

**DEPARTMENT OF VETERANS AFFAIRS**  
**ADVISORY COMMITTEE ON DISABILITY COMPENSATION**

**(ACDC)**

JUNE 22-23, 2021  
SUMMARY NOTES

Members Present:

Thomas J. Pamperin, Chair  
Evelyn Lewis, Alternate Chair  
Kimberly Adams  
Al Bruner  
Bradley Hazell  
Joyce Johnson  
Frank LoGalbo  
James Lorraine  
Michael Maciosek  
Patt Maney  
John Shaver  
Eloisa Taméz  
Steven Wolf

Members Not Present:

None

Staff Present:

Sian Roussel, Designated Federal Officer (DFO) for the ACDC  
Claire Starke, Alternate DFO, ACDC; Program Analyst, VBA  
Tonita Cannon, Program Analyst, Budget Office, Compensation Service, VBA\*  
Jeffrey Moragne, Director, Advisory Committee Management Office, VBA\*  
Beth Murphy, Executive Director, Compensation Service, VBA\*  
Laurine Carson, Deputy Executive Director, Compensation Service, VBA\*  
Jane Che, Director, Veterans Affairs Schedule for Rating Disabilities (VASRD) Program  
Management Officer (PMO), Regulations Staff, Compensation Service, VBA\*  
Olumayowa Famakinwa, Chief of VASRD Implementation, VBA\*  
David Eckert, Chief, VASRD Staff, Compensation Service, VBA\*  
Jacqueline Imboden, Lead Consultant, Compensation Service, VBA\*\*  
B. Leah Brown, Program Analyst, Compensation Service, VBA\*\*  
David Smith, Alternate DFO, Veterans' Advisory Committee on Rehabilitation (VACOR)\*\*  
Mary Glenn, Deputy Executive Director, Medical Disability Examination Office, VBA\*\*  
Micaela Cornis-Pop, PhD, Program Manager, Polytrauma System of Care (PSC), VBA\*\*  
Shayla Mitchell, Program Manager, Rehabilitation and Prosthetic Services, VBA\*\*  
Joe Carlomagno, Program Specialist, Vocational Rehabilitation Service, VBA\*\*

\* June 22 only

\*\* June 23 only

The Committee met in an open, public session on June 22 and 23, 2021, via Cisco Webex platform.

## **Tuesday, June 22, 2021**

### **Opening Remarks**

Ms. Roussel called the Committee to order at 9:00 a.m. Role was called. All thirteen (13) members were present. She reviewed the rules of engagement for speaking then turned the meeting over to Chair Pamperin.

### **Public Comments**

Chair Pamperin reminded that a biennial report to Congress is due by October 1, 2022. Starting in January the Committee will begin its recommendations and observations.

### **Member Introductions**

After self-introductions by members Ms. Starke reminded all members regarding an invitation letter sent via email and that it should be completed and returned. Various members confirmed letter had been received.

### **Financial Administration**

Ms. Cannon introduced herself and the new financial management system, Integrated Financial Acquisitions and Management System, which began in May 2021. Stipend payments may take up to six weeks until payment. She asked that letters be signed and returned within five days via email to her and also to CC: Ms. Roussel and Ms. Starke.

### **Federal Advisory Committee Act (FACA) 101**

Ms. Roussel introduced Jeffrey Moragne.

Mr. Moragne discussed the boundaries of a federal advisory committee. He reviewed committee requirements for advisory meetings and defined open, closed, and partially closed meetings. He further reviewed what entails an "Administrative" call and the rules pertaining to testifying on committee matters. Mr. Moragne concluded with a summary of the best practices for committees and graded the ACDC's progress utilizing the practices as an A-.

The Committee recessed from 9:50 a.m. to 10:05 a.m.

During the recess Chair Pamperin asked Ms. Starke how the Committee was going to handle privacy, ethics, and financial disclosure. Ms. Starke replied that there was a link sent to all committee members for ethics training and that she would check with Ms. Roussel if there will be a separate meeting regarding the ethics training. Chair Pamperin stated he did

not see a link and Ms. Starke stated the link was in the Electronic Binder that was sent for this meeting and that she and Ms. Roussel would discuss and send out more information.

### **ACDC 101**

Ms. Roussel gave a background of the ACDC, requirements and limitations of its members, and the role of the Secretary of VA with ACDC. She reviewed the responsibilities of the members, the Committee's reporting responsibilities, how FACA, other than section 14, applies to the Committee, and the role of the DFO.

The Committee recessed from 10:13 a.m. to 10:17 a.m.

During the recess Brad Hazell asked about the last biennial report. He questioned if the Committee heard from the VA directly regarding the responses to the report. Ms. Roussel replied the report had been signed off by the Secretary and presented to the VA Compensation Service and they provided responses to those recommendations. Mr. Hazell stated that he saw those responses but was not sure if the Committee was going to discuss those responses. Ms. Roussel suggested they have a meeting regarding that possibly adding it to the September meeting agenda.

Chair Pamperin commented that one of the questions in the report that regarded public facing Disability Benefits Questionnaires (DBQs) was rejected by the VA and is now mandated by law. Ms. Roussel confirmed and stated Mary Glenn will be addressing that in her presentation tomorrow. Ms. Roussel again suggested they have a separate meeting to discuss the VA responses.

- Chat comment by Kimberly Adams: I would like to ask a question about cross collaboration with other advisory committees when possible. Thanks!
- Chat comment by Sian Roussel: Yes, ma'am. We actually do cross-collaborate and have a presentation planned tomorrow from VACOR.
- Chat comment by Kimberly Adams: Thanks so much!
- Chat comment by Sian Roussel: But, please provide your question comment so we can address it.
- Chat comment by Kimberly Adams to everyone: I wanted to address a possible cross collaboration with the Research Advisory Committee on Gulf War Illnesses. Especially since it is a committee that could inform this committee on disability compensation issues with Persian Gulf War Era Veterans and their Families.

### **VA/VBA 101 - Compensation Service**

Ms. Roussel introduced Beth Murphy and Laurine Carson.

Ms. Carson stated her program paid 100 billion dollars in disability compensation to Veterans in fiscal year 2020 making it the majority of the VBA's 130-billion-dollar portfolio. Ms. Carson gave a brief history of Compensation Service. In the early 2000's they were Compensation

and Pension Services and were a catch-all for any type of compensation measures. They realized they were too big to properly serve the Veterans and areas such as Pension and Fiduciary became their own service.

Ms. Carson summarized Compensation Service (office work) as the “how to” and Field Operations as the “go do”. Compensation Service’s job, through policies, procedures, and oversight, is to enable the Field to have the right tools to do their job better and faster.

As Compensation Service had grown so large the Medical Disability Exam mission broke off to its own office approximately one year ago and a couple of other areas are being looked at so that Compensation Service can really get down to its core mission.

Compensation Service has recently had some modernization efforts with the consolidation of different procedural guidance into an up to date live manual. Regarding Quality Assurance (QA) the STAR Program has been slowly increasing over recent years to reaching or being just below the 96% quality goal for rating and 91.5% for non-rating. In 2021 they are looking at a redesign in the Procedures Manual to become more intuitive to use. The training area/material is being modernized including the use of Virtual and In-Person Progression (VIP) training.

With the onset of COVID they’ve become even more virtual, but COVID lead to a backlog of Compensation and Pension (C&P) exams for VBA.

The VA rating schedule is being updated for the first time since 1945. With publication of the Musculoskeletal Body System update in February 2021 that progressed past the halfway point of all body system packages being updated. Cardiovascular and Genitourinary are at the final rule stage. Any remaining packages have been written, submitted, and are moving forward.

Ms. Carson finalized by stating Compensation Service has been busy dealing with many Inspector General (IG) audits over the last couple of years. IG used to go to the field offices for audits for local Veterans served by those offices, but cases became nationalized, so IG decided to go to program headquarter offices rather than the field offices. Ms. Carson turned the presentation over to Ms. Murphy.

Ms. Murphy stated there are four other regulations that are part of this iteration of updating VASRD and they are Respiratory ENT, Digestive, Mental, and Neurological. They are on the spring unified agenda. Ms. Murphy thanked the Committee for helping to champion the VASRD program office. The Integrated Disability Evaluation System (IDES) and the Benefits Delivery at Discharge (BDD) have had challenges with COVID but they are continuing to work through that. Lastly, Ms. Murphy stated they could use the Committee’s help with Exposures, Gulf War, Undiagnosed Illness, Total Disability, Individual Unemployability, and Character of Discharge determinations.

Chair Pamperin asked to explain what the spring unified schedule is. Ms. Murphy answered that all federal agencies are required to publish and notify the Office of Management and Budget (OMB) their intention to engage in rule making. When those rules are through the draft phase Compensation Service notifies the public and OMB that they intend to work on those rule makings. This happens on an annual basis.

Chair Pamperin next stated the past Monday morning workload report indicated a rating backlog of 190,521 of which some are over 125 days old. He asked to what extent is the backlog a virtual issue for VA staff as opposed to an exam issue and to the extent that it is an exam issue is Compensation Service still using VHA or is it a hesitancy upon the part of Veterans to come in or what exactly is the issue. Ms. Carson explained the primary holdup has been the exams. The medical exam office has been working closely with the contractors to do more. There is still hesitancy from Veterans that are not comfortable coming in for C&P exams. Some Veterans were served with telehealth exams or Acceptable Clinical Evidence (ACE) reviews where the clinician would attempt to complete a DBQ based on evidence in the folder or a phone call to the Veteran. IDES is working closely with DoD (Department of Defense) to help seriously injured transitioning service members start their claims before leaving service and IDES has been backed up there as well. With COVID VHA had redirected their staff away from exams to telehealth and primary care and are now targeting exams that VHA can help with. There has also been difficulty getting federal records with NARA (National Archives and Records Administration) being closed during the pandemic.

Kim Adams asked if determination was made on the Character at Discharge rules proposal. She also inquired on the engagement of VBA and Compensation for homeless Veterans' claims especially with no access to records; is more being done to get in-person exams. Ms. Murphy replied that a publication of public forums would be released in late 2021 or first quarter of 2022. More effort is being put into outreach to Veterans to make them aware they can present to any VA center including Vet Centers. Ms. Carson added that Mary Glenn can provide a better answer regarding exams and also that exams should be scheduled 50 miles away or less.

Al Bruner stated the Committee should receive more information on Compensation Service's QA (Quality Assurance) program. Ms. Carson replied that the STAR (Systemic Technical Accuracy Review) program has been used to measure for quality, but more than one method is needed moving forward to include procedural compliance not just the end result. Chair Pamperin stated that when evaluating procedure there is a need to identify what effect the process really has on the outcome to make sure that proper and effective changes are made.

Chair Pamperin suggested that presumptives, such as for burn pit exposures, should be exposure specific and not conflict specific. He further inquired regarding Agent Orange and hypertension stating it is the only disability not granted a presumption that has met evidentiary level. Ms. Carson replied that the Agent Orange and hypertension is currently being reviewed. She also stated burn pit exposure is being reviewed as part of the larger issue of airborne hazards and that airborne hazards and particulate matters were the cause and most prevalent in asthma, sinusitis, and rhinitis conditions. In the Southwest Asian study, it is the particulate matter, not the burn pit statistics, that is causing the disabilities.

- Chat comment by Kimberly Adams: That would be a great area to collaborate with the RAC-GWI on burn pit exposure and related areas of disability compensation.
- Chat comment by Sian Roussel: Yes, ma'am, Ms. Adams. Collaboration with the RAC-GWI on those issues is a great idea.

Dr. Lewis brought up that a disconnect persists between what VA/VBA is saying is being done and what Veterans say they are receiving. Veterans complain they can't get someone to even answer the phone. She asked how to bridge that gap and get Veterans the basic services they need. Ms. Murphy answered that from the VBA standpoint call center staffing has improved to quickly answer incoming calls to basically real time. They have also started going back to Chat functionality and the va.gov website is allowing for more online self-service. Ms. Carson added that they have also started reaching out immediately to discharged Veterans and to try to keep in touch for up to a year to see if they want to or need help filing claims.

Mike Maciosek asked what else the VA is doing in assessing disability compensation given differences in exposures to risk during service and assessing whether any built-in biases exist. Ms. Carson replied that the Secretary has currently formed a workgroup to address equity in healthcare and disability and benefits and there should be more information to follow. The Center for Minority Veterans is currently looking for information from all administrations related to benefits and the last Annual Benefits Report (ABR) shows some of that data but will start showing more.

- Chat comment by Sian Roussel: We ask that anyone on the Committee to submit ideas for future presentations/discussions to Tom Pamperin and include myself and Ms. Starke for awareness.

### **VA Schedule for Rating Disabilities (VASRD) Status Update**

Ms. Roussel introduced Olumayowa Famakinwa.

Mr. Famakinwa presented that 8 of the 14 VASRD body systems have been updated, 4 are in the concurrence process and the final 2 rules are waiting to be published. He showed where the remaining six systems are in the process and the final rule target dates.

Brad Hazell asked what the actual changes regarding the six remaining rules in the concurrence process are. Mr. Famakinwa stated there were numerous changes that try to bring as much contemporary medicine to the rating schedule as possible. Specifically, the respiratory portion change addresses sleep apnea and the effectiveness of treatment and also how to better evaluate tinnitus. The mental health portion change will now evaluate based on impairment in five facets of life rather than simply based on symptoms. Ms. Che added that mental disorders are now rated based on WHO standards for functional impairment so that portion is more aligned with current medical standards. Mr. Famakinwa continued that for the digestive and neurological portions, the diagnostic codes are being updated and are being made more scientifically contemporary. The genitourinary portion's biggest change is in the rating of kidney dysfunction. It will now be based on glomerular filtration rate (GFR) rather than a collection of symptoms. The cardiology portion is changing from a currently used five-criteria evaluation system as they found that Veterans were undergoing unnecessary procedures to provide evaluation.

Dr. Lewis asked why neurological was last when it's been such an issue in this country for some time and impacts Veterans to a significant degree. Mr. Famakinwa stated that it was not so much the contents of the rule but that they focused on rules with a low economic impact and moved towards those with a high impact.

- Chat comment by Mark D Worthen PsyD: On a positive note, the members of VA's Mental Disorders VASRD Work Group included some very knowledgeable and experienced VA psychologists. :)

Chair Pamperin questioned if the approach for mental health will be similar to current rating criteria for traumatic brain injury. Mr. Famakinwa concurred.

Chair Pamperin also inquired if the musculoskeletal system addressed the June 9, 2021 decision to rate the thoracolumbar spine as a unit when applying general rating schedule as opposed to separately. Jane Che replied that General Counsel is actively addressing this issue because of the way spinal injuries are rated and more to come on that topic.

Kimberly Adams asked for clarification on high and low economic impact regarding the neurological portion. Jane Che responded that the neurological portion was not the least important but highest costing of the rules. The fastest, most efficient way to update the body systems was to start with those that were of a low cost to the VA and then move on to those of a higher cost.

Ms. Roussel closed questions for that topic and asked that any further questions be emailed to her and she would pass onto VASRD staff.

### **VASRD Earnings & Loss Study (ELS)**

Ms. Roussel introduced Jane Che.

Ms. Che explained that in previous revisions to VASRD by the VBA the approach was an academic one, but few medical research studies utilized proxies for earnings capacity. VBA wants to use data driven policy making for VASRD ELS that goes beyond medical information alone. The first ELS completed in 2018 was difficult and had limited data but was useful as a proof of concept for future studies. ELS2 is built off of ELS1 by analyzing all of the diagnostic codes and conducting labor market outcome analysis. The goal of the ELS [in general] is to not only review the measured loss of earnings but loss of earning potential as well. ELS2 produced a working paper for publication, five experimental service designs and an analysis of which diagnostic codes would yield the most accurate and precise results when using U.S. Census survey data. Building on the results of ELS2, ELS3 will use data from the IRS that U.S. Census data would not provide and is expected to be completed by end of fiscal year 2021.

Chair Pamperin inquired if that income will exclude dividend and interest from 1099s. Ms. Che concurred.

Brad Hazell asked if they could obtain more information on the findings and outcomes of ELS2. Ms. Che stated that results cannot yet be released but possibly after publishing in the Federal Register.

Mr. Maciosek commented that health economists have long tried to measure quality of life and disability and quantify it in these quality of life scales and on disability adjusted life years. They want to be able to measure the impact on length and quality of life not by measuring it

disease by disease, condition by condition, but rather by developing a query of short questionnaires on specific functional and quality of life aspects regardless of the disease. A method could be used that correlates the loss of mobility, experience of pain, depression, anxiety and daily activity. That combined with studies or surveys of people with that particular condition could correlate those aspects with earnings loss.

Ms. Che said she would take that suggestion back to her team as they review the methodology going forward with ELS. On the VHA side there is a focus on the quality of life and treatment and disability benefits and how that all interplays.

Ms. Roussel stated that due to time constraints the COVID-19 Updates would be presented tomorrow.

The Committee recessed for the day at 11:59 a.m.

### **Wednesday, June 23, 2021**

#### **Opening Remarks/Roll Call**

Ms. Starke called the Committee to order at 9:00 a.m. Role was called, and all 13 members were present.

Ms. Roussel reviewed the rules of engagement for speaking then turned the meeting over to Chair Pamperin.

Chair Pamperin read the first page and made reference to remaining pages of a letter submitted by a clinical and forensic psychologist, Dr. Mark D. Worthen. The letter stated that yesterday Ms. Murphy misspoke when she said the STAR program was the yardstick they use regarding the Quality Assurance program. Dr. Worthen wrote that STAR measures policy and procedural compliance. Chair Pamperin stated they will need to get more information regarding specifically what STAR is measuring when they next have a STAR briefing. He informed all members that they would receive a copy of the letter.

- Chat comment by Kimberly Adams: Chair Pamperin, is it possible for the committee to get an overview of the STAR program to refer to as we read the letter? Thanks!

Chair Pamperin asked for questions and comments regarding the previous day and hearing none turned the meeting over to the first speaker of the day.

#### **COVID-19 Updates**

Ms. Roussel introduced Jacqueline Imboden.

Ms. Imboden stated at the last ACDC meeting it was reported a Policy Letter was drafted to provide guidance on COVID-19 claims and was scheduled to be implemented on December 31, 2020. On January 5, 2021 a new law was enacted requiring changes be made to the Policy Letter. Updates were made and the Policy Letter is under review. Ms. Imboden

explained the changes under the new law regarding granting service connection for COVID-19. She informed that interim guidance was issued to field offices regarding COVID-19 claims.

Chair Pamperin asked for clarification in terms of service connection. He questioned if this was talking about long-haulers since the VA usually considers COVID an acute condition. Ms. Imboden replied that often COVID is an acute condition, so this is referring to permanent disabilities due to COVID-19.

Kim Adams asked that since there are disability related chronic conditions that predispose individuals to COVID-19 could COVID-19 become a secondary condition for disability compensation. Ms. Imboden replied that with COVID-19 if a permanent disability was sustained directly or on a secondary basis then it can be subject to disability compensation.

Al Bruner asked what the current state of affairs was in the VA is someone presented with COVID-19 and what would someone expect to happen until the new Policy Letter is published. Ms. Imboden replied under the current scheme if a Veteran submitted a claim for COVID-19 due to service they would be examined, evaluated, and a determination made on whether service-related permanent disabilities were due to COVID-19 or to service itself. Mr. Bruner followed up inquiring to what schedule or rating would be used. Ms. Imboden answered there are no diagnostic codes specific to COVID-19 so it would depend on the disability due to COVID-19. Mr. Bruner asked if would be analogous to the West Nile Virus. Ms. Imboden stated it would depend on what permanent disabilities were sustained and would go to that body system.

Mike Maciosek asked if there were plans to monitor the ongoing and evolving literature to avoid future delays regarding defining long-haulers especially initially non-symptomatic ones while serving. Ms. Imboden replied that her office works closely with the Office of Public Health (OPH) and OPH keeps them posted of any changes in conditions and they adjust their process accordingly.

Kim Adams stated Mr. Maciosek had an important point as a similar scenario played out with the Persian Gulf War where long-hauler issuers took a long time to develop and then the VA began including these issues in the rating schedule. There is a need to stay on top of COVID-19 to prevent falling behind. Ms. Imboden agreed but stated that while they are keeping on top of the science and the current law; there would still need to be a permanent disability.

The Committee recessed from 9:22 a.m. to 9:40 a.m.

- Chat comment by Mark D Worthen PsyD: If Committee members have concerns about my motivation, perspective, or interpretations, I encourage you to ignore what I wrote, and simply review this study by the National Academy of Medicine, which discusses how VA currently measures quality (the STAR program) and the Academy's recommendations for a scientific quality assessment program. Although this report concentrates on the disability determination process for traumatic brain injury (TBI), the Academy of Medicine's recommendations regarding quality assurance in chapter 4 apply to disability determination process generally. National Academies of Sciences, Engineering, and Medicine. "Evaluation of the Disability Determination Process for

Traumatic Brain Injury in Veterans." Washington, D.C.: National Academies Press, 2019. <https://doi.org/10.17226/25317> (I'm the psychologist who wrote the letter to Chair Pamperin last night.)

Coming out of recess Chair Pamperin asked about viewing chat comments. Ms. Roussel instructed on how to view and added that chat comments will be included in the transcribed summary.

### **National Defense Authorization Act (NDAA) for FY 2021: Section 9109 Overview**

Ms. Roussel introduced Leah Brown.

Ms. Brown overviewed the NDAA fiscal year 2021 law which added parkinsonism, bladder cancer and hypothyroidism to diseases presumptively associated with herbicide agent exposure, such as Agent Orange. Typical changes to the Disability Compensation program usually take 18-24 months to implement. The VA has issued interim guidance to regional office adjudicators regarding processing claims for those three conditions to avoid delays for Veterans. The *Nehmer* provisions will apply to the three new Agent Orange presumptives only for exposure within the Republic of Vietnam. The estimated 10-year cost for these 3 conditions is 12.4 billion dollars. Previously denied claims that fit under these new three presumptive conditions will automatically have their cases reviewed with no need to resubmit a claim.

Ms. Brown asked that any questions be directed to Ms. Starke or Ms. Roussel.

- Chat comment by Sian Roussel: Thank you ACDC. I will see you all next time (if not before)!
- Chat comment by Brent Arronte: Hello everyone. I am Brent Arronte, Deputy Assistant Inspector General for Audits and Evaluations for the Department of Veterans Affairs. As there seems to be interest in VBA's STAR program, I would like to bring to everyone's attention that the OIG conducted a review of VBA's 4 major quality assurance components. In addition, we issued a report summarizing our work on those components that identified the weaknesses found during those reviews. Once read, you will see the OIG does not only look at procedural issues as indicated by Ms. Murphy yesterday. These reports are found on the OIG public facing website.

### **Veteran's Advisory Committee on Rehabilitation (VACOR)**

Ms. Roussel introduced David Smith.

Mr. Smith explained that VACOR operates under the Veteran Readiness and Employment (VR&E) program, which provides services to eligible Veterans with service-connected disabilities to help them prepare for, obtain, and maintain suitable employment or achieve independence in daily living. Mr. Smith went on to describe VACOR's objective, purpose, and goals as well as its committee membership. Mr. Smith then reviewed VACOR recommendations from 2017 through 2021. In August VACOR's committee will meet with a focus on Veterans using VR&E first without it affecting their entitlement.

Unidentified Phone-in speaker: Gentleman stated he was 50% disabled to the VA and had difficulty with breathing. He was medically removed from his federal job and is looking for some sort of retraining or schooling so can re-enter the workforce.

- Chat comment by David Smith: david.smith231e18@va.gov

Ms. Starke gave the caller her email address so that she could forward on his information.

Chair Pamperin stated they have been asked to look at Total Disability Individual Unemployability (TDIU). He asked if VACOR has looked into dealing with seriously disabled Veterans with getting them employed and helping with barriers to employment. Mr. Smith replied not specifically, but VR&E has identified jobs for TDIU Veterans. However, many Veterans that are IU are hesitant to work as it will cause an overall decrease in their ratings so many programs are not designed to benefit TDIU Veterans. VR&E does have programs to assist TDIU-rated Veterans in working towards independent living.

At approximately 10:11 a.m. EST the meeting was interrupted as users were abruptly disconnected from the meeting. Mr. Smith had concluded his presentation and questions prior to the disconnection.

Ms. Starke scheduled a recess until 10:25 to make sure all users were reconnected and reconfigured.

- Chat comment by Claire Starke: Hello everyone, I apologize for the technical difficulties. I have made our committee members cohosts again. Thank you for your patience and flexibility. We will continue forward with Contract Examination Overview at our scheduled time of 10:25am EST. Thank you

### **Medical Disability Examination Office (MDEO) Update**

Ms. Starke introduced Mary Glenn. Ms. Glenn was accompanied by Earl Hutchinson and Sarah Goddard.

Ms. Glenn reviewed the hierarchy of MDEO then went on to explain the history on how MDEO is continuing its long-term transition to using expanded VBA contract examination authority as the primary source for C&P examinations. MDEO is contracted in 37 foreign locations and most, if not all, are open to all types of examinations.

Mr. Hutchinson discussed how the Public Law 116-315, known as the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 required the VA to reinstitute the Public Use DBQs and publish on VA's website.

Ms. Goddard reviewed the MDEO examiner training and quality programs. All examiner credentials are certified by third-party vendors. All MDEO examiners complete the same C&P Certification Training as VHA examiners. MDEO also develops and provides additional training to address hot or emerging issues. Lastly Ms. Goddard addressed MDEO's oversight for accuracy of completed C&P examinations.

Steven Wolf asked if MDEO sent out follow-up questionnaires to the Veterans to get their feedback. Ms. Glenn answered that when the Veteran receives their appointment letter a survey card is included. There is also the option to complete a survey online.

- Chat comment by Mark D Worthen PsyD: For PTSD and other mental disorder exams, are the reports audited and reviewed by psychologists or psychiatrists with C&P exam experience?
- Chat comment by Mark D Worthen PsyD: In the past, the "Audit Review Criteria", a checklist of 9 items, was completed by VA staff who are not licensed psychologists or psychiatrists.

Chair Pamperin asked if the intent was to no longer have VHA do exams in the long run or if they will be an integral part of the evaluation system. Ms. Glenn replied that VHA is doing what they can to assist and recently started doing in-person exams again.

- Chat comment by Meredith Burns, NMAA: Can a veteran or BDD claimant request to have their C&Ps done at VHA?

Chair Pamperin inquired about an IG audit that came out two or three days ago regarding incorporating private treatment reports into the health record and that there does not appear to be a consistent oversight and methodology for confirming those records are properly indexed and catalogued into the clinical record. He asked if they are aware of clinicians missing records and what VHA is going to do. Ms. Glenn answered that she was unfamiliar with that OIG report. She stated they do ask the Veteran if there are any private medical records that they wish to have reviewed which MDEO can obtain at no expense to the Veteran.

Chair Pamperin stated he was concerned a Veteran would go to a community care clinician and despite their records being sent there they were not indexed properly and not easily found and the Veteran is again asked to submit information the VA already has. Ms. Glenn understood the concern but did not have an easy answer for him. Chair Pamperin encouraged Ms. Glenn to look into that OIG report to see what could be done.

- Chat comment by Mark D Worthen PsyD: The OIG report Chair Pamperin referenced: VA Office of Inspector General, "Improvements Needed in Adding Non-VA Medical Records to Veterans' Electronic Health Records", Report No. 19-08658-153 (17 Jun 2021), <https://www.va.gov/oig/publications/report-summary.asp?id=4954>

Al Bruner inquired regarding the quality program if the Committee could receive a brief on the methods, accuracy, consistency, and outcomes. He also asked for any reporting to or interest from Congress on this be provided to the Committee.

Kim Adams asked if Military Sexual Trauma (MST) exams are done by general practitioners where everyone is trained. Ms. Glenn answered that all of their medical providers are required to go through training on MST so they are aware of what it is and how it can affect a person holistically. However, not everyone is doing MST exams. Ms. Goddard stated that if it were a PTSD exam it must be done by a psychologist. Ms. Adams clarified by asking if MST

is a secondary condition to PTSD it would be the individual doing the exam for PTSD. Ms. Glenn confirmed.

- Chat comment by Mark D Worthen PsyD: Only psychologists and psychiatrists can do C&P exams. IMHO (In My Humble Opinion) the VA training for MST exams is good.
- Chat comment by Mark D Worthen PsyD: The new Isakson & Roe law allows for service connection for MST that causes mental disorders other than PTSD, although VA has not issued the proposed regulations to implement that law yet (I'm sure it takes time to write such regulations - I'm not faulting VA).
- Chat comment by Mark D Worthen PsyD: Only psychologists and psychiatrists can do C&P exams **\*\*for MST-related claims\*\***.

Kim Adams expressed concerns regarding medical records and homeless Veterans trying to request or even remember medical records. There should be a way the Veteran can sign a release so that the community partner can refer those records to the VA. There needs to be a way for the records to easily get to the VA so claims can be processed more seamlessly.

The Committee recessed from 10:47 a.m. to 11:00 a.m.

During the break Chair Pamperin asked Ms. Starke if she had seen the email received by a Veteran. Ms. Starke stated she had not yet seen it. Mr. Pamperin stated the Veteran had a complaint about narcolepsy and the way it's evaluated and would like to send the Veteran an email to inform him that it falls under the neurological portion of the VASRD which is currently under review.

- Chat comment by Claire Starke: Thank you for sharing your questions/comments in the chat. I will route them immediately after the meeting.

### **Aspects of Community Reintegration Services in VHA**

Ms. Starke introduced Micaela Cornis-Pop, Shayla Mitchell, and Joe Carlomagno.

Ms. Cornis-Pop stated that one of the missions of the Polytrauma System of Care (PSC), aside from medical and mental health rehabilitation, is also community reintegration. She then gave a background of the Polytrauma System of Care (PSC). Ms. Cornis-Pop also explained why vocational rehabilitation is important in PSC. She ended by covering the principles utilized to integrate medical and vocational rehabilitation services within PSC.

- Chat comment by Mark D Worthen PsyD: Polytrauma System of Care [ <https://www.polytrauma.va.gov/> ] - I have heard from so many veterans over the years about how much help they have received from Voc Rehab, PSAS (Prosthetic and Sensory Aids Service), and the many other components of PCS. The vets and their family members express a ton of gratitude for you all. Bravo!
- Chat comment by Micaela Cornis-Pop: It's so gratifying to hear this. Thank you very much for sharing with us.

Ms. Mitchell introduced the PSAS and explained the mission and goal of PSAS. She showed that PSAS provides a range of specialty cares for Veterans that do not fall under the amputee umbrella such as speech, muscular dysfunction, and women's health. Ms. Mitchell broke down the Fiscal Year 2020 PSAS budget of 3.1 billion dollars that provided 21 million devices to 3.3 million Veterans. She explained that in addition to services and devices PSAS also has a benefit program that provides automobile adaptive equipment (AAE), clothing allowances and home improvements/alterations.

Steve Wolf asked regarding the clothing allowance if PSAS collaborates with VBA on the submittal process. Mr. Wolf stated he has seen Veteran submissions that have gone through the Janesville portal sitting in the Veterans Benefits Management System (VBMS) with no action. He asked if there was a way to capture those Veterans that submitted a clothing allowance, but no action has been taken. Ms. Mitchell replied the system utilized by VHA does not communicate well with the Janesville portal; someone in VBA has to monitor the Janesville portal for clothing allowances. She suggested that the Committee could look into how one administration receives another application when it's for a benefit that crosses over both.

Kim Adams inquired regarding the AAE benefit as to whether a Veteran that is unable to drive could it be modified to allow them to utilize the money available for alternate types of transportation. Ms. Mitchell answered that due to state laws certain Veterans with blindness or other conditions that prevent driving are often not permitted licensure. A Veteran with blindness could qualify for an automobile grant to purchase a vehicle that could be driven by someone else for the Veteran. A blind Veteran will usually only qualify for the automobile grant but with the changes in technology it is worth attempting to apply for the AAE as they are not automatically precluded.

Mike Maciosek asked for clarification regarding the 3.1-billion-dollar budget for 3.3 million Veterans as that would be less than \$1,000 per Veteran. Ms. Mitchell replied that 3.1 billion provided 21 million devices as the VA has contracts for these items at set prices and the VA is not paying regular commercial price so no it would not be fair to say the breakdown is around \$1,000 per Veteran. Mr. Maciosek stated he was concerned there were Veterans that were not receiving services they need with that budget.

- Chat comment by Mark D Worthen PsyD: The "market value" of the devices is greater than \$3.1B. - Accurate way to say it?

Mr. Maciosek then asked to clarify that the 3.3 million Veterans are currently receiving some sort of service. Ms. Mitchell replied yes for Fiscal Year 2020 those 3.3 million all received some sort of item or service. Mr. Maciosek again stated it seems low that it is being done for less than \$1,000 per Veteran and that maybe there was a budget constraint or maybe VA was not able to serve everyone. Ms. Mitchell stated they have had a lot of cost savings and offered to present a breakdown of each item at a later time if that would be helpful. Mr. Maciosek replied that he did not intend for busywork but wanted to make sure that PSAS did not have concerns that Veteran needs were not being met. Ms. Cornis-Pop suggested they bring that question back to the office and explain how this really works out.

Chair Pamperin stated that in the VA Vocational Rehabilitation program it is frequently mentioned that TDIU is an obstacle to employment because typically with the current rating

schedule for mental health it is difficult to get to 100% so a lot of people that are at 70% are receiving IU benefits and the suggestion is they are discouraged from seeking employment. He asked how to reconcile compensation and employment so that the person gets the kind of support that they need but are not discouraged from engaging in employment and how to better serve seriously disabled Veterans and still get them to work. Ms. Cornis-Pop agreed that at a certain level the disability stipend may be a disincentive to return to work. Joe Carlomagno added while in a Compensated Work Therapy (CWT) program VA benefits are protected. IU is different in that it's possible it could be reduced but it's not always. Benefits counseling is done before returning to work to evaluate the impact of going back to work while receiving benefits. CWT is not meant for lifetime work but if someone has a clinical need for support, they can stay in the program as long as needed.

Chair Pamperin asked if it would be reasonable when considering termination of IU due to employment that a factor that should be considered is the extent to which the person is receiving support to maintain employment. Mr. Carlomagno stated without that support people cannot maintain their employment. Chair Pamperin suggested that be explored to a greater depth in the future.

Joe Carlomagno introduced himself, explained that VHA Vocational Rehabilitation Service (VHA VR) is part of the VHA's Mental Health and Suicide Prevention, and informed that VHA VR now offers services to Veterans with physical impairments as well. He explained why someone should go back to work and the concept of recovery with that. Mr. Carlomagno stated that research shows that unemployment greatly affects mental and physical health and increases the risk of suicide and substance use. He explained that participation in Support Employment (SE) showed many benefits in mental and physical health for the participant. Mr. Carlomagno showed that VHA VR is divided into three categories and briefly explained each category. He then explained in more detail the categories of Vocational Assistance and CWT as well as the five subsets of CWT: Supported Employment, Transitional Work, Community Based Employment Services, Supported Self-Employment, and Supported Education Services. He last covered the impact of CWT on benefits.

- Chat comment by Mark D Worthen PsyD: Superb presentation! ... A common question: What is the difference between VBA Veteran Readiness and Employment and VHA Vocational Rehabilitation Services? Is there an infographic or table that clearly delineates who does what?
- Chat comment by Micaela Cornis-Pop: I can speak to the VHA Voc Rehab Services and say that the main difference for the Polytrauma System of Care is integration of vocational rehabilitation in the medical rehabilitation team that can jointly address limitations and opportunities for employment.
- Chat comment by Tom Pamperin: Thanks

Ms. Cornis-Pop mentioned that VHA VR service, over the past two years, has been spectacular. They have made grand strides including Veterans other than just those with mental health conditions.

- Chat comment by Mark D Worthen PsyD: You all are doing cutting-edge work. A shining light for VA! Please tell your two colleagues - this is one of the best presentations I have \*ever\* seen on a VA program - or integrated set of programs.
- Chat comment by Kimberly Adams: I am hoping we can get a more extensive presentation on these programs. This was outstanding information that can definitely be used to look at the issues dealing with TDIU and it was informative with my work in SSDI/SSI Cases.

Chair Pamperin acknowledged an email received from a Veteran who is service connected for narcolepsy. The Veteran was basically pointing out that the system for evaluation of narcolepsy by analogy is inadequate since narcolepsy is a neurological condition and one of the rating criteria still being worked on by the VBA VASRD workgroup. He asked Ms. Starke and Ms. Roussel to forward the email to the Compensation Service for referral to that particular workgroup for their consideration as they develop the regulation.

#### **Fiscal Year 2021 Meeting Schedule & Administrative**

Ms. Starke thanked the members for providing their availability. She stated September's meeting looks like it would be September 28 and 29 and there does appear to be enough for a quorum. Dates for January and April will be discussed. Ms. Starke asked that anyone that has not provided their dates to please do so to determine dates.

#### **Adjournment**

Chair Pamperin thanked all new members and adjourned the meeting at 11:56.

David Brueckner  
Jamison Professional Services  
Preparer of the Summary Notes

Sian Roussel, Committee DFO



Thomas J. Pamperin  
Committee Chair