

Strategic Goal One

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

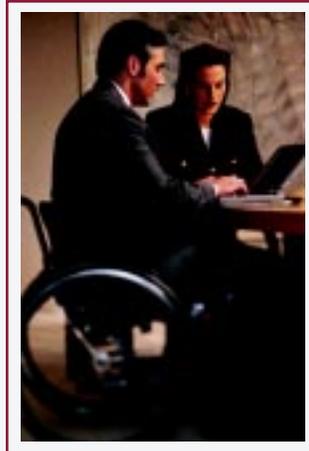
Objective 1.1 -- Maximize the physical, mental, and social functioning of veterans with disabilities and be recognized as a leader in the provision of specialized health care services.



Objective 1.2 -- Provide timely and accurate decisions on disability compensation claims to improve the economic status and quality of life of service-connected veterans.



Objective 1.3 -- Provide all service-disabled veterans with the opportunity to become employable and obtain and maintain employment, while providing special support to veterans with serious employment handicaps.



Objective 1.4 -- Improve the standard of living and income status of eligible survivors of service-disabled veterans through compensation, education, and insurance benefits.



VA will restore the capability of veterans with disabilities by maximizing the ability of these veterans, including special veteran populations, and their dependents and survivors to become, to the degree possible, 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 veterans with disabilities.

Strategic Goal One

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

Objective 1.1

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.

Purpose and Outcomes:

VA is committed to maintaining its leadership role in medical services for conditions uniquely related to veterans' health. The purpose of this objective is to maximize the functional status of veterans with disabilities within the limits of each veteran's illness or injury. Providing for the specialized health needs of veterans is an integral component of VA health care. Due to the prevalence of certain chronic and disabling conditions among veterans, VA has developed strong expertise in certain specialized services that are not uniformly available in the private sector. For the purposes of this document, VA has designated the programs in the following eight areas as its special emphasis programs that focus primarily on restoration:

- Spinal Cord Injury;
- Blindness;
- Traumatic Brain Injury;
- Amputation;
- Post Traumatic Stress Disorder;
- Serious Mental Illness;
- Homelessness; and
- Substance Abuse.

VA remains firmly committed to meeting the needs of veterans who have come to rely on us for these special emphasis programs. This includes VA's coordination of health care and other benefits in a manner that enhances the likelihood of restoration of an individual veteran to wholeness. For example, a veteran suffering a



catastrophic injury or illness should expect that VA will focus on his or her immediate needs as well as on the coordination of all benefits, including research and other rehabilitation benefits that have the highest likelihood of optimizing his or her life functioning over time.

Strategies and Processes:

VA will be the leader in understanding and providing restoration services that are uniquely related to veterans' health. Although VA has undergone a significant transformation over the past 5 years, with an increased focus on providing outpatient care in ambulatory clinic settings, we remain committed to providing the best possible specialized health care services.

VA will establish and use Centers of Excellence for research and treatment of illnesses and disabilities related to special populations. For example, VA recently established two Centers of Excellence to develop new therapies for veterans with spinal cord injuries. The centers will explore the use of pharmaceuticals to treat secondary disabilities of spinal cord injury and

Objective 1.1

will study pain management, recovery of motor and sensory function, and other related issues.

VA will maximize the independent functioning of veterans in the least restrictive setting. We will improve and enhance home care services and develop an assisted living strategy. The use of care management to facilitate care in the least restrictive and most efficient setting will be promoted. For example, VA's specialized homeless treatment program will strive to restore patient function through: aggressive outreach to veterans living on the streets and in shelters; clinical assessment and referral to needed medical treatment for physical and psychiatric disorders; long-term sheltered transitional assistance, case management, and rehabilitation; employment assistance and linkage with available income supports; and supported permanent housing.

Access to Blind Rehabilitation Services is currently being evaluated. The Visual Impairment Advisory Board is addressing alternative settings for providing services, including expanding outpatient capacity through a number of programs including providing some services in the home and shifting some computer access training from an inpatient setting to an outpatient setting. These and other initiatives will significantly reduce waiting times for veterans to be admitted to one of the Blind rehabilitation programs.

VA will provide coordinated, comprehensive, and integrated care to promote health and improve patient functioning. Variability of health outcomes will be reduced by providing for a more consistent delivery of services. VA will optimize the use of telehealth care information and technology for the benefit of the veteran by accelerating the development of the Health Data Repository, HealthVet, and telehealth initiatives.

VA will continue to implement a comprehensive program of education and outreach in the area of preventive medicine. We will proactively reach out to veterans who participate in VA's

special emphasis programs to ensure that they are informed about the importance of receiving screening for illnesses such as influenza, Pneumococcal pneumonia, and various forms of cancer. We will also provide information and counseling services regarding tobacco consumption and alcohol and substance abuse. In addition, VA will ensure the consistent delivery of health care by implementing standard measures for the provision of preventive care. The prevention measure includes several indicators that allow comparison of VA and private health care outcomes. The Prevention Index II is a second-generation composite measure comprised of nine disease or health factors that measure how well VA follows nationally recognized primary prevention and early detection recommendations that determine health outcomes. The indicators within the Index include screening for influenza, Pneumococcal pneumonia, tobacco consumption, alcohol abuse, breast cancer, cervical cancer, colorectal cancer, prostate cancer, and cholesterol levels. This improved prevention measure includes additional diagnoses.

Crosscutting Efforts in Health Care

VA has a vast number of sharing agreements with the Department of Defense (DoD) that result in both increased access to, and quality



of, medical care for recently separated military personnel and veterans. The sharing agreements with DoD provide access to care for key subgroups of current and recently separated military patients for conditions such as spinal cord injury and acute traumatic brain injury. In addition, collaboration and sharing of information assists both agencies in providing care to other special populations such as those with Gulf War illnesses and those in need of prosthetic services. VA and DoD will identify Centers of Excellence where specialized services can be made available to eligible beneficiaries. VA will continue its partnership with HUD and community organizations to enhance home care services and develop an assisted living strategy.

External Factors:

Improvements in the overall health in special emphasis areas will be affected, in part, by constituencies who influence these programs as well as by other government agencies and private interest groups.

Performance Measures

Objective 1.1		Performance Targets	
		FY 2004	FY 2008
Outcome Measures			
<i>Spinal Cord Injury</i>	<i>Maintain the proportion of discharges from Spinal Cord Injury bed sections to non-institutional settings</i>	95%	95%
<i>Homeless Veterans</i>	<i>Increase the percent of veterans who were discharged from a Domicillary Care for Homeless Veterans Program (DCHV) or Health Care for Homeless Veterans (HCHV) community-based, or grant and per diem contract residential care program to an independent or secured institutional living arrangement.</i>	67%	75%
<i>Substance Abuse</i>	<i>Increase the percent of patients entering substance abuse treatment who maintain continous treatment involvement for at least 90 days</i>	35%	65%
<i>Special Emphasis Areas</i>	<i>Increase score on the Prevention Index II for emphasis areas</i>	74%	85%

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Objective 1.2

Provide timely and accurate decisions on disability compensation claims to improve the economic status and quality of life of service-connected veterans.

Purpose and Outcomes:

The Nation has a long and extensive history of providing benefits to war veterans — “caring for him who shall have borne the battle.” The compensation program provides monthly payments to veterans who have disabilities resulting from their military service. The outcomes for this program are to:

- Recognize the impact of disability on a veterans’ quality of life and support pursuit of maximum individual potential;
- Improve the security of veterans with disabilities by making payments that offset the average loss of earning capacity resulting from service-connected disability or disease;
- Ensure servicemembers and veterans understand and have easy access to all benefits for which they are eligible based on service-connected disability or disease; and
- Ensure servicemembers and veterans are confident that VA will properly compensate them for service-related disabilities.

In addition, as part of the restoration goal and to improve the quality of life for severely disabled veterans, VA provides grants through the Specially Adaptive Housing Program. Veterans may obtain and use these grants to buy, build, or modify homes specifically adapted for their use, including distinctive housing needs such as wide doorways, ramps, and other special needs. VA also provides additional benefits through the Automobile Allowance and Adaptive Equipment Programs. These programs provide assistance to certain service-connected veterans who have disabilities that warrant special assistance with their transportation needs.

Most beneficiaries are compensated for disabilities rated at 30 percent or less, but most of the actual dollar value of the benefits is paid to veterans with more severe disabilities.

The number of veterans receiving compensation is expected to increase slightly over the next 5 years. At the end of FY 2002, over 2,414,000 veterans were receiving benefits. This number is expected to increase to 2,583,000 by FY 2008. Claims processing has been affected by several factors that have increased the complexity of adjudicating claims. Factors contributing to this increase include: (1) disabilities worsen as veterans age (the average degree of disability has increased in the recent past from 32.44 percent in FY 1999 to 34.87 percent in FY 2002); (2) multi-issue claims are increasing (in FY 2002 there was an average of three issues per claim); (3) issues tend to be granted at higher levels of disability than in the past; and (4) recent legislation has increased benefits.

Strategies and Processes:

VA will demonstrate its leadership in addressing the following important issues facing the compensation program and implementing VA's strategies and processes to achieve this objective.

- During FY 2001, VA increased its veterans service representative workforce by 1,298 employees. In addition, a centralized training program was successfully implemented to train these new hires. VA now has more journey-level employees to perform claims work and improve claims processing timeliness.

- During the next 5 years, a significant portion of VA's workforce will be eligible to retire. We project that over 1,000 veterans service representatives will actually retire. These are our most experienced employees who make decisions on the most complex claims. Training replacements for these individuals takes up to 3 years. To avoid a 2-3 year skill gap that will exacerbate service delivery challenges, VA has developed a comprehensive succession planning strategy to address the loss of experienced decision-makers. Key strategies that will be implemented to achieve our intended outcomes in conjunction are as follows:

- Enhanced telephone systems and information centers are providing easier access to information and services. Veterans can use the telephone system to access general information and certain payment information 24 hours a day, 7 days a week. For more detailed information on claims, veterans need to contact the regional office during regular hours of operation. VA has also established two virtual information centers (VICs). VICs consist of groups of regional offices whose telephone systems are coordinated so that incoming calls can be routed to alternate sites during heavy call periods, resulting in faster, efficient telephone service. This coordination continues to assist VA in reducing

blocked and abandoned call rates. VA will establish a third call center in FY 2003 and the final center in FY 2006.

- Veterans are able to submit applications for certain benefits by using the Internet. Veterans Online Application (VONAPP) has been available to the public since August 2000 at <http://vabenefits.vba.va.gov>. There are currently three VBA forms and one VHA form available through this system. VA expects to add 10 additional VBA forms to the system in FY 2003. VA and DoD will collaborate on the development of an online benefits application process that will allow servicemembers to submit applications directly to the appropriate federal agency.
- VA implemented the Claims Processing Improvement (CPI) model in all 57 regional offices in FY 2002. This initiative called for the regional offices to reorganize their Veterans Service Centers (VSC) into teams that concentrate on specific portions of the claims process. The effect of reorganization has been and will continue to be increased productivity, quality, and timeliness of claims processing. This reorganization of the VSC will reduce cycle-times and consequently enhance service to veterans.
- Through the cooperation of regional offices and VA medical centers, and partnership with DoD, VA is conducting discharge medical exams for compensation claims. This initiative continues to improve our efforts to be more accessible to servicemembers separating from service and streamline the eligibility process for compensation, health care, and vocational rehabilitation benefits. In addition, VA will work with DoD to develop a physical examination protocol that will be considered valid and acceptable for all military service separation requirements and acceptable

for VA's disability compensation requirements.

- VA has initiated the Compensation and Pension Examination Project (CPEP) to assess and improve the quality and timeliness of Compensation and Pension (C&P) examination reports. The program was established in 2001 to develop baseline goals and expectations for examinations, develop national standards for exam report quality, and develop training systems to convey performance standards. CPEP has completed a baseline study of national C&P report quality of the 10 most frequently requested exams and is now collecting quality data for analysis. Through this program, VA expects to consistently provide complete, high-quality, responsive, and timely C&P exam reports.
- VA centralized the processing of pension maintenance work starting January 2002. Previously performed at all 57 regional offices, these functions were consolidated at three sites (Milwaukee, Philadelphia, and St. Paul). Centralized processing of the pension program allows VA to focus more regional office resources on the compensation workload. Processing of the workload in the paperless Virtual VA environment began in Philadelphia in August 2002.
- Stakeholder involvement is critical in the determination and development of outcomes for all VA benefit programs. To date, VA has developed interim outcomes for the compensation program and will finalize these program outcomes and develop performance measures and targets based on further analysis and consultations with our stakeholders.
- At this time, VA plans to use several measures to assess the outcome of the compensation program. We will measure

the percentage of veterans in receipt of compensation benefits whose total income meets that of like-circumstanced veterans (veterans who entered the military with similar socioeconomic backgrounds, but did not sustain service connected disabilities or illnesses) and the percent of veterans in receipt of compensation benefits whose total income meets that of like-circumstanced non-veterans (individual in the general public with similar socioeconomic backgrounds who have similar disabilities or illnesses). We will also assess the percentage of recipients who perceive that VA compensation redresses the effect of service-connected disabilities. Finally, recognizing the importance of our partnership with DoD, we will measure the percent of recently inducted servicemembers who report that the existence of VA's compensation program was a factor in their decision to enter the military.

External Factors:

- Workforce - Competition with the private sector in periods of low unemployment may impact VA's recruitment activities.
- Partnerships - Our ability to effectively partner with DoD and others will affect achievement of program outcomes and service delivery.

Performance Measures

Objective 1.2		Performance Targets	
		FY 2004	FY 2008
Outcome Measures			
Compensation	<i>Percent of veterans in receipt of compensation whose total income exceeds that of like-circumstanced, non-disabled veterans</i>	*	50%
	<i>Percent of veterans in receipt of compensation whose total income exceeds that of like-circumstanced non-veterans</i>	*	50%
	<i>Percent of veterans in receipt of compensation who perceive that VA compensation recognizes the contribution and sacrifices made by veterans during military service</i>	50%	70%
	<i>Percent of compensation recipients who perceive that VA compensation redresses the effect of service-connected disability in diminishing the quality of life</i>	*	70%
	<i>Percent of recently-inducted servicemembers who report that the existence of the VA compensation program was a factor in helping them decide to enter military service</i>	22%	25%
	<i>Percent of compensation recipients who were kept informed of the full range of available benefits</i>	*	60%
Service Delivery Measures			
Speed	<i>Average number of days to process rating-related actions</i>	105	90
	<i>Appeals resolution time (average days / case)</i>	520	365
Accuracy	<i>National accuracy rate (core rating work)</i>	88%	98%
Customer Satisfaction	<i>Overall Satisfaction</i>	70%	90%
Decision Rate	<i>Deficiency-free decision rate for appeal claims</i>	93%	95%
C&P	<i>Percent of blocked calls</i>	3%	2%
	<i>Percent of abandoned calls</i>	3%	3%
<p><i>* Denotes that the baseline is currently being developed, and the FY 2008 performance target may be modified based on the determination of the baseline data.</i></p>			

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Objective 1.3

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

Purpose and Outcomes:

The Vocational Rehabilitation and Employment (VR&E) program provides services and assistance necessary to enable veterans with service-connected disabilities and employment handicaps to become employable. The program also provides independent living services for severely disabled veterans who do not have employment potential. VA expects the number of program participants to remain stable during the planning period. The impact from legislation or economic shifts may affect the number of program participants. At the end of FY 2002, there were 69,600 program participants.

The purposes and outcomes of the VR&E program are to:

- Enable service-connected disabled veterans to become employable and to obtain and maintain suitable employment;
- Enable service-connected disabled veterans to achieve a level of independence in daily living; and
- Meet the rehabilitation needs of service-connected disabled veterans.

The primary source population for vocational rehabilitation is recently discharged veterans who are adjudicated to have a service-connected disability. Sustainable employment is the desired outcome of the vocational rehabilitation process. During FY 2002, over 16,408 veterans ended their participation in a rehabilitation program. Of these, 62.2 percent successfully completed the rehabilitation program (47.5 percent ended with employment and 14.7 percent ended with independent living). VA's performance target for successful rehabilitation is 70 percent by FY 2008.

Strategies and Processes:

The following is a discussion of issues facing the VR&E program and VA's strategies and processes to address these issues and achieve this objective.

Veterans' access to VR&E information and benefits is critical to the success of the program. By its very nature, the VR&E program requires a close relationship between VA personnel and veterans, almost always involving face-to-face contact. This relationship hinges on veterans having easy access to VA personnel. However, veterans sometimes must travel great distances to see their case managers.

The strategies used in this program are designed to improve access for veterans through use of technology and partnerships that result in an improved quality of life for veterans. VA will implement the following strategies to assist service-disabled veterans to become employable, achieve maximum independence in daily living, and receive world class-service delivery:

- VA will continue to provide veterans with easy access to information and the opportunity to obtain benefits and services at a convenient time and place;
- VA will maximize direct contact with veterans through the case management approach and the use of information technology and improved workforce skills. This effort will result in improved customer satisfaction, improve cycle-times for claims processing, and improved accuracy; and
- VA will build or enhance partnerships with the Department of Labor and other organizations to improve the coordination of employment services. VA will enhance outreach to veterans with disabilities through alliances with other Federal agencies.

Stakeholder involvement is critical in the determination and development of outcomes for all VA benefit programs. To date, VA has developed interim outcomes for the VR&E program and will finalize these program outcomes and develop performance measures and targets based on further analysis and consultations with our stakeholders.

External Factors:

Economic Conditions – Program participation and successful attainment of rehabilitation goals are closely related to the national economy and the employment market.

Performance Measures

Objective 1.3		Performance Targets	
Outcome Measures		FY 2004	FY 2008
<i>Vocational Rehabilitation and Employment</i>	<i>Percent of veterans exiting the program who obtain and maintain suitable employment</i>	67%	70%
	<i>Percent of participants employed first quarter after program exit</i>	*	*
	<i>Percent of participants still employed three quarters after program exit</i>	*	*
	<i>Percent change in earnings from pre-application to post-program employment</i>	*	*
	<i>Average cost of placing participant in employment</i>	*	*
Service Delivery Measures			
<i>Customer Satisfaction</i>	<i>Percent of satisfaction with VA service</i>	82%	92%
<i>Speed</i>	<i>Number of days to notification of entitlement</i>	60 days	60 days
<i>Accuracy</i>	<i>Accuracy of entitlement determinations</i>	90%	96%
<p><i>* Denotes that the baseline is currently being developed, and the FY 2008 performance target may be modified based on the determination of the baseline data.</i></p>			

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

Objective 1.4

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

Purpose and Outcomes:

The Nation has a long and extensive history of providing benefits to families of war veterans. There are two programs that help meet Objective 1.4, Dependency and Indemnity Compensation (DIC) and Dependents Educational Assistance (DEA). The purpose of the DIC program is to provide monthly payments to veterans' survivors. This program recognizes the veterans' sacrifice made in defense of the Nation and redresses the loss the family suffered. The program outcomes for the DIC Program are to:

- Recognize and compensate the surviving spouse and dependent children of veterans whose deaths are determined to be service-connected;
- Ensure a minimum standard of living and acceptable level of income for surviving spouses and dependent children in receipt of DIC; and
- Provide parents' DIC to low-income parents of veterans whose deaths were related to military service. In doing so, these beneficiaries will receive a measure of security in their lives.



At the end of FY 2002, approximately 331,000 survivors were receiving DIC benefits. The number of survivors in receipt of DIC is expected to decline slightly as the source population (service-connected disabled veterans) ages and dies.

Strategies and Processes:

The DIC Program is a component of the VA's Compensation and Pension Program. Therefore, the same improvement strategies and processes addressed in Objective 1.2 apply to the DIC Program and will be used to ensure survivors of veterans are able to maintain a minimum standard of living.

Performance Measures

Objective 1.4		Performance Targets	
		FY 2004	FY 2008
Outcome Measures			
Dependency and Indemnity Compensation (DIC)	<i>Percent of DIC recipients above the poverty level</i>	75%	100%
	<i>Percent of DIC recipients who are satisfied that the VA recognized their sacrifice</i>	50%	90%
Service Delivery Measures			
Speed	<i>Average number of days to process rating-related actions</i>	105	90
Accuracy	<i>National accuracy rate (core rating work)</i>	88%	98%
Customer Satisfaction	<i>Overall Satisfaction</i>	70%	90%
C&P	<i>Percent of blocked calls</i>	3%	2%
	<i>Percent of abandoned calls</i>	3%	3%