Navy Announces Enlisted Rating Modernization Plan

From Chief of Naval Personnel Public Affairs Office

Following the completion of its review earlier this year, the Navy announced Sept. 29, it will modernize all rating titles for Sailors with the establishment of a new classification system that will move towards occupational specialty codes similar to how the other services categorize skill sets.

“In modernizing our enlisted rating system we are not only giving our Sailors increased opportunities within the Navy, such as a higher level of flexibility in training and detailing, but also increasing their opportunities when they transition out of the service. In aligning the descriptions of the work our Sailors do with their counterparts in the civilian world, we more closely reflect the nation we protect while also making it easier for our Sailors to obtain the credentials they’ll need to be successful in the private sector,” said Secretary of the Navy, Ray Mabus.

Chief of Personnel Vice Adm. Robert Burke emphasized, “We believe that opening enlisted career paths will enhance our ability to optimize talent in our enlisted workforce. This change is the first step of a multi-phased approach to help us do just that.”

Former Master Chief Petty Officer of the Navy Michael Stevens led the review earlier this year for the Secretary of the Navy on behalf of Chief of Naval Operations, Adm. John Richardson.

“We are all Sailors and changing our rating titles does not affect that,” said current Master Chief Petty Officer of the Navy, Steven S. Giordano, who relieved Stevens Sept. 2. “While we certainly understand that this represents a significant cultural shift for the Navy and will take time to become fully adapted throughout the Fleet, this is about giving Sailors more choice and flexibility and ultimately providing the

Retiree Council Welcomes New Co-Chair

From Navy Retired Activities

A new Navy co-chair headed the 2016 Secretary of the Navy (SECNAV) Retiree Council meeting, which was held Aug. 15-19 in Washington D.C.

Retired Vice Adm. Nanette DeRenzi, who left active duty in August 2015, succeeds retired Lt. Gen. Ronald Coleman as Council co-chair with retired Master Chief Petty Officer of the Navy (MCPON) John Hagan. DeRenzi has accepted an appointment for three years and will serve as personal adviser to the SECNAV on all issues regarding retirees and their families.

DeRenzi’s career accomplishments and experience with developing interpreting Navy policies make her the perfect fit. As the 42nd Judge Advocate General (JAG) of the Navy, DeRenzi was the principal military legal counsel to the Secretary of the Navy and Chief of Naval Operations. She also served as the Department of Defense representative for Ocean Policy Affairs (REPOPA). As the JAG, she led 2,300 attorneys, enlisted legal professionals, and civilian employees of the Navy JAG community.

DeRenzi welcomes her new role with enthusiasm, “As a fairly new retiree myself, I’m impressed with the support and services the Navy and Marine Corps strives to provide its retirees, their families and surviving spouses. I look forward to serving with my co-chair, retired Sgt. Maj. William Whaley, U.S. Marine Corps.”
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Shift Colors
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A Sailor assigned to the aircraft carrier USS Dwight D. Eisenhower (CVN 69) participates in a sandboarding tour sponsored by the ship’s Morale, Welfare and Recreation (MWR). The ship and its carrier strike group are deployed in support of Operation Inherent Resolve, maritime security operations and theater security cooperation efforts in the U.S. 5th Fleet area of operations.

Photo by Seaman Dartez C. Williams
Navy opportunities to get the right Sailors with the right training and experience in the right billets.”

Giordano described how this change will work.

“Sailors would no longer be called, ‘yeoman second class’ or YN2, for example,” he said. “Instead they will be ‘second class petty officer, or ‘petty officer.’ However, Sailors’ rates will not change: an E-7 will remain a Chief Petty Officer and an E-3 will remain a seaman. Additionally, there will no longer be a distinction between ‘airman, fireman and seaman.’”

This change will also allow the Navy to more accurately identify Sailors’ skills by creating “Navy Occupational Specialty” (NOS) codes that allow greater assignment flexibility for Sailors throughout their career and will be matched with similar civilian occupations to enable the Navy to identify credentials and certifications recognized and valued within the civilian workforce.

For example, a petty officer who used to be identified as a corpsman will now have a NOS matched as a medical technician. Medical technician better reflects the work and responsibilities of someone in that position and is better aligned with the civilian medical profession.

Sailors will be able to hold more than one NOS, which will give them a broader range of professional experience and expertise and will be grouped under career fields that will enable flexibility to move between occupational specialties within the fields and will be tied to training and qualifications.

As the Navy transforms its training to a mobile, modular and more frequent system called Ready Relevant Learning, combined with recent creation of the Billet-Based Distribution system that provides a more comprehensive picture of billet requirements fleetwide, this enlisted rating modernization plan will provide the ability to much more closely track a Sailor’s training and professional development and match it to billets.

Going forward, this transformation will occur in phases over a multi-year period.

A working group was formed in July to identify personnel policies, management programs and information technology systems that may require modifications over the years and months ahead—including changes to recruiting, detailing, advancements, training and personnel and pay processes.

Any follow-on changes that are made will proceed in a deliberate process that will enable transitions to occur seamlessly and transparently. Fleet involvement and feedback will be solicited during each phase of the transformation and we will carefully consider all aspects of enlisted force management as we move forward.
Get Ready for Tax Season! Check Your myPay Account

_Courtesy DFAS_

When was the last time you logged on to myPay?

Some retirees only use myPay once a year to get their 1099-R during tax season. Then they try to access their account and discover that their password is expired, lost or forgotten. If you are in this category, be proactive this year to avoid delays with getting your tax forms.

**Expired Passwords**

Do you know if your password has expired? myPay passwords expire every 150 days. You will automatically receive an email about 10 days before your password expires to make sure you know to update your password. To find out more about password requirements click:  
http://www.dfas.mil/mypayinfo/password.html

Reactivating your myPay account

If your myPay account is in an inactive status, follow the simple steps below to reactivate your account.

1. Go to our website mypay.dfas.mil
2. Click on the “Forgot or Need a Password?” link and enter your Login
3. Choose to send a temporary password to your email and go back to mypay.dfas.mil and log in to activate your account

Don’t wait until January, February, or March to access your myPay account. Log on to your myPay today to be prepared for tax season.

Remember that the self-service options available through myPay simplify the management of your military retirement and gives you access to personal information about your retirement funds.

Check out the link below for helpful tips and tricks when navigating myPay:  
http://www.dfas.mil/mypayinfo/tipsandtricks.html

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Tax Forms Will be Mailed or Sent Electronically

_Courtesy DFAS_

Defense Finance and Accounting Service issues IRS Forms 1095-B (for military retirees) and 1095-C (for military members and federal civilian employees) to the IRS and each employee to report the previous tax year’s health care coverage information.

**How will you receive your 1095-B or 1095-C?**

Your 1095-B or 1095-C will be mailed by DFAS, unless you opt in to receive these forms electronically via myPay. Traditional mail delays you getting these important tax forms, but myPay provides instant secure and convenient access to your forms.

**Go Paperless**

Protecting the environment is important to us here at DFAS, so help us save a tree by logging on to your myPay account and selecting “Turn On/Off Hard Copy IRS form 1095” to get electronic mail distribution. With myPay, you can easily print these forms in the comfort of your home versus waiting 7-10 days to receive your forms by mail.

If you do not have a myPay account, or need help accessing myPay, check out these instructional YouTube videos:

How To: Set Up a New myPay Account  
https://youtu.be/6ia4D3z0X1

How To: Change Your myPay Password  
https://youtu.be/vc_Jf1ghCBQ

For more information on the Affordable Care Act check out:  
http://www.dfas.mil/taxes/aca.html
http://www.dfas.mil/taxes/aca/aca_faq0.html

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Photo by Seaman Jimmi Lee Bruner

Petty Officer 3rd Class Fitsum Begna stirs rice in the galley of the aircraft carrier USS Theodore Roosevelt (CVN 71). Theodore Roosevelt is currently moored and home ported in San Diego undergoing a scheduled Planned Maintenance Availability.
What the DFAS Retired and Annuitant Pay Office can do for You

Courtesy DFAS
DFAS R&A Pay is primarily a payroll office. They establish and maintain military retired pay, annuity accounts, and issue monthly payments to both military retirees and their eligible survivors, including the following:
- Regular and Reserve Retirement payments
- Temporary and Permanent Disability Retirement payments
- Concurrent Retirement and Disability Pay
- Combat Related Special Compensation payments
- Survivor Benefit Plan

Related Link:
Contact DFAS R&A Pay - http://www.dfas.mil/retiredmilitary/about/aboutus/customer-service.html

Department of Veterans Affairs
The VA provides services to former members of the military, not just those who are retired from the military. If you are disabled, the VA establishes your level of disability compensation, and handles any changes or updates. These include:
- Additional (tax-free) benefit for veterans injured while in the service
- Ratings for service-connected disability codes
- Ratings for Special Monthly Compensation
- Individual Unemployment ratings
- Re-rating you if you feel your disability has increased

The VA also administers pensions, educational programs, home loans, life insurance, vocational rehabilitation, survivors’ benefits, medical benefits and burial benefits.

If you have questions, please contact the VA at 800-827-1000.

Take Heed: What Could Happen If You Don’t Update Your Pay Records

Courtesy DFAS
When you experience a life-changing event such as death, birth, marriage or divorce it can have an impact on your pay account. DFAS might be the furthest thing from your mind during these times, but don’t forget that you have to inform them of changes so adjustments can be made to your account accordingly.

The scenarios below are real life situations that have affected member’s pay accounts. You can avoid being in these situations by keeping your account up to date. Check out the “Audit Your Account” article at http://www.dfas.mil/retiredmilitary/news/events/newsletter/Audit-Your-Account.html

Scenario 1: If you were not married upon retirement, you will not have a beneficiary on file for the Survivor Benefit Plan (SBP). If you marry after retirement, you have a one-year window from the date of your marriage to inform DFAS of your intent to cover your new spouse with SBP. If you do not inform DFAS of your marriage and your intent to provide SBP coverage for your new spouse within a one-year time frame, your request will be denied. If you contact DFAS at any time after the one-year notification window has closed, DFAS will be required to deny your application for coverage for your spouse.

Scenario 2: At the time of your retirement, you are required to designate a beneficiary for any pay due at the time of your death (this is known as your Arrears of Pay, or AOP Beneficiary Designation). If you designated the spouse you had at the time of your retirement as your AOP Beneficiary, then divorced that spouse and never updated your AOP beneficiary designation, your former spouse will receive your arrears of pay. Even if you have a new spouse at that time of your death, your new spouse will not receive your AOP unless they have been designated as beneficiary for the payment and this designation has been filed with DFAS.

Scenario 3: If you elect to have SBP spouse coverage at the time of your retirement, but your marriage is later terminated due to death or divorce, you should inform DFAS of this change. If you do, and later remarry but forget to inform DFAS of your remarriage, they will not know to restart your coverage and begin deducting any premiums that may be due. If you then die, your current spouse will be due SBP if you were married for at least a full year at the time of your death. However, since no SBP premiums will have been paid, your spouse at the time of your death will not receive annuity payments until the premium debt has been recouped. This may result in a hardship for your spouse during an already difficult adjustment period.

Scenario 4: If you were married at the time of your retirement and elected SBP coverage for your spouse, then divorced and remarried several times during your lifetime, your spouse at the time of your death will face many challenges. Because you elected SBP upon retirement, your spouse at the time of your death will be entitled to an annuity, as long as you were married for at least one year. However, since you did not keep your records updated with DFAS, your spouse at the time of your death will need to provide DFAS with death certificates and/or divorce decrees for all your previous spouses before the SBP annuity can be paid. This could create a significant hardship and considerable delay for your ultimate beneficiary.
By taking a few simple steps, retirees can make sure they have their TRICARE benefits after they turn 65. Four months before your 65th birthday, you will receive a postcard from the Defense Manpower Data Center (DMDC) with information about keeping TRICARE coverage after age 65. DMDC is the office that supports the Defense Enrollment Eligibility Reporting System (DEERS), a database of information on uniformed services members (sponsors), U.S.-sponsored foreign military, DoD and uniformed services civilians, other personnel as directed by the DoD, and their family members.

You must have Medicare Part A and Part B to be eligible for TRICARE For Life. TRICARE For Life is Medicare wrap-around coverage for TRICARE beneficiaries who are entitled to Medicare Part A and have Medicare Part B regardless of where you live or your age. The Medicare initial enrollment period is seven months. If you miss your initial enrollment period, your next chance to sign up for Medicare Part B is during the general enrollment period, January 1 – March 31. Your coverage will begin July 1, and your monthly premium for Part B may go up 10 percent for each 12-month period that you could have had Part B, but didn’t sign up for it. Also, there will be a lapse in your TRICARE coverage until Part B is effective.

Be sure to sign up for Part B no later than two months before your 65th birthday. If you do not receive a postcard from DMDC, call them at 1-800-538-9552. For more information about TRICARE For Life, visit www.tricare.mil/tfl. You can get information about Medicare Parts A and B on www.medicare.gov.

Express Scripts Network Changing for TRICARE Beneficiaries

Express Scripts, Inc. (ESI) announced upcoming changes to the retail pharmacy network it manages on behalf of TRICARE. On Dec. 1, 2016, Walgreens pharmacy locations will join the network. CVS pharmacies, including those in Target stores, will leave the network on the same day. The new network will have more than 57,000 locations nationwide, and ensures TRICARE beneficiaries have timely access to retail pharmacies in their community.

ESI is the TRICARE pharmacy contractor, responsible for the pharmacy network. ESI reached a new agreement with Walgreens, which will replace CVS in the TRICARE network. This change is intended to provide better value and maintain convenient access for beneficiaries. The addition of Walgreens into the network means that 98 percent of TRICARE beneficiaries will still have a network pharmacy within five miles of their home. Find a network pharmacy at ESI’s website - www.express-scripts.com.

If beneficiaries chose to fill a prescription at CVS after Dec. 1, it will be a non-network pharmacy. This means they will have to pay the full cost of the medication upfront, and file for partial reimbursement.

ESI and TRICARE are working to notify all beneficiaries of this change, and ensure that people currently using CVS have time to switch to another network pharmacy. ESI is doing additional outreach to patients filling specialty drugs at CVS pharmacies to ensure they can move their prescription with no gap in their prescription coverage.

Please visit the ESI website for more information on this change.
TRICARE Expands Access to Mental Health Care, Substance Use Disorder Treatment

*Courtesy TRICARE*

TRICARE is pleased to be implementing significant improvements to its mental health and substance use disorder (SUD) benefits to provide beneficiaries greater access to the full range of available mental health and SUD treatments.

Army Maj. Gen. Jeffrey Clark, Director of Healthcare Operations at Defense Health Agency (DHA) said, “We are intently focused on ensuring the behavioral health of our service members and their families remains a top priority. These sweeping changes reflect that commitment.”

TRICARE provides a generous and comprehensive mental health benefit to active duty service members, retirees, and their families, including psychiatric outpatient, inpatient, partial hospitalization, and residential treatment services.

“But we are working to make the benefit even better,” said Dr. John Davison, Chief of the Condition-Based Specialty Care Section of DHA’s Clinical Support Division. “Major changes are underway that will improve access to mental health and substance use disorder treatment for TRICARE beneficiaries, revise beneficiary cost-shares to align with cost-shares for medical and surgical care, and reduce administrative barriers to care by streamlining the requirements for institutional providers to become TRICARE authorized providers.”

Dr. Patricia Moseley, senior policy analyst for military child and family behavioral health at DHA in Falls Church, Virginia, said being able to ensure TRICARE mental health benefits are offered on par with medical and surgical benefits was an important driving force for the changes.

“Being able to meet the principles of mental health parity in our benefit is very significant,” said Moseley.

Beginning Oct. 3 non-active duty dependent beneficiaries, retirees, their family members and survivors will generally pay lower co-payments and cost-shares for mental health care, such as $12 for outpatient mental health and SUD visits rather than the current rate of $25 per mental health visit. Co-pays and cost-shares for inpatient mental health services will also be the same as for inpatient medical/surgical care. A full list of all mental health co-pay and cost-share changes posted on Oct. 3.

Although the new copayment rules are effective Oct. 3, there is a chance that some providers may not be aware of these changes. Should beneficiaries be charged incorrect cost-shares or co-pays, TRICARE will correct claims retroactive to Oct. 3, 2016.

TRICARE already eliminated several restrictions relating to the lengths of stay allowed for inpatient mental health treatment and psychiatric Residential Treatment Center care for children and adolescents. Additional day limits for services such as partial hospitalization, residential substance use disorder care, smoking cessation counseling, and other mental health treatment will also be removed effective Oct. 3, 2016. The removal of these limits altogether will further de-stigmatize mental health treatment and hopefully provide a greater incentive for beneficiaries to seek the care they need.

“No, the length of a course of treatment will be based solely on medical and psychological necessity,” said Davison.

For example, a person struggling with alcoholism has a limit of three outpatient treatments in his lifetime under TRICARE’s current benefits. However, substance use can be a lifelong struggle. The changes will allow people to seek help as many times as they need it.

TRICARE will expand its coverage of treatment options for substance use disorders, including opioid use disorder, which can range from addiction to heroin to prescription drugs. This change will provide more treatment options, such as outpatient counseling and intensive outpatient programs. Office visits with a qualified TRICARE authorized physician may include coverage of medication-assisted treatment (e.g., buprenorphine, or “suboxone”) for opioid addiction if the physician is certified to prescribe these medications.

Once additional changes are put into effect early next year, the process for facilities to become TRICARE-authorized will become easier and faster as TRICARE seeks to make its regulations consistent with industry standards. “These revisions will make mental health care and SUD treatment more community based,” said Moseley.

Gender dysphoria – a condition in which a person experiences distress over the fact that their gender identity conflicts with their sex assigned at birth – may be treated non-surgically by TRICARE-authorized providers effective Oct. 3. Non-surgical treatment includes psychotherapy, pharmacotherapy and hormone treatment. Surgical care continues to be prohibited for all non-active duty beneficiaries.

The reduction in cost-shares and co-pays will be effective Oct. 3, along with authorization of office-based substance use disorder treatment and non-surgical treatment of gender dysphoria. Changes that require new or more detailed revision of TRICARE policy manuals, such as TRICARE authorization criteria for institutional mental health providers, will be rolled out early 2017.
Options for Those Who Need Assisted Living

**Courtesy TRICARE**

As you or your loved ones age, you may find that getting to doctors’ offices is more difficult or more frequent. TRICARE offers several options to help you get the care you need. First, decide which services you need, like whether you need a skilled nursing facility or nursing home. Then you can find out if TRICARE covers those services.

Skilled nursing care is covered by TRICARE in the U.S. and U.S. Territories within skilled nursing facilities (SNF) if you have a hospital stay of three or more days. Remember, you are an outpatient until the doctor formally admits you into the hospital. You become inpatient on the day you’re formally admitted to a hospital with a doctor’s order. The day of discharge also doesn’t count as an inpatient day. The SNF must be a TRICARE participating provider and Medicare-certified.

Services covered in a skilled nursing facility include: semi-private rooms (a room you share with other patients), meals, skilled nursing care, physical and occupational therapy, speech-language pathology services, medical social services, medications, medical supplies and equipment used in the facility, ambulance transportation (when other transportation is dangerous to your health) to the nearest care not available at the facility, and dietary counseling.

Skilled nursing facility care is different from nursing home care, which is not covered by TRICARE. Nursing homes provide custodial careNon-skilled, personal care for basic day-to-day tasks. This includes help with eating, dressing, getting in or out of a bed or chair, moving around, and using the bathroom, which is care that helps you with activities such as: bathing, dressing, walking, eating and sleeping. Learn more about this on the TRICARE website.

In either situation, you may need durable medical equipment (DME). DME is equipment that can hold up to repeated use and serves a medical purpose, like oxygen equipment or insulin pumps. TRICARE covers durable medical equipment (DME) when prescribed by a physician to increase your quality of life.

If you can stay home, but still need assistance, you may decide home health care is best for you. Home health care is provided by nurses, nurses’ aides, or therapists who come into your home to help you with medication or other services. Physical, speech and occupational therapists can visit to help you function better. Medical social service workers can visit to make sure you receive proper care. Coverage is the same as Medicare for these services.

Hospice Care is care for those who are terminally ill. It emphasizes supportive services such as pain control and home care. When you choose hospice care, you’ve decided that you no longer want care to cure your terminal illness and/or your doctor has determined that efforts to cure your illness aren’t working. TRICARE and Medicare both cover hospice care.

The Department of Veterans Affairs pays for long-term care services for service-related disabilities and certain other eligible veterans. They also offer nursing home care and at home care for aging veterans who need long term care.

Remember, long term care is care that you need if you can no longer perform everyday tasks by yourself due to a chronic illness, injury, disability or the aging process. Plan ahead and research long-term care insurance, like the Federal Long Term Care Insurance Program before you need it.

Missing Appointments Wastes Time and Money

**Courtesy TRICARE**

It has happened to many of us. We call and set up an appointment with our doctor. We even write it down. But, life happens and we remember the appointment about an hour after we were supposed to check-in. We are now official “no shows.”

A no-show occurs when a patient misses an appointment without making any attempt to cancel or reschedule 24 hours in advance.

When you miss an appointment, it keeps another patient from using that appointment slot for care they need. Also, the office can’t move all the rest of the day’s appointments up to fill your space. The time slot goes unused.

Your provider may charge you because you didn’t show up for your appointment. The American Medical Association policy says a doctor may charge for a missed appointment – or failing to cancel 24 hours in advance – if the office advises them they will be charged if they miss an appointment. The fee can range from $20- $40 and isn’t covered by TRICARE.

It’s best to keep your appointments or reschedule them at least 24 hours in advance. If you’re being seen at a military hospital or clinic, you can do this through TRICARE Online. TRICAREOnline is available 24 hours a day, 7 days a week. You can use this portal to set appointment notifications and set up email and text message reminders. If you know you can’t make the appointment, you can cancel your appointments right then.

Missed appointments can result in reduced continuity of care and possibly late identification of other health problems.
By Shannon Collins  
DoD News

Being told he’d never walk and talk again didn’t stop a medically retired Sailor from turning to cycling for recovery.

Retired Navy Petty Officer 1st Class Jerry W. Padgett II served for 17 years as a damage controlman who conducted riverine and search and rescue operations. He was injured in an improvised explosive device blast in Afghanistan in 2006 while working with the Army’s 10th Mountain Division in Kunar province. He received a spinal injury and a traumatic brain injury.

After nine surgeries, Padgett said he began feeling sorry for himself.

“I wanted to feel sorry for myself, but then I had a friend who used to ride bikes come to be one day and he said, ‘Why don’t you ride a bike?’” Padgett said. “I was like, ‘Whatever.’ He brought a kid in, and this young man, he’s climbed the second tallest mountain in the world in Nepal. He’s a triple amputee due to diabetes. He uses his mouth and his hands. This kid climbs mountains with his hand and mouth. If I can’t get myself out of this bed and into a chair and eventually onto a bike and ride 10 miles, then who am I? It really motivated me.”

Padgett hand cycles with nonprofit organizations and typically takes part in 100-mile multiday rides that take him across the country.

He said his motivation is, “What you do for yourself dies with you, but what you do for others, lives on for eternity. So what we do while riding is getting other veterans out the door and getting other people involved.”

Padgett said every group ride he participates in has veterans from every era, and the rides are all about the camaraderie and building friendships.

Suicide Prevention

He said he also appreciates that organizations such as Warriors4Life bring awareness to suicide prevention.

“They bring awareness that too many veterans are taking their lives,” he said. “Warriors4Life rides in every city. It brings awareness; it brings knowledge. It brings light to the darkness. We’re an organization to stop suicide as the answer, whatever it may be, whatever it drives you to think that that’s the option. We’re going to ride it out, ride it away. There are better options.”

Padgett said the only true disability in life is the lack of communication.

“I was told I wouldn’t walk and talk again, but I’m talking,” he said, smiling. “I’m not walking but I’m going distances. The true disability is the lack of communication, when you fail to ask somebody when you walk by, ‘How are you doing?’ Are you okay?” People think I’m a little crazy. I ride in my wheelchair, and if I see somebody look at me, I ... say hello.

“One day, I had a plan to go on that lonely walk and not come back but there was this man,” he continued. “He’s in our neighborhood, and everybody used to call him Weird John. He would always say hi. He walked up to me out of nowhere, gave me a hug and said, ‘How are you doing?’ I looked at him and said, ‘Why did you do that?’ He said, ‘You looked like you needed a hug.’ And I did. You never know what kind of battle somebody comes out of, civilian or military.”

Padgett offers advice to veterans willing to recover from their visible and invisible injuries.

“Go to your local park and recs and see if they have adaptive sports or go to your local adaptive sports coordinator,” he said. “Be willing to listen as much as you want to talk. It will help you get out of that darkness. I used to tell people, it’s hard to let go of the demons because there the only ones that held you when no one else would. Warriors4Life, the team will hold you until eventually you’re able to hold someone else. You just have to make the effort and know that you’re not alone.”
Veterans Will Soon be Able to Directly Schedule Audiology, Optometry Medical Appointments

**Courtesy VA**

Veterans receiving care at Department of Veterans Affairs’ (VA) Medical Centers will now be able to schedule routine ear and eye appointments at local VA Audiology and Optometry clinics without a primary care referral — a move that eliminates multiple steps and gets Veterans into appointments quicker.

Before now, Veterans seeking appointments with audiologists or optometrists had to first make an appointment with a primary care physician for a referral for a routine clinic consult visit. A clinic representative would contact the patient to set up the consult appointment, which could result in a several weeks'-long lag between the appointment and when the Veteran was actually seen. The new process, the Audiology and Optometry Direct Scheduling Initiative, which began as a successful pilot at three sites in 2015, is being expanded to all VA Medical Centers.

“The Audiology and Optometry Direct Scheduling Initiative allows Veterans who need eye and ear care to be seen sooner,” said VA Secretary Robert A. McDonald. “It also has the benefit of freeing up primary care physicians so access to primary care improves for other Veterans as well. This kind of process improvement is exactly the type of innovation we expected when we launched MyVA in 2014. In the end, we changed a VA process by considering the needs of our Veterans, a change that allows for more timely care and an improved Veteran experience.”

The Audiology and Optometry Direct Scheduling Initiative is one of a number of efforts underway at VA to improve Veterans’ access to care and wait times. Among those recent accomplishments:

- VA and Choice contractors created more than 3.1 million authorizations for Veterans to receive care in the private sector from May 1, 2015 through Apr. 30, 2016. This represents an 8-percent increase in authorizations when compared to the same period in 2014/2015.

In FY 2015, 12 percent of all Veterans enrolled for VA care received telehealth-based care. This includes more than 2 million telehealth visits touching 677,000 Veterans; 45 percent of these Veterans live in rural areas.

In FY 2015, more than 6,300 Veterans accessed VA care through live interactive video telehealth from home.

- VA has activated over 3.9 million square feet of space in the past two years.

- We’ve increased authorizations for care in the community 46% in the past two years.

- Clinic production is up 10 percent as measured by the same productivity standard used by many private-sector healthcare systems. This increase translates into roughly 20 million additional hours of care for Veterans.

As we improve access to care, more and more Veterans are choosing VA care — for the quality, for the convenience, or for the cost-savings so even though we’re completing millions more appointments, we continue to have more work to do.

VA has increased salaries for physicians and dentists to close the pay gap with the private sector and to make VA an employer of choice. With more competitive salaries, VA will be better positioned to retain and hire more health care providers to care for Veterans.

“We want our Veterans and those who care for them to know that we are doing everything that we can to improve their experience with VA and to provide the care our Veterans deserve in a thoughtful and timely way,” said VA Under Secretary Dr. David J. Shulkin. “We have made progress, but know there is more work to be done. This Audiology and Optometry Direct Scheduling Initiative is one of many initiatives underway to improve Veterans access to care.”

The Audiology and Optometry Direct Scheduling Initiative is expected to be fully operational within all VA Medical Centers by the end of 2016.

VA Awards $6.8 Billion for Medical Disability Examinations

**Courtesy VA**

WASHINGTON — The Department of Veterans Affairs (VA) announced the awarding of 12 contracts between 5 firms totaling $6.8 billion to improve the Medical Disability Examination process (Compensation and Pension or Comp and Pen Examinations) for Veterans. The awards are intended to reduce Veterans’ wait times for examinations for service-connected benefits, thereby providing faster claims decisions in a more efficient and streamlined way.

“This is good news for Veterans who are waiting for VA to determine whether a condition can be considered service-connected,” said VA Secretary Robert A. McDonald. “For these Veterans, we want the process to be smoother – from beginning to end.”

The contracts are being awarded for a period of 12 months with four 12-month options, with an aggregate ceiling of $6.8 billion. The contracts will be managed by VA’s Strategic Acquisition Center based in Frederick, MD.
VA Proposes Certain Illnesses in Connection with Lejeune Water Supply

The Department of Veterans Affairs (VA) has published proposed regulations to establish presumptions for the service connection of eight diseases affecting military members exposed to contaminants in the water supply at Camp Lejeune, N.C.

The presumptive illnesses apply to active duty, reserve and National Guard members who served for no less than 30 days at Camp Lejeune between August 1, 1953 and December 31, 1987, and are diagnosed with the following conditions:

- adult leukemia
- aplastic anemia and other myelodysplastic syndromes
- bladder cancer
- kidney cancer
- liver cancer
- multiple myeloma
- non-Hodgkin’s lymphoma
- Parkinson’s disease

“We have a responsibility to take care of those who have served our Nation and have been exposed to harm as a result of that service,” said Secretary of Veterans Affairs Robert A. McDonald. “Establishing a presumption for service at Camp Lejeune will make it easier for those Veterans to receive the care and benefits they deserve.”

Environmental health experts on VA’s Technical Workgroup conducted comprehensive reviews of scientific evidence, which included analysis and research done by the Department of Health and Human Service’s Agency for Toxic Substances and Disease Registry (ATSDR), Environmental Protection Agency, the International Agency for Research on Cancer, the National Toxicology Program, and the National Academies of Science.

Military members with records of service showing no less than 30 days of service, either concurrent or cumulative, at Camp Lejeune during the contamination period can already be granted Veteran status for medical benefits, following passage of the Honoring America’s Veterans and Caring for Camp Lejeune Families Act of 2012.

In the early 1980s, volatile organic compounds, trichloroethylene (TCE), a metal degreaser, and perchloroethylene (PCE), as well as benzene, and vinyl chloride were discovered in two on-base water supply systems at Camp Lejeune. These systems served the housing, administrative, and recreational facilities, as well as the base hospital. The contaminated wells supplying the water systems were shut down in February 1985.

VA awards $7.8 million in Adaptive Sport Grants to Aid Disabled Veterans

Secretary of Veterans Affairs Robert A. McDonald today announced the awarding of up to $7.8 million in grants for adaptive sports programs for disabled Veterans and disabled Servicemembers of the Armed Forces. The grant recipients may use these funds for planning, developing, managing and implementing these programs.

The Department of Veterans Affairs is awarding the grants to national governing bodies, which prepare high-level athletes for Paralympic competition; Veterans service organizations; city and regional municipalities; and other community groups to provide a wide range of adaptive sports opportunities for eligible Veterans and Servicemembers. The grants will support activities ranging from rowing, cycling, skiing, equestrian sports and Tai Chi.

“We are honored to partner with so many organizations across the country to provide adaptive sports programs where our Veterans live,” said Secretary McDonald. “Adaptive sports gives freedom to those who have fought for our freedom, and empowers Veterans to believe in themselves and to let go of what others may see as limitations.”

VA will distribute the grants to 90 national, regional and community programs serving all 50 states, the District of Columbia and Puerto Rico. Approximately 10,000 Veterans and Servicemembers are expected to benefit.

 Authorities for certain adaptive sports programs and grant programs expire on September 30, 2016 without reauthorization action by Congress.

Information about the awardees and details of the program may be found at www.va.gov/adaptivesports.
The Naval Air Training Command Choir, launched in the late 1940s and disbanded in the early 2000s, is seeking past and present Naval Aviators – and others in related aviation specialties - who were in the group during their Pensacola flight school days.

A cadre of past members and directors is working to locate former members and, if recruiting is successful, reunion concerts are being planned for San Diego and other military communities.

Any former members who still enjoy singing, or who would like to renew the camaraderie they shared back in the day, may register at https://tinyurl.com/natcc-signup. Or, send an e-mail to natcc1@aol.com and include your name, phone, e-mail address, year you were in the choir and vocal range.

Throughout the years, the choir comprised members who were primarily aviation students in Pensacola. As they progressed to more advanced training at other bases, they would leave the area after roughly 12 months and new members would take their place. Despite its high turnover rate, the choir’s reputation for musical excellence and patriotic presentation continued to grow. Over the decades, the group performed at hundreds of public events nationwide. It also appeared in such venues as The Tonight Show, a joint session of Congress, nationally televised football and baseball games, the Miss Universe pageant, and with the Atlanta Pops symphony. It also produced a number of albums.

Facebook users can visit with choir members at www.facebook.com/groups/natcc.
Retiree Checklist: What Survivors Should Know

Shift Colors periodically provides a checklist for retirees and their family members. This checklist is designed to provide retirees and their loved ones with some help in preparing for the future. The checklist is not all-inclusive and should be used with other estate planning tools.

1. Create a military file.
   - Retirement orders
   - DD 214
   - Separation papers
   - Medical records

2. Create a military retired pay file.
   - Claim number of any pending VA claims
   - Address of the VA office being used
   - List of current deductions from benefits
   - Name, relationship and address of beneficiary of unpaid retired pay at the time of death
   - Address and phone number for DFAS:
     Defense Finance and Accounting Service
     U S Military Retirement Pay
     Post Office Box 7130
     London, KY 40742 7130
     (800) 321-1080 option #3 (for deceased members)

3. Create an annuities file, to include:
   - Information about the Survivor Benefit Plan (SBP)
     (Additional information regarding SBP annuity claims can be obtained from the DFAS-Cleveland Center office at 1-800-321-1080.)
   - Reserve Component Survivor Benefit Plan (RCSBP)
   - Retired Serviceman’s Family Protection Plan (RSFPP)
   - Civil Service annuity

   - Marriage Records
   - Divorce decree
   - Adoptions and naturalization papers

5. Create an income tax file.
   - Copies of state and federal income tax returns

6. Create a property tax file.
   - Copies of tax bills
   - Deeds and any other related information.

7. Create an insurance policy file.
   - Life Insurance
   - Property, accident, liability insurance
   - Hospitalization/Medical Insurance

8. Maintain a listing of banking and credit information, in a secure location.
   - Bank account numbers
   - Location of all deposit boxes
   - Savings bond information
   - Stocks, bonds and any securities owned
   - Credit card account numbers and mailing addresses

9. Maintain a membership listing of all associations and organizations.
   - Organization names and phone numbers
   - Membership fee information

10. Maintain a list of all friends and business associates.
    - Include names, addresses and phone numbers

11. Hold discussions with your next of kin about your wishes for burial and funeral services. At a minimum the discussion should include cemetery location and type of burial (ground, cremation or burial at sea). This knowledge may assist your next of kin to carry out all of your desires.

12. You could also pre-arrange your funeral services via your local funeral home. Many states will allow you to pre-pay for services.

13. Investigate the decisions that you and your family have agreed upon. Many states have specific laws and guidelines regulating cremation and burials at sea. Some states require a letter of authority signed by the deceased in order to authorize a cremation. Know the laws in your specific area and how they may affect your decisions. Information regarding Burials at Sea can be obtained by phoning Navy Mortuary Affairs at (866) 787-0081.

14. Once your decisions have been made and you are comfortable with them, have a will drawn up outlining specifics.

15. Ensure that your will and all other sensitive documents are maintained in a secure location known by your loved ones.

Organizations to be notified in the event of a retiree death:
2. Social Security Administration (for death benefits) (800) 772-1213
3. Department of Veterans Affairs (if applicable) (800) 827-1000
4. Office of Personnel Management (OPM) (724) 794-8690
5. Any fraternal group that you have membership with: e.g., MOAA, FRA, NCOA, VFW, AL, TREA
6. Any previous employers that provide pension or benefits.

Feedback
Our office is always looking to improve on how information is provided to the retired Navy community. Please send suggestions to MILL_RetiredActivities@navy.mil or:
Department of the Navy
OPNAV N170C
Retired Activities Branch
5720 Integrity Drive
Millington, TN 38055-6220
# Retired Activities Office Phone Listing

## Navy-Sponsored RAOs

### Arizona
Retired Activities Office  
Navy Operational Support Center  
14160 W. Manoa Dr.  
Luke AFB, Phoenix, AZ 85309  
(602) 353-3033  
9 a.m. – 1 p.m. (Mon-Fri)

### California
Retired Activities Office  
Navy Air Weapons Station  
Code 75H000D  
1 Administration Circle  
China Lake, CA 93555-6100  
(760) 939-0978  
9 a.m. – 3 p.m. (Mon-Fri)

Retired Activities Office  
Fleet and Family Support Center  
966 Franklin Avenue  
Fleet and Family Support Center  
Whiting  
7511 USS Enterprise St. Bldg. 3025  
Milton, FL 32570-5000  
(850) 623-7215 / 7177  
8:30 a.m. – 11:30 p.m. (Mon & Fri)

### Hawaii
Retired Activities Office  
Fleet and Family Support Center  
850 Ticonderoga St. Ste 100 (RAO)  
Pearl Harbor, Hi 96860-5016  
(808) 474-0032  
8 a.m. – 3 p.m. (Mon-Fri)

### Maryland
Retired Activities Office  
Fleet and Family Support Center  
NSA Annapolis  
168 Bennion Rd.  
Annapolis, MD 21402  
(410) 293-2641  
8:30 a.m. - Noon (Mon-Fri)

### Massachusetts
Retired Activities Office  
Navy Reserve Center  
85 Sea St.  
Quincy, MA 02169  
(617) 753-4636/26  
9 a.m. – Noon  
Call for an appointment

### Michigan
Joint Retired Activities Office  
P.O. Box 470045 Bldg. 168  
Selfridge ANGB MI 48045  
(586) 239-5580  
(800) 645-9416 ext. 239-5580  
9 a.m. – 3 p.m. (Tue-Fri)

### Minnesota
Retired Activities Office  
Navy Operational Support Center  
5905 34th Avenue South  
Minneapolis, MN 55450  
(612) 713-4664  
10 a.m. – 2 p.m. (Tue & Thu)

### Missouri
Retired Activities Office, St Louis  
Navy/Marine Corps Reserve Center  
10810 Lambert International Bldv  
Bridgeport, MO 63044-2314  
(314) 524-9553  
9 a.m. – 3 p.m. (Mon-Fri)

### New Hampshire
Retired Activities Office  
Portsmouth Naval Shipyard  
Code 866 Bldg. 22  
Portsmouth, NH 03040-5000  
(207) 438-1868  
10 a.m. – 2 p.m. (Tue-Thu)

### Rhode Island
Retired Activities Office  
Navy Station Newport  
Bldg. 690 Peary St.  
Newport, RI 02841-1522  
(401) 841-3030  
9 a.m. – Noon (Mon, Wed-Fri)

### South Carolina
Joint Retired Activities Office  
103 Hill Blvd, Bldg. 503, Rm 122  
Joint Base Charleston, SC 29404  
(843) 963-2228  
9 a.m. – Noon (Mon-Fri)

### Tennessee
Retired Activities Office  
Fleet and Family Support Center  
Bldg. 456, First Floor  
NSA Mid-South, Code N 763  
Millington, TN 38054-5000  
(901) 874-5195  
10 a.m. – 2 p.m. (Tue & Thu)

### Virginia
Retired Activities Office  
Fleet and Family Support Center  
929 14th Ste. Ste 149  
Norfolk, VA 23511-1219  
(757) 444-4380  
Fax: (757) 445-5326  
10 a.m. – 2 p.m. (Mon-Fri)

### Washington
Retired Activities Office  
Fleet and Family Support Center  
Naval Station Everett  
13910 45th Ave NE, Room 818  
Marysville, WA 98271  
(425) 304-3775/3721  
Fax: (425) 304-3776/3722  
11 a.m. – Noon (Tue, Fri)

### Rota, Spain
Retired Activities Office  
NS Rota Community Support Bldg. 3293  
PSC 819, Box 57  
PFA AE 09645-5500  
011-34-956-82-3232  
1 – 4 p.m. (Mon, Wed, Fri)

### Independent Retired Activities Coordination Offices (IRCOs)

#### Florida
VA Building  
VA Lakemont Campus, Suite 101  
Unit B, Box 5  
Brunswick, FL 34001  
(207) 406-4103  
9 a.m. – 1 p.m. (Mon-Fri)

### New York
Retired Activities Office  
25 Batting Place  
Farmington, NY 11735  
(631) 768-3248  
11 a.m. – Noon (Tue, Fri)

### Italy
Retired Activities Office  
Contact  
Via De Amicis #16  
07024 La Maddalena  
O. T. Italy  
Panzani@hotmail.com

### Subic Bay, Philippines
Retired Activities Office  
Subic Bay-Olongapo  
#34 National Hwy.  
Barrio Barretto  
Olongapo City  
PSC 517 Box R-S  
FPO AE 09645-5500  
011-34-956-82-3232  
11 a.m. – Noon (Tue, Fri)

### ICRO Overseas:

#### Italy
Retired Activities Office  
Contact  
Via De Amicis #16  
07024 La Maddalena  
O. T. Italy  
Panzani@hotmail.com

#### Subic Bay, Philippines
Retired Activities Office  
Subic Bay-Olongapo  
#34 National Hwy.  
Barrio Barretto  
Olongapo City  
PSC 517 Box R-S  
FPO AE 09645-5500  
011-34-956-82-3232  
11 a.m. – Noon (Tue, Fri)

### Silverdale, WA 98315
1-866-854-0638  
Call for an appointment  
(Note: Supports Bangor, Kitsap, Key-  
Port And Surrounding Areas)

### Wisconsin
Retired Activities Office  
Navy and Marine Corps Reserve  
Center  
2401 South Lincoln Memorial Dr.  
Milwaukee, WI 53207-1999  
(414) 744-9766  
9 a.m. – 3 p.m. (Mon-Fri)

### Fall-Winter 2016

www.shiftcolors.navy.mil
Seaman Daija Anderson takes navigation readings aboard the amphibious assault ship USS Bonhomme Richard (LHD 6). The ship and the Bonhomme Richard Expeditionary Strike Group, is operating in the Philippine Sea to support security and stability in the Indo-Asia Pacific region.

(U.S. Navy photo by Petty Officer 1st Class David Holmes)