STRATEGIC GOAL 1

Restore the capability of veterans with disabilities to the greatest extent possible and improve the quality of their lives and that of their families.

To achieve this strategic goal, VA needs to maximize the ability of disabled veterans, special veteran populations (for example, veterans with spinal cord injuries, elderly veterans, or those with serious mental illness), and their dependents and survivors to become full and productive members of society through a system of health care, compensation, vocational rehabilitation, life insurance, dependency and indemnity compensation, and dependents' and survivors' education. This system of benefits and services is aimed toward the broad outcome of restoring the individual capabilities of our Nation's disabled veterans.

The following table identifies estimates of the total resources devoted to this strategic goal and its associated objectives:

Resources by Goal and Objective	FY 2002 Obligations	% of Total VA Resources
Total VA Resources	$58,899	
Strategic Goal		
Restore the capability of veterans with disabilities to the greatest extent possible and improve the quality of their lives and that of their families.	$36,761	62.4%
Objective		
Maximize the physical, mental, and social functioning of veterans with disabilities and be recognized as a leader in the provision of specialized health care services.	$12,820	21.8%
Provide timely and accurate decisions on disability compensation claims to improve the economic status and quality of life of service-disabled veterans.	$23,065	39.2%
Provide all service-disabled veterans with the opportunity to become employable and obtain and maintain suitable employment, while providing special support to veterans with serious employment handicaps.	$606	1.0%
Improve the standard of living and income status of eligible survivors of service-disabled veterans through compensation, education, and insurance benefits.	$270	0.4%

Four key performance measures enable us to gauge progress in achieving this strategic goal:

- Proportion of discharges from spinal cord injury center bed sections to non-institutional settings
- Average days to process rating-related actions on compensation and pension claims
- National accuracy rate for core rating work
- Vocational rehabilitation and employment rehabilitation rate

Objective

Maximize the physical, mental, and social functioning of veterans with disabilities and be recognized as a leader in the provision of specialized health care services.

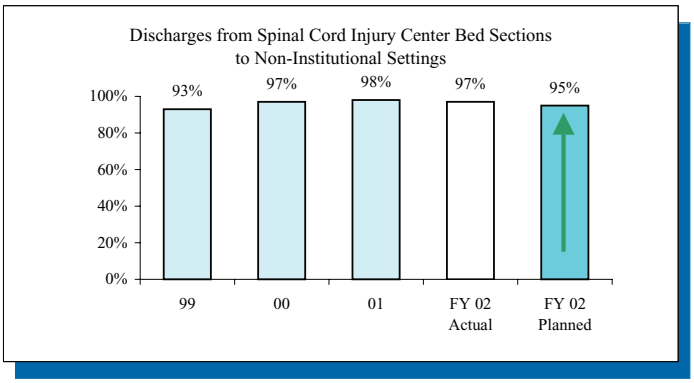
Performance Goal

Maintain at 95 percent the proportion of discharges from spinal cord injury (SCI) center bed sections to non-institutional settings.

Definition: *This measure is the percentage of inpatients with SCI who are discharged to non-institutional community living locations from a VA SCI bed section. Excluded from the count are patients with irregular discharges, patients transferred in from institutional care, and patients who have died. Non-institutional community living locations do not include a different hospital, nursing home care unit, state home, domiciliary, or penal institution. The numerator is inpatients that were discharged from SCI-center bed sections to non-institutional settings. The denominator is patients discharged from SCI-center bed sections alive, who were discharged regularly and not transferred in from institutional care.*

The Veterans Health Administration (VHA) remains committed to promoting the health, independence, quality and dignity of life, and productivity of individuals with spinal cord injury (SCI) and other disabling conditions. One of the major outcome goals for patients with SCI is to help them rehabilitate and gain enough independence so that they no longer need to be in an institution. We exceeded the target level of this performance measure by achieving a discharge rate of 97 percent in 2002.

Special attention is accorded veterans with SCI for a number of reasons, primarily because of the severity of illness and disability associated with SCI. VHA closely monitors the performance measure described below to ensure responsiveness to veterans with SCI and maximize the potential for positive outcomes of care. VHA will continue to place high priority on assisting/enabling veterans with SCI to obtain discharge to non-institutional settings.



Means and Strategies

VHA is focused on promoting the health, independence, quality of life, and productivity of individuals with SCI. We view discharge to non-institutional, community living as a positive health outcome, a primary aim of this objective. Many of our treatment strategies and techniques have broader application to the general population who suffer from SCI.

In 2002, VHA improved the overall care of veterans with SCI and coordination of their discharges in the following manner:

- Improved access to care within patients' communities by opening 5 new SCI outpatient support clinics during 2002 for a total of 22 over the past 4 years. Fifteen SCI centers have

tele-health home care initiatives and nine have tele-health consultation. Eighty-six percent of VA medical centers without an SCI center have a designated SCI primary care team;

- Distributed clinical practice guidelines and consumer guidelines from the Consortium for Spinal Cord Medicine to all VA SCI centers;
- Conducted annual national SCI-primary care team training;
- Improved the Spinal Cord Dysfunction Registry to advance coordination of care;
- Achieved a Rehabilitation Accreditation Commission, known as CARF, for acute spinal cord injury and disorders (SCI&D) rehabilitation programs at 95 percent of SCI centers, with one remaining SCI center scheduled to be surveyed in 2003;
- Continued identification and translation of best practices in SCI&D by the Quality Enhancement Research Initiative for Spinal Cord Injury (SCI QUERI);
- Expanded direct outreach to patients with SCI&D to increase vaccinations for influenza (31 percent increase since 1996) and pneumococcal pneumonia (39 percent increase since 1996);
- Distributed Veterans Health Initiative SCI Continuing Medical Education Project information to physicians to enhance primary care knowledge of SCI&D issues.

Crosscutting Activities

VHA works with the Paralyzed Veterans of America and other concerned veterans service organizations to continually improve VA SCI care. VHA is recognized as a health care leader for this special emphasis population. VHA will also continue to work towards complete, full CARF accreditation for all 20 SCI centers. This credible acknowledgement of an outside review body will help ensure consistency (clinical practice) and high-quality medical care.

Data Source and Validation

The origin of data for this performance goal is from the National Patient Care Database Patient Treatment File at discharge. It is validated by each VA medical facility's routine validation of discharge information in the medical record. A non-institutional care setting includes community, foster home, halfway house, boarding house, residential hotel, and home-based health care services. It does not include hospitals, nursing home care units, state homes, domiciliaries, or penal institutions.

Note: Beginning in 2003, this SCI performance measure will no longer be a "key" measure. The strategic target of 95 percent for the SCI measure has been achieved every year since 1999 and it is anticipated VHA will maintain this target. It will be retained as a supporting performance measure and will continue to be tracked and reported. The new key measure will track the percent of veterans who were discharged from a Domiciliary Care for Homeless Veterans Program or a Health Care for Homeless Veterans Community-based Contract Residential Care Program to an independent or a secured institutional living arrangement.

Objective

Provide timely and accurate decisions on compensation and pension rating-related claims within 100 days.

Performance Goals

Complete rating-related actions on compensation and pension (C&P) claims in an average of 208 days.

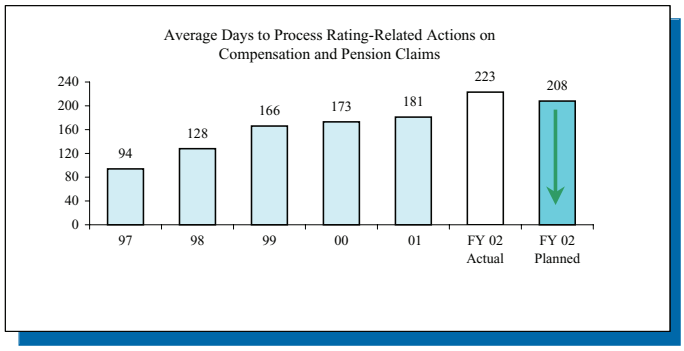
Definition: *Elapsed time, in days, from receipt of a claim in the regional office to closure of the case by issuing a decision by a regional office. Rating-related actions include the following types of claims: original compensation, original disability pension, original dependency and indemnity compensation (DIC), reopened compensation, reopened pension, routine examinations, and reviews due to hospitalization.*

Attain an 85 percent national accuracy rate for core rating work.

Definition: *Nationwide, the percentage of original compensation, disability pension, death compensation, and DIC claims; reopened compensation and pension claims; and appellate actions completed and determined to be accurate with regard to benefit entitlement. The accuracy rate for the Nation is a compilation of the C&P Service's review of the 57 regional offices.*

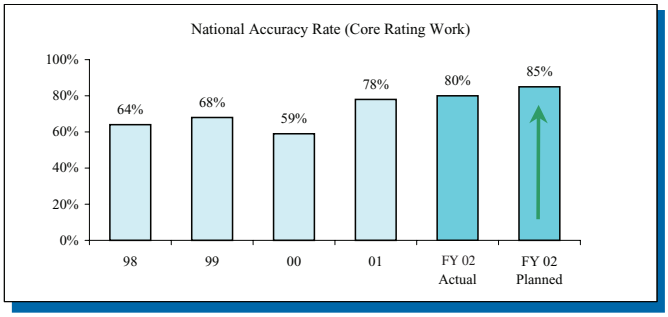
Claims Processing Timeliness

In light of our increasing pending workload, we decided in 2002 that the oldest pending claims should receive priority, particularly because many of these claims were from elderly veterans. We also set an average timeliness goal of 208 days. While the prior year's goal was 181 days, new laws that resulted in increased steps in the claims process required an adjustment of the expected time to complete the processing of a claim. In 2002, we succeeded in decreasing our claims backlog from 420,603 rating claims at the end of 2001 (excluding appeals) to 345,516 claims at the end of 2002 (excluding appeals). Moreover, we reduced the number of claims pending over 6 months and also reduced the age of our pending inventory. However, our average time to complete a rating-related claim was 223 days; this was primarily due to processing older pending claims first, which increased the cycle times used to calculate average processing time. However, these reductions in the number of older pending cases should result in lower average processing times in the future. Our ability to significantly reduce the number of pending claims as of the end of 2002 was due to aggressive goal setting for our regional offices and enforced accountability. Finally, we significantly increased our capacity to produce rating decisions; the number of rating decisions completed during 2002 was, remarkably, almost 66 percent higher than the number completed in 2001.



National Accuracy Rate

Despite increased complexity of the claims process due to new court decisions and new laws imposing additional steps in the claims process, we increased our accuracy rate from 78 percent in 2001 to 80 percent in 2002. While we did not attain our goal of 85 percent accuracy, we believe that this goal is still achievable when the large number of recent and newly trained employees gain additional work experience.



Reducing the amount of time it takes VA to release decisions, and payment if appropriate, as well as ensuring that the decision is accurate, improves a beneficiary's quality of life. If a beneficiary receives the correct payment for his/her entitlement, he/she can then use those benefits for his/her daily living expenses. For VA, it is important that beneficiaries receive an accurate decision the first time and in the shortest amount of time.

Means and Strategies

During 2002, the Department continued to focus on improved performance in claims processing. Initiatives dedicated to this effort have been both numerous and diverse, but all with one common goal – improving the claims process to enhance the quality of lives of veterans and that of their families. In 2002, our most important efforts focusing on timeliness and accuracy of claims processing included the following:

- We began implementing the recommendations of the VA Claims Processing Task Force, which included changes to management and workforce, training, and quality. One of the key initiatives is a team approach that introduces specialization to the claims process and reduces the variety of tasks each claims representative is required to perform daily. This structured workload management approach uses a triage team to process certain types of claims on the same day and immediately and accurately determine the next step in the process for incoming claims that need further action. This reduces the amount of time claims wait in a queue for further processing. Other teams are dedicated to completing other steps in the claims process, such as predetermination and rating, allowing employees to concentrate their specific skills on accurately gathering evidence to finalize the claim, and ensuring that the decision can be finalized without further turnaround.
- C&P continued to develop comprehensive training and performance support systems for the core service delivery positions. The modules in our Training and Performance Support System (TPSS) provide our decision-makers with an accessible training tool for new employees and employees needing refresher training. This results in consistency in training efforts for all 57 ROs.
- We enhanced our site survey process to better identify areas needing improvement in the claims process as well as best practices. Senior management uses the resulting report to evaluate the performance of a field office and its management.
- We developed operational workload management tools to assist the field offices in managing their workload. These tools, updated daily, contain detailed information needed on quality and timeliness. In addition, we are enhancing our inventory management tool that captures information about the status of claims for each step of the process. With these workload statistics, managers will be able to target areas for improvement.
- We enhanced the performance standards for various field positions (Decision Review Officer, Veterans Service Representative (VSR)

and Rating VSR (RVSR), and Regional Office Directors). With clearly defined performance standards, we can hold employees accountable for their areas of responsibility.

- VBA's Office of Field Operations manages Wellness Plans. Field offices that do not meet key C&P measures are asked to fully analyze and document root causes, and develop countermeasures to improve performance. These plans call for an action plan with milestones, timelines and success indicators for implementation of countermeasures.

VA has taken steps to offset the impact of legislative and regulatory changes on timeliness and accuracy by aggressively implementing countermeasures. We successfully implemented the following measures in 2002:

- VBA reached an agreement with the Board of Veterans' Appeals (BVA) concerning remand development. To reduce the number of cases being remanded to ROs, BVA personnel are gathering additional evidence on appeals claims rather than remanding them back to the field stations for this purpose. VBA personnel are completing ratings and awards on appeals when a partial grant of benefits results from a BVA decision in a case that will require further development. This effort has led to a remarkable downward trend in the remand rate from 49 percent in 2001 to 19 percent in 2002. As of the end of 2002, there were less than 21,700 cases in remand status at ROs as compared to 32,663 at the end of 2001. VBA has set a goal to reduce the remands to 1,000 cases nationwide by the end of 2003.
- The Tiger Team in Cleveland and the nine resource centers focused on processing specific types of claims, e.g., those for claimants over 70 years of age. The focus on older cases and older veterans has resulted in a significant decrease in the number of cases pending over 6 months old.
- In January 2002, VBA centralized pension maintenance processing and established three pension maintenance centers (PMCs) -- in Philadelphia, St. Paul, and Milwaukee. This effort significantly streamlined the processing of eligibility verification reports (EVRs) as well as ensured uniform application of pension laws. Average days pending for processing EVRs improved from 197 days in 2001 to 128 days in 2002. Pension consolidation allowed the remaining field offices to concentrate on processing compensation claims.
- The Philadelphia PMC began to use Virtual VA (VVA) in late 2002. The VVA application allows us to place pension documents in an imaged environment. By so doing, the master file and the documents can be readily accessed by the PMCs.

VBA expects to implement the following countermeasures in 2003:

- The Modern Award Processing Development (MAP-D), an application designed to facilitate the evidence-gathering phase of claims processing, will be fully deployed in July. MAP-D allows employees to request the correct evidence needed to finalize a claim. This will not only improve accuracy but will contribute to improved timeliness because the evidence will be received correctly the first time without need for additional requests.
- The Milwaukee and St. Paul PMCs will be using Virtual VA by the end of the fiscal year.
- VBA will place full-time employees to work with homeless veterans at the 20 ROs with the largest homeless populations. These employees will ensure that evidence necessary to decide their claims is available. This focused effort to provide outreach will allow a decision-maker to make timely decisions.
- Completion of enhancements to the Rating Board Automation (RBA) 2000 application is expected by December 2002, and full usage of this application is expected by July 2003. The RBA 2000 tool facilitates the preparation of a rating decision, thereby reducing the amount of time spent on preparing a decision document.

Crosscutting Activities

VA began several joint efforts with the Department of Defense (DoD) to facilitate our goals of improved

accuracy, timeliness, and customer service. In collaboration with DoD, we are working on an electronic data exchange system as well as a joint examination process at the time of separation from service. When implemented, both efforts should reduce the number of days its takes us to process a claim because the time to receive necessary evidence will also be reduced. If VA is able to instantaneously access service medical records as well as service files, the delay time waiting for the paper copies will be significantly reduced.

The Benefits Delivery at Discharge (BDD) process, which we began in 1995, serves 133 military bases through 42 VBA ROs. In the BDD process, a veteran's separation exam also serves as the C&P exam needed to process a claim for benefits. The total number of BDD exams completed in 2002 was 27,111. When VA accepts claims from military separatees at the BDD sites, we can also provide them with individual assistance to gather the information and evidence that is needed to complete their claims. These claims are complete when they reach the RVSRs, allowing them to promptly make a decision.

External Factors

There are multiple factors external to VBA that may be wholly or partially beyond its control or influence. Two external mandates that significantly impact the way VBA processes claims include legislation and decisions by the U. S. Court of Appeals for Veterans Claims. Over the past several years, while legislative changes and Court decisions have been beneficial for veterans and their dependents, they have increased workload levels and often resulted in more complex claims. One example is the Veterans Claims Assistance Act (VCAA) of 2000. VCAA (P.L. 106-475) enables and defines VBA's duty to assist claimants who file substantially complete claims for VA benefits. That statutory duty to assist includes:

- making exhaustive efforts to obtain all relevant evidence in the custody of a federal department or agency, including VA medical records, Service Medical Records, Social Security Administration records, or evidence from other federal agencies;
- making multiple attempts to obtain private records and lay or other evidence;
- a duty to examine veterans or obtain a medical opinion if the examination or opinion is necessary to make a decision on a claim for compensation.

In addition, Congress enacted two significant outreach bills in 2002. The Improvement of Veterans Outreach Programs Act (P.L. 107-103) extends general outreach. The Homeless Veterans Comprehensive Assistance Act of 2001 (P.L. 107-95) focuses on homeless veterans.

Diabetes type II was recently added as a disability presumptive to herbicide exposure in the Republic of Vietnam. As did diabetes, any future presumptive disabilities recognized to be the result of environmental hazards will have a similar significant impact on workloads. Due to the nature of the current war on terrorism and biological warfare concerns, we expect any future presumptive disabilities to have a huge impact on workloads.

The court case of *Nehmer v. United States Veterans' Administration* has also had a tremendous impact on workloads and timeliness. Rulings by a California U.S. District Court require VA to review previously decided claims for compensation for diabetes (and other Agent Orange-related disease cases) and assign an earlier effective date where applicable. Such requirements have caused us to readjudicate thousands of cases. This means that with existing resources, we must process cases that were not originally part of the expected normal workload. Under our legal requirements, we have:

- readjudicated 13,500 cases to provide for an earlier effective date;
- sent notices to about 1,700 potential diabetes claimants advising them how to file a claim under the new regulation and their rights and responsibilities;
- provided notice to 1,440 claimants who were

denied benefits due to diabetes when their claims were readjudicated to allow for an earlier effective date;

- requested several hundred folders from the Federal Records Center and ROs for review by the plaintiffs' attorney;
- identified addresses for over 1,200 veterans to whom notice must be provided.

If the United States engages more frequently in high-risk peacekeeping missions, we will be faced with the potential for new and complex disability claims. Additionally, with the Nation's increasing reliance on the Reserve forces, not only is there a larger pool of potential claimants due to call ups, but also Congress may look with increasing favor on expanding VA eligibility to the Reserve forces as a whole. It is likely that future mandates will impact workload levels and add complexity to the claims process.

Major Management Challenges

GAO and the VA IG have identified timeliness and accuracy of claims processing as challenges for VA's compensation and pension programs. The timeliness and quality of C&P medical examinations are also cited as needing improvement.

Accuracy of the Claims Process

Accuracy continues to be a high priority within VBA. A more extensive training program comprised of TPSS modules and a centralized training curriculum, along with an expanded accuracy review process, has been developed to accomplish the necessary level of accuracy.

Claims Processing Timeliness

VA is committed to reducing the time to process veterans' claims. Several information technology initiatives, such as SHARE, Virtual VA, MAP-D, and RBA 2000, as well as joint endeavors with DoD are expected to aid in attaining our goal of 100 days processing time by summer 2003.

Timeliness and Quality of Compensation and Pension Medical Examinations

We continue to integrate initiatives such as pre-discharge centers and the VBA/VHA examination project office to improve the examination process.

Data Source and Validation

Claims Processing Timeliness

The timeliness of claims processing is measured using data captured automatically by the Benefits Delivery Network as part of claims processing.

VA has taken several steps to ensure it has accurate and reliable data in its reports. A database of all end-product transactions is maintained and analyzed on a weekly basis to identify questionable actions by ROs. The C&P Service reports quarterly on its findings and calls in cases for review from stations with the highest rates of questionable practices. The findings are shared with VBA senior management to ensure accountability of the claims process. Station directors are asked to explain any anomalies. As a result, claims processing timeliness indicators are used at all levels of the organization as a basis for decision-making. The data are considered by most managers to be reliable.

National Accuracy Rate

VBA's quality assurance program for compensation claims processing has been revised to separately identify accuracy of benefit entitlement processing, decision documentation/ notification, and other administrative issues.

In October 2001, the Systematic Technical Accuracy Review (STAR) program revised the values for the areas that comprise the accuracy rate. The national values focused on benefit entitlement issues. For rating-related issues, these areas include issues claimed, effective dates, payment rate, application of VCAA, and proper evidence gathering. For non-rating claims, these

areas include effective dates, payment rates, and income dependency issues.

The sample size of claims reviewed is large enough to ensure a 95 percent confidence level with a sampling error rate of +/- 5 percent for the Nation. The RO sample size ensures a confidence level of 95 percent, with a margin of error range from +/- 6 percent for best performing ROs to +/- 9 percent for ROs with the lowest performance rates. The sample size is increased for the six ROs with the poorest documented performance in both rating and authorization, reducing the margin of error to +/- 6 percent on the subsequent review. The sample is also increased for the four largest ROs. Trained reviewers use a standardized process and set of quality review criteria to calculate performance. As a result, the interpretation and assessment of case quality is consistent, reliable, and useful for supporting management decisions at multiple levels of the organization.

Objective

Provide all service-disabled veterans with the opportunity to become employable and obtain and maintain suitable employment, while providing special support to veterans with serious employment handicaps.

Performance Goal

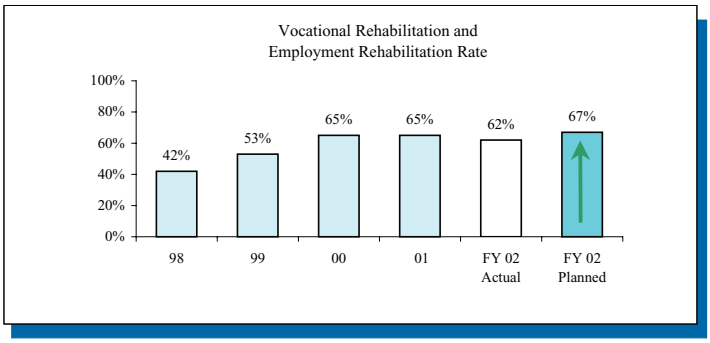
At least 67 percent of all veteran participants who exit the vocational rehabilitation program will be rehabilitated.

Definition: *The percentage of veterans who acquire and maintain suitable employment and leave the program, compared to the total number leaving the program. For those veterans with disabilities that make employment infeasible, Vocational Rehabilitation and Employment (VR&E) seeks to assist them to become independent in their daily living.*

The rehabilitation rate (those individuals who have exited the program achieving employment or independence in daily living) in state, federal and private sector programs is a measure of the program's effectiveness. Although the VR&E program did not reach its 2002 national goal of 67 percent, rehabilitation was achieved for 62 percent of the veterans. Following are reasons for not achieving the goal:

- The number of rehabilitations has been on a steady increase over the past few years with the exception of a slight decrease in 2001. Overall, the number of rehabilitations has been greater than 10,000 for the past 4 years. However, the number of individuals who leave the program without fully completing their rehabilitation plan -- achieving suitable employment or independence in daily living -- increased in 2002.

- Many employers were forced to cut jobs and curtail hiring during 2002. This led to an environment in which fewer employment opportunities were available in many areas of the country.



Means and Strategies

VR&E accomplished the following initiatives or activities to enhance the rehabilitation rate:

- Staffing levels were increased at ROs as well as other locations within the community in order to provide veterans convenient and easy access. Also, new equipment enabled case managers to access systems and data needed to provide a complete range of services to veterans at the time of counseling.

- Communications to veterans and stakeholders were improved through distribution of a video to employers and secondary information providers that illustrates how VR&E assists veterans with the program. Also, staff developed a full-color wall calendar that provides visual reinforcement for the "Working

Partner" theme in the offices of employers and other VR&E stakeholders.

- Training in employment services for employees as well as veterans continued. Employment specialists were enrolled in an accredited program through the George Washington University. Training programs were designed to improve the staff's ability to assist veterans in achieving suitable employment more quickly and efficiently.

- Corporate WINRS (named after ROs in Waco, Indianapolis, Newark, Roanoke, and Seattle), the case management information system, was fully deployed in August 2001. The new system provides VR&E with a national database containing important information and data about program participants. It also automates a number of manual processes and provides case managers with features such as: automated eligibility determination processing, case management tracking, vendor payments via VA's financial management system, access to the national database at all ROs and out-based locations, generation of routine letters, and electronic transfer of veterans records between offices. This system has improved the processing of cases and timeliness of services to veterans. VR&E utilized the new information case management system for its first full year.

- The Employment Specialist pilot program demonstrated a positive means for assisting veterans to achieve employment. As a result, field offices continue to realign the composition of their staff to include an employment specialist position. The employment specialist works with veterans and community businesses to assist veterans in preparing for and obtaining employment.

- VR&E's Economic Shifts Task Force recommended the use of longitudinal studies or an outcome-based assessment framework for examining the efficacy of the Chapter 31 program for veterans with service-connected disabilities. The Chapter 31 program provides for all services and assistance necessary to enable veterans with service-connected disabilities to achieve maximum independence in daily living and, to the maximum extent feasible, to become employable and to obtain and maintain suitable employment. This framework will allow for making outcome comparisons according to the characteristics of the individual as well as the region in which they reside and the "health" of the economy at the time.

Additional measures will be used in the future to better link rehabilitation activities to outcomes. There will be three new outcome-oriented measures and one efficiency measure in 2003. The outcome measures are: 1) percent of participants employed during the first quarter after program exit, 2) percent of participants still employed three quarters after program exit, and 3) percent change in earnings from pre-application to post-program employment. The efficiency measure is the average cost of placing participants in employment. With these measures we will be in a much stronger position to assess VR&E's outcomes.

External Factors

The strength of the economy affects the program's ability to assist veterans in obtaining and maintaining suitable employment. Many employers have begun to downsize and are choosing to reduce the number of employees and freeze hiring.

Crosscutting Activities

During 2001, VR&E -- in partnership with DoD's Defense Manpower Data Center -- developed a Transferable Work Skills Analysis program to assist VR&E staff in analyzing and converting military skills to civilian skills in support of obtaining employment. VR&E Service will continue the partnership with DoD to further enhance the program.

VR&E developed a strategy that allows staff to provide veterans quick, convenient access to information and services regardless of when or where they need assistance. Improved use of the

Internet connects staff and veterans with each other as well as provides needed information on employment resources, including America's Job Bank. In 2002, the second year of this initiative, funds were distributed to stations that submitted a proposal to either expand an existing out-based office or establish a new office. The program will continue to expand these services to veterans in 2003.

The National Acquisition Strategy (NAS) program is designed to provide veterans with services specifically to meet their individual needs under a performance-based contract. This type of contract will improve quality and increase the effectiveness of services to support veterans in achieving their desired outcome. Also, NAS helps support the program's data integrity requirement, as well as the OIG, and is in compliance with federal acquisition regulations. NAS will decrease administrative burden on field staff in the development and issuance of contractor solicitations, provide consistency among stations in contractor administration, provide flexibility to increase or decrease contracting support due to workload demands, and provide clear guidance to the field regarding contracting and acquisition policies and procedures. This will allow for more direct staff-to-veteran contact in assisting veterans in obtaining employment or independence in daily living. This pilot program was evaluated in 2002 to determine the feasibility of national deployment and was found to be successful. NAS was deployed throughout our 57 ROs during 2002 and became effective the beginning of 2003.

Data Source and Validation

The VBA balanced scorecard and VR&E management reports serve as data sources. Data are validated by the quality assurance review conducted by each station and by VR&E Service. VR&E implemented a quality assurance program to review samples of cases for accuracy and to provide scoring at the RO level. The program continually extracts samples of data to evaluate validity and reliability throughout the year.

Also, a review of balanced scorecard data is completed monthly. VR&E provides training to clarify policies and procedures when a discrepancy is noted. This training may be conducted at a local RO level or at regional training sessions.

Additionally, VR&E implemented a quality assurance program to ensure quality and accuracy of services are provided to every VR&E program participant. Reviews are conducted on a sample of cases from the ROs twice a year. At the end of each review, offices are provided documentation of both positive and negative results in order to ensure sustained performance or the addition of countermeasures to improve performance.

VR&E Service underwent an IG audit on the accuracy of VA data used to compute the rehabilitation rate for 2000. The review addressed recommendations in the areas of quality of outcome decisions, strengthening oversight, and training. Preliminary discussions support full concurrence on the findings, and the recommended actions will be implemented. Results of the implementation plan will be discussed in next year's report.

Objective

Improve the standard of living and income status of eligible survivors of service-disabled veterans through compensation, education, and insurance benefits.

VA's compensation program provides monthly payments to surviving spouses, dependent children, and dependent parents in recognition of the economic loss caused by a veteran's death during military service or, subsequent to discharge from military service, as a result of a service-connected disability. Through these payments the Department assisted in improving the economic status of more than 300,000 surviving spouses and family members during 2002. The average annual benefit payment was about $12,500.

The Department also provides education benefits to children and spouses of veterans who died of a service-connected disability or whose service-connected disability is rated permanent and total. These education benefits place the family members in a better position to find suitable employment and ultimately improve their economic standing. During 2002, VA furnished education and training benefits to over 52,000 dependents with an average annual benefit of over $4,100.

VA's insurance program offers life insurance benefits to veterans and servicemembers who may not be able to obtain commercial insurance due to lost or impaired insurability resulting from military service. The Department paid approximately $1.1 billion in death claims during 2002, thus easing the economic impact on survivors of service-disabled veterans.

There are currently no key performance measures associated with this objective.