling sessions.
- How can we expect a therapist to provide services to a veteran if he or she has never even held or fired a firearm?

The Importance of Safety Plans with an emphasis on Veterans

Why are we talking about family safety plans, and how can we as a community work together to help veterans and the people we love manage suicidal thoughts? By using a public health model, we can work together to preempt crisis situations. A family safety plan (also referred to as self-care or wellness plan) is a paper document that provides safety planning in advance of a suicidal episode and helps veterans, family members, and friends identify the following:

- Triggers
- Risk factors
- Warning signs
- Internal coping strategies
- People and social settings that provide distraction
- A list of family members and friends who may offer help
- Professionals and agencies to contact for help
- Ways to make the veterans' environment safer utilizing offsite firearms and medication storage

A safety plan is intended to be a living document that is reviewed and updated often. It helps us realize that people have a lot going on in their lives and provides a means to sort through those stressors, which are individual to every person. Rather than succumb to dated mental health stigmas, why not pursue an effective and inclusive strategy that allows for personal time and space, and if needed, the opportunity to allow someone else to, "Carry the load for a while."

The Latin phrase *nemo resideo* translates to, "Leave no one behind." We have societal expectations to take care of medical symptoms – a broken leg, diabetes, cancer, so why are we so hesitant to take care of our mental health and especially that of the men and women of the U.S. military? Research has determined that during suicidal ideation, the pre-frontal lobe of the brain starts to shut down, creating dangerous thought patterns (sometimes described as tunnel vision). (4)

Passive suicidal ideation occurs when a person wishes that they were dead or that they could die, but they don't have plans to die by suicide. The opposite of that is active suicidal ideation, which occurs when a person is not only thinking about dying, but has the intent to die by suicide, including planning how to do it. Keep in mind that the suicide crisis phase may only last ten minutes or less, and that suicides by firearms are in the 83% to 90% fatal range. Early intervention is the key, and part of achieving that is creating space between the person and the method.

When asking the question, "What have I done for myself lately?" and you can't think of anything, it may be time to slow down and take a moment of reflection. In this fast-paced world, it is often difficult to keep up with everything – work, family obligations, finances, health, then imagine trying to keep on top of it all while struggling with depression, anxiety, insomnia, pain, Post Traumatic Stress symptoms, Moral Injury, or Traumatic Brain Injury.

We are all human and it is perfectly normal to feel like you're, "Not in a good space," and it is also alright to ask for help. Identifying stressors before reaching a crisis is key, but in order to do so, we must learn to trust in each other and create a system of care that is inclusive, compassionate, and provides a sense of safety for those who are struggling.

Warning signs that a loved one may be contemplating suicide, and needs extra support include:

- Isolation from family and friends
- Feeling hopeless or trapped
- Talking about death or suicide
- Giving away possessions
- Loss of interest in personal hygiene
- An increase in substance use or abuse
- Increased mood swings, anger, rage, and/or irritability
- Engaging in risk-taking behavior like using drugs or having unprotected sex
- Accessing the means to kill yourself, such as medication, drugs, or a firearm
- Acting as if you're saying goodbye to people
- Feeling extremely anxious

Ideally, we would like a safety plan and follow up care to be part of all mental health treatment plans. Working together we can help manage the threats of suicide by utilizing safety planning in advance of mental health crisis.

The creation of a Veteran's Family Safety Plan involves the veteran who is at risk for suicide their loved ones, friends, and military buddies, a mental health professional, or a trusted adviser. The safety plan should be given to the veterans' family members and loved ones in case of emergency and should include the following elements:

- Descriptions of stressors or factors that trigger the veteran's thoughts of suicide.
- Strategies the veteran finds helpful to deal with stressful situations.
- Contact information for supportive people in the veterans' life.
- Emergency contact information for health care providers.
- Provide safe storage options for firearms and medications.

Veterans' Safety Plans

Veteran's Family Safety Plan worksheet for veterans and physicians can be seen at the Veterans Administration's website:

(Veteran) <http://starttheconversation.veteranscrisisline.net/media/1048/safety-plan-template.pdf>

(Physician) <https://www.mentalhealth.va.gov/docs/vasafetyplancolor.pdf>

(General) https://suicidepreventionlifeline.org/wpcontent/uploads/2016/08/Brown_StanleySafetyPlanTemplate.pdf

For more information or to join the Maine Safer Homes Taskforce, please contact Sarah Sherman, Director of Strategic Partnerships at the Maine Bureau of Veterans services at 207-430-5816 or sarah.sherman@maine.gov.

The Maine Bureau of Veterans' Services believes utilizing a public health approach and uniting with community partners is a proactive way to collectively combat the issue of veterans' suicide in the State of Maine. We are actively looking for partner agencies to help us educate and promote a message of firearms safety awareness at home and in the community. Reducing access to lethal means in a time of crisis saves lives. Please consider joining the Maine Safer Homes Taskforce to start the discussion and to make a difference in veterans' lives and in your community.

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Maine Department of Health and Human Services LD-1231 Mental Health Care for Maine Veterans

In 2019, the 128th Legislature passed LD-1231, “To Assess the Need for Mental Health Care Services for Veterans in Maine and To Establish a Pilot Program To Provide Case Management Services to Veterans for Mental Health Care.” Working with Maine’s Department of Health and Human Services (DHHS), the Maine Bureau of Veterans’ Services partnered with Easterseals Maine and Health Affiliates Maine three years ago to create a mental health safety net for veterans who did not qualify for VA Healthcare.

The four entities work together to advance the pilot program, and upon its review, it was determined to be successful and was renewed in 2020. Of interest, the majority of veterans served by this mental health program were age 55 and up. In the fall of 2021, Easterseals Maine pulled its operations out of Maine and resigned from its partnership in the program. DHHS and MBVS are actively looking for a new partner organizations to fill the void their exit left in the program.

Tri-County Mental Health Services (TCMHS)—Veterans Counseling Services

Tri-County Mental Health Services is a Veterans’ Choice Provider and any veteran can utilize their services with a referral and authorization through the Mental Health Department at VA Maine Healthcare System (Togus) in Augusta, ME. TCMHS has five locations in (Lewiston, Bridgton, Oxford, Rumford, and Farmington) and is a ***trauma-informed*** provider. They also provide connection to other partner agencies who can help veterans access their VA benefits, Veterans Treatment Court, and other veteran related issues.

<https://www.tcmhs.org/veterans-services>

Maine Veterans' Community Involvement—Selfless Service to Others

We would be amiss to overlook Maine's older veterans' commitment to their fellow veterans and communities. They are very actively involved volunteering in both advocacy and leadership roles and provide countless hours of volunteer time across the state. Veterans by the sheer nature of the brotherhood and sisterhood created by serving in the U.S. military have a desire to give back and help other veterans who may be struggling. This not only fosters partnerships across the state, but provides a sense of service that many may have felt was lacking in their lives since they discharged from the military. There are multiple veteran-centric organizations in Maine looking for volunteers. See the *Maine Veterans' Benefits and Resource Guide* on the MBVS website for a by county list — <https://www.maine.gov/veterans/docs/MBVS-Resource-Guide.pdf>



Older Veterans Experiencing Homelessness and Food Insecurity

The MBVS Homeless Veterans Coordination Team works with partner agencies to provide shelter and access to services for veterans who are homeless or at risk for homelessness, as well as coordinating the Mobile Homeless Veterans Stand Downs in the fall. Contact 207-287-7019 or email hvc.mainebvs@maine.gov.



MBVS also oversees the state's Veterans Homeless Prevention Coordination Program. Non-profit organizations can work with and shelter homeless veterans are encouraged to apply to the program and if they meet the program's criteria they are reimbursed \$50.00/night for their efforts. See application—https://www.maine.gov/veterans/docs/Homeless_Veteran_Shelter_Application_for_Funding.pdf

Food insecurity for Maine's older veterans is a very real problem that MBVS is striving to combat. During the pandemic the Bureau has seen an uptick in requests for food and has started keeping pre-packed bags on non-perishable items on hand, not only for homeless or at risk for homelessness veterans, but older veterans, too.

In December 2021, Tim Crouch and The Fallen Out doors delivered over 900 pounds of food donations, the result of a food drive his organization sponsored in Southern Maine during the month of November. MBVS then sorted and created 60 food bags for Maine's homeless and at risk veterans. It's partnerships like this that show our communities strengths at their best.

This issue has also been researched by the U.S. Department of Agriculture's Economic Research Service in their May 2021 report, *Food Insecurity Among Working Age Veterans*, which covers ages 18-64 and make up 76 percent of the United States veterans population in 2019. Review the report at—<https://www.ers.usda.gov/publications/pub-details/?pubid=101268>

Recommendations

- MBVS will continue its mission to connect veterans to the VA and state benefits they earned by serving in the U.S. Military. Increased veteran connection to the VA brings more federal funding to the state's VA facilities and can help provide financial security to older veterans when they file for a service-connected claim and it is approved.
- Work with the Maine Hospital Association, its partner emergency rooms, and Maine's responding mental health crisis providers to ensure that when veterans present at an emergency room, staff is adequately educated regarding the following facts and preventative strategies: Veterans' medical issues can be different than civilians (see VA Health Providers Guide); Utilize Veterans Safety Plans as part of standard discharge procedures; Provide Veterans' Crisis Line information, and utilize MBVS brochure as part of the veteran's discharge paperwork to assist with connection to state and federal veterans' benefits.
- Raise awareness about the services the VA Maine Healthcare System (Togus and Community Based Outpatient Clinics) and Vet Centers provide.
- MBVS provide needy veterans' connection to the Maine Veterans' Dental Network and promote the continuing education program for oral healthcare and medical professionals to increase overall awareness regarding veterans' dental care issues and trauma-informed best practices.
- Partner with the Lunder-Dineen Health Education Alliance of Maine and VA Maine Health Care System to increase staff, home healthcare providers, and family members awareness about good oral hygiene practices for veterans' increased overall health.
- MBVS will work with partner agencies (VA Maine Healthcare System and Vet Centers) to explore ways that a Qualifying Condition Review Board certification process could be created in Maine to assist veterans who received bad paper discharges for behavior directly related to service.
- Continued work with Maine's transportation systems to help increase veterans' access to healthcare.
- Continue efforts to combat homelessness and food insecurity issues with Maine's older veterans.
- Strive to improve ease of access to mental health services for veterans.
- Work with Maine Veterans' Homes to ease veterans' and their families transition from aging at home to supported care and partner with the VA to increase older veterans' access to Community Adult Day Health Care throughout the state.

Conclusion

Maine's older veterans and their families have a wide variety of support organizations that they can utilize to ensure that they can access health, dental, and mental healthcare throughout the state. Telehealth has opened this up to many rural areas and MBVS remains steadfast in its mission to advocate for Maine's veterans. Connecting veterans and their families to the benefits earned from service in the U.S. Military is the Bureaus' number one priority and our staff is devoted to its commitment to this mission.

Locating resources in Maine's changing veteran population to meet the Mission Act goal of 30 minute drive time standard in our rural state will be a challenge and it will require a combination of well located VA facilities and contract partnerships where facility location is not practical. Through our stakeholder partnerships, our state must also research and provide for programs that assist veterans aging in place, provide respite for their families, and an affective alternative to residential models.

APPENDIX A - VA Dental Benefits for Veterans

If You:	You Are Eligible For:	Through:
Have a service-connected compensable (10% or greater) dental disability or condition.	Any needed dental care.	Class I
Are a former Prisoner of War.	Any needed dental care.	Class IIIC
Have service-connected disabilities rated 100% (total) disabling or are unemployable and paid at the 100% rate due to service-connected conditions.	Any needed dental care. (Please note: Veterans paid at the 100% rate based on a temporary rating, such as extended hospitalization for a service-connected disability, convalescence or pre-stabilization are not eligible for comprehensive outpatient dental services based on this temporary rating.)	Class IV
Request dental care within 180 days of discharge or release (under conditions other than dishonorable) from a period of active duty of 90 days or more.	One-time dental care if your DD214 certificate of discharge does not indicate that a complete dental examination and all appropriate dental treatment had been rendered prior to discharge. *	Class II
Have a service-connected non-compensable (0%) dental condition/disability resulting from combat wounds or service trauma.	Any dental care necessary to provide and maintain a functioning dentition. A VA Regional Office Rating Decision letter (VA form 10-7131) or the historical Dental Trauma Rating (VA form 10-564-D) identifies the tooth/teeth condition(s) that are trauma rated.	Class IIA
Have a dental condition clinically determined by VA to be associated with and aggravating a service-connected medical condition.	Dental care to treat the oral conditions that are determined by a VA dental professional to have a direct and material detrimental effect to your service-connected medical condition.	Class III
Are actively engaged in a Title 38, USC Chapter 32 Vocational Rehabilitation and Employment Program.	<p>Dental care to the extent necessary as determined by a VA dental professional to:</p> <ul style="list-style-type: none"> • Make possible your entrance into a rehabilitation program. • Achieve the goals of your vocational rehabilitation program. • Prevent interruption of your rehabilitation program. • Hasten the return to a rehabilitation program if you are in interrupted or leave status. • Hasten the return to a rehabilitation program of a Veteran placed in discontinued status because of illness, injury or a dental condition, or • Secure and adjust to employment during the period of employment assistance or enable you to achieve maximum independence in daily living. 	Class V
Are receiving VA care or are scheduled for inpatient care and require dental care for a condition complicating a medical condition currently under treatment.	Dental care to treat the oral conditions that are determined by a VA dental professional to complicate your medical condition currently under treatment.	Class VI

APPENDIX B - Determining Eligibility at Maine Veterans' Homes



Determining Eligibility at Maine Veterans' Homes

Maine Veterans' Homes is an independent, nonprofit organization separate from the VA. There is a daily VA stipend available to qualifying residents and we can bill through Medicare, Medicaid and private insurance for services provided.

Request our Free Eligibility Guide and Application

Everything you need for eligibility, veteran benefits and admission at our Homes.

With this guide you'll get:

- Our eligibility requirements
- Application checklist
- Veteran benefits and financial options
- What to do if there is a wait list
- An application for admission
- How to schedule a tour

MVH Eligibility Information Is Also Available Online. Please visit:
<https://mainevets.org/eligibility-veteran-benefits/>

At Maine Veterans' Homes, everything we do is centered around providing the best veteran care in the nation. We are dedicated to serving honorably discharged veterans who were residents of Maine at the time of their entry into the U.S. Armed Forces or who are residents of Maine at the time of their application to Maine Veterans' Homes. We also serve the spouses, widows or widowers and Gold Star parents of eligible veterans. Eligible veterans must have served one or more days on active duty and there is no requirement for our veterans to have served in combat or have a service-connected disability.

Maine Veterans' Homes recommends that veterans and their families do three things before applying:

- Become familiar with your veteran military discharge paperwork (DD214).
- Contact Maine Veterans' Homes to begin the eligibility process.
- Inform your primary care provider of your intent to use the benefits at MVH.

Let us know how we can assist you today!

Maine Veterans' Homes
460 Civic Center Drive, Augusta, ME 04330
I-800-278-9494 | info@mainevets.org
www.mainevets.org



APPENDIX C - CADHC Centers in Maine

CADHC CENTERS

•BARRON CENTER △

ATTN: Julie Prevost-Lucci, RN
1145 BRIGHTON AVENUE
PORTLAND, ME 04102
Phone: 541-6619
FAX: 541-6623
Email: jprevost-lucci@portlandmaine.gov
NPI #: 1306071493 CCN

•COHEN CENTER

ATTN: Tarsha Rewa
Addie Crocker
POB 272 TOWN FARM RD
HALLOWELL, ME 04347
Phone: 620-1192 or 626-7777
FAX: 626-0219
Email: trewa@spectrumgenerations.org
NPI #: 1215171616 CCN

•FRIENDSHIP COTTAGE △

ATTN: Anne M. Ossanna, LSW
PO BOX 1107
BLUE HILL, ME 04614
Phone: 374-5612
FAX: 374-5023
Email: anne.ossanna@downeastcommunitypartners.org
NPI #: 1043444102 VCA

•GATHER PLACE

ATTN: Sharon Berz
PO BOX 1288
PRESQUE ISLE, ME 04769
Phone: 764-3396
FAX: 764-6189
Email: Sharon.berz@arostookaging.org
NPI #: 1851527774 CCN

•GARDINER ALZHEIMERS CENTER △

ATTN: Vanessa Broga
157 DRESDEN AVENUE
GARDINER, ME 04345
Phone: 626-1770
FAX: 626-1814
Email: Vanessa.Broga@MaineGeneral.org
NPI #: 1366592461 Local – working on converting

•GOLDEN YEARS ADULT DAY CARE

ATTN: #Lorrie Pettengil
24 HOYT STREET
SPRINGVALE, ME 04083
Phone: 850-4793
FAX: 850-1184
Email: lorrie@goldenyearsads.com
NPI #: 1013451202 CCN

CLOSED

•MADIGAN ESTATES △

ATTN: Mary Harbison #
93 MILITARY STREET
HOULTON, ME 04730
Phone: 532-6593
FAX: 521-5029
Email: mharbison@madiganestates.com
NPI #: 1831428531 VCA – Local?

•MUSKIE CENTER

ATTN: Nicole Bond (#660-9265)
38 GOLD STREET
WATERVILLE, ME 04901
Phone: 873-4745
FAX: 877-7544
Email: nbond@spectrumgenerations.org
NPI #: 1215171616 CCN

•MY FRIENDS PLACE

ATTN: Dottie England
703 ESSEX STREET
BANGOR, MAINE 04401
Phone: 945-0122 (Desk)
FAX: 945-9312
Email: myfriendsplaceprogram@gmail.com
NPI #: 1043446289 VCA – working on converting

•ROBERT AND MARY'S PLACE △

ATTN: Ida Page, Director
PO BOX 1533
ELLSWORTH, ME 04605
Phone: 479-0692, 667-5449
FAX: 667-7034
Email: page.ida@gmail.com
NPI #: 1942444906 CCN

APPENDIX D - CADHC Centers in Maine, p. 2

CADHC CENTERS

•SAM L. COHEN CENTER△

ATTN: Marilyn Durgin
30 BARRA RD
BIDDEFORD, ME 04005
Phone: 283-0166
FAX: 283-2470
Email: Mdurgin@SMAAA.org



•SKY-HI △

ATTN: Norman ~~Houde~~, owner
ATTN: Kathi ~~Yergin~~, administrator
32 SKY-HI DRIVE
TOPSHAM, ME 04086
Phone: 725-4725, 725-7577
FAX 725-7678

SPECTRUM GENERATIONS

ATTN: Tarsha Rewa (#620-1671)
Email: trewa@spectrumgenerations.org
Cohen Center
Muskie Center
Somerset Center
Waldo Center

Billing C4 1-877-881-7618

•SOMERSET CENTER

ATTN: Zina Wiers (#612-5120)
20 LEAVITT STREET
SKOWHEGAN, ME 04976
Phone: 474-8552 #4,
FAX: 474-0866
Email: zwiers@spectrumgenerations.org

△ Secure Centers available for dementia specific programming.

•TRUSTED SOULS

ATTN: Tina White
1019 LEWISTON ROAD
NEW GLOUCESTER, ME 04260
Phone: 926-8037
FAX: 926-8236
Email: trustedsoulsadultdaycare@gmail.com

•WALDO CENTER

ATTN: Carrie White (#930-8080)
18 MERRIAM ROAD
BELFAST, ME 04915
Phone: 338-1190 (Desk)
FAX: 338-6101
Email: cwhite@spectrumgenerations.org

APPENDIX E: Maine Transit Regions

- **Region 1** - Aroostook Regional Transportation System (Aroostook County).
- **Region 2** - Downeast Transportation, Downeast Community Partners, and West's Transportation (Washington and Hancock Counties).
- **Region 3** - Community Connector and Penquis LYNX (Penobscot and Piscataquis Counties).
- **Region 4** – KVCAP, Kennebec Explorer, and Somerset Explorer (Kennebec and Somerset Counties).
- **Region 5** – Bath City Bus, Metro BREEZ, Mid-Coast Public Transportation, Belfast Shopper, and Brunswick Explorer (Mid-Coast)
- **Region 6** – Shuttle Bus, Zoom Turnpike Express, Casco Bay Lines, Metro, Metro BREEZ, Regional Transport Program, Lakes Region Explorer, and South Portland Bus (Greater Portland and Cumberland County).
- **Region 7** – Community Concepts, CityLink, Western Maine Transportation Services, Mountain Explorer, Sugarloaf Explorer, and Lisbon Connection (Androscoggin, Oxford and Franklin Counties).
- **Region 8** – Shuttle Bus, Zoom Turnpike Express, Sanford Transit, Shoreline Explorer (York County)

For a map of Maine Transit Regions - <https://www.maine.gov/mdot/transit/>

APPENDIX F: Penquis Transportation Services and Penquis Lynx

Mobility Services Grant Sources

- **DHHS Low Income** (Available in Penobscot and Piscataquis Counties, excluding Patten)
- **Accessing Cancer Care** (Available in Penobscot and Piscataquis Counties)
- **Seniors John T. Gorman** (For Seniors 55+ in Penobscot and Piscataquis Counties)
- **Transportation Assistance Program** (Requires a mental health Axis 1 diagnosis and LOCUS (Score of 17 or higher)
- **Maine Veterans of Foreign Wars** (Piscataquis County only and specifically for medical appointments covered by the veterans' insurance. Veterans must apply through Maine VFW and then the VFW sends the trip information to Lynx.)

MDOT 5311 Funding

- **General Public** (Available in Penobscot County (excluding Patten) and all of Piscataquis County. Sub-sections of the General Public include):
 - a. Low Income
 - b. Chronic Illness
 - c. New Freedom Grant
 - d. Penobscot County Veterans

Note: A-D are available in rural areas in Penobscot County (excluding Patten) and all of Piscataquis County.

- **Urban New Freedom** (Available in Bangor, Brewer, Veazie and the urban areas in Hampden, Old Town, and Orono that are off the bus route.)

Telephone - 1-866-853-3695 or 207-973-3695

Website - <https://www.penquis.org/services/transportation/>

APPENDIX G - Western Maine Transportation Services Public Bus Fares for Androscoggin, Franklin, and Oxford County Demand Response/Paratransit Services

All Fares are per boarding. (Updated October 1, 2019)

* Seniors 60+, Children 5-11, Disabled, Medicare. ** In Lewiston/Auburn

Note : Accompanied children under the age of 5 ride for free.

Telephone - 1-800-393-9335

Website - <http://www.wmtsbus.org/>

APPENDIX H - SLUMS Examination

VAMC SLUMS EXAMINATION

Questions about this assessment tool? E-mail aging@slu.edu

Name _____ Age _____

Is the patient alert? _____ Level of education _____

___/1

1. What day of the week is it?

___/1

2. What is the year?

___/1

3. What state are we in?

___/3

4. Please remember these five objects. I will ask you what they are later.

Apple Pen Tie House Car

___/3

5. You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20.

___/5

1. How much did you spend?
2. How much do you have left?

___/2

6. Please name as many animals as you can in one minute.

① 0-4 animals ② 5-9 animals ③ 10-14 animals ④ 15+ animals

___/4

7. What were the five objects I asked you to remember? 1 point for each one correct.

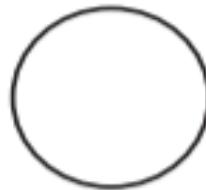
___/2

8. I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say 42, you would say 24.

① 87 ② 648 ③ 8537

___/8

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.



2. Hour markers okay
2. Time correct

10. Please place an X in the triangle.



1. Which of the above figures is largest?

11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.

Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

2. What was the female's name?
2. When did she go back to work?

2. What work did she do?

2. What state did she live in?

TOTAL SCORE

SCORING		
HIGH SCHOOL EDUCATION		LESS THAN HIGH SCHOOL EDUCATION
27-30	NORMAL	25-30
21-26	MILD NEUROCOGNITIVE DISORDER	20-24
1-20	DEMENTIA	1-19

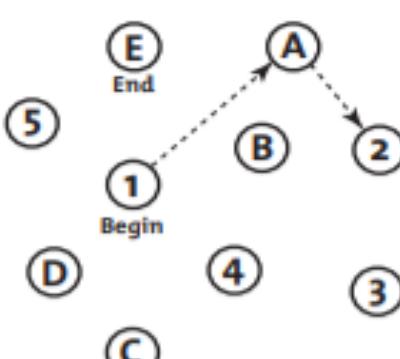
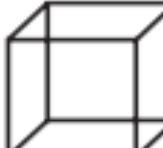
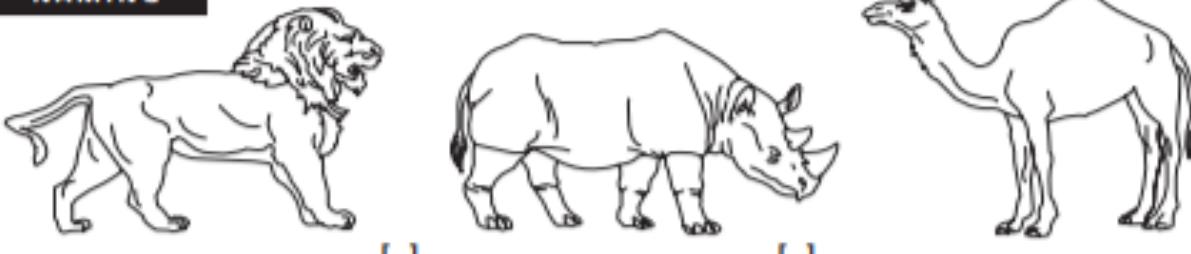
CLINICIAN'S SIGNATURE

DATE

TIME

SH Tariq, N Tumosa, JT Chibnall, HM Perry III, and JE Morley. The Saint Louis University Mental Status (SLUMS) Examination for detecting mild cognitive impairment and dementia is more sensitive than the Mini-Mental Status Examination (MMSE) - A pilot study. *Am J Geriatr Psych* 14:900-10, 2006.

APPENDIX I—Montreal Cognitive Assessment (MOCA)

MONTREAL COGNITIVE ASSESSMENT (MOCA)						NAME : Education : Sex : Date of birth : DATE :			
VISUOSPATIAL / EXECUTIVE 			 Copy cube	Draw CLOCK (Ten past eleven) (3 points)		POINTS			
				<input type="checkbox"/> Contour <input type="checkbox"/> Numbers <input type="checkbox"/> Hands		/5			
NAMING 									
						/3			
MEMORY <small>Read list of words, subject must repeat them. Do 2 trials. Do a recall after 5 minutes.</small>			FACE	VELVET	CHURCH	DAISY	RED	No points	
		1st trial							
		2nd trial							
ATTENTION <small>Read list of digits (1 digit/sec.).</small>		Subject has to repeat them in the forward order <input type="checkbox"/> 2 1 8 5 4 Subject has to repeat them in the backward order <input type="checkbox"/> 7 4 2						/2	
Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors <input type="checkbox"/> F B A C M N A A J K L B A F A K D E A A J A M O F A A B									/1
Serial 7 subtraction starting at 100 <input type="checkbox"/> 93 <input type="checkbox"/> 86 <input type="checkbox"/> 79 <input type="checkbox"/> 72 <input type="checkbox"/> 65 <small>4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt</small>									/3
LANGUAGE <small>Repeat: I only know that John is the one to help today. The cat always hid under the couch when dogs were in the room.</small>									/2
Fluency / Name maximum number of words in one minute that begin with the letter F		<input type="checkbox"/> _____ (N ≥ n words)							/1
ABSTRACTION <small>Similarity between e.g. banana - orange = fruit</small>		<input type="checkbox"/> train - bicycle <input type="checkbox"/> watch - ruler							/2
DELAYED RECALL <small>Has to recall words WITH NO CUE</small>		FACE	VELVET	CHURCH	DAISY	RED	Points for UNCLUED recall only		/5
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Optional <small>Category cue Multiple choice cue</small>									
ORIENTATION <small>[] Date [] Month [] Year [] Day [] Place [] City</small>									/6
<small>© Z.Nasreddine MD Version November 7, 2004 www.mocatest.org</small>									Normal ≥ 26 / 30 TOTAL _____ /30 <small>Add 1 point if ≤ 12 yr edu</small>

9MO

APPENDIX J - Veterans Affairs Program of Comprehensive Assistance for Family Caregivers—Expansion Fact Sheet (p. 1)

Veterans Affairs Program of Comprehensive Assistance for Family Caregivers *Expansion Fact Sheet*



The U.S. Department of Veterans Affairs (VA) Program of Comprehensive Assistance for Family Caregivers (PCAFC) offers enhanced clinical support for caregivers of eligible Veterans who are seriously injured. Changes to the program result from the new "Program of Comprehensive Assistance for Family Caregivers Improvements and Amendments Under the VA MISSION Act of 2018" Final Rule, RIN 2900-AQ48, effective October 1, 2020.

These changes include:

- ✓ Expanding eligibility for PCAFC.
- ➡ Working towards a contract solution in the near future for finance and legal services for eligible Primary Family Caregivers.
- ↔ Making other changes affecting program eligibility and VA's evaluation of PCAFC applications.

Who qualifies: Veterans who incurred or aggravated a serious injury (including a serious illness) in the line of duty in the active military, naval, or air service on or after September 11, 2001, **or** on or before May 7, 1975.

Who should consider applying?

1 A Veteran who has a single or combined service-connected disability rating of 70% or more, **and**

2 Who is in need of in-person personal care services for a minimum of six (6) continuous months based on either:

- An inability to perform an activity of daily living (ADL) each time the activity is performed,
or
- A need for supervision, protection, or instruction, which means a functional impairment that directly impacts his/her ability to maintain his/her personal safety, **on a daily basis**.

Your Caregiver Support Coordinator can provide you with more information. They will help you every step of the way! There are seven eligibility requirements. Please see the Eligibility Fact Sheet for details.

Note: PCAFC eligibility for all remaining eras will expand on October 1, 2022

Online application is available at <https://www.va.gov/family-member-benefits/comprehensive-assistance-for-family-caregivers>



PCAFC Application

Veterans and caregivers may apply for PCAFC in two ways:

- 1 Visit www.coregiver.va.gov and download VA Form 10-10CG. Mail the completed form to:
Program of Comprehensive Assistance for Family Caregivers Health Eligibility Center
2957 Clairmont Road, NE, Suite 200
Atlanta, GA 30329-1647
- 2 Apply in person through a local Veterans Affairs Medical Center (VAMC) Caregiver Support Coordinator.

APPENDIX K - Veterans Affairs Program of Comprehensive Assistance for Family Caregivers—Expansion Fact Sheet (p. 2)



Major Expansion Changes – Big Wins for Veterans!

Previously: VA required a connection between the need for personal care services and the qualifying serious injury.

Expansion Changes: In addition to expanding to pre-1975 era Veterans, the enhanced PCAFC eliminates the need for a connection between personal care services and the qualifying serious injury. It also redefines serious injury to now include any service-connected disability — regardless of whether it resulted from an injury, illness or disease. Both these changes greatly expand program eligibility.

Why This is Important: In most cases, the eligible Veteran has multiple conditions that may warrant a need for personal care services. A Veteran's needs may be so complex that it can be difficult to determine what specific condition, out of many, causes the need for personal care services.



Program of Comprehensive Assistance for Family Caregivers Benefits

Benefits for eligible caregivers include:



Education and training



Access to healthcare insurance
(*If caregiver is otherwise uninsured*)



Mental health counseling



Financial stipend



Respite care



Wellness contact



Travel and per diem compensation
(*when traveling for a Veteran's VA healthcare appointment*)

How to Contact a Caregiver Support Coordinator:

Veterans and caregivers can find their local Caregiver Support Coordinator by...

Calling the Caregiver Support Line at **1-855-260-3274** - Toll free - Expanded Hours (Monday-Friday, 8:00 a.m. to 10 p.m. ET; Saturday 8:00 a.m. to 5:00 p.m. ET)

Using the Caregiver Support Coordinator locator tool at www.caregiver.va.gov/support/New_CSC_Page.asp

Online application available
<https://www.va.gov/family-member-benefits/comprehensive-assistance-for-family-caregivers>

Updated 12/17/2021

VA U.S. Department
of Veterans Affairs

APPENDIX L - VA Form 21-2680 (Examination for Housebound Status or Permanent Need for Regular Aid and Attendance)

GMB Control No. 2900-0721
Respondent Burden: 30 minutes
Expiration Date: 09-30-2021

 Department of Veterans Affairs		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)
EXAMINATION FOR HOUSEBOUND STATUS OR PERMANENT NEED FOR REGULAR AID AND ATTENDANCE		
<small>IMPORTANT: Please read Privacy Act and Respondent Burden information before completing the form.</small>		
SECTION I: VETERAN'S IDENTIFICATION INFORMATION		
<small>NOTE: You can either complete the form online or by hand. Please print the information requested in ink, neatly and legibly to help process the form.</small>		
1. VETERAN'S NAME (First, Middle Initial, Last) <input type="text"/> - <input type="text"/> - <input type="text"/>		
2. SOCIAL SECURITY NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/>		3. VA FILE NUMBER (If applicable) <input type="text"/> - <input type="text"/> - <input type="text"/>
4. DATE OF BIRTH (MM-DD-YYYY) <input type="text"/> - <input type="text"/> - <input type="text"/>		
5. VETERAN'S SERVICE NUMBER (If applicable) <input type="text"/> - <input type="text"/> - <input type="text"/>	6. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	7. TELEPHONE NUMBER (Include Area Code) <input type="text"/> - <input type="text"/> - <input type="text"/>
8. E-MAIL ADDRESS (Optional) <input type="text"/>		
9. PREFERRED MAILING ADDRESS (Number and street or rural route, P. O. Box, City, State, ZIP Code and Country) No. & Street Apt./Unit Number <input type="text"/> City <input type="text"/> State/Province <input type="text"/> Country <input type="text"/> ZIP Code/Postal Code <input type="text"/> -		
SECTION II: CLAIM INFORMATION		
10. CLAIMANT'S NAME (First, Middle Initial, Last) (Complete only if you are not the veteran) <input type="text"/>		
11. CLAIMANT'S SOCIAL SECURITY NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/>		12. RELATIONSHIP OF CLAIMANT TO VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> SELF
13. CLAIMANT'S HOME ADDRESS No. & Street Apt./Unit Number <input type="text"/> City <input type="text"/> State/Province <input type="text"/> Country <input type="text"/> ZIP Code/Postal Code <input type="text"/> -		
14. BENEFIT YOU ARE APPLYING FOR (Check One) <input type="checkbox"/> Special Monthly Compensation (SMC) - Veterans and surviving spouses or parents who are eligible to receive VA compensation due to a service-related disability or death and require aid and attendance of another person to perform personal functions required in everyday living such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting oneself from the hazards of the daily environment may be eligible for Special Monthly Compensation. A Veteran or a deceased Veteran's surviving spouse may also be eligible for Special Monthly Compensation based on being housebound (substantially confined to the immediate premises because of permanent disability). For a Veteran, the disability causing the need for aid and attendance or housebound status must be related to service. These benefits are paid in addition to monthly compensation. They are not paid <u>without</u> eligibility to compensation. <input type="checkbox"/> Special Monthly Pension (SMP) - Veterans and survivors who are eligible for Veteran's Pension and/or Survivors benefits and require the aid and attendance of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting him/her from the hazards of his/her daily environment, or are housebound (substantially confined to his/her immediate premises because of permanent disability), may be eligible for Special Monthly Pension (SMP). This benefit is an increased monthly amount paid to a Veteran or survivor who is eligible for Veteran's Pension or Survivors benefits.		
SECTION III: INFORMATION OF EXAMINATION		
15. DATE OF EXAMINATION (MM-DD-YYYY) <input type="text"/> - <input type="text"/> - <input type="text"/>	16A. IS CLAIMANT HOSPITALIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 16B and 16C)	16B. DATE ADMITTED (MM-DD-YYYY) <input type="text"/> - <input type="text"/> - <input type="text"/>
17A. NAME OF HOSPITAL <input type="text"/>	17B. ADDRESS OF HOSPITAL <input type="text"/>	

APPENDIX M - VA Form 21-2680 (Examination for Housebound Status or Permanent Need for Regular Aid and Attendance, (Page 2)

PATIENT/VETERAN'S SOCIAL SECURITY NO. - - 			
NOTE: EXAMINER PLEASE READ CAREFULLY <p>The purpose of this examination is to record manifestations and findings pertinent to the question of whether the claimant is housebound (confined to the home or immediate premises) or in need of the regular aid and attendance of another person. The report should be in sufficient detail for the VA decision makers to determine the extent that disease or injury produces physical or mental impairment, that loss of coordination or enfeeblement affects the ability to dress and undress; to feed him/herself; to attend to the wants of nature; or keep him/herself ordinarily clean and presentable. Findings should be recorded to show whether the claimant is blind or bedridden. Whether the claimant seeks housebound or aid and attendance benefits, the report should reflect how well he/she ambulates, where he/she goes, and what he/she is able to do during a typical day.</p>			
17C. COMPLETE DIAGNOSIS (Diagnosis needs to equate to the level of assistance described in questions 25 through 39) 			
18A. AGE 	18B. WEIGHT ACTUAL LBS. ESTIMATED LBS. 	18C. HEIGHT FEET INCHES 	
19. NUTRITION 			20. GAIT
21. BLOOD PRESSURE 	22. PULSE RATE 	23. RESPIRATORY RATE 	24. WHAT DISABILITIES RESTRICT THE LISTED ACTIVITIES/FUNCTIONS?
25. IF THE CLAIMANT IS CONFINED TO BED, INDICATE THE NUMBER OF HOURS IN BED From 9 PM to 9 AM: From 9 AM to 9 PM: 			
26. IS THE CLAIMANT ABLE TO FEED HIMSELF? (Fill in Circle. If "No," provide explanation) <input type="checkbox"/> YES <input type="checkbox"/> NO 			
27. IS CLAIMANT ABLE TO PREPARE THEIR OWN MEALS? (Fill in Circle. If "No," provide explanation) <input type="checkbox"/> YES <input type="checkbox"/> NO 			
28. DOES THE CLAIMANT NEED ASSISTANCE IN BATHING AND TENDING TO OTHER HYGIENE NEEDS? (If "Yes," provide explanation) <input type="checkbox"/> YES <input type="checkbox"/> NO 			
29A. IS THE CLAIMANT LEGALLY BLIND? (If "Yes," provide explanation) <input type="checkbox"/> YES <input type="checkbox"/> NO 		29B. CORRECTED VISION LEFT EYE RIGHT EYE 	
30. DOES THE CLAIMANT REQUIRE NURSING HOME CARE? (If "Yes," provide explanation) <input type="checkbox"/> YES <input type="checkbox"/> NO 			
31. DOES THE CLAIMANT REQUIRE MEDICATION MANAGEMENT? (If "Yes," provide explanation) <input type="checkbox"/> YES <input type="checkbox"/> NO 			
32. IN YOUR JUDGMENT, DOES THE VETERAN/CLAIMANT HAVE THE MENTAL CAPACITY TO MANAGE HIS OR HER BENEFIT PAYMENTS, OR IS HE OR SHE ABLE TO DIRECT SOMEONE TO DO SO? (If "No," provide examples and rationale to support your conclusion) <input type="checkbox"/> YES <input type="checkbox"/> NO 			

APPENDIX N - VA Form 21-2680 (Examination for Housebound Status or Permanent Need for Regular Aid and Attendance, (Page 3)

PATIENT/VETERAN'S SOCIAL SECURITY NO. - - -			
33. DESCRIBE POSTURE AND GENERAL APPEARANCE (Attach a separate sheet of paper if additional space is needed)			
34. DESCRIBE RESTRICTIONS OF EACH UPPER EXTREMITY WITH PARTICULAR REFERENCE TO GRIP, FINE MOVEMENTS, AND ABILITY TO FEED HIMSELF, TO BUTTON CLOTHING, SHAVE AND ATTEND TO THE NEEDS OF NATURE (Attach a separate sheet of paper if additional space is needed)			
35. DESCRIBE RESTRICTIONS OF EACH LOWER EXTREMITY WITH PARTICULAR REFERENCE TO THE EXTENT OF LIMITATION OF MOTION, ATROPHY, AND CONTRACTURES OR OTHER INTERFERENCE. IF INDICATED, COMMENT SPECIFICALLY ON WEIGHT BEARING, BALANCE AND PROPULSION OF EACH LOWER EXTREMITY.			
36. DESCRIBE RESTRICTION OF SPINE, TRUNK AND NECK			
37. SET FORTH ALL OTHER PATHOLOGY INCLUDING THE LOSS OF BOWEL OR BLADDER CONTROL OR THE EFFECTS OF ADVANCING AGE, SUCH AS DIZZINESS, LOSS OF MEMORY OR POOR BALANCE, THAT AFFECTS CLAIMANT'S ABILITY TO PERFORM SELF-CARE, AMBULATE OR TRAVEL BEYOND THE PREMISES OF THE HOME, OR, IF HOSPITALIZED, BEYOND THE WARD OR CLINICAL AREA. DESCRIBE WHERE THE CLAIMANT GOES AND WHAT HE OR SHE DOES DURING A TYPICAL DAY.			
38. DESCRIBE HOW OFTEN PER DAY OR WEEK AND UNDER WHAT CIRCUMSTANCES THE CLAIMANT IS ABLE TO LEAVE THE HOME OR IMMEDIATE PREMISES			
39. ARE AIDS SUCH AS CANES, BRACES, CRUTCHES, OR THE ASSISTANCE OF ANOTHER PERSON REQUIRED FOR LOCOMOTION? (If so, specify and describe effectiveness in terms of distance that can be traveled, as in Item 38 above)			
<input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," give distance) (Check applicable box or specify distance)		<input type="checkbox"/> 1 BLOCK <input type="checkbox"/> 5 OR 6 BLOCKS <input type="checkbox"/> 1 MILE <input type="checkbox"/> OTHER (Specify distance)	_____
SECTION IV: CERTIFICATION AND SIGNATURE			
40A. PRINTED NAME OF PHYSICIAN	40B. SIGNATURE AND TITLE OF EXAMINING PHYSICIAN	40C. DATE SIGNED (MM-DD-YYYY) - - -	
41. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER	42A. TELEPHONE NUMBER OF MEDICAL FACILITY - - -		
42B. NAME OF MEDICAL FACILITY	42C. ADDRESS OF MEDICAL FACILITY - - -		
PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 35, code of Federal Regulations 1.37(c) for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 35VA21/22-DB, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving your Social Security Number (SSN) account information is mandatory. Applicants are required to provide their SSN under Title 38, U.S.C. 3703(e)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure is required by a Federal statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits provided under the law. The responses you submit are considered confidential (38 U.S.C. 3703). Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.			
RESPONDENT BURDEN: We need this information to determine your eligibility for aid and attendance or housebound benefits. Title 38, United States Code (321 (g) and (h), 3105(1)(b), 3110(c) and (d), 3115(b), 3122, 3141(g)(g), and 3102 (k) and (n)) allows us to ask for this information. We estimate that you will need an average of 38 minutes to review the instructions, find the information, and complete this form. VA cannot contact or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB internet page at http://www.omb.gov/control/PLA.htm . If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.			
PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.			

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APPENDIX O - VA Form 21-0779 (Request for Nursing Home Information in Connection with Claim for Aid and Attendance)

 Department of Veterans Affairs	<small>OMB Approved No. 2999-0652 Respondent Burden: 10 Minutes Expiration Date: 08/31/2023</small> VA DATE STAMP <small>(Do Not Write In This Space)</small>
REQUEST FOR NURSING HOME INFORMATION IN CONNECTION WITH CLAIM FOR AID AND ATTENDANCE	
<p>INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden. We use this form to determine eligibility in connection with a claim for aid and attendance. For more information, contact us at https://www.custhelp.va.gov, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at www.va.gov/vaforms. After completing the form, mail to: Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI, 53547-4444.</p>	
SECTION I - VETERAN'S IDENTIFICATION INFORMATION	
<small>NOTE: You may complete the form online or by hand. If completing by hand, print neatly and legibly in ink, and completely fill in each applicable circle to help expedite processing of the form.</small>	
1. VETERAN'S NAME (First, Middle Initial, Last) 	
2. SOCIAL SECURITY NUMBER 3. VA FILE NUMBER 4. DATE OF BIRTH (MM/DD/YYYY) - 	
SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (Complete this section ONLY IF the claimant is NOT the veteran)	
5. CLAIMANT'S NAME (First, Middle Initial, Last) 	
6. SOCIAL SECURITY NUMBER 7. VA FILE NUMBER (If applicable) 8. DATE OF BIRTH (MM/DD/YYYY) - 	
SECTION III - NURSING HOME INFORMATION	
9. NAME OF NURSING HOME 	
10. ADDRESS OF NURSING HOME (Number and street or rural route, P.O. Box, City, State, ZIP Code and County) No. & Street: 	
Apt./Unit Number - City - State/Province - County - ZIP Code/Postal Code - -	
SECTION IV - GENERAL INFORMATION (To be completed by a Nursing Home Official)	
<small>NOTE: Your state's Medicaid program may use a different name.</small>	
11. DATE ADMITTED TO NURSING HOME (MM/DD/YYYY) 12. IS THE NURSING HOME A MEDICAID APPROVED FACILITY? - <input type="checkbox"/> YES <input type="checkbox"/> NO 	
13. HAS THE PATIENT APPLIED FOR MEDICAID? 14A. IS THE PATIENT COVERED BY MEDICAID? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO," complete Item 14B) 	
14B. DATE MEDICAID PLAN BEGAN (MM/DD/YYYY) 	
15. MONTHLY AMOUNT PATIENT IS RESPONSIBLE FOR OUT OF POCKET \$ 	
16. I CERTIFY THAT THE CLAIMANT IS A PATIENT IN THIS FACILITY BECAUSE OF MENTAL OR PHYSICAL DISABILITY AND IS RECEIVING: (Check one) <input type="checkbox"/> SKILLED NURSING CARE <input type="checkbox"/> INTERMEDIATE NURSING CARE 	
17. NURSING HOME OFFICIAL'S NAME (First and Last) 	
18. NURSING HOME OFFICIAL'S TITLE 	
19. NURSING HOME OFFICIAL'S OFFICE TELEPHONE NUMBER (Include Area Code) - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Enter International Phone Number (If applicable)</small>	
SECTION V - CERTIFICATION AND SIGNATURE	
<small>I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.</small>	
20. SIGNATURE OF NURSING HOME OFFICIAL (REQUIRED) 21. DATE SIGNED (MM/DD/YYYY) - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 	
<small>PENALTY: The law provides severe penalties (including fine and/or imprisonment) for wilfully submitting any statement or evidence of a material fact you know to be false, or for fraudulent receipt of any document you are not entitled to.</small>	

Works Cited

Bangor Community- Based Outpatient Clinic—<https://www.maine.va.gov/locations/bangor.asp>

Denture Designs—<https://www.denturedesigns.com/>

Lunder-Dineen Health Education Alliance of Maine MOTIVATE Program—<https://lunderdineen.org/oral-health-motivate>

Maine Bureau of Veterans' Services—<https://www.maine.gov/veterans/>

Maine Bureau of Veterans' Services Dental Access and Information—https://www.maine.gov/veterans/benefits/healthcare/dental_access_and_information.html

Maine Bureau of Veterans' Services Field Offices—<https://www.maine.gov/veterans/veterans-services-offices/index.html>

Maine Bureau of Veterans' Services State of Maine Request Form—State of Maine Request Form as found on their website - <https://www.maine.gov/veterans/forms/index.html>

Maine Bureau of Veterans' Services Veterans' Emergency Financial Assistance Program- <https://www.maine.gov/veterans/benefits/tax-finance-benefits/vefa.html>

Maine Veterans' Homes—<https://mainevets.org/eligibility-veteran-benefits/>

Montreal Cognitive Assessment—<https://www.parkinsons.va.gov/resources/MOCA-Test-English.pdf>

Penquis Lynx Mobility Service—<https://www.penquis.org/services/transportation/>

Portland Community-Based Outpatient Clinic—<https://www.maine.va.gov/locations/portland.asp>

St. Louis University SLUMS Examination—https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/pdfs/slums_form.pdf

U.S. Department of Veterans Affairs Disability and Compensation Rates—<https://www.va.gov/disability-compensation-rates/veteran-rates/>

Veterans Benefits Administration—<https://www.benefits.va.gov/BENEFITS/about.asp>

Veterans Health Administration—<https://www.va.gov/health/aboutvha.asp>

VA Aid and Attendance Benefits and Housebound Benefits—<https://www.va.gov/pension/aid-attendance-housebound/>

VA Community Care Network—<https://www.va.gov/COMMUNITYCARE/programs/veterans/index.asp>

VA Dental Benefits for Veterans—https://www.va.gov/healthbenefits/resources/publications/IB10-442_dental_benefits_for_veterans.pdf

VA Form 21-2680 (Examination for Housebound Status or Permanent Need for Regular Aid and Attendance)- <https://www.vba.va.gov/pubs/forms/vba-21-2680-are.pdf>

VA Form 21-0779 (Request for Nursing Home Information in Connection with Claim for Aid and Attendance) - <https://www.vba.va.gov/pubs/forms/VBA-21-0779-ARE.pdf>

VA Maine Healthcare System—<https://www.maine.va.gov/>

VA Maine Healthcare System Geriatrics and Extended Care—<https://www.maine.va.gov/services/geriatrics.asp>

VA Maine Healthcare System History—<https://www.maine.va.gov/about/History2.asp>)

VA Maine Healthcare System Women Veterans—<https://www.maine.va.gov/MAINE/services/women/index.asp>

VA Mission Act—www.missionact.va.gov

Veteran Outreach Centers—<https://www.maine.va.gov/visitors/VetCenters.asp>

Western Maine Transportation Services—<http://www.wmtsbus.org/>

Glossary of Terms

Americans With Disabilities Act—A civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public

Bad Paper Discharge—A less than honorable discharge from the military that prevents veterans from connecting to VA healthcare and other veterans' benefits.

Clinical Social Worker—A specially trained clinician who focuses on the assessment, diagnosis, treatment, and prevention of mental illness, emotional, and other behavioral disturbances. Individual, group and family therapy are common treatment modalities within this profession.

Community Based Outpatient Clinic—A fixed health care site that is geographically distinct or separate from its parent VA medical facility. A CBOC can be either VA-owned and VA-staffed or contracted to Healthcare Management Organizations.

COVID-19 Pandemic—A global infectious disease event caused by the SARS-CoV-2 virus, which started in 2019 and as of the writing of this report was still in effect.

Geriatrician—A primary care doctor with additional training in treating older adults.

MaineCare Brokerage System—Utilized regarding transportation services for MaineCare covered reimbursement and rides and is arranged through the broker system.

Maine Veterans' Dental Network—Offers dental services to veterans who aren't 100% service-connected to the VA, can't afford dental insurance, or to pay out of pocket, and./or deployed on active duty for at least 180 days with the Maine Army National Guard or Air Guard or retired from the National Guard with (20) years of service.

Medicaid—Provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. It is administered by states, according to federal requirements, and the program is funded jointly by states and the federal government.

Military Sexual Trauma—Sexual assault or sexual harassment experienced during military service.

Post Traumatic Stress Disorder—A mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it.

Service Member—A member of the armed forces, the Commissioned Corps of the National Oceanic and Atmospheric Administration (NOAA) and the Commissioned Corps of the Public Health Services.

Transition Assistance Program—Provides information, resources, and tools to service members and their loved ones to help prepare for the move from military to civilian life.

Traumatic Brain Injury—A violent blow to the head that effects how the brain works.

Veterans Services Officer—Assists veterans navigating the VA, accessing their benefits, and filing claims.

VA Schedule of Rating Disability—A published collection of medical requirements so that a reviewer may evaluate a military member's medical report and determine their VA military disability rating.

Vet Center—Community-based counseling centers that provide a wide range of social and psychological services including professional readjustment counseling to Veterans and families, military sexual trauma counseling, and bereavement counseling for families who experience an active duty death.