



THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE VETERAN ADVOCATE
100 HANCOCK STREET, 2ND FLOOR
QUINCY, MA 02171

11/05/2024

Matthew Deacon, General Counsel
Executive Office of Veteran Services
600 Washington Street
Boston, MA

Dear Atty. Matthew Deacon,

I am writing to express The Office of the Veteran Advocate's (OVA) support for the general intent of the proposed amendment to 108 CMR 10.22. However, OVA opposes the portion of the proposal requiring the local municipal veteran agent or VSO's review of mental and behavioral health treatment plans for eligible veterans. Additionally, OVA believes that greater clarity is needed regarding the final sentence concerning the veteran's requirement to "make use of private, state or federally funded resources before seeking aid under this paragraph."

The stipulation that treatment plans be "reviewed by the recipient's VSO" raises significant concerns. Local veteran service agents are not trained medical professionals and lack the qualifications necessary to assess or review mental health treatment plans. Their role should be limited to collecting the required documentation and forwarding it to the EOVS authorizer for payment approval. Involving VSOs in the review process could lead to improper questioning of medical decisions made by licensed mental health providers, potentially undermining the treatment veterans receive. Moreover, the requirement for veterans to disclose private mental health information to local municipal employees may deter them from seeking necessary care due to the stigma associated with mental health treatment. Under the current regulation, this sensitive information is handled at the state level, by the Department of Mental Health, ensuring greater confidentiality.

To better protect veterans' privacy, OVA recommends that the regulation require veterans to provide a signed release authorizing their healthcare provider to share treatment plans directly with the EOVS authorizer. This would safeguard sensitive medical information and reduce the potential for unnecessary disclosures.

Additionally, there is a need for greater clarity around the amendment's final sentence, which states that a veteran must "make use of private, state or federally funded resources before seeking aid under this paragraph." If a veteran's private medical insurance denies coverage, are they required to appeal that denial before accessing this benefit? If their appeal is unsuccessful, must they then pursue a claim in civil court? These requirements should be explicitly outlined to prevent confusion and ensure that veterans can access the necessary care without undue burden. On this same point, it would be helpful to clearly delineate which entity, local veteran agent or EOVS authorizer, is tasked with determining when an applicant has exhausted all other funding source options.

Finally, it is essential to recognize the administrative burden this change places on local municipal governments, which must now safeguard additional private health information in accordance with federal and state laws.

Thank you for considering these comments on this important matter. I urge you to reconsider the language regarding the role of VSOs in the treatment plan review process. If you have any questions regarding this letter, please contact Scott Pitta, OVA General Counsel / Executive Chief of Staff at scott.pitta@mass.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Notch", with a stylized flourish extending to the right.

Robert Notch
Veteran Advocate