



NOVA Veterans Association Healthcare Partnership Memorandum of Understanding

By checking “agree” you comply with the terms of this Memorandum of Understanding (MOU) and the Healthcare Criteria between yourself/organization and The Northern Virginia Veterans Association hereinafter referred to as NOVA Veterans, and your organization hereinafter referred to as member partner for the purpose of partnering and collaborating in support of former and current military service members and/or their families. WHEREAS NOVA Veterans and Member Partner desire to engage in support of their common cause to provide services and resources for former and current military service members and/or their families.

Partnership Plan: NOVA Veterans is the business of coordinating a continuity of services through partners such as yours. We aim to facilitate the awareness and availability of local resources and services; to support one another in understanding and providing these services to any former or current military service member and/or family that meets either organization’s criteria; and to promote awareness of each other’s organization and services and resources. Because NOVA Veterans collect personal identifying information (PII) and health information from our clients we agree to enter into this agreement to protect that information. Included but not limited to service record, health, income, marital status, children, and other services previously utilized. Nondisclosure for all other purposes including marketing or posting PII is required.

Administrative Provision

Nothing in this MOU prevents either organization from doing their business as usual and is intended to enhance each other’s community relations and goodwill through supporting the military/veteran community. We cannot guarantee coordinating your services for veterans/family; however, we will make every effort to match your resources with those in need as it aligns with our internal policies and procedures. If you cannot perform your services for any reason please let us know as soon as possible, we will place your organization on an inactive status until you notify us that you are back in service or until your membership expires. This process is established so we do not overwhelm your resources, and to promote ease of functioning and efficiencies between us.

In return for promoting your organization you agree to not disparage us and will indemnify us from any potential loss, damage or injury incurred by your organization, staff, members, or clients.

This MOU is an understanding to partner and collaborate. Please note we are not obligated to publish and promote your service and provide member benefits until we have all required documentation as stated in the application; please provide within 30 days of applying.

This MOU can be dissolved by either organization at any time for any reason by providing a letter to Office@novavets.org, to terminate the relationship in writing. Sorry no refunds.

Healthcare Provider Criteria

These criteria are in addition to the above/website General Healthcare Partner Member criteria. There are two requirements:

1) Have fifty percent of your healthcare providers (e.g., physicians, clinicians, nurses, therapists, counselors, psychologists, technicians, admin, or other healthcare professionals who engage with



patients/clients in your healthcare environment) trained in military culture and sensitivity, health conditions (e.g., military wounds of war and presumptive conditions) and resources within 6 months of partner membership initiation. We offer this two times a year free of charge for up to five employees, \$10/pp above five employees. With your intent to strive towards 100% trained healthcare staff. Onsite or virtual 2 Hour block of training by our NOVA Veterans Association includes the following curriculum: General information on military structure and detailed information on military culture and health conditions associated with deployment and the military environment. The intent is for the provider to have a basic understanding of the military, understanding of symptoms associated with “wounds of war” and presumptive conditions that may impact the service member and/or family member; and to have tools and resources to appropriately support the patient/client in their treatment, diagnosis, recovery, healing and comprehensive health. This knowledge will facilitate healthcare providers in directing their patients/clients to appropriate follow-on Veterans Health Administrative assessments, benefits and care where indicated.

2) Please add the below questions to your patient intake questionnaire, typically provided in the “social history” portion. These questions will identify current/ former military service members or family members in order to guide their treatment, diagnosis and/or referrals for further assessment. This is even more significant now that the PACT act has passed. <https://www.va.gov/resources/the-pact-act-and-your-va-benefits/> The PACT Act will bring these changes:

- Expands and extends eligibility for VA health care for Veterans with toxic exposures and Veterans of the Vietnam, Gulf War, and post-9/11 eras.
- Adds 20+ more presumptive conditions for burn pits, Agent Orange, and other toxic exposures.
- Adds more presumptive-exposure locations for Agent Orange and radiation.
- Requires VA to provide a toxic exposure screening to every Veteran enrolled in VA health care.
- Helps us improve research, staff education, and treatment related to toxic exposures.

If you’re a Veteran or survivor, you can file claims now to apply for PACT Act-related benefits. Call NOVA Veterans for more information.

Questions to add to your Patient Intake:

1. Are you or have you been in the military service? If Yes, during what time frame?
2. Have you been deployed or in an environment that may have affected your physical, mental or emotional health? (e.g., exposure to burn pits, agent orange, bombings, direct fire, death, injury, high stress)?

If they answer yes to (2) you can offer a post-traumatic stress questionnaire and/or traumatic brain injury assessment (provided as a resource). Or depending on your profession and scope of practice you may refer them to a provider or service that can support as indicated.

3. Are you a direct family member (spouse, child, parent, caregiver) of someone currently in or that has been in the military service?
4. Do you feel like your health has been significantly affected by their military service, if so in what ways? They may have healthcare needs that require further action and /or they may want additional information on local resources or support specifically for family members (provided).



P.O. Box 10253, Manassas VA 20108
Office: 703-659-0788

Thank you for taking the time and effort to serve and honor your military community. Veterans have given so much and now you, along with NOVA Veterans Association are giving back to support their on-going quality of life, and their improved health and wellbeing.

Sincerely,

*Angela McConnell, President/CEO
NOVA Veterans Association*

Please provide all required documentation for membership as attachments here, or to Office@NOVAvets.org within 30 days.

Certificate of membership and your Partnership Logo will be provided after your application is approved.