

REPORT OF THE ADVISORY COMMITTEE ON DISABILITY COMPENSATION



2018 BIENNIAL REPORT

**Department of Veterans Affairs
Responses to the October 21, 2018, Biennial Report Recommendations
Advisory Committee on Disability Compensation
March 2019**

Subject: 2018 Biennial Report to the Secretary of Veterans Affairs

Reference: Charter of the Advisory Committee on Disability Compensation (ACDC) dated October 29, 2009, established under the provisions of 38 United States Code (U.S.C.) 546, Public Law 110-389, and operates under the provisions of the Federal Advisory Committee Act, as amended, 5 U.S.C. App. With no termination date.

In addition to the guidance from the Committee Charter, the Committee has received guidance and taskings from the Secretary (SECVA), Under Secretary for Benefits (USB), Chief of Staff, Advisory Committee Management Office, and other Senior VA leaders.

Background: This report fulfills the statutory requirement to submit a report to Congress biennially. This report is due by October 31, 2018. Previous Biennial Reports were submitted on October 31, 2016, October 31, 2014, October 31, 2012, and July 7, 2010. Interim Reports were submitted on October 31, 2015, June 18, 2013, and July 7, 2009. Previous reports and VA responses are enclosures.

Committee Organization and Reconstitution: The Committee was originally organized with eleven members appointed to terms ending September 20, 2011, and September 30, 2012. The Committee was reconstituted in October 2013 with twelve members and reconstituted in 2016 with twelve members. One member of the Committee died in 2016, and another died in 2017. Unfortunately, the loss of these members included some important expertise (Veterans Service Organization (VSO), and military and civilian attorney). Two members have resigned from the Committee, one in 2017 due to illness, and one in 2018 due to other commitments. The current Committee is now eight members. Since some of the Members' terms expired in 2017, nominations for new ACDC members were advertised and accepted, and a slate of highly qualified candidates were forwarded to the USB and SECVA for selection. The appointment of new Advisory Committee members is still pending.

ACDC Subcommittee: Following SECVA's announcement at the National Press Club on November 6, 2017, that he was establishing a Veterans Benefits Advisory Board, the ACDC was asked to form this as a Subcommittee since it fit best with our Congressionally-mandated Charter. The Subcommittee would focus on Veteran's abilities, rather than their disabilities, and how to make benefits work better for Veterans. Organizational work began January 4, 2018, with a teleconference with the ACDC Chair and the Director of Compensation Services, Veterans Benefits Administration (VBA), followed by a meeting with the Principal Deputy Under Secretary for Benefits, the Director of the Office of Strategic Plans, and the Director of

Compensation Service and the Chair on January 11, 2018. Subsequently, a Teleconference was held with the DFO from the VA Specialized Medical Group Advisory Committee that has a Subcommittee to share best practices and lessons learned. Further meetings with the Chair, the Director of Compensation Service, and the USB were held between March and May 2018. Initiation of the ACDC Subcommittee was then placed on Temporary Hold, pending appointment of the new Secretary of the Department of Veterans Affairs.

Current Members of the Committee: Maj Gen Joseph Kirk Martin, Chair; Dr. Doris Browne; Dr. Elizabeth Savoca; Dr. Michael Simberkoff; Dr. Warren A. Jones; MG George Fay; Mr. Tom Pamperin; and Dr. Jonathan Roberts. The Committee Designated Federal Officers (DFO) are Ms. Stacy Boyd and Dr. Ioulia Vvedenskaya. Brief biographies of the current members are enclosed.

Status of Issues Presented in Previous Report: The Committee received and reviewed the VA Responses to the Biennial Report dated October 31, 2016. The Report contained seven Issues and 22 Recommendations. The VA Response was Concur for 17, Concur in Principal for two, Concur in Part for one, and Non-Concur in two.

Previously Presented Priority Issues of Concern to the Advisory Committee: The Systematic Review and Update of the VA Schedule for Rating Disabilities (VASRD)

Discussion: The key responsibility of the Advisory Committee as set forth in the Charter is to advise the Secretary with respect to the maintenance and periodic readjustment of the VASRD. The formal Program Management Plan to revise the "VA Schedule for Rating Disabilities" is dated October 2009, with a timeline for final rules to be published in 2016. This represented the first comprehensive revision of the 15 body systems in 73 years. Earnings/Loss Studies were to focus on VA's Disability Compensation Program to modernize the VASRD. The Advisory Committee concurred that the Management Plan, if executed as presented, would meet the requirement. However, in addition to the major setback to the scheduled Plan by the decision to start over on the review of the Mental Disorders body system, other delays continue to significantly impact the Management Plan revision, which most recently is not projected to be completed until Fiscal Year (FY) 2020.

Individual Unemployability.

Discussion: The Advisory Committee was tasked in the January 6, 2014, VA Response to the Committee's 2012 Biennial Report to conduct a study of the issue of Individual Unemployability (IU) and make recommendations based on the earnings/loss study. The Committee expressed concern in the 2016 Biennial Report that there was no plan developed to study economic loss data. VA initiated a study in 2017; however, to date, this study has not been completed.

SUBJECT: 2018 REPORT TO THE SECRETARY OF THE DEPARTMENT OF VETERANS AFFAIRS

Issue 1: THE SYSTEMATIC REVIEW AND UPDATE OF THE VASRD

Secretary's Priority Issue: These Recommendations address the Secretary's Priorities Modernize Systems, Improve Timeliness, Efficiency, Greater Choice

Discussion: The Committee has received extensive briefings about the progress or lack thereof of the Systematic Review and Update of the VASRD. The existing VASRD consists of 15 body systems and was last updated in 1945. A formal Program Management plan to completely revise and update the VASRD under 14 body systems was dated October 2009, with an original timeline for final rules to be published in 2016. Further, the Plan was also established that an ongoing review and update of the newly revised schedule would begin in March 2017. The Secretary's response to the 2014 Biennial Report stated that the management plan foresaw a completion of March 2017, a change from the 2009 Plan. At the Committee's September 2016 meeting, we were advised that all final rules for the initial review of the VASRD would be completed in September 2018, 9 years after the start of the project. Additionally, we were advised that a Request for Proposal for an earnings loss study was released on September 9, 2016, although it was unclear if this was for the actual study or for work on the design of a study. The Committee was also told that once the initial review was completed, ongoing review and update of each body system would occur every 3 years.

As of May 22, 2018, **four** body systems Final Rules were published. These are:

1. **Dental/Oral:** Final Rule Published 82 FR 36080, August 3, 2017, Effective September 10, 2017.
2. **Endocrine:** Final Rule Published 82 FR 50802, November 2, 2017, Effective December 10, 2017.
3. **Eye:** Final Rule Published 83 FR 15316, April 10, 2018, Effective May 13, 2018.
4. **GYN/Breast:** Final Rule Published 83 FR 15068, April 10, 2018, Effective May 13, 2018.

Proposed Rules for **four** additional body systems were published and are in various stages of review and/or finalization.

5. **Skin:** Proposed Rule Published 81 FR 53353, August 12, 2016, Final Rule awaiting VA Central Office (VACO) Concurrence.
6. **Hematologic:** Proposed Rule Published 80 FR 46888, August 6, 2016. Final Rule awaiting VACO concurrence.
7. **Genitourinary:** Proposed Rule Published 83 FR 35140, July 28, 2017. Final Rule awaiting VBA concurrence.
8. **Musculoskeletal:** Proposed Rule Published 82 FR 35719, August 1, 2017. Final Rule awaiting VBA concurrence.

Proposed Rules for **six** additional body systems have yet to be published. These are:

9. **Infectious Diseases:** Currently awaiting VACO concurrence
10. **Cardiology:** Currently awaiting VACO concurrence.
11. **Respiratory/Audiology:** Currently awaiting VBA concurrence.
12. **Mental:** Currently awaiting VACO concurrence.
13. **Neurologic:** Currently awaiting VBA concurrence.
14. **Digestive:** Currently awaiting VBA concurrence.

Briefers have told the Committee that there are no mandated timelines for review and concurrence of changes until Proposed Rules are forwarded to General Counsel and a RIN number is assigned. In the view of the Committee, 9 years of effort with only 2 Final Regulations being published is unacceptable.

The ACDC believes that there are 3 reasons for delays in initial completion publication of final rules for the 14 body systems of the new VASRD and initiation of their periodic review and update. These are:

1. Insufficient resources (medical personnel and regulation writers) assigned to the task;
2. Lack of realistic timelines and suspense dates for each of the tasks required; and
3. Lack of Project Management.

Medical Personnel Assigned to VASRD: When it was initiated in 2009, the revision and updating of the VASRD was estimated to require 7 full-time medical personnel. That goal was never achieved. At most, 6 physicians were hired by VBA to work fulltime on VASRD. However, through attrition and retirement only two VBA medical personnel are currently engaged on this task.

The ACDC is concerned that despite their heroic efforts, the 2 full-time VBA Medical officers assigned to complete the revision and update of all the body systems of the VASRD are insufficient for this task and must be supplemented.

Regulation Writers Assigned to VASRD: Originally, one regulation writer was assigned the task of reviewing the VASRD. Over the years, the complexity of the process has increased. ACDC feels there should be sufficient regulation staff to ensure the completion of the current project to publish a revised rating schedule, maintain the stated 3-year ongoing review cycle, maintain the other regulations in Parts Three and other parts, as well as be able to respond to legislative changes.

Project Management: Personnel cannot be effectively utilized, nor can timelines and deadlines be effectively enforced without appropriate management. Revision and updating to each of the body systems of the VASRD demands a Project Management approach where personnel responsible for each step are required and held accountable for meeting timelines and deadlines. This is further addressed in Issue 2 of this Report.

Recommendation 1-1: VBA should supplement the two fulltime medical personnel currently assigned to revise and update the VASRD. If fulltime medical personnel

cannot be recruited, hired, and trained in a timely manner, VBA should consider finding additional medical personnel by requesting that subject medical experts be detailed on a part-time basis from nearby Veterans Health Administration (VHA) facilities or contracted from nearby medical schools in Washington, DC and Baltimore, MD to assist and supplement the efforts of VBA Medical Personnel assigned to revise and update body systems for the VASRD.

VA Response: Concur, in principle.

From 2009 through 2016, the VASRD staff was only comprised of Medical Officers. While technical work groups accomplished their mission to address medical aspects of the claims, none of these Medical Officers were technical regulatory writers or sufficiently-versed in all aspects of rulemaking. As a result, there were significant delays in the formulation of regulatory packages. In 2016 and 2017, VBA encountered the loss of two Medical Officers, but determined that the necessary work to ensure publication of regulatory packages required different expertise. Therefore, VBA supplemented its two remaining, fulltime Medical Officers with three GS-13 Regulations Analysts (RA) and one GS-14 Lead Analyst. These employees have been instrumental in the drafting of all 14 regulation documents for the 15 body systems—for a total of 6 final regulations published; 3 proposed regulations published; and 5 regulations drafted and in concurrence. VBA is standing up a VASRD Program Office in 2019 with the proper full-time employees, including additional Medical Officers.

Recommendation 1-2: Regulation staff writers should be considered mission critical positions to be filled on a priority basis when vacancies occur.

VA Response: Concur.

In the past 2 years, VBA has expanded its regulations staff to include additional RAs. VBA agrees that these technical employees are critical to complete the necessary work and to ensure publication of regulatory packages. Currently, there are two RAs on staff, and VBA's hiring plans include two additional RAs who are dedicated to VASRD regulations exclusively. To ensure sustainability of effort, VBA will continue to assess its full-time equivalent (FTE) resources who are dedicated to VASRD.

Recommendation 1-3: The Department should establish clear timelines and deadlines since this process includes concurrence from multiple staffs outside VBA. Establish a tool, such as the Gantt Chart with clear timelines and deadlines for completion of each of the tasks required to complete the revision, update, and publication of Proposed and/or Final Rules for each body system of the VASRD.

VA Response: Concur.

While VBA's VASRD regulations take approximately 24 months on average to revise and implement, the changes have taken longer due to several factors, such as the following: concurrence with internal and external offices; development of impact

analysis and supporting documents; and information technology (IT) systems' integration. VBA will work with the Department on refining timeliness expectations and deadlines for all internal VA offices to ensure that such timeliness controls are put in place. VBA will also establish a formal VASRD Operational Guide to set forth protocol for VASRD rulemaking protocol and project management.

Recommendation 1-4: Establish and implement a robust Project Management Office where personnel in VBA, the Office of General Counsel (OGC), the Office of Information & Technology (OIT), and VACO are responsible and accountable for meeting timelines and deadlines for completion of their tasks required for publication and implementation of Final Rules for each body system of the VASRD.

VA Response: Concur.

As noted above, VBA will work with the Department on refining timeliness expectations and deadlines for all internal VA offices to ensure that such timeliness controls are put in place. VBA will also create a formal VASRD Operational Guide to establish structure for VASRD rulemaking protocol, timeliness expectations, and project management as part of the new VASRD Program Office.

Issue 2: VASRD PROGRAM MANAGEMENT

Secretary's Priority Issue: These Recommendations address the Secretary's Priorities Modernize Systems, Efficiency, Improve Timeliness

The anticipated 2019 mandatory budget for the Compensation and Pension account is \$95 billion. The VASRD is the core tool used to administer these funds.

Discussion: VA is charged with the responsibility of delivering benefits and services to America's Veterans and to their dependents and survivors. One of those benefits is disability compensation for Veterans who have incurred or aggravated disease or injury while serving the Nation. VA executes this mission using the VASRD to evaluate the level of impairment associated with an injury or disease. The current rating schedule categorizes injuries and diseases through 14 discrete body systems. The potential level of compensation associated with each impairment is assessed in 10 percent increments from 0 to 100 percent disabling. Each disability is assigned a range of potential evaluations specific to that disability. Compensation payable to Veterans who are service connected for more than one disability is determined by combining the service connected conditions through the means of a combined rating table that produces a combined disability evaluation.

The VASRD was initially developed in 1945. While it is true that over the years new disabilities have been added to the schedule and some modifications to existing rating criteria have been made over the last 73 years, no comprehensive update to the schedule has been implemented since its inception.

VA has been engaged in a comprehensive update of the schedule for the last 12 years. Those efforts have been multi-disciplinary and thoughtful. The fact remains, however, that the fruits of that effort are few. Most significantly, they include a decision to combine two body systems into one and the publication of final rules for four systems. Most, but not all, especially the most potentially significant ones (musculoskeletal, mental health, and the diabetes portion of the endocrine system) have been published in the federal register for notice and comment. All but four published final rules are in various review processes without any obvious structure and oversight to insure they proceed through necessary gate reviews in a timely and effective manner.

Additionally, the committee, which has expressed repeatedly in earlier reports its belief that VA must fully staff the clinical staff responsible for development of the schedule to assure success, was at its May 2018 meeting advised that the staffing for the project had been reduced from an authorized 7 positions to 2. We were also advised that, without regard to any process improvements which may be able to be achieved to expedite the project, the schedule is subject to programming limitations in that only two body systems can be fit into the information technology update process per quarter. Thus, a process begun 12 years ago, at the minimum, cannot be fully implemented for at least 2 years and will most likely take significantly longer.

It is not clear whether Departmental management is aware of the status of the project. Finally, while staff have briefed the Committee several times about "project management" and the "project manager" and "integrated project management teams (IPT)" on further questioning from the Committee, we can discern no evidence that the Department is applying true program and project management in the commonly understood meaning of that discipline to this critical project. It should also be noted that staff indicated that a contractor is the "project manager." A project manager is an inherently governmental personnel task since that individual is accountable for the accomplishment of the project and, in the Committee's view, cannot be delegated to a contractor.

It should be noted that the Department has a Program Management School within the VA Acquisition Academy (VAAA) located in Frederick, Maryland, which has the knowledge, skills, and ability to assist in the development of an appropriate program and project management approach for updating the VASRD. At the May 2018 meeting, the Committee was advised that the Compensation Service is in discussions with VAAA for project management training and support. Subsequently, we are aware of two meetings with that organization and the creation of a revised schedule. We believe these are positive moves. However, without senior Departmental involvement in this project, whether through direct oversight or delegation of authority that has the ability to affect the cycle time for concurrence within VBA and the Department, the project will continue to experience the delays that are well documented thus far.

The Committee believes qualified Program and Project Managers should develop accurate requirements and performance standards and manage life-cycle activities to

increase the likelihood of achieving intended outcomes. The Committee believes that a formal program and project management approach, with evidence of commonly accepted best practices, increases the ability to hold organizations, teams, and individuals accountable. The Project Management Plan (PMP) should include a work breakdown structure (WBS) along with specific plans for communications, risk management, change management, and integrated project management schedule. A concept of operations and others are not only necessary but fundamental to the management of the updating of the disability evaluation schedule upon which millions of wounded, ill, and injured Veterans depend.

Recommendation 2-1: The Secretary should direct the USB to conduct a VASRD Update Project Gap analysis in accordance with the guidelines from VA Handbook 7402, VA Acquisition Program Management Framework (APMF) Procedures. The analysis should assess the current state of project management for this effort and point the way ahead.

VA Response: Concur, in principle.

In 2018, VA held two meetings with the VA Office of Acquisitions to address VASRD issues and to discuss the use of the APMF. From those sessions, VBA is finalizing the recommendation for the creation of a program office and is working on a program charter as well as other key operating plans with assistance from Massachusetts Institute of Technology Research & Engineering (MITRE).

In addition, the USB has contracted with MITRE to provide an assessment of the VASRD as a GAO High Risk program and to make recommendations for necessary changes that will ensure program sustainability.

Recommendation 2-2: Because the success of the VASRD Update Project is dependent upon critical inputs from the Office of the USB; OIT; OGC; the VBA Budget Office; the Office of Field Operations; the Compensation Service's Policy, Procedures, Contract Exam, and Training staffs; and from VHA's Compensation Exam units, the Secretary should provide a written delegation to an appropriate official that will enable that individual to establish specific timelines for concurrence of proposed VASRD changes at the VBA, VHA, and Departmental levels.

VA Response: Concur.

Modernizing the VASRD remains a high priority for VA. As VA assesses the sustainability of these regulatory revisions (on 3- to 5-year cycles for updates), VA is seeking enterprise-wide accountability as well as the establishment of a program office with the dedicated resources. Establishing dedicated resources for VASRD program oversight will ensure the necessary agency-wide collaborations and critical inputs are timely.

Recommendation 2-3: The Director of the Compensation Service is the Business Owner for this project and should be directed to appoint a dedicated federal Project Manager with roles, responsibilities and authorities spelled out in writing within 15 days of the completion of the gap analysis discussed in Recommendation 2-1.

VA Response: Concur, in principle.

Compensation Service has created and filled the new position of Regulations Officer (Program Manager) as the dedicated leader to oversee the VASRD program. However, Compensation Service is establishing and staffing the new organizational structure of the VASRD Program Office. In addition, Compensation Service is currently coordinating with MITRE for their assistance in standing up the new program office. Therefore, the 15-day timeframe to complete the gap analysis as outlined in the above Recommendation 2-1 is dependent on final approval from the USB as well as the results of the collaboration with MITRE and staffing of the program office.

Recommendation 2-4: The Core Team should develop and submit for approval of the Executive Team a comprehensive PMP. The PMP should, at the minimum, consist of:

- a. An Integrated Master Schedule;
- b. A Communication Plan;
- c. A Stakeholder Management Plan;
- d. A Risk Plan;
- e. A Change Management Plan;
- f. A Concept of Operations Plan;
- g. An Organization Chart;
- h. A Work Breakdown Schedule (WBS); and
- i. Any other plans which the Core Team may deem appropriate.

The PMP should also clearly outline the follow key factors for success:

- a. A clear statement of major goals (both short term and long term);
- b. A clear statement of success criteria;
- c. A clear statement of how decisions will be made and, when necessary, escalated;
- d. A clear statement of assumptions, dependencies and constraints;
- e. A clear statement of what is in and out of scope for the project;
- f. A clear statement of milestones and key decision points;
- g. A clear statement of major deliverables and target completion dates; and
- h. A clear assessment of the probability of delay or failure to meet schedules with the reasons for these assessments and a mitigation strategy to reduce or eliminate such delays and/or failures.

VA Response: Concur.

VA acknowledges a more sustainable strategy is necessary to address the programmatic requirements and oversight for VASRD. Compensation Service with

assistance of MITRE is currently preparing these documents, beginning with the organizational chart, concept of operations plan, and WBS. Elements listed should be included in the program office's strategic, operational, and tactical plans to ensure project management, oversight, timeliness, and risk management are achieved.

Issue 3: TOTAL DISABILITY BASED ON INDIVIDUAL UNEMPLOYABILITY (TDIU)

Secretary's Priority Issue: These Recommendations address the Secretary's Priorities Modernize Systems, Greater Choice, Efficiency, Improve Timeliness

References: GAO Report 15-464, ACDC 2012, 2014, 2016 Biennial Reports

Discussion: In its 2012, 2014, and 2016 Biennial Reports, the Committee urged VA to carry out a study of the TDIU program. The reports highlighted several issues: the need for improvements in the clarity and consistency in the decision-making process; the need to correct the shortcomings in the VASRD which have led to what is perceived to be excessive reliance on the program (the GAO report found that as of September 2013, nearly half of the Veterans paid at the 100 percent compensation rate received their benefits through the TDIU program); the need to conduct vocational assessments for new applicants; the need to understand the incentives of the program, particularly for Veterans nearing retirement age. The 2015 GAO review of the TDIU program endorsed many of the Committee's recommendations.

In its responses to these various reports, VA stated its intent to systematically review the program, setting targeted completion dates of July 2015 for the development of a plan to initiate a study, and, more recently, a September 2017 deadline for the completion of the study. To the best of the Committee's knowledge, the study has not been completed. We await the findings of the study.

Recommendation 3-1: Complete a study of the TDIU which addresses the issues highlighted in this and the previous three Biennial Reports.

VA Response: Concur in principle.

In 2017, VBA completed an Internal Study of TDIU. This study is currently under review with new VBA leadership to assess recommended courses of action for modernizing the TDIU program.

Issue 4: NATIONAL GUARD AND RESERVE ACCESS

Secretary's Priority Issue: These Recommendations address the Secretary's Priorities Efficiency, Improve Timelines, Greater Choice, and Modernize Systems, Suicide Prevention

Discussion: The VA Advisory Committee on Disability Compensation has carefully monitored the ability of the National Guard (Army and Air), and the Reserve Forces to

use VA programs and benefits. As the National Guard and Reserve have transformed from a Strategic Reserve to an Operational Reserve and component of ongoing Department of Defense (DoD) missions, the number of Guard and Reserve members sustaining service-connected disabilities has increased. The 2018 National Defense Authorization Act (NDAA) Authorized End-Strength of the Guard and Reserve is 823,900. The Advisory Committee previously recognized the necessity of timely Certified Service Treatment Records (STR) from the Guard and Reserve, which was mandated by the DoD in 2014. The Advisory Committee included the Issue of Guard and Reserve Separation Health Assessments (SHA) in our 2016 Biennial Report and recommended that DoD track and provide metrics on SHA implementation to VA with emphasis on the Guard and Reserve. We also recommended that VA continue to stress importance with DoD for full implementation of SHA in all branches, including Guard and Reserve.

Over the past biennium, the Advisory Committee has continued to focus on two Guard and Reserve Issues: (1) SHA; and (2) Transition Assistance programs (TAP).

The Separation Health Physical Exam (SHPE) is conducted by DoD less than 90-days prior to Separation from Active Duty. The member may instead receive a SHA between 90-180 days prior to separation from Active Duty, which may be performed by the VA. During a briefing on December 7, 2016, the Advisory Committee was told that of the 20,000 separating service members per month, 70 percent received the DoD Examination, but there were no numbers available for the Guard and Reserve. The Director of the DoD Reserve Medical Programs & Policy Office told the ACDC during the December 2016 meeting that Active Duty for 180-days, or greater than 30-days in support of a Contingency Operation was required by Guard and Reserve to receive a SHPE, which can be utilized to support a Service-Connected Disability Claim. Failing to complete a SHA or SHPE also makes participation in the VA Benefits Delivery at Discharge (BDD) program difficult.

In discussion with the subject matter experts (SME), the Committee found that a significant number of National Guard members do not separate directly from active Duty nor following a Contingency Operation. In addition, National Guard members, particularly Air National Guard members, may deploy for periods of less than 30-days. This does not result in a DD214 or serve to qualify them for an SHPE, either of which may assist the members with filing and substantiating their VA disability claims for service-connected disabilities. The Committee was told that the DoD Reserve Medical Programs and Policy Office was working to change the guidelines so that any Contingency Operation service would trigger a DD214; however, we are not aware of any action on this since December 2016. Retirement from active duty also qualifies a member for an SHPE or SHA; however, this is not true for National Guard members (unless they come directly off an Active Duty Deployment). A member of the National Guard could serve 20-30 years, including many deployments, and not be offered a SHPE or SHA prior to retirement.

The VA TAP is an excellent overview of VA benefits and VA disability claims. It offers a member the opportunity to enroll in VA online. Most TAP Programs are conducted on Active Duty bases or at Demobilization Installations. According to a TAP briefing to the Committee March 2018, TAP is presented at 300 Installations, and employs 300 Contractors. Significantly, the nearly half a million National Guard members attend duty drills at Armories and Wings in all 50 states, including Washington, DC and the four U.S. Territories, but rarely on Active Duty bases.

Recommendation 4-1: Establish a VA/DoD Task Force to implement SHA/SHPE for Guard and Reserve members.

The Committee is concerned that the Guard and Reserve represent an underserved population of Veterans in terms of VA Programs, documenting service-connected disabilities, or filing for compensation. The Advisory Committee has requested several updates over the past biennium on the Guard and Reserve but has failed to find data indicating that these members are included in SHA/SHPE, unless they are demobilizing from a deployment of 180 days or more. In fact, the Committee was told that Guard and Reserve members were not authorized SHA/SHPE unless they were coming off Active Duty. The redesigned BDD Program is also unable to provide data on Guard and Reserve numbers. ACDC recommends SECVA consider this a priority.

VA Response: Compensation Service concurs in principle.

The SHA initiative is a joint initiative between DoD and VA, to ensure all Servicemembers receive a standard separation exam prior to separating from active military service. Only Reservists or Guardsmen activated under title 10 or title 32, or who are disabled or die during active duty for training or inactive duty for training (under certain circumstances) are eligible for VA disability compensation. As such, SHA exams are conducted by VA, only for Reservists and Guardsmen demobilizing from active duty within 180-90 days remaining before transition and they plan to file a disability claim with VA. Compensation Service agrees targeted outreach is warranted for Guardsmen and Reservists who fit these specific criteria. VBA outreach at demobilization units is dependent on DoD notifying VBA in advance of dates and locations. VA disability compensation eligibility criteria do not preclude DoD from conducting SHPEs, DoD's equivalent exam to VA's SHA, for all separating Reservists and Guardsmen, as required by law. The SHA Initiative remains a VA/DoD Joint Strategic Plan priority with compliance reported quarterly. DoD reported compliance reflects 30 percent of Guardsmen, and 40 percent of Reservists had a separation exam (SHA or SHPE) as of end of the first quarter in FY 2019.

Recommendation 4-2: Institute VA TAP briefings for all retiring and separating Guard and Reserve members.

The Committee is concerned that even though this was highlighted in our prior Biennial Reports, the numbers of Guard and Reserve members receiving TAP are still unknown. Even though the TAP program has 300 Contractors presenting the program, very few

are made available at Army or Air National Guard bases. The Reserve is somewhat better off in terms of TAP, since they are usually co-located on Active Duty bases. VA should consider a rapid action team to implement TAP for all Guard and Reserve who are separating or retiring.

VA Response: Non-concur.

VA coordinates with its interagency partners to ensure that those Guard and Reserve members who are required and/or eligible to participate in TAP do so and collects information about their TAP experience in the same manner as active duty members. VA's continuous evaluation of strategy, performance, and its agile curriculum improvement process allow ongoing enhancements to VA's curriculum and delivery, including the creation of tailored briefings for members of the Guard and Reserve. The Guard and Reserve components have unique needs due to their missions and mobilizations. During FY 2016, VA designed a new curriculum specific to members of the Guard and Reserve. The new curriculum module contains information and resources tailored to the specific needs and special circumstances of Guard and Reserve members. During the summer of 2018, VA again revised the Guard and Reserve curriculum to ensure its currency and relevance.

Transition efforts need to extend beyond the members' time on active duty or in the Guard and Reserve. Through curriculum redesign and the expansion of our reach to Servicemembers throughout the military life cycle, VA is poised to have greater access to all those in uniform – Active Duty, Guard, and Reserve – and reduce the stress of transition and their being overwhelmed with information about benefits and services. Finally, our deployment of over 300 benefit advisors worldwide allows VA to be able to support the transition needs of Guard and Reserve members.

ISSUE 5: VA ADVISORY COMMITTEE CROSS-COLLABORATION

Secretary's Priority Issue: These Recommendations address the Secretary's Priorities Modernize Systems, Efficiency, Improve Timeliness

Discussion: Cross-Collaboration among the 28 VA Advisory Committees has been a Priority of the past two VA Secretaries, and it has been encouraged by the Advisory Committee Management Office (ACMO). The program was discussed at Dr. Shulkin's SECVA-Chair-DFO Strategic Summit 2018 held on January 11, 2018, in Washington, D.C. During the summit, the DFO for the Advisory Committee on Minority Veterans presented "A Phased Approach to Cross-Committee Collaboration (Educate, Engage, Collaborate, Report)."

Over the past 2 years, the Advisory Committee on Disability Compensation has participated in and utilized Cross-Collaboration on multiple occasions. On May 17, 2017, the ACDC Chairman briefed the Former Prisoners of War Advisory Committee at their meeting in the newly opened Southeast Louisiana VA Medical Center in New

Orleans, LA. An overview of the Advisory Committee on Disability Compensation's activity was presented, followed by an engaged question and answer session.

The ACDC has received briefings from three other Advisory Committees: The Research Advisory Committee on Gulf War Veterans' Illnesses, on March 6, 2017, the Advisory Committee on Women Veterans on June 21, 2017 and the Advisory Committee on Minority Veterans on September 13, 2017. The ACDC Chair met by teleconference on February 22, 2018, with the DFO of the VA Special Medical Advisory Group, and Director, Compensation Services, VBA to review best practices and lessons learned regarding Advisory Committee Subcommittees. The ACDC has been requested to brief the Research Advisory Committee on Gulf War Veterans' Illnesses this year. Our Advisory Committee has also requested a briefing from the VA Prevention of Fraud, Waste, and Abuse Advisory Committee.

Recommendation 5-1: The ACDC strongly recommends the need for more Advisory Committee Cross-Collaboration. It provides for sharing an existing knowledge base, and best practices across VA Advisory Committees, without repetition. The process is time efficient and cost-saving. The Advisory Committee recommends that the future VA Secretary continue and encourage Advisory Committee Cross-Collaboration.

VA Response: Concur

ACMO actively encourages ACDC's desire to cross collaborate on data, research, thought processes, and draft recommendations. ACMO continuously promotes its best practice to ACDC to initiate cross committee operations by forming a subcommittee, reaching out to other committees through the ACDC Designated Federal Officer, and meeting with the other desired Parent advisory committee's subcommittee (either in-person or virtual). In accordance with FACA guidance, the subcommittee meeting results must be reported directly to their respective full Parent advisory committee prior to VA leadership implementing any recommendation(s) and/or advice.