

VA



U.S. Department
of Veterans Affairs

Veterans Affairs

Agency Overview

November 2020



A Message from the Secretary of Veterans Affairs

On behalf of the 390,000 employees of the Department of Veterans Affairs (VA), welcome!

VA has one of the most noble and inspiring missions in all of Government – “to care for him who shall have borne the battle and for his widow, and his orphan.” When I was confirmed as Secretary of Veterans Affairs in July 2018, we were on the cusp of one of the greatest transformations in the history of VA. Today, we have successfully implemented a series of unprecedented reforms that has put the Veteran at the center of everything we do, and significantly improved the delivery of care and benefits for America’s Veterans for years to come.

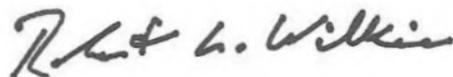
Through the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018, Veterans now have permanent choice to see non-VA doctors when it’s in their best medical interest. Under the MISSION Act, we also expanded benefits to caregivers, allowing our most vulnerable Veterans to stay in their homes with their loved ones for as long as possible.

We are delivering a unified electronic health record between VA and the Department of Defense that will enhance Veterans’ health and improve patient safety. VA launched the new electronic health record at our initial operating site in October 2020 and will implement a phased deployment strategy to reach more than 1,200 VA hospitals and clinics over the next 10 years. This new system is an investment in the future of VA health care and will give clinicians from VA, the Department of Defense, and community providers a full picture of Veterans’ medical history and enable faster, smarter connections between military service and health outcomes.

Our success has had tremendously positive second and third order effects. Because Veterans are more satisfied with their VA experience, VA is seeing more patients than ever before. In fiscal year 2019, VA completed more than 59.9 million internal episodes of care – a record high and about 1.7 million more than the year before. We set historic milestones in 2019 by completing a record 1.44 million total disability claims and issuing more than 95,000 appeals decisions. Our success continued into 2020 with more than 100,000 appeals decision, and an increasing use of virtual telehearings. Our continued joint efforts with Housing and Urban Development (HUD) to end Veterans homelessness has seen the Veteran homeless rate now fall below 50 percent. Even better, Veterans’ overall trust in VA is at nearly 80%, as compared to 55% in 2016. These are just a few of the accomplishments that are helping us deliver on our promises to America’s Veterans and their loved ones.

Even before the COVID-19 pandemic began in the United States, VA took an aggressive posture to protect our patients from the virus, and I am proud of our staff who have worked tirelessly to protect and serve America’s Veterans. VA activated its Fourth Mission as a backup to the Federal emergency medical system and by April 2020, we were delivering medical care to non-Veteran patients in VA hospitals and deploying staff to hotspots that needed our expertise. We increased network capacity and remote access to support virtual care and saw a 1,000% increase in telehealth and video visits during the pandemic.

This Presidential Transition Briefing Book provides greater insight into VA’s operations, key management and policy issues, as well as our challenges and opportunities. As we continue this historic transformation, our entire team is ready to work together in a cooperative and supportive manner to serve our Veterans and their families.



Robert L. Wilkie

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PART A: ORGANIZATIONAL OVERVIEW

1. VA Mission and Overview

On March 3, 1865, President Lincoln signed legislation that would establish a network of national facilities for Veterans – the National Homes for Disabled Volunteer Soldiers. The very next day in his Second Inaugural Address, he gave a vision of healing to a wounded Nation. He counseled, “... let us strive on to finish the work we are in, to bind up the Nation’s wounds, to care for him who shall have borne the battle and for his widow and his orphan” VA derives its mission from President Lincoln’s promise – to care for those “who shall have borne the battle” and for their families – by serving and honoring the men and women who are America’s Veterans.

The Department of Veterans Affairs (VA) was established as an independent executive agency on July 21, 1930, and was elevated to Cabinet level on March 15, 1989, (P.L. 100-527). VA is the second-largest Federal department with 390,000 employees dedicated to serving America’s Veterans, their families, survivors and caregivers with dignity and compassion. As advocates for the Veteran community, VA is committed to providing the very best services with an attitude of caring and courtesy.

Table 1. Overview of Veteran Population and VA Programs

Veterans Demographics (as of June 30, 2020)	
Estimated U.S. Veterans Population	19,209,704
Estimated U.S. Female Veterans Population	1,920,965
Estimated Number of Living WW II Veterans	389,292
Estimated Number of WW II Veterans Pass Away Per Day	294
Percentage of Veteran Population 65 or Older	47%
Veteran Population by Race:	
White	81.0%
Black	12.7%
Hispanic	7.7%
Other	3.7%
Asian/Pacific Islander	1.8%
American Indian/Alaska Natives	0.7%
Veterans Utilization of VA Benefits and Services (as of June 30, 2020, unless otherwise indicated)	
Veterans Receiving VA Disability Compensation	5.06 M
Veterans Rated 100% Disabled	847,580
Veterans Compensated for PTSD	1.1 M
Veterans in Receipt of Individual Unemployment Benefits	372,528
Spouses Receiving Dependency and Indemnity Compensation	425,322
Veterans Receiving VA Pension	226,315

VA Education Beneficiaries (Fiscal Year (FY) 2019)	909,320
Life Insurance Policies Supervised and Administered by VA	5.6 M
Face Amount of Insurance Policies Supervised and Administered by VA	\$1.16 T
Veterans Receiving Vocational Rehab & Employment Benefits (FY 2019)	122,294
Number of Active VA Home Loan Participants	3.43 M
Total Enrollees in VA Health Care System (FY 2019)	9.21 M
Total Unique Patients Treated (FY2019)	6.43 M
VA Workforce and Facilities	
VA Employees in Pay Status (Full Time/Part Time/Intermittent)	415,188
Number of Full Time VA Employees	387,307
Health Care Professionals Rotating Through VA (Academic Year 2018-2019)	124,190
VA Hospitals	172
VA Outpatient Sites	1,275
VA Vet Centers	300
Veterans Benefits Administration Regional Offices	56
VA National Cemeteries	143

VA Budget (FY 2020 Appropriations Enacted)	
Department of Veterans Affairs	\$220.69 B
Veterans Health Administration	\$84.60 B
Veterans Benefits Administration – General Operating Expenses	\$3.13 B
National Cemetery Administration	\$328 M
Information Technology	\$4.37 B

1.1 Our Core Values, Characteristics and Customer Experience Principles

Core Values: VA’s Core Values of Integrity, Commitment, Advocacy, Respect, and Excellence (**I-CARE**) define the culture and help guide the actions of staff across the Department to deliver world-class care and services for America’s Veterans, their families, and beneficiaries.

Figure 1. VA’s Core Values

Integrity	Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.
Commitment	Work diligently to serve Veterans and other beneficiaries. Be driven by earnest belief in VA’s mission. Fulfill my individual responsibilities and organizational responsibilities.

Advocacy	Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interest of Veterans and other beneficiaries.
Respect	Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.
Excellence	Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

Core Characteristics: While Core Values guide the behavior of VA employees, Core Characteristics identify what VA stands for and what VA strives to be as an organization. These are goals that VA wants employees, Veterans, Service members, their families, caregivers and survivors to associate with the Department and with its workforce.

Figure 2. VA’s Core Characteristics

Trustworthy	VA earns the trust of those it serves – every day – through the actions of all employees.
Accessible	VA engages and welcomes Veterans and other beneficiaries, facilitating their use of the entire array of its services. Each interaction will be positive and productive.
Quality	VA provides the highest standard of care and services to Veterans and beneficiaries while managing the cost of its programs and being efficient stewards of all resources entrusted to it by the American people.
Innovative	VA prizes curiosity and initiative, encourages creative contributions from all employees, seeks continuous improvement, and adapts to remain at the forefront in knowledge, proficiency, and capability to deliver the highest standard of care and services.
Agile	VA anticipates and adapts quickly to current challenges and new requirements by continuously assessing the environment in which it operates and devising solutions to better serve Veterans, other beneficiaries, and Service

	members.
Integrated	VA links care and services across the Department; other Federal, state, and local agencies; partners; and Veterans Services Organizations to provide useful and understandable programs to Veterans and other beneficiaries. VA's relationship with the Department of Defense is unique, and VA will nurture it for the benefit of Veterans and Service members.

Customer Experience Principles: VA’s Customer Experience (CX) Principles identify the role of each employee in CX and details how VA will provide the best experience in its delivery of care, benefits and memorial services to Veterans, Service members, their families, caregivers and survivors.

Figure 3. VA’s Customer Experience Principles

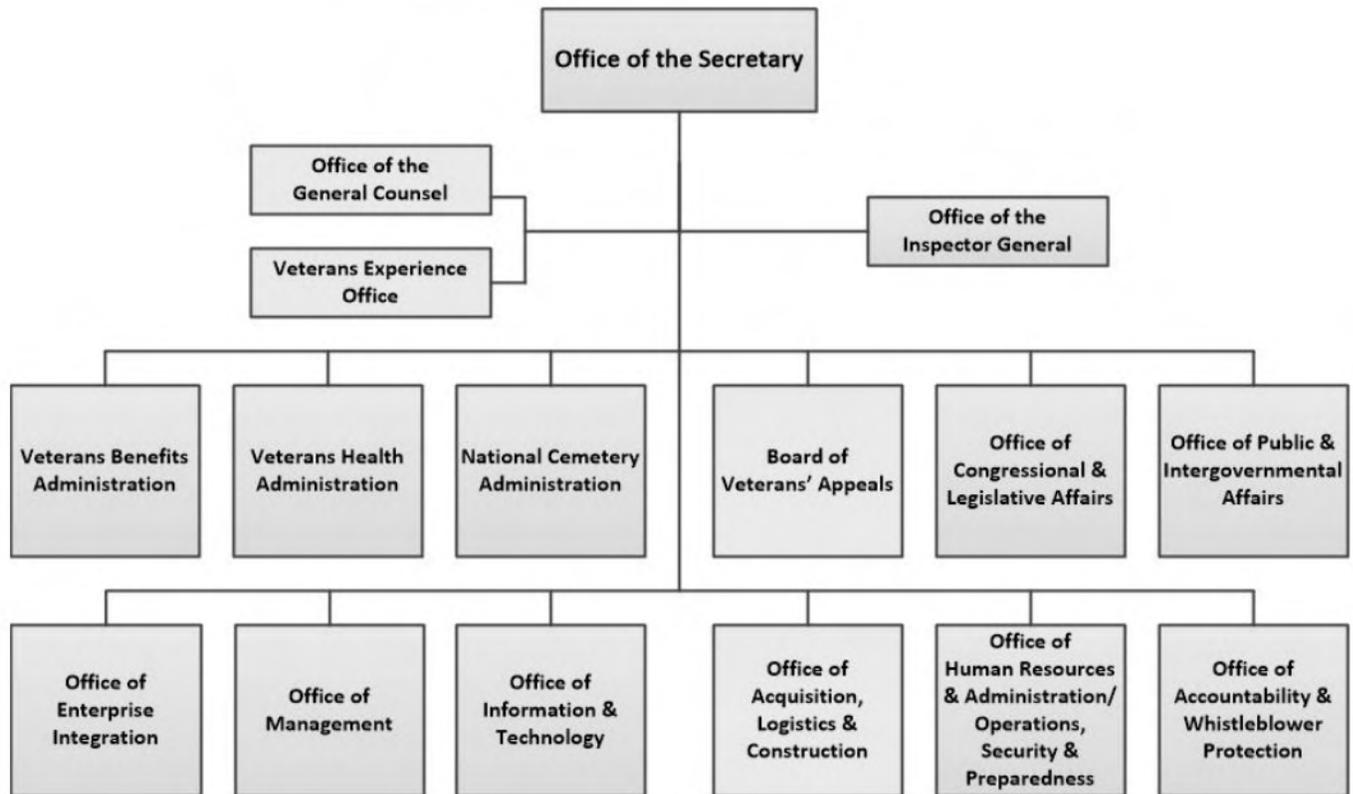
Ease	VA will make access to VA care, benefits and memorial services smooth and easy.
Effectiveness	VA will deliver care, benefits and memorial services to the customer's satisfaction.
Emotion	VA will deliver care, benefits and memorial services in a manner that makes customers feel honored and valued in their interactions with VA. VA will use customer experience data and insights in strategy development and decision-making to ensure that the voice of Veterans, Service members, their families, caregivers and survivors inform how VA delivers care, benefits and memorial services.

1.2 VA Organization: Administrations and Staff Offices

The Department is comprised of three Administrations and numerous Staff Offices responsible for delivering care, benefits and memorial services to eligible Veterans, their families, and beneficiaries. The Staff Offices provide a variety of management and operational services across the Department. The three Administrations – Veterans Health Administration, Veterans Benefits Administration, and National Cemetery Administration, and the Board of Veterans Appeals – provide a broad range of benefits and services codified in Title 38 of the U.S. Code.

Each Administration has Central Office components in Washington, D.C., that support the Administration’s operations. This organizational structure reflects a basic management approach of centralized policy direction, complemented by consistent decentralized execution. Figure 4 provides the high-level organizational structure. The VA Functional Organization Manual (FOM) is the authoritative source that documents the current organization structure, missions, functions, and tasks of the Department and its organizations.

Figure 4. VA Organizational Structure



Office of the Secretary (OSVA) is headed by the Secretary (SECVA) and includes the Deputy Secretary for Veterans Affairs, Chief of Staff, the Executive Secretariat, senior advisors and several special focus centers and offices.

Veterans Health Administration (VHA) oversees the largest integrated health care system in the United States, consisting of medical centers, community-based outpatient clinics, community living centers, Vet Centers and domiciliary facilities. The four statutory missions of VHA are the following: (1) to develop, maintain and operate a national health care delivery system for eligible Veterans; (2) to administer a program of education and training for health care personnel; (3) to conduct health care research; and (4) provide contingency support for

the Department of Defense (DoD) and Department of Health and Human Services (HHS) during times of war or national emergency.

Veterans Benefits Administration (VBA) provides a variety of benefits and services to eligible Veterans, their families and other beneficiaries. These benefits and services include disability compensation; pension; education; vocational rehabilitation and employment; home loan guaranty; and life insurance benefits.

National Cemetery Administration (NCA) interments eligible Veterans, family members, and Service members in VA national cemeteries; assists state and tribal organizations in providing burial benefits to Veterans through the Veterans Cemetery Grants Program; furnishes headstones and markers for graves in national, federally-administered state, tribal and private cemeteries; furnishes medallions for privately purchased headstones and markers that signify Veterans' service; and provides Presidential Memorial Certificates to next-of-kin and other loved ones in recognition of Veterans' honorable service.

Board of Veterans Appeals (BVA) conducts hearings and adjudicates appeals properly before the Board in a timely manner. The Board has jurisdiction over appeals arising from the Department's regional offices, medical centers, NCA, and Office of the General Counsel (OGC). The majority of appeals considered by BVA involve claims for disability compensation or survivor benefits. Examples of other types of appeals addressed by the Board include fee-basis medical care, waiver of recovery of overpayments, reimbursements for emergency medical treatment expenses, education assistance benefits, vocational rehabilitation training, burial benefits and insurance benefits.

Office of Congressional and Legislative Affairs (OCLA) coordinates most of VA's activities with Congress. It is the Department's focal point for interactions and engagements with Members of Congress, authorization committees, and personal staff. Additionally, the Office is the Department's liaison with the Government Accountability Office (GAO).

Office of Public and Intergovernmental Affairs (OPIA) develops and communicates the Department's key messages to engage stakeholders and drives an integrated strategy that includes media relations, digital (online and social media), community relations, public affairs and strategic outreach, intergovernmental affairs, internal communications, as well as Veteran engagement to educate and inform Veterans, their families, their survivors and other beneficiaries about the benefits and care they have earned and deserve.

Office of Enterprise Integration (OEI) leads and orchestrates the continuous improvement of Veterans and employee experience through effective integration of people, processes, technology across VA, innovations, and maturing the Department's organizational management capabilities.

Office of Management (OM) provides strategic and operational leadership in budget, financial management, programming, cost analysis and asset enterprise management. It also promotes public confidence in the Department through stewardship and oversight of business activities that are consistent with national policy, law and regulation. OM serves as the primary liaison with the Office of Management and Budget (OMB) and Congressional appropriations committees to justify and promote the Department's program plans and budget estimates.

Office of Information and Technology (OIT) delivers available, adaptable, secure and cost-effective technology services to VA and acts as a steward for all VA's information technology (IT) assets and resources. It also delivers the necessary technology and expertise that supports Veterans and their families through effective communication and management of people, technology, business requirements and financial processes.

Office of Acquisition, Logistics, and Construction (OALC) is a multifunctional organization responsible for directing the acquisition, logistics, construction and leasing functions within VA.

Office of Human Resources and Administration/Operations, Security and Preparedness (OHRA/OSP) leads the development and oversight of human capital strategies, policies and practices to cultivate an engaged, skilled and resilient workforce. OHRA/OSP also oversees the Department's preparedness, law enforcement and security capabilities.

Office of Accountability and Whistleblower Protection (OAWP) advises the Secretary of Veterans Affairs on accountability within VA. OAWP improves and promotes accountability in VA by investigating allegations of VA senior leader misconduct and poor performance and allegations of whistleblower retaliation.

Office of General Counsel (OGC) provides legal advice and services to the Secretary and all organizational components of the Department. The General Counsel is, by statute, the Department's Chief Legal Officer.

Veterans Experience Office (VEO) is VA's lead organization for customer experience (CX) and supports the Department's modernization efforts as the Secretary's shared service to become a premier CX organization by bringing industry best practices to drive CX improvements in care, benefits and services so that Veterans, their families, caregivers, survivors and VA employees trust and choose VA.

Office of the Inspector General (OIG) is responsible for conducting oversight of the programs and operations of VA through independent audits, inspections and investigations.

1.3 Our Customers

VA's mission is to fulfill President Lincoln's promise, "To care for him who shall have borne the battle and for his widow, and his orphan." To that end, VA is committed to providing the best experiences in its delivery of care, benefits and memorial services to Veterans, Service members, their families, caregivers and survivors.

VA leverages multiple listening channels and real-time surveys to understand the needs and experiences of our customers and their interactions with VA. Through these sources of information and direct conversations with Veterans, VA created the foundational Veteran Journey Map. The Journey Map identifies ten life stages that any Veteran may encounter, from pre-service to end-of-life, and organizes them into three phases in which Veterans' goals and aspirations are distinctly different. The Journey Map represents a broad set of shared events or passages many Veterans will encounter and sets an organizing framework for VA to visualize and understand the moments that matter most to the Veteran. The Journey Map marks a shift in the VA viewpoint from system-centered to user-centered, allowing VA to put the Veteran at the center of policy, program and process decisions.

1.4 Our Employees

VA employees are diverse and highly skilled. They are dedicated and have a close connection with the mission and with America's Veterans – in fact, approximately 33% of VA's workforce are Veterans themselves.

VA employees currently function under multiple personnel systems with over 120 appointment authorities: Title 5 (T5) competitive service, T5 excepted service, Senior Executive Service (SES), Title 38 (T38) excepted service, and Hybrid Title 38 (HT38) which has features from both the T5 and T38 systems. Unique to VHA, the hiring provisions of T38 were established to address the need for an efficient system for the recruitment and appointment of scarce health care workers.

Overall, VA's workforce has experienced an average annual growth of 3.1%, which is consistent with the annual average 3.2% growth in the past five VA President's Budget Submissions in funding for full-time equivalent (FTE) positions. This growth in onboard employees and funded FTE addresses the increased staffing required to meet demand for services, improved access, reduced wait times, improved quality, enhanced Veteran satisfaction and overall mission growth (i.e., staffing capacity need). Most of the additional staffing capacity needed at VA in the past five years has been in clinical occupations, which account for 63% of the overall growth in VA employees.

Retention of employees is critical to maintaining the necessary skills and capabilities to support VA's mission. For example, VHA is the largest employer of nurses in America, with more than

100,000 nurses providing care to almost 9.5 million Veterans. Every year, 1 in 5 nurses in America changes jobs in the private sector. However, in VA, the nurse retention rate has increased in the past five years and is better than that of any other health care system in the nation. In FY 2019, the nurse turnover rate was 7.6%, and the turnover rate for FY 2020 is trending down to 6.5%.

VA has made significant improvements in employee satisfaction and engagement. With noteworthy improvements in recent “Best Places to Work” indices, VA has become an employer of choice. As one of the top ten large agencies to work for in the Federal Government, VA’s Engagement Score has improved each year since 2017, and VA continues to enhance employee engagement, focusing on multiple touchpoints to receive employee feedback and make progress towards addressing and implementing solutions. VA is especially proud that during the ongoing Coronavirus Disease 2019 (COVID-19) pandemic, our employees have risen to the challenges associated with achieving our mission to care for our Nation’s Veterans, beneficiaries and caregivers, and setting the standard for how to respond during a time of national emergency.

2. Major Stakeholders

VA recognizes the importance of working with stakeholders from across public and private sectors. No single organization or agency has the expertise and resources to deliver all the benefits, services and resources necessary to meet the needs and expectations of every Veteran. As a Department, VA continues to improve its ability to partner and work with others through collaborations with Congress; other Federal agencies; state and local governments; tribal governments; faith-based organizations; VA Federal Advisory Committees; Veterans Service Organizations; and nongovernmental organizations.

2.1 Congress

The Office of Congressional and Legislative Affairs (OCLA) is responsible for VA’s relations and interactions with Congress. In this role, OCLA acts as the legislative affairs office for the Department and coordinates closely with individual legislative program offices in the Administrations and Staff Offices.

The House Veterans Affairs Committee (HVAC) and the Senate Veterans Affairs Committee (SVAC) are VA’s two major oversight committees, where most legislation related to the Department is introduced and considered. In addition to the HVAC and SVAC, OCLA manages relationships with all Members of Congress, which can occur directly or through other Congressional committees, such as the Senate Homeland Security and Government Affairs Committee or the House Oversight and Reform.

The Office of Management (OM), in collaboration with OCLA, coordinates official business with two additional significant Congressional stakeholders – the [Senate Appropriations Subcommittee on Military Construction, Veterans Affairs and Related Agencies](#); and the [House Appropriations Subcommittee on Military Construction, Veterans Affairs and Related Agencies](#).

2.2 Other Federal Agencies

VA partners with other Federal agencies through legislatively-mandated collaborations and agency-driven initiatives. VA's most significant interagency engagements is its work with DoD to improve the access, quality, effectiveness and efficiency of health care, benefits and services provided to Service members, Veterans and other beneficiaries. The Office of Enterprise Integration (OEI) serves as the lead on VA/DoD collaboration. It facilitates the development and integration of joint policies and programs between the two Departments through the [Joint Executive Committee](#) and other agencies as needed.

2.3 State and Local Government

The Office of Public and Intergovernmental Affairs (OPIA) is responsible for VA's relations and interactions with state and local government partners. Through OPIA, VA maintains communication directly with state and local government partners and through state- and local-level intergovernmental organizations.

All 50 states, the District of Columbia, and the territories of American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the Virgin Islands each have [agencies](#) tasked by their respective governments to serve the Veteran population of their state or territory. The state, district and territory Directors or Commissioners of Veterans Affairs comprise the [National Association of State Directors of Veterans Affairs](#) (NASDVA). Some large municipalities have their own government organizations dedicated to serving Veterans in their communities.

2.4 Tribal Government

OPIA is responsible for helping VA work more effectively with tribal governments. American Indians and Alaska Natives (AI/AN) serve the U.S. military at higher rates than other groups, but are underrepresented among those accessing benefits and services from VA. To increase the number of AI/AN Veterans accessing services and benefits, VA engages broadly with the governments of Federally-recognized tribes through formal and informal Tribal Consultations. These engagements emphasize the importance of establishing and sustaining enduring, trusting relationships.

To promote increased access to health care, VA has a Memorandum of Understanding with Department of Health and Human Service's Indian Health Service, Tribal Health Programs or Urban Indian Health Programs. These Tribal Programs and Services are key partners in VA's

community care network, and VA reimburses the facilities for care provided to Native Veterans.

VA provides direct home loans to eligible AI/AN Veterans through the Native American Veteran Direct Loan (NADL) to finance the purchase, construction or improvement of homes on Federal Trust Land, or to refinance a prior NADL to reduce the interest rate. Moreover, VA also provides grants to tribal governments to establish Veterans' cemeteries on tribal lands.

2.5 Center for Faith and Opportunity Initiative

The VA Center for Faith and Opportunity Initiative (CFOI) assists faith-based and community organizations (FBCO) which support the needs of Veterans, their families, survivors and caregivers. With their ability to reach Veterans at the local level, FBCOs are essential to revitalizing communities; improving Veteran opportunities and enhancing VA's ability to communicate with Veterans who may otherwise remain unknown to the Department.

CFOI works with the White House and other Faith and Opportunity activities to support the alleviation of poverty; improve religious liberty; and strengthen marriage and family through VA programs and community services. CFOI partners with FBCOs from across the Nation to host outreach events that include information on Veteran benefits; programs that assist with Veteran homelessness and survivor assistance. Additionally, CFOI coordinates nationwide suicide prevention training for clergy from all denominations.

2.6 VA Federal Advisory Committees

The Federal Advisory Committee Act (FACA) and its implementing regulations set forth the processes for establishing, operating and overseeing advisory committees. FACA regulations define Federal advisory committees as any committee, board, commission, council, conference, panel, task force, or other similar group, which is established or utilized by the President or by an agency official, for the purpose of obtaining advice or recommendations for the President on issues or policies within the scope of an agency official's responsibilities. VA's Advisory Committee Management Office supports VA Federal advisory committees.

2.7 Veterans Service Organizations

Veterans Service Organizations (VSO) can be Congressionally chartered; recognized by the Secretary for the purpose of assisting claimants for VA benefits in the preparation, presentation and prosecution of their claims; or recognized by the Secretary of Veterans Affairs (SECVA) because they have been determined to represent the interests of our Nation's Veterans.

Traditionally, VA engagement with VSOs has emphasized the largest, long-established groups, often referred to as the "big six" – Veterans of Foreign Wars, The American Legion, Disabled

American Veterans, Paralyzed Veterans of America, American Veterans, and Vietnam Veterans of America – that represent over five million Veterans. Today, VA has expanded engagements to include a broader range of relevant, Veteran-centric organizations resulting in the following:

- Greater engagement with post 9/11 Veterans;
- Exposure to a broader range of issues; and
- Improved perspective on regional issues.

SECVA engages with VSOs on a regular basis, including weekly teleconference calls; a monthly breakfast engagement; quarterly extended day-long topical briefings; and other similar events. These candid meetings focus on key issues facing the Department and are important in communicating and building relationships with VSOs for the purpose of gaining their input and engagement in VA policy and program improvements.

2.8 Strategic Partnerships

The [Secretary's Center for Strategic Partnerships](#) collaborates with industry and non-profit organizations to jointly build programs that further the Secretary's highest-priority initiatives. Since 2018, the Center has built an active public/private sector partnership community to bring the best of private sector innovations into VA. Recent partner commitments have created increased health care access and improved the quality of services; extended broadband internet access to rural and low-income Veterans; delivered expansive telehealth services; driven best-in-class precision oncology care; and secured commitments to strengthen employee mental wellbeing in an effort to reduce Veteran and civilian deaths by suicide.

The Center is a non-contracting office with delegated authority from the Secretary to solicit and receive gifts and is currently stewarding programs valued at more than \$100 million. While some commitments involve in-kind resources, others are provided free of charge directly to Veterans. Active strategic partners include Amazon, Apple, the Bristol Myers Squibb Foundation, FedEx, Google, IBM, Intel, LinkedIn, McKinsey, Nike, Philips, The Prostate Cancer Foundation, PsychArmor, PsychHub, Sanford Health, T-Mobile, the U.S. Chamber of Commerce, Verizon and Walmart.

PART B: CURRENT OPERATIONS AND PLANS

3. VA Strategic Operating Model

The Office of Enterprise Integration (OEI) oversees the management and execution of VA's strategic operating model that incorporates strategic planning, performance management, risk management and governance to enable the Department to operate as an integrated enterprise.

3.1 Enterprise Governance Management

OEI provides oversight and management of VA's intra-agency governance bodies chaired by the Office of the Secretary. Through these councils and boards, VA's senior leadership provides strategic direction, maintains accountability, and provides oversight to make enterprise decisions in accomplishment of the Department's mission. The administration of the governance process supports a collaborative, integrated and transparent decision-making process. In recent years, VA has been enhancing the effectiveness of its governance by strengthening governance frameworks and policies along with reasserting governance roles and responsibilities. VA continues to operationalize the structures and institutionalize principles for more accountability for effectiveness of the overall governance process. VA Directive 0214, *VA Enterprise Structure and Governance*, establishes VA's enterprise governance structure and process, and sets forth related policies, roles and responsibilities.

3.2 Strategic Planning

VA follows the Quadrennial Strategic Planning Process to develop the Department's Strategic Plan. During this highly collaborative process, OEI hosts interactive workshops with key stakeholders and interviews VA and select interagency leaders to obtain insight and input to inform the strategic plan development.

VA is currently developing the FY 2022-2028 Strategic Plan, which will incorporate the requirements from the Foundations for Evidence-Based Policymaking Act of 2018 to include VA's Learning Agenda and Capacity Assessment. It will also incorporate strategic input from 14 Department-wide planning workshops and interviews with VA and interagency leaders. Goals, objectives and strategies will build upon the FY 2018-2024 Strategic Plan by continuing to focus on Veteran access to tailored services and the customer service/experience. It will also focus on data management; IT modernization; employee experience; accountability of internal and external partners; and being an agile organization with responsible fiscal stewardship.

Figure 1. Quadrennial Strategic Planning Process



3.3 Enterprise Risk Management

VA's Enterprise Risk Management (ERM) program integrates risk-based thinking to strategy setting, resourcing and performance measurement. ERM helps ensure VA achieves its Strategic Goals and enables VA to improve service delivery and the outcomes Veterans deserve by proactively identifying, monitoring and mitigating risks. ERM provides a mechanism for VA leadership to understand and manage the broad spectrum of risks facing VA.

3.4 Performance Management

OEI analyzes, monitors and evaluates enterprise performance results with respect to Administrations and Staff Offices' achievement of VA's Strategic Goals, Strategic Objectives and Secretary's priorities. This includes serving as advisors to VA Administrations and Staff Offices to ensure effective execution of the strategic goals and objectives through performance management. VA performance reports include the following:

- FY 2021/FY 2019 Annual Performance Plan and Report;
- FY 2020-2021 Agency Priority Goals; and
- FY 2019 Agency Financial Report.

VA participates in Cross Agency Priority (CAP) Goals, required by the Government Performance and Results Act Modernization Act of 2010. VA co-leads CAP goal 4: *Improving Customer Experience with Federal Services – VA, in collaboration with U.S. Digital Service and the Office of Management and Budget provide a modern, streamlined, and responsive customer experience across government, comparable to leading private-sector organizations.*

4. Budget

VA is requesting a total of \$243.3 billion in FY 2021, a 10.2% increase above FY 2020 enacted levels. The Federal Government is currently funded through December 11, 2020, under a continuing resolution signed by the President on October 1, 2020. The following charts provide a summary of VA's FY 2020 Budget execution. VA will provide in-person briefings on the budget process, FY 2021 Budget and proposed FY 2022 Budget.

Table 2. VA Programs (includes CARES and Families First Act funding)

(Initial FY 2020 report as of October 22, 2020)

(In Millions)	2020 Full Year		Variance Plan vs. Actual	
	Plan	Obligations	\$s	%
Program				
Medical Services	55,572	48,881	(6,691)	-12.0%
Medical Community Care	17,731	16,535	(1,196)	-7%
Medical Support and Compliance	7,337	6,709	(628)	-9%
Medical Facilities	6,271	5,263	(1,008)	-16%
Subtotal, Medical Care	86,911	77,388	(9,523)	-11%
Medical and Prosthetic Research	880	674	(206)	-23%
VHA Grants for Construction of State Extended Care Facilities			-	
Subtotal, VHA	87,791	78,062	(9,729)	-11%
Electronic Health Care Record Modernization	1,524	1,500	(24)	-2%
Information Technology Systems	6,698	5,535	(1,163)	-17%
Veterans Benefits Administration	5,205	5,108	(97)	-2%
Board of Veterans Appeals	191	186	(5)	-3%
National Cemetery Administration, Operations	336	332	(4)	-1%
Grants for Construction of Veterans Cemeteries			-	
National Cemetery Administration, Total	336	332	(4)	-1%
General Administration	369	347	(22)	-6%
Construction, Major Projects	886	1,364	478	54%
Construction, Minor Projects	390	283	(107)	-27%
Office of Inspector General			-	
Loan Administration Funds			-	
Total Discretionary	103,390	92,717	(10,673)	-10%

Table 3. CARES Funding*

(Data through Sept. 30, 2020)

VA Account (\$000s)	Appropriated	Transfers	Allocated (with Transfers)	Total Obligations	% Obligated
Medical Services	\$ 14,432,000	\$ (290,000)	\$ 14,142,000	\$3,893,571	28%
Medical Community Care	2,100,000		2,100,000	1,968,868	94%
Medical Support and Compliance	100,000	150,000	250,000	77,456	31%
Medical Facilities	606,000		606,000	312,796	52%
Medical Care	\$ 17,238,000	\$(140,000)	\$ 17,098,000	\$6,252,692	37%
Canteen	\$ -	\$ 140,000	\$ 140,000	\$ -	0%
Information Technology	2,150,000		2,150,000	1,176,062	55%
VBA	13,000		13,000	9,786	75%
State Home Construction Grants	150,000		150,000	-	0%
General Administration	6,000		6,000	1,660	28%
Office of Inspector General	12,500		12,500	10,199	82%
Total, CARES Act, P.L. 116-136	\$ 19,569,500	\$ -	\$ 19,569,500	\$7,450,400	38%

*CARES Act funding was appropriated March 27, 2020 and provided \$19.6 billion to address impact of COVID-19, and included funds to care for Veterans at VA facilities and in the community, IT funds to expand telework and telehealth, support additional operational costs in VBA, and staff offices. Continuing Resolution provided authority to transfer funds to the Canteen Service to maintain operations despite decline in the number of customers in VA hospitals. Funding is available through September 30, 2021.

Table 4. VA Staff Offices (General Administration) (includes CARES Act Funding)

(Data through October 22, 2020)

VA Staff Office	2020 Full Year		Variance Plan vs. Actual	
	Plan	Obligations	\$s (in 000)	%
Office of the Secretary of the VA	16,732	16,732	-	0.0%
Office of General Counsel	112,209	109,522	(2,687)	-2%
Office of Management	63,992	58,070	(5,922)	-9%
Office of Human Resources Administration (OHRA)	69,813	67,736	(2,077)	-3%
Office of Operations & Security & Preparedness (OSP)	26,037	25,564	(473)	-2%
Office of Enterprise Integration	28,416	27,577	(839)	-3%
Office of Public and Intergovernmental Affairs	15,927	15,927	-	0%
Office of Congressional and Legislative Affairs	9,190	9,190	-	0%
Office of Acquisition, Logistics and Construction	0	0	-	
Office of Veterans Experience	0	0	-	
Office of Accountability and Whistleblower Protection	22,166	14,747	(7,419)	-33%
Subtotal, Base Funds	364,482	345,065	(19,417)	-5%
OHRA COVID-19	2,442	1,557	(885)	-36%
OSP COVID-19	1,593	103	(1,490)	-94%
Total General Administration	368,517	346,725	(21,792)	-6%

Highlights of VA's FY 2020 budget execution are included below. VA will provide in-person briefings for additional details on the FY 2020 Budget execution, as well as the FY 2021 Budget and proposed FY 2022 Budget.

Veterans Health Programs

- **Medical Services** carried over \$2.1 billion in base as result of decision to maintain funding flexibility going into FY 2021;
- **Community Care & Choice** carried over \$414 million base carryover; FY 2021 budget assumed \$1.1 billion carryover. May require additional appropriation beyond FY 2021 Budget or transfer from Medical Services (base or CARES).
- **Medical Facilities** carried over \$1.0 billion base carryover, most from FY 2018 and 2019 non-recurring maintenance (NRM) plus-up; FY 2021 budget assumed \$512 million. Plus-up projects are slow to execute; and
- **Bottom line:** FY 2021 will be budgetarily challenging because more unknowns than normal (COVID-19, Community Care requirements, timing of obligations).

Other Programs

- **Veterans Benefits Administration (VBA):** executed according to plan.
- **National Cemetery Administration (NCA):** executed according to plan.
- **Information and Technology (IT):** Base obligations of \$4.4 billion were \$208.1 million (4.5%) below plan, including carryover of \$207 million in base funds and \$974 million in CARES Act funds.
- **Electronic Health Record Modernization (EHRM):** executed according to plan, with carryover of \$25 million, a significant improvement from carryover into FY 2020.
- **General Administration (Gen Ad) for Staff Offices:** Hiring delays, reductions in travel and training, and reductions or changes in planned contracts resulted in larger than planned carryover of \$21 million.
- **Board of Veterans Appeals (BVA):** executed according to plan.

5. Legislative Priorities

As of October 2020, several of VA's legislative priorities have been enacted or are pending enactment, most prominently a suicide prevention grant program that was at the center of the Administration's suicide prevention program. In addition, in 2018, VA succeeded in securing enactment of the MISSION Act, enhancing Veterans Choice and making it permanent. Earlier in this Administration, VA secured enactment of fundamental appeals reform.

In light of significant legislative changes made over the past three-plus years, VA anticipates more of a focus on continued orderly implementation of these changes, rather than large-scale

legislative proposals. However, there is still significant work to be done in terms of authorization measures to improve benefits for Veterans and streamline VA's administration of benefits. Among them are the following:

- **Construction and Leasing:** VA has urged action on Congressional authorizations for numerous construction and leasing projects across the country that already have appropriations enacted to fund the projects. These projects will provide a much-needed increase in Veterans' access to care closer to home. In light of intractable scoring issues for leases, VA has submitted a proposal for reform to the lease authorization process that would substitute a committee approval for enactment of separate lease authorizations to avoid Congressional Budget Office (CBO) scoring. VA also has numerous proposals to enhance its Enhanced Use Lease authorities;
- **Partnership for Legal Services:** VA currently does not have authority to provide grants or enter into cooperative agreements that would fund partnerships with those who can provide legal services for homeless Veterans. VA believes this assistance would make a significant difference in combating homelessness by leveraging the legal community;
- **Recording Obligations at Payment:** Current accounting rules require community care expenses to be recorded at the time the care is first authorized. At that time, the ultimate expenditures created by that obligation are very hard to predict, depending on how it is used by the Veteran. Those authorizations can precede the actual expenditures for care by many months. Even with careful management, differences in the amounts recorded at obligation from the actual expenditures can result in "de-obligation" of funds, with the result of VA not being able to use the full amount Congress provides in appropriated funds;
- **Telehealth:** Currently, there is pending legislation that will help ensure that VA can guarantee the fullest use of telehealth capabilities to provide easier access to VA health care, especially for consultations where the medical professional or the patient are not located in a medical facility;
- **Addressing barriers to care:** Among VA proposals are those to address gaps in health care eligibility for conditions related to Military Sexual Trauma and offer relief to those who miss the two-year window for using VA health care because of wait times for appointments;
- **Liberalization and equity for burial benefits:** NCA has presented a set of proposals to harmonize benefits across State and tribal cemeteries, address gaps in eligibility, and increase transportation options for underserved areas; and
- **Improving recruitment and retention of VHA professionals:** VHA has a number of proposals addressed at relief for pay gaps with the private sector, especially in high-cost areas of the country. VHA also has a proposal to prevent having to interrupt VA careers of some health-care professionals when licensure is pending.

PART C: TOP ISSUES FOR LEADERSHIP

VA has spent the past few years engaged in critical management, infrastructure and operational efforts to transform delivery of care and benefits for America's Veterans and re-position the Department for the years ahead. The following compilation of issue papers provide a comprehensive view of these efforts. Each section provides background information, planned actions, measures of success, potential risks and mitigation strategies, and key stakeholders. The first group of papers in section 6 includes issues of strategic importance, and those which have garnered significant Congressional, media and public interest including the following: COVID-19 and VA's Fourth Mission; deployment of a new Electronic Health Record; implementation of the MISSION Act; and suicide prevention efforts. The second group of issue papers, in section 7, provide information on major transformation efforts underway including VA's supply chain, financial management system, appeals, digital strategy and other topics impacting Veterans health and well-being.

Additionally, sections 8 and 9 provide critical information on our oversight partners, including VA's Office of Inspector General (OIG) and the U.S. Government Accountability Office (GAO). It is VA practice, at all levels of responsibility, to provide reliable, useful and timely information to our accountability partners.

While there is still much to be done, VA is in the midst of one of the greatest transformations in its history to enhance care and services and build a more efficient and effective system. These issues papers will provide key insights into how to build upon current successes, manage challenges and continue on the path of transformation.

6. Critical Management and Operational Needs

6.1 COVID-19 and VA's Fourth Mission

VA's Fourth Mission is to improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to Veterans, as well as to support national, state, and local emergency management, public health, safety and homeland security efforts.

In emergency situations, VA has the authority detailed in Title 38 U.S.C. section 1785, "Care and services during certain disasters and emergencies," to furnish hospital care and medical services to individuals responding to, involved in, or otherwise affected by certain disasters or emergencies. These situations have historically been for local or regional disasters; for example, Hurricane Katrina and the 9/11 attacks required emergency assistance to the affected regions of the country. By definition, pandemics are more widespread and require a nationwide

response. The COVID-19 pandemic marks the first time VA was called on to support a nationwide response.

The Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121, et seq. (the Stafford Act) authorizes the Federal Emergency Management Agency (FEMA) to prepare Federal response plans and disaster preparedness programs of the United States and direct other Federal agencies to utilize their authorities granted under Federal law in support of State and local assistance in responding to or recovering from a major disaster. To provide coordinated support during disasters and emergencies, governmental and certain private sector capabilities have been grouped into 15 Emergency Support Functions (ESF). VA is a support agency for seven ESFs, most notably ESF 8, Public Health and Medical Services. One of VA's roles under ESF 8 is to coordinate with participating National Disaster Medical System (NDMS) hospitals and to provide incident-related medical care to authorized NDMS beneficiaries affected by a major disaster or emergency.

VHA may be called upon by FEMA to support the Nation's public and private health care systems. On March 13, 2020, the President declared the COVID-19 pandemic a national emergency pursuant to the Stafford Act. Subsequently, the President approved major disaster declaration requests under the Stafford Act for all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa and the Commonwealth of the Northern Mariana Islands. This is the first time in history that all 50 states have major disaster declarations simultaneously.

VA developed a framework to provide Department-level guidelines to resume normal, pre-COVID-19, public-facing operations once determined by the Secretary. That framework is in accordance with the White House National Guidelines, "Opening Up America Again," and subsequent guidance in the Office of Management and Budget and Office of Personnel Management Memorandum M-20-23, "Aligning Federal Agency Operations with the National Guidelines for Opening Up America Again." Those guidelines allowed objective assessments of epidemiological status and overall preparedness by states to follow a phased approach to resume normal activities, based on consideration of "gating criteria," outlined in VA's national guidance titled *Charting the Course: Maintaining Continuous Services to Veterans and Resuming Normal, Pre-COVID-19 Operations*.

Specific framework objectives in that guidance include the following:

- Aligning VA activities with National guidance;
- Providing an executable roadmap for resuming operations as the situation evolves;
- Clearly communicating guidance and criteria to the VA workforce, Veterans, patients, visitors, and other internal and external stakeholders;
- Mitigating risk of resurgence and protecting the most vulnerable populations;
- Utilizing data to drive decision-making to assure mission readiness; and

- Protecting the VA workforce and considering the safety of their families. (from Charting the Course May 7, 2020, p. 1).

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Phased approach to resume normal operations	Based upon gating criteria	Phased resumption of normal operations
Communications and Outreach	Will continue throughout the pandemic	Inform stakeholders using products on a deployable timeline as VA facilities move into the next phase of operations
Ensure leaders have clear understanding of the authorities, limitations, processes, and resources available	Will continue throughout the pandemic	Leadership across the enterprise will be better informed and prepared to execute the authorities under the Fourth Mission
Pursue legislation that will further clarify the roles, responsibilities and authorities of VA under the Fourth Mission	Next legislative input cycle	Increased clarity of VA roles, responsibilities and authorities resulting in more efficient and timely response

Decision(s):

Decision	Timeframe	Decision Authority
Resume normal, pre-COVID-19 public-facing operations	Implemented in phases	Secretary of Veterans Affairs
Determine when, where and how care will be delivered	Immediate and ongoing	Optimize and prioritize care modalities (virtual care, direct care, community care)
Determine the ongoing level of support to be provided to State, local, tribal and territorial governments	Immediate and ongoing	Executive in Charge, Office of the Under Secretary for Health

Measures of Success:

- Implemented Veterans Integrated Service Network (VISN) Command Centers to coordinate National and VISN-wide operations;
- Coordinated communications for and dissemination of public-facing information for Veterans, their families, states and the public;
- Developed and automated systems and metrics to monitor data trends to support leadership decision-making; and
- Put in place and ensure safety of the environment and clinical care and then employ lead sites to quickly assess impact of this risk-based approach and adjust as necessary through regular reassessment.

Risk Management:

Risk	Continuum	Mitigation Strategy
Providing clinical care while ensuring Veterans' safety	Known Managed Risk	Control and implement actions to minimize impact
Expanding Procedural Face-to-Face services	Known Managed Risk	Control and implement actions to minimize impact
Humanitarian support	Known Managed Risk	Control and implement actions to minimize impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Inform
Congress	Consult
Veteran Service Organizations	Inform
Federal Agency Partner (Department of Homeland Security: FEMA)	Responsible
Federal Employee Union	Consult
Tribal Government	Consult
State Veterans Affairs	Consult
Media	Accountable
Office of Inspector General	Inform
Government Accountability Office	Inform
VHA Office of Emergency Management	Accountable
VHA Office of Population Health	Consult

Lead Organization: VHA

Supporting Organization: OHRA/OSP, OPIA, OIT, OA, OGC

6.2 Electronic Health Record Modernization

Through the Electronic Health Record Modernization (EHRM) program, VA will deploy its new Electronic Health Record (EHR) across the VA enterprise over a 10-year period. The new EHR will enhance Veteran health and improve patient safety by enabling VA clinicians to seamlessly share clinical data between VA, DoD, the Coast Guard and community providers. VA will continue to maintain and support its legacy systems until every VA medical facility has the new EHR solution, ensuring that current patient records are accessible with no interruption in the delivery of quality care.

In May 2018, VA awarded Cerner Corporation a 10-year indefinite-delivery, indefinite-quantity sole-source contract to replace the Department's legacy patient record systems with the commercial-off-the-shelf solution being deployed by the Department of Defense (DoD). VA's new EHR solution will provide clinicians with quick and efficient access to the complete picture

of Veteran health information, improving VA's delivery of health care to our Nation's Veterans. A common solution across VA and DoD will enable the secure transfer of active-duty Service members' health data as they transition to Veteran status and will provide comprehensive care for those who receive services from military treatment facilities and community care providers.

VA established the Office of Electronic Health Record Modernization (OEHRM) in July 2018 to ensure VA successfully readies, deploys and maintains the new EHR solution and the health information technology tools dependent upon it. OEHRM reports directly to the Deputy Secretary and works in close coordination with other VA offices, including VHA and OIT. OEHRM has its own account within VA's discretionary appropriations.

While the COVID-19 pandemic caused a shift in VA's health care operations and required clinical personnel and medical resources to focus on caring for our Veterans and the Nation, with the support of external stakeholders, including Congress and the President, the EHRM effort continued to move forward successfully. To prioritize patient and staff safety, OEHRM immediately shifted to a non-intrusive posture to enable VA health care staff to respond to increased patient demand. While accounting for COVID-19 impacts around the country, OEHRM advanced a strategy that preserves the 10-year deployment timeline and overall life-cycle cost estimate.

VA will implement the new solution at small and medium sites within Veterans Integrated Service Network (VISN) 20 and VISN 10 while the remaining configurations required at more complex sites are completed. Once the full capability set is complete, VA will deploy to the larger and more complex sites in these VISNs to avoid regional fragmentation and promote interoperability objectives. This strategy optimizes resources, provides flexibility, preserves momentum and supports continued alignment with DoD.

VA is also leveraging the EHR contract with Cerner to implement the Centralized Scheduling Solution (CSS), a resource-based scheduling solution that increases scheduling efficiency and provider productivity and ensures Veterans' timely access to care. CSS is a state-of-the-market EHR capability that is significantly more dynamic than the current clinic-based legacy system, and its implementation allows OEHRM to build partnerships and leverage training and change management processes to aid in the full deployment of EHRM capabilities.

EHRM is on schedule to achieve two major program milestones in 2020. On August 21, 2020, despite the pandemic, VA successfully launched CSS at the VA Central Ohio Healthcare System, which serves over 42,000 Veterans and employs over 900 clinicians and schedulers. In addition, VA implemented the new EHR at the Initial Operating Capability (IOC) sites, Mann-Grandstaff VA Medical Center in Spokane, Washington, and the West Consolidated Patient Account Center in Las Vegas, Nevada, on October 24, 2020. Following implementation at these sites, VA will deploy its new EHR solution across the enterprise in waves ending in FY 2028 (Table 1). VA will continue to maintain and support its legacy EHR systems over this period until every VA medical

facility has the new EHR solution, ensuring that current patient records are accessible, and there is no interruption in the delivery of quality care.

Table 5. EHRM Deployment Schedule

VISN #	VISN Name	FY Deployment Start	FY Deployment End
VISN 20	VA Northwest Health Network	2018	2021
VISN 10	VA Healthcare System Serving Ohio, Indiana, and Michigan	2020	2022
VISN 12	VA Great Lakes Health Care System	2022	2023
VISN 23	VA Midwest Health Care Network	2022	2023
VISN 15	VA Heartland Network	2022	2024
VISN 19	VA Rocky Mountain Network	2023	2024
VISN 21	VA Sierra Pacific Network	2023	2024
VISN 22	VA Desert Pacific Healthcare Network	2023	2025
VISN 17	VA Heart of Texas Health Care Network	2024	2025
VISN 16	South Central VA Health Care Network	2024	2025
VISN 9	VA Mid-South Healthcare Network	2024	2026
VISN 8	VA Sunshine Healthcare Network	2024	2026
VISN 7	VA Southeast Network	2025	2026
VISN 6	VA Mid-Atlantic Health Care Network	2025	2026
VISN 5	VA Capitol Health Care Network	2025	2027
VISN 4	VA Healthcare	2026	2027
VISN 2	New York/New Jersey VA Health Care Network	2026	2027
VISN 1	VA New England Healthcare System	2026	2028

VA remains agile and flexible throughout the EHRM deployment effort and maintains communications with Veterans, health care providers, Veterans Service Organizations and other key stakeholders to ensure they are prepared for the transition to the new EHR solution. OEHRM’s comprehensive national and local communication efforts are designed to reach those impacted in various ways, including town halls, emails, direct mail, billboards, flyers, posters, website updates, news releases and media engagements.

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Go-Live at Mann-Grandstaff VA Medical Center	October 2020	Successful implementation
Go-Live at Chalmers P. Wylie VA Medical Center (Columbus, OH)	Spring 2021	Successful implementation

Go-Live at Johnathan M. Wainwright VA Medical Center (Walla Walla, WA)	Spring 2021	Successful implementation
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Decision(s):

Decision Level	Timeframe	Decision Authority
Joint Interoperability Decisions	Ongoing	VA and DoD Authorities coordinated by the Federal Electronic Health Record Modernization (FEHRM) Office
EHRM Scope/Cost/Schedule Decisions	Ongoing	OEHRM Leadership in coordination with other VA offices
EHRM Site Deployment Decisions	Ongoing	OEHRM Leadership in coordination with other VA offices

Measures of Success:

- All required infrastructure improvements (cabling, wifi, computers, medical devices, etc.) completed according to schedule in advance of EHR deployment to an identified site;
- Prescribed training and change management events all completed according to schedule in advance of EHR deployment to an identified site; and
- Minimization and expeditious resolution of system issues and incidents after cutover and expeditious resolution of service tickets.

Risk Management:

Risk	Continuum	Mitigation Strategy
IOC Interface Impacts to Cost, Schedule and Performance	Known Managed Risk	Control and implement actions to minimize impact
VA Information Technology Infrastructure Modernization	Known Managed Risk	Control and implement actions to minimize impact
Improperly Modeled and Implemented Health Care Operational Activities	Known Managed Risk	Control and implement actions to minimize impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Inform
Congress	Inform
Veterans Service Organizations (All)	Inform
Federal Agency Partner (DoD)	Consult
Tribal Government	Inform
State Veterans Affairs	Consult
Media	Inform

Office of Inspector General	Inform
Government Accountability Office	Inform
Other (FEHRM)	Consult

Lead Organization: OEHRM

Supporting Organizations: VHA, VBA, OIT, OEI, OM, OGC

6.3 VA MISSION Act of 2018: Expand Caregiver Program

VA’s Caregiver Support Program empowers Veterans and caregivers with a wide range of resources through the Program of General Caregiver Support Services (PGCSS) and the Program of Comprehensive Assistance for Family Caregivers (PCAFC). As a result of the VA MISSION Act of 2018, VA has begun a major expansion of PCAFC.

Originally, only Family Caregivers of seriously injured Post-9/11 Veterans were eligible for PCAFC, and in September 2020, the program served more than 19,500 Post-9/11 Veterans and their caregivers. The VA MISSION Act of 2018 extended eligibility for PCAFC to Veterans of all eras through a two-phase approach. Phase 1 of the expansion began on October 1, 2020, and expanded PCAFC to eligible Veterans who incurred or aggravated a serious injury in the line of duty in the active military, naval, or air service on or before May 7, 1975. Phase 2 will begin on October 1, 2022, and will expand eligibility for the program to eligible Veterans who incurred or aggravated a serious injury in the line of duty in the active military, naval or air service after May 7, 1975, and before September 11, 2001.

As part of the expansion, the program was refocused to serve Veterans with moderate and severe needs. VA engaged in rulemaking to revise the program to meet the needs of eligible Veterans of all eras and their Family Caregivers, revamped the program governance to support consistent decision making across the country, enhanced program infrastructure to better serve eligible Veterans and Family Caregivers and engaged in thoughtful collaboration with both internal and external stakeholders.

VA published a final rule on July 31, 2020, which became effective October 1, 2020. The effective date of the regulation coincided with the date the Secretary certified to Congress that the new IT system, Caregiver Record Management Application (CARMA), met the program needs for data support and workflow monitoring, triggering the first phase of PCAFC expansion to eligible Pre-9/11 Veterans. The new regulation includes several changes to program eligibility including eliminating the requirement that the eligible Veteran’s need for personal care services be related to the qualifying serious injury. VA also broadened the definition of serious injury to include any qualifying service-connected disability, regardless of whether it resulted from an injury, illness, or disease. These changes expand PCAFC and recognize that eligible Veterans may have multiple conditions that warrant a need for personal care services and that Veterans’ needs may be so complex that it can be difficult to determine what specific condition, out of

many, causes the need for personal care services.

As VA expands PCAFC to include an aging population of Veterans with multiple and complex disabilities, it is necessary for the program to expand the range of clinical services offered to caregivers as well as offering additional psychosocial support. PCAFC previously only served Post-9/11 Veterans who have an average age of 43. Over the history of the program, most of the participants improved and learned to manage their symptoms over a period of a few years. In preparation for expansion to an older Veteran population, VA restructured the program to account for Veterans with chronic and degenerative conditions. Vietnam and pre-Vietnam era Veterans have an average age of 70 and often suffer from multiple complex clinical conditions for which they may not recover, including many who are diagnosed with dementia and Alzheimer's.

The new regulation also focused PCAFC on those who have moderate and severe care needs. The regulation established a new 70% service connection threshold and established a requirement that the Veteran require in-person personal care services without which alternative in-person caregiver arrangements would be required. Under the revised regulations, the Veteran must be in need of personal care services based on either an inability to perform an activity of daily living (ADL) each time the ADL is completed, or a need for supervision, protection, or instruction, which means a functional impairment that directly impacts his/her ability to maintain personal safety on a daily basis. As a result of the eligibility criteria included in the new regulation, approximately 8,300 Veterans in the program on October 1, 2020, may transition out of PCAFC starting in October 2021. VA will reassess all Veterans who are legacy participants and legacy applicants over the next several months. For those determined to no longer qualify, VA will work with the Veterans and their caregivers to identify other services and supports to meet their needs. Unless another basis of revocation or discharge applies, VA will provide legacy participants and legacy applicants and their caregivers 60 days of advanced notice before discharge and 90 days of extended benefits after discharge, including stipends for Primary Family Caregivers (meaning benefits would be extended through February 28, 2022). Veterans and Family Caregivers who have participated in PCAFC have been highly-invested and visible stakeholders who will powerfully communicate their needs and feedback to VA and Congress.

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Award contract support for Legal and Financial Planning Services Benefits	January 2021	Provide legal and financial planning services and support to Primary Family Caregivers
Evaluate consistency of clinical decision making	September 30, 2021	Ensure standardized and consistent decision making across the enterprise

Continue to fund, develop and deploy necessary IT system (CARMA) functionality	September 30, 2022	Appropriate technology to expedite application processing, reduce errors and improve customer service
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Decision(s):

Decision	Timeframe	Decision Authority
Should VA engage in rulemaking to allow the legacy participants and legacy applicants who do not meet the new program eligibility criteria to be grandfathered into the program? Currently, there are approximately 8,300 Post 9/11 Veterans in PCAFC who may not meet the new program eligibility criteria	February 2021	VA Secretary

Measures of Success:

- Services are available and fully staffed across the enterprise to assist all caregivers of Veterans, including those not participating in PCAFC;
- PCAFC is fully staffed and able to support increased application processing and expanded scope of Family Caregivers’ needs;
- Applications are processed within 90 days; and
- Stipend payments are accurate and timely.

Risk Management:

Risk	Continuum	Mitigation Strategy
Application Volume: lack of historical data creates uncertainty around the number of application submissions	Known Managed Risk	Control and implement actions to minimize impact
Program Reassessments: The new regulation will require VA to reassess eligibility of all participants, including ~20K legacy participants and legacy applicants some of whom will be determined to no longer qualify for PCAFC or whose stipend will be reduced after the 1-year transitional period (beginning on October 1, 2020)	Known Managed Risk	Transfer to another stakeholder
Program Cost: cost may increase as a result of unanticipated additional	Known Managed Risk	Monitor for changes that affect impact

<p>new applicants. The Regulatory Impact Analysis projects \$5.58B in spending over the 5-year period ending in FY 2025. An unexpected surge in applicants could compromise the accuracy of current projections</p>		
<p>Assessment and Appeals Management: VSOs have identified a risk of inconsistent assessment and appeals processes and are requesting supplemental rulemaking to codify these processes</p>	<p>Known Managed Risk</p>	<p>Control and implement actions as appropriate and necessary to minimize impact</p>

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Responsible
Congress	Consult
Veterans Service Organizations	Consult
Federal Employee Union	Consult
Media	Inform
Government Accountability Office	Inform

Lead Organization: VHA

Supporting Organizations: VEO, OIT, OGC

6.4 MISSION Act: Community Care Network Expansion

Under the MISSION Act, VA launched a new and improved Veterans Community Care Program (VCCP) on June 6, 2019. To better meet the needs of Veterans and optimize their health care, VA is integrating delivery of its health care services with an external network of providers into one seamless network to create a high-performing integrated delivery network. Such a network is highly flexible and will be able to address future change, such as changes in demand for care or rare events such as pandemics. This network will leverage a multitude of providers and a well-developed care coordination system to ensure that Veterans have access to a continuum of services no matter where they are located and whether they choose receive care onsite or via telehealth. VA’s Community Care Network (CCN) provides Veterans numerous excellent health care options across the network from which they can choose.

VA is committed to providing eligible Veterans with the care they need when and where they need it. VHA recognizes VA’s unique population and broad geographic demands require working with community providers, a long-standing tradition since 1945. One of the ways VA

ensures Veterans receive quality, timely care today is through the Community Care Program. VA's provision of Community care is based on specific eligibility requirements, availability of VA care, and the needs and circumstances of individual Veterans. This care is authorized by, provided on behalf of, and paid for by VA. The Office of Community Care (OCC) is integral to ensuring access to care is available when Veterans seek care in the community. To address challenges in providing adequate community care, OCC is now implementing the new, consolidated, Community Care Network (CCN) that aims to improve Veteran access to community care, while providing streamlined processes and solutions for VA Staff, as well as CCN's contracted Third-Party Administrators (TPA).

To establish CCN, VA contracted with TPAs to develop and administer regional networks of high-performing licensed health care providers who would work together with VA providers and practitioners to provide medical, dental and pharmacy services to eligible Veterans. The CCN contracts were developed with a focus on transparency, accountability, quality and increased communications between VA and Veterans.

Prior to the implementation of CCN, the Patient-Centered Community Care (PC3) contract was one of the vehicles used to purchase care in the community. Prior to the implementation of VCCP as required by the VA MISSION Act, the Veterans Access, Choice, and Accountability Act of 2014 created the Veterans Choice Program which created a set of mandatory eligibility criteria for Veterans seeking care in the community. The PC3 contract was heavily relied on for the provision of care under the Veterans Choice Program. With its implementation of VCCP, which replaced the Veterans Choice Program, VA has sought to streamline the process of purchasing care in the community. Through CCN, Veterans have improved access to care, broader coverage of services and the benefit of quality and safety monitoring of that care.

The six CCN contracts cover an established set of regional areas aligned to certain state lines, and also the Pacific Territories and serve as one set of vehicles used by VA to purchase care in the community. The CCN regional boundaries were determined primarily by the number of Veterans enrolled in VA's health care system and the number of community care referrals by state. Due to special nuances with health care systems and provider networks in Alaska and the Pacific Territories (which includes American Samoa, Guam and the Northern Mariana Islands), VA issued a separate solicitation for Alaska (Region 5) and is preparing a separate solicitation for Pacific Territories as CCN Region 6.

Beginning in June of 2019, VA started to transition from PC3 to CCN in a phased approach across the country over a designated time period. As of September 2020, we are in the advanced stages of this rollout, with complete transition from PC3 to CCN in Regions 1-3 and much of Region 4. The transition process was designed to be as seamless as possible to ensure that Veteran experience and coordination of care was consistent and without interruption. The implementation timelines for CCN Regions 5 and 6 are to be determined based on the dates of

contract awards. Until CCN is deployed, community care in regions 5 and 6 will be provided through PC3.

Table 6. CCN Regional Provide

Region Number	States within Regional Boundary	TPA	Contract Award Date	Start of Health Care Delivery Date	Full Health Care Delivery Date
1	Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Rhode Island, Vermont, Virginia, Washington, D.C., and West Virginia	Optum Public Sector Solutions, Inc. (Optum)	December 28, 2018	June 26, 2019	December 10, 2019
2	Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota and Wisconsin			October 8, 2019	March 17, 2020
3	Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, Puerto Rico, South Carolina, Tennessee and the U.S. Virgin Islands			January 7, 2020	June 16, 2020
4	Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Texas, Utah, Washington, Wyoming	TriWest Healthcare Alliance (TriWest)	August 6, 2019	June 8, 2020	August 25, 2020
5	Alaska	TriWest Healthcare	October 1, 2020	N/A	April 1, 2021

		Alliance (TriWest)			
6	American Samoa, Guam, and Northern Mariana Islands	TBD			

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Enhance Network Refinement	FY 2021	A right-sized network of community providers who provide high quality care and understand Veterans unique experiences
Ensure Seamless Care Coordination	FY 2021	Veterans' needs are met when and where they choose to be served with an integrated delivery model and streamlined care coordination
Provide Access to TPA Scheduling Support	Q2 FY 2021	Access to TPA community care appointment scheduling support, if needed

Measures of Success:

- Network Adequacy: VA measures the success of CCN by determining if it provides a sufficient network of providers, facilities and practitioners to meet VA needs to provide Veterans with services within defined time frames and distances. Geographic accessibility and appointment availability are two quantitative data measures that are used to assess TPA performance at the VAMC level for each Region. The data measures are broken out for six categories of care to include the following: network health services, dental, complementary and integrative health care services, pharmacy, assisted reproductive technology, and urgent walk-in care. Provider satisfaction, Veteran feedback, and high performing designation are the three qualitative data measures that will be used to assess TPA performance. Where access is inadequate, the TPA is required to recruit providers and practitioners currently practicing in that area to participate in CCN;
- Care Coordination: CCN is successful when all care is driven by evidence-based strategies and communication between VA, Veterans and community providers facilitates the creation of personalized plans of care. VA has several tools available for community providers that help support the continuity of care Veterans receive. Strong care coordination between VA and community providers ensures Veterans receive timely, high-quality care and successful health outcomes; and
- CCN Use and Optimization: CCN measures success in the optimization and overall use of CCN through the analysis of referral volume through CCN. Community care referrals are monitored and analyzed to measure the total percentage of referrals sent through CCN across all VAMCs. Referral monitoring allows VA to identify where there may be

potential outstanding network gaps in specific geographic locations or for specific specialties preventing VAMCs from using CCN or change management opportunities.

Risk Management:

Risk	Continuum	Mitigation Strategy
Network Gap due to wide geographic variability and health care provider availability	Known Managed Risk	Control and implement actions to minimize impact
Fragmented Care due to Episodic Care Referral	Known Managed Risk	Control and implement actions to minimize impact
Appropriations, Funding Availability	Emerging Risk	Monitor for changes that affect impact

Key Stakeholders:

Responsibility Matrix	Responsibility Matrix
Veterans and their Families	Inform
Congress	Inform
Veteran Service Organizations	Consult
Federal Employee Union	Inform
Tribal Government	Inform
State Veterans Affairs	Inform
Media	Inform
Office of Inspector General	Inform
Government Accountability Office	Inform
Third-Party Administrators	Responsible

Lead Organization: VHA

Supporting Organizations: OALC, OGC

6.5 MISSION Act: VA Health Care Market Assessments and National Realignment Strategy

A market assessment is being conducted for each of VA’s ninety-six health care markets, providing analysis and insight that will inform national health care design. In accordance with the VA MISSION Act, market assessments will assist VA’s ongoing effort to develop high-performing networks of care to improve access and quality of care for Veterans across the country.

Market assessments will assist VA’s ongoing effort to develop high-performing networks of care that will improve access and quality of care for Veterans across the country. A high-performing network is a regionally integrated health care network that provides Veterans with timely access to safe, high quality and convenient health care. Within each high-performing network,

VA is the integrator and coordinator of all Veteran care and partners with providers from the Department of Defense, Federally Qualified Health Centers, other Federal partners, teaching hospitals, and community providers to best serve Veterans.

To ensure high-quality, accessible care into the future, VA’s long-term planning and policy work requires an analytical approach to assessing VA’s health care system. This initiative has been under development for several years, influenced by both legislation and independent review bodies (e.g., the Omnibus Appropriations Act of 2018 and the Commission on Care). Most recently, the VA MISSION Act mandates an assessment of VA health care be completed and updated at least every four years.

Market assessments use a variety of data to inform the analysis, including but not limited to information regarding market geography and demographics, current and future market demand, Veteran access, quality of care, facility conditions, and health care resources that exist in the broader market. Analysis will also be significantly informed by input from site visits with local VA medical facilities.

To identify opportunities in each market, the market assessment team will consider enterprise guiding principles and the Veterans Integrated Service Network (VISN)/local mission; VA market performance against VHA/Industry Standard Best Practices and local private sector performance; and impact on the health care, education, research, and emergency preparedness missions. All recommendations will ensure that Veterans will have equal or greater access to care and the care they receive will be of equal or greater quality to prior care.

Throughout the market assessment process, VA has engaged with government and external partners. Engagements with the U.S. House and Senate Committees on Veterans’ Affairs, the U.S. Government Accountability Office (GAO), and VA’s OIG have been conducted in order to inform them with background on the market assessments and to address their questions regarding process and data. Going forward, VA will provide quarterly updates to the Committees and GAO. Further, routine briefings, engagements and consultations with national VSOs have been organized to gather feedback, inform them on the market assessment methodology, and capture their input on the development of decision criteria for the modernization or realignment of VHA facilities. In addition, VA is planning to engage with local Veterans in the coming months.

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Complete market assessments	TBD	Complete view of the health care capacity of each Veterans Integrated Service Network and medical facility to furnish hospital care or medical services to

		Veterans that will be used to inform planning and budget decisions
VA develops and publishes in the Federal Register the draft criteria for assessing and making recommendations regarding the modernization or realignment of VHA facilities	February 1, 2021	Established evidence-based criteria for assessing VA health care assets and infrastructure
VA publishes the final criteria for assessing and making recommendations regarding the modernization or realignment of VHA facilities	May 31, 2021	Established evidence-based criteria for assessing VA health care assets and infrastructure
Complete assessment of VHA facilities and submit the National Realignment Strategy Report to the AIR Commission	January 31, 2022	VA's National Realignment Strategy Report detailing the recommendations regarding the closure, modernization, or realignment of VHA facilities

Decision(s):

Decision	Timeframe	Decision Authority
Approval of the criteria for assessing and making recommendations regarding the modernization or realignment of VHA facilities	May 31, 2021	VA Secretary
Approval of VA's National Realignment Strategy Report for submission to Congress and the AIR Commission	January 31, 2022	VA Secretary

Measures of Success:

- Gaining buy-in for the market assessment process and proposed recommendations from VISN and VHA leadership will assist with support through the approval process with the Asset and Infrastructure Review (AIR) commission, the President and Congress through implementation;
- To the extent possible, the market assessment methodology is uniformly utilized to ensure consistent recommendations across VHA's 96 markets;
- Pursuant to the VA MISSION Act, the recommendations meet the decision criteria regarding the modernization or realignment of facilities. The criteria is drafted after consultation with Veterans Service Organizations and is scheduled for publication in the Federal Register by February 1, 2021. The determination of each recommendation against the decision criteria in Section 203 of the VA MISSION Act will be concurred by the AIR Commission; and

- Overall, the ability for VHA to create high-performing networks of care to benefit Veterans long-term will be the ultimate measure of success for the market assessments.

Risk Management:

Risk	Continuum	Mitigation Strategy
Several factors could hamper the recommendations before they can be fully realized, including legislation or regulatory requirements	Known Managed Risk	Acknowledge and accept
Credibility challenges could affect confidence in the outcomes and the specific criteria developed in generating recommendations	Known Managed Risk	Avoid improper outside influences and design processes to withstand scrutiny
Consistency in methodology needs to be assured through the COVID-19 pandemic. While plans are being initiated to move forward, fluctuations in severity for sites may impact the team’s ability to engage local stakeholders	Known Managed Risk	Control and implement actions to minimize impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Consult
Congress	Inform
Veteran Service Organizations	Consult
Federal Agency Partner	Consult
VA Advisory Board or Committee	Inform
Federal Employee Union	Inform
Tribal Government	Inform
State Veterans Affairs	Inform
Media	Inform
Office of Inspector General	Inform
Government Accountability Office	Inform

Lead Organization: VHA

Supporting Organization: OALC, OCLA, OGC, VEO

6.6 MISSION Act: Asset and Infrastructure Review (AIR) Commission

The Asset and Infrastructure Review (AIR) Commission is established to review and analyze recommendations from the Secretary regarding the closure, modernization or realignment of VHA facilities. Based on the AIR Commission’s review and analysis of the Secretary’s recommendations, the AIR Commission will then provide the President with its findings and

recommendations for closure, modernizations and realignments of VHA facilities.

Section 202 of the VA MISSION Act of 2018, P.L. 115-182, requires the establishment of the Asset and Infrastructure Review (AIR) Commission to review and analyze recommendations from the Secretary regarding the closure, modernization or realignment of VHA facilities. The AIR Commission operates under the provisions of the Federal Advisory Committee Act (FACA), as amended, 5 U.S.C. App. 2. The AIR Commission reports to the President, through the Secretary of VA. VA is responsible for ensuring the reporting requirements of Section 6(b) of the FACA are fulfilled.

The AIR Commission is responsible for undertaking a comprehensive evaluation and assessment of the Secretary's recommendations for closing, modernizing or realigning VHA facilities based on the assessment criteria established under section 203(a)(2) of the VA MISSION Act. The AIR Commission is required to submit a report to the President, through the Secretary of Veterans Affairs (VA), no later than January 31, 2023, containing its findings and conclusions based on its review and analysis of the Secretary's recommendations.

The AIR Commission consists of nine voting members who will be appointed by the President, by and with the advice and consent of the Senate, no later than May 31, 2021. At the time the President nominates individuals for appointment to the AIR Commission, the President is required to designate one member to serve as Chair and one member to serve as Vice Chair. In nominating individuals to the AIR Commission, the President is required to ensure that:

- a) The current demographics of Veterans enrolled in VA health care program are adequately represented in the membership of the AIR Commission;
- b) At least one member of the AIR Commission has experience working for a private integrated health care system that has annual gross revenues of more than \$50,000,000;
- c) At least one member has experience as a senior manager for an entity specified in clause (ii), (iii), or (iv) of section 101(a)(1)(B) of the Veterans Access, Choice, and Accountability Act of 2014 (P.L. 113-146; 38 U.S.C. 1701 note);
- d) At least one member has experience with capital asset management for the Federal Government and is familiar with trades related to building and real property, including construction, engineering, architecture, leasing and strategic partnerships; and
- e) At least three members represent congressionally chartered, membership-based VSOs.

The AIR Commission can only meet during calendar years 2022 and 2023 and will terminate on December 31, 2023, as required under section 202(j) of the VA MISSION Act.

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
The Secretary approves the commission charter and VA notifies Congress of the establishment of the AIR Commission	December 15, 2020	The AIR Commission is formally established under the provisions of the Federal Advisory Committee Act (FACA)
The President appoints the AIR Commission members, by and with the advice and consent of the Senate	May 31, 2021	The Senate will confirm all nine members of the AIR Commission
The Secretary transmits to the AIR Commission a report detailing the recommendations regarding the modernization or realignment of VA health care facilities	January 31, 2022	The AIR Commission can begin a comprehensive evaluation and assessment of the Secretary’s recommendations regarding the modernization or realignment of VA health care facilities

Decision(s):

Decision	Timeframe	Decision Authority
Approve the AIR Commission Charter and associated documents to formally establish the AIR Commission	December 15, 2020	VA Secretary
Appoint AIR Commission members	May 31, 2021	President
Approve VA’s report to the AIR Commission detailing the recommendations regarding the modernization or realignment of VA health care facilities	January 31, 2022	VA Secretary

Measures of Success:

- The AIR Commission is formally established by December 15, 2020;
- The Secretary submits a report to Congress and the AIR Commission by January 31, 2022, detailing the recommendations regarding the modernization or realignment of VA health care facilities;
- The AIR Commission concurs with all VA recommendations and submits its report to the President by January 31, 2023; and
- The President and Congress concur and approve the recommendations from the AIR Commission.

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Consult
Congress	Inform
Veteran Service Organizations	Consult
Federal Agency Partner	Consult
VA Advisory Board or Committee	Accountable
Federal Employee Union	Consult
Tribal Government	Consult
State Veterans Affairs	Consult
Media	Inform
Office of Inspector General	Inform
Government Accountability Office	Inform

Lead Organization: VHA

Supporting Organization: OSVA, OCLA, OGC

6.7 PREVENTS Roadmap on Suicide Prevention Implementation

The number of deaths by suicide among the Veteran and Service member populations is concerning with more than 6,000 Veterans, Guardsmen, active duty Service members, and Reservists dying by suicide each year — more than were killed in action in the Iraq and Afghanistan conflicts from 2001 to 2014 combined. Developing an “all of nation approach” and changing the culture surrounding mental health and suicide prevention through enhanced community integration, prioritized research activities, and implementation strategies that emphasize improved overall health and well-being is essential to prevent suicide among our Veterans.

On March 5, 2019, the President signed Executive Order (EO) 13861: The President’s Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS), with a call to action to amplify and accelerate the progress in addressing Veteran suicide in the United States. EO 13861 is a Cabinet-level, interagency effort to develop the first federally coordinated national public health strategy to address Veteran suicide that is co-chaired by the White House Director, Domestic Policy Council and the Secretary of Veterans Affairs. Building on previous work, PREVENTS elevates and amplifies existing suicide prevention efforts and addresses identified gaps observed within the existing environment of suicide prevention.

The PREVENTS EO covers a three-year effort; the PREVENTS Roadmap was submitted on June 17, 2020. Implementation and evaluation efforts are now underway and will continue through June 2022. Ten overarching recommendations have been created to organize the more than 154 specific recommendations and agency actions. To ensure effective execution and coordination among and between Federal agencies, each of the Roadmap recommendations

falls into one of the following four priority focus areas: programs, research, policies and communication strategies.

The PREVENTS Office oversees and supports the development, implementation and evaluation of the PREVENTS Roadmap and seeks to change the culture surrounding mental health and suicide prevention through the first of its kind national public health campaign focused on suicide prevention. While PREVENTS has a primary program and research focus on our Veterans and military families, the public health campaign, REACH, is focused on all Americans. Goals of the overall effort focus on enhanced community integration, prioritized research activities, and implementation strategies that emphasize improved overall health and well-being. In order to support this effort, VA established the PREVENTS Office within the Office of the Secretary, with the Veterans Health Administration providing necessary resourcing to the PREVENTS Office.

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Develop implementation plans to address the 10 Roadmap recommendations, the 154 sub recommendations	January 2021	Implementation plans are developed
Develop and implement subsequent phases of the REACH campaign with message testing and evaluation www.REACH.gov	June 2022	REACH campaign messaging and calls to action are broadly shared throughout all 50 states and territories

Decision:

Decision	Timeframe	Decision Authority
At the completion of implementation of all Roadmap recommendations, where will the ongoing interagency efforts be housed	January 2021	Executive Office of the President (EOP)

Measures of Success:

- Increase knowledge/awareness for all Americans about risk and protective factors associated with suicide and increase in help-seeking behaviors among all communities and Veterans in particular;
- The development of an enhanced Federal research ecosystem that promotes team-based research approaches, public-private partnerships, shared resources, and frequent engagement with government funders and regulators. Increased coordination efforts across government agencies and between government and non-government entities focused on education, early identification, prevention and treatment; and

- Creation of a legislative proposal that results in a national grant program that delivers funding to community-based programs, while facilitating coordination and collaboration at the local, state and community level of intervention.

Risk Management:

Risk	Continuum	Mitigation Strategy
Limited buy-in and prioritization of PREVENTS activities amongst Task Force agencies	Known Managed Risk	Control and implement actions to minimize impact
Two-year implementation timeframe	Known Managed Risk	Control and implement actions to minimize impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Inform
Congress	Inform
Veteran Service Organizations	Consult
Federal Agency Partner (all Task Force agencies)	Responsible
State and Local Government	Inform
Tribal Government	Inform
State Veterans Affairs	Inform
Private Sector	Inform
Media	Inform

Lead Organization: Office of the Secretary

Supporting Organization: VHA

7. Service Delivery and Benefit Issues

This second category of papers include issues that show how VA is continuing to improve delivery of services and benefits to Veterans and their families. While there is still much to be done, VA is in the midst of one of the greatest transformations in its history to enhance care and services and build a more efficient and effective system. These issues papers will provide key insights into how to build upon current successes, manage challenges and continue on the path of transformation.

7.1 Overview of Veterans Experience Initiatives

VA is committed to providing the best experiences in its delivery of care, benefits and memorial

services to Veterans, Service members, their families, caregivers and survivors. VA established Customer Experience (CX) as a priority and core capability through the Secretary's shared services of the Veterans Experience Office (VEO), and permanent codification of CX Principles as part of VA's Core Values and Characteristics in 38 C.F.R. §§ 0.600-0.603 and numerous other initiatives which have contributed to improved service delivery and increase in Veterans trust in, and choice of, VA.

VEO supports the Department's modernization efforts to become a premier CX organization for both those that VA serves and those who serve at VA. This means providing our Veterans, their families, caregivers and survivors with easy, effective and emotionally resonant experiences in the delivery of care, benefits and services. VEO also seeks to offer the same experiences to our employees to ensure they are equipped to meet their commitment to those same Veterans, families, caregivers and survivors. VEO accomplishes this by bringing industry best practices to VA service design and delivery to improve the experiences of our Veterans, their families, caregivers, survivors and employees in VA.

VEO accomplishes this through the following four core CX capabilities: real-time CX data, tangible CX tools, modern CX technology and targeted CX engagement. The strategic deployment of these capabilities across the Department has enabled VA to not only listen to and learn from our Veterans, their families, caregivers, survivors and employees in real-time, but also make strategic decisions based on the voice of the Veteran to launch more rapid, results-driven service recovery and program improvement responses to their requests and recommendations.

Developing/Deploying CX Capabilities

Data: VEO obtains real-time data by listening to the voice of the Veteran both qualitatively (interviews/free text responses in surveys) and quantitatively (surveys). In 2017, VA incorporated the voice of the Veteran in all business processes quantitatively through the Veterans Signals (VSignals) survey platform. VEO captures Veterans, their families, caregivers and survivor's trust sentiment through their response to the question "I trust VA to fulfill our country's commitment to Veterans." Since then, trust increased 22% (Q3 FY 2020). VSignals now captures other data across VA business lines (52 active surveys) receiving over 5.4M responses, enabling real time service recovery and program improvements. VEO's foundational product, the Veterans Journey Map, was built through qualitative human-centered design interviews with Veterans. The resulting map identifies 10 life stages of Veterans, organized in three phases in which Veterans' goals and aspirations are distinctly different. Each life stage identifies moments Veterans typically experience and associated VA services, and calls out key moments that matter which may significantly impact Veterans' experiences. Through those moments that matter VEO identified pain points and set out to fix those pain points through tools, technology and engagement.

Tools: From the Veterans Journey Map and the Outpatient Journey Map that followed, VEO focused on creating tangible tools such as “The VA Welcome Kit” and “Own the Moment” CX Training. In the Veterans Journey Map, Veterans identified easy access to VA benefits and services as a critical need. VEO responded with the publication of The VA Welcome Kit and associated quick start guides, which were designed to provide digestible information to access specific VA benefits and services. Since its release in 2018, it has been downloaded more than 700,000 times, with over 150,000 hard copies distributed. In the Outpatient Journey Map, Veterans identified trusted relationships with their providers as a moment that mattered. In response, VEO created Own the Moment, VA’s signature CX training, which supports and empowers frontline employees with the knowledge and skills to deliver exceptional customer service and a world-class Veteran experience. This training has been fully adopted by VHA, requiring all employees to complete this training in FY 2021, and has been tailored for the different Administrations and Staff Offices. VEO is in the process of incorporating Own the Moment into VA’s annual I CARE training for all VA employees.

Technology: VEO also creates modern CX technology, which are both Veteran-facing products and back-end support systems and processes. VEO manages VA411 and the White House VA Hotline. Launched as VA’s “front door,” VA411 provides a single number allowing access to all VA contact centers for information on VA care, benefits and services. VA411 has received more than 1.1 million calls and provided support to over 210,000 callers desiring to speak with a live directory assistant agent. Meanwhile the White House VA Hotline provides Veterans, their families, caregivers and survivors access to a live agent 24 hours a day, 7 days a week, 365 days a year. The Hotline has answered more than 500,000 calls within an average of 16 seconds, with a 96% resolution rate. Both call centers provide immediate assistance for our most vulnerable population by connecting over 11,000 callers to the Veterans Crisis Line and more than 40,000 to the National Call Center for Homeless Veterans. VEO is also the business sponsor of VA’s digital front door, VA.gov. In 2018, VEO, in collaboration with OIT, redesigned VA.gov using human-centered design and multiple rounds of user testing to create a more user-friendly and personalized website. The result – customer satisfaction with the site increased by 9%. VEO is also the data steward of 5 authoritative data sources. One data source, VA Profile, ensures contact information for 14.7M Veterans is synchronized and shared across VA, regardless of the channel used to update their information. The shared data will increase Veteran and VA customer trust by providing the ability to view/update their master record irrespective of the Administration or Staff Office with which the Veteran interacts. In 3 years, VA Profile reduced undeliverable mailings by 78%, ensuring Veterans received VA notifications and prescriptions in a timely manner.

Engagement: VEO provides targeted engagement through different avenues and mediums; Community Veterans Engagement Boards – community collaboratives, representing approximately 300 partner organizations and a catchment area of more than 50M Veterans, their families, caregivers and survivors, that leverage resources to maximize impact; text

messages for urgent updates VetText; and email communications through #VetResources, VA’s weekly newsletter sent to more than 11 million subscribers highlighting VA and non-VA resources for Veterans. Veterans Experience Action Centers (VEAC) are a means for VA to directly engage with Veterans, their families, caregivers and survivors seeking information and/or assistance with VA benefits and services. These VEACs are collaborative events, both in-person and virtual, between community partners and VA which contributed to over 1,600 claims filed (resulting in more than \$3,000,000 in retroactive benefit awards) and 300 new enrollments in VA health care.

CX Capabilities for Employees

VA’s commitment to CX continues each day through every interaction that a Veteran, family member, caregiver or survivor has with VA employees in the process of receiving the care, benefits and other services they have earned and deserve. To that end, VEO is working to improve the employee experience (EX). In FY 2020, VEO, in collaboration with the Office of Human Resources, built VA’s first-ever EX Journey Map after months of interviews with employees across VA. VEO identified 23 career states any VA employee may encounter and 30 moments that matter to employees which may have a significant impact on their experience. VA has shared this information with the Office of Personnel Management and the Office of Management and Budget. VEO is currently working with the Administrations and Staff Offices to identify ways to apply proven service recovery and program improvement practices and capabilities to address these employee-identified moments that matter.

Sustaining and Sharing VA/VEO CX Success for Veterans, Families, Caregivers, Survivors, Employees and Partners

Because of VA’s leadership in CX, VA/VEO was designated as Lead Agency Partner for the President’s Management Agenda Cross-Agency Priority Goal on Improving Customer Experience with Federal Services from 2018-2020. VEO’s support of this goal has included sharing lessons learned in standing up a CX capability in government using industry best practices; advising on standard, government-wide CX metrics; supporting the design of a Federal CX framework to institutionalize CX capabilities across government; and providing human-centered design support to map the Veteran journey across Federal agencies. Moving forward VEO is working to scale and sustain CX as a core discipline at VA through VA’s Customer Experience Institute (CXi). The program, still in development, will provide VA leaders and employees the ability to learn, implement and share CX best practices. VEO will continue to drive implementation of the spirit and intent of this initiative in FY 2021 and beyond.

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Further incorporate Veteran experience data in VA business processes to drive performance	Ongoing	VA will continue to hold itself accountable for the experiences provided and continue to increase Veteran trust. VA will also

improvements and service recovery in health care and benefits to increase Veterans' trust in VA		better detect trending concerns and emerging topics before they intensify through predictive data analytics
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Measures of Success:

- Veteran trust in VA: VA measures trust using a 5-point Likert Scale for the statement, “I trust VA to fulfill our country’s commitment to Veterans.” Since FY 2018, trust has been a VA Agency Priority Goal (APG) that is publicly reported on performance.gov.

Risk Management:

Risk	Continuum	Mitigation Strategy
Loss of focus on CX as a core business discipline and top priority	Known Managed Risk	Control and implement actions to minimize impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Inform
Congress	Inform
Veteran Service Organization	Inform
Federal Agency Partner (OMB; EOP)	Inform
Media	Inform
Other (Community Veteran Engagement Boards)	Inform
Other (MSO)	Inform
Other (Community Based Organizations)	Inform

Lead Organization: VEO

Supporting Organizations: Office of the Secretary, VHA, VBA, NVA, BVA, OEI, OIT, OHRA/OSP, OM, OPIA, OCLA

7.2 VA Digital Transformation Strategy

In 2020, every modern organization is a technology organization, and at VA, technology is the key to an exceptional Veteran experience. OIT is executing a robust, sweeping strategy for VA’s Digital Transformation, one that has demonstrated consistent results and recognition for VA as a continuous leader in Federal health, financial, and memorial services, and with continued support, will create the 21st-century VA that Veterans need and deserve.

OIT’s Digital Transformation strategy and its five imperatives sharpen our focus and drive on modernizing critical areas within OIT, ultimately enabling VA to deliver on the Secretary’s four main priorities. When integrated, the strategic imperatives emphasize that: 1) technology, partners, employees, processes, culture and security must be addressed in equal measure; and 2) that every action drives value for Veterans, VA employees and the taxpayers who fund VA.

These imperatives are the following:

1. Exceptional Customer Service;
2. IT Modernization;
3. Strategic Sourcing;
4. IT Workforce Transformation; and
5. Seamless and Secure Interoperability.

OIT's rigorously planned approach to Digital Transformation incorporates a steady cadence of focused execution and measurable outcomes. The Digital Transformation Strategy aligns OIT more closely to its business with an emphasis on driving value to the business, and empowering VA to deliver world-class care and benefits even as we faced an international pandemic.

We have accomplished significant results since beginning our transformation journey in 2015, and this Administration's commitment to and acceleration of this Digital Transformation have underscored the long-term strategy required to achieve it—this is not a one-and-done effort. In 2020, OIT made significant effortsto provide exceptional service to our VA business partners and Veterans, and ensure that critical care, benefits, and information were readily available during the COVID-19 pandemic. Our accomplishments cross the spectrum of our five imperatives, demonstrating OIT's comprehensive consideration of the needs of the Veteran, our business partners, and the employees implementing the Digital Transformation Strategy.

Figure 2. IT Strategic Alignment to VA Priorities

IT Strategic Alignment to VA Priorities



Strategic Imperative #1, Exceptional Customer Service: Deliver exceptional customer service by reinvigorating partnerships with VA business lines to understand customer needs, prioritize business problems, and deliver IT solutions based on human-centered design and product management, culminating in a world-class Veteran experience.

Strategic Imperative #2 - IT Modernization: Drive IT and VA capability modernization through Digital Transformation, the refreshing and decommissioning of software and infrastructure, and an OIT business value framework that is designed around customer-driven requirements.

Strategic Imperative #3 - Strategic Sourcing: Transform procurement and acquisition processes to support aggressive modernization efforts by optimizing all available sourcing capabilities and streamlining processes for selecting the right capability for each Digital Transformation requirement.

Strategic Imperative #4 - IT Workforce Transformation: Inspire a culture of Digital Transformation, IT modernization, and customer service in every OIT employee through education, training, reskilling, and professional certifications while transforming recruiting efforts to make OIT an employer of choice for next generation IT workers.

Strategic Imperative #5 - Seamless and Secure Interoperability: Achieve seamless and secure data interoperability across VA, DoD, Federal, and commercial partners by identifying, documenting, and disseminating well-defined, standardized, and secure design, interfaces, and processes to access authoritative data that streamlines the Veteran experience.

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Align OIT portfolio and product managers to business partners, formalizing Investment Review Boards, addressing VA’s technical debt, and implementing the IT Balanced Scorecard	FY 2021 Q2	Increased customer and Veterans satisfaction; modernized business processes, increased transparency of spend, and faster delivery of services and products
Establish enterprise-wide, full-lifecycle acquisition vehicles through category management practices, establishing XaaS model to support procurement approach, and operationalizing processes for VA-wide compliance with the Federal IT Acquisition Reform Act (FITARA) legislation	FY 2021 Q4	Streamlined acquisition processes that support modern technology development and service requirements and approaches Faster delivery of high-quality vendor services Increased innovative solutions through engaged partner relationships
Develop and implement technical data architecture leveraging technology drivers (e.g. application programming interface [API], cloud technologies); develop an Enterprise data strategy; establish chief data architect and governance function	FY 2021 Q1	Increased interoperability among VA systems and with 3rd party commercial services and products Safe and secure interoperability that protects VA and Veterans data while providing innovative solutions

Decision(s):

Decision	Timeframe	Decision Authority
Timeline and budget approval of OIT’s Technical Debt management plan	FY 2021 Q2	VA Deputy Secretary
Finalization, approval, and VA adoption of VA’s Investment Review Board (IRB) governance process and structure	FY 2021 Q1	VA Deputy Secretary

Measures of Success:

- Measurement of the Digital Transformation Strategy progress according to schedule;
- Annual assessment and review of customer satisfaction survey for administration/business partners;

- Bi-annual Secretary-level review of FITARA grades;
- Cost avoidance from modernization initiatives; and
- Measurement of Veteran trust in VA and satisfaction with VA’s services.

Risk Management:

Risk	Continuum	Mitigation Strategy
Flatlined sustainment-level budgets or marginal increase ahead of Technical Debt Management Plan	Known Un-managed Risk	Acknowledge and accept
Insufficient support from VA Administrations/Staff Offices’ to adopt/advocate Investment Review Board IT governance across VA	Known Managed Risk	Control and implement actions to minimize impact
Flatlined or marginal budget increase of levels prior to our COVID-19 response, which created “supply depots” of bandwidth, equipment, and technology	Known Managed Risk	Control and implement actions to minimize impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Inform
Congress	Inform
Veteran Service Organizations (all)	Consult
Federal Agency Partner (DOD, HHS)	Consult
Federal Employee Union	Consult
Tribal Government	Inform
Media	Inform
Government Accountability Office	Inform
Other: Committee on National Security Systems and Academia	Consult

Lead Organization: OIT

Supporting Organizations: VHA, VBA, NCA, VA Staff Offices

7.3 Implementation of the Defense Medical Logistics Standard Support (DMLSS)

VHA has a longstanding critical need to adopt a modern health care logistics and support system to replace its antiquated legacy information technology systems. DMLSS is the primary enabler for VHA health care logistics and support modernization and directly influences quality of care, patient safety and access to care. DMLSS is essential to address legislative mandates and numerous Government Accountability Office (GAO) and VA Office of Inspector General (OIG)

recommendations.

VHA does not have an integrated enterprise supply chain management system. Instead, VHA relies on a 50-year-old inventory system and a range of VA and commercial standalone information systems, each operated independent of one another. Each VA Medical Center (VAMC) operates independently which can result in a lack of enterprise-level visibility; non-standard, incomplete and conflicting data; high variability in business practices and significant operational gaps. Because of the fragmentation and lack of standardization, internal controls are ineffective and manual, resulting in numerous and repeated GAO and OIG findings and recommendations.

Therefore, VHA selected the Defense Health Agency (DHA) DMLSS system because it is a proven, dependable and fully integrated medical logistics and medical support system. DMLSS capabilities include supply chain management, biomedical equipment maintenance, property management, facility management, enterprise decision support, total asset visibility, and critical equipment and medical materiel reporting. DHA is fielding a technical refresh to DMLSS, called LogiCole, beginning in FY 2023, at which time VA will transition to LogiCole. DMLSS is in full compliance with the Federal Information Security Management Act and the Federal Financial Management Improvement Act. Another advantage to the selection of DMLSS is that DHA integrated DMLSS with their modern electronic health record. This is the same commercial system VA is implementing.

VHA's COVID-19 response efforts highlighted the deficiencies with the existing VA legacy health care logistics and medical support systems, especially the lack of critical equipment and medical materiel visibility. As a result, VA is accelerating the program, with the requirement to complete deployment by FY 2025, rather than the planned completion in FY 2027. Use of DMLSS is consistent with 38 U.S.C. § 8111, Sharing of Department of Veterans Affairs and Department of Defense Health Care Resources.

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Onboard Executive Director VA Logistics Redesign (VALOR) Program Management Office	January 2021	DMLSS program meets cost, schedule and performance requirements
DMLSS deploys at Mann-Grandstaff VAMC, Spokane, WA	January 2021	Standardized health care logistics and support services resulting in improved performance and cost avoidance
DMLSS deploys at Chalmers P. Wylie VA Ambulatory Care Center, Columbus, OH	February 2021	Standardized health care logistics and support services resulting in improved performance and cost avoidance

Measures of Success:

- DMLSS fielding meets cost, schedule and performance goals;
- Decrease in use of government purchase card orders to obtain medical supplies; and
- Improved customer experience; standardized, enforceable, complete and actionable data; visibility of and control of VHA assets; and increasing levels of cost avoidance.

Risk Management:

Risk	Continuum	Mitigation Strategy
If OEHRM makes unanticipated changes to its deployment schedule, VHA might not have enough time to adjust resulting DMLSS schedule impacts	Known Managed Risk	Monitor for changes that affect impact
If the FY 2022 budget does not fund the accelerated deployment schedule, then VHA will not complete deployment in FY 2025	Known Managed Risk	Monitor for changes that affect impact
If VHA and DHA are unable to implement a technical solution for the Joint Service Architecture, then VHA is dependent upon OEHRM for the technical infrastructure at each deployment site	Known Managed Risk	Acknowledge and accept

Key Stakeholders:

Stakeholder	Responsibility Matrix
Congress	Inform
Federal Agency Partner (Defense Health Agency and Defense Logistics Agency)	Accountable
VA Advisory Board or Committee (VA/DOD Joint Executive Committee; VA/DOD Health Executive Committee)	Consult
Federal Employee Union	Inform
Media	Inform
Office of Inspector General	Inform
Government Accountability Office	Inform
Other (VA Office of Electronic Health Record Management; VA Financial Management Business Transformation Office)	Consult

Lead Organization: VHA

Supporting Organization: OIT, OALC, OEI, OGC

7.4 Collaboration with Department of Defense on Medical Logistics and Procurement

Under 38. U.S. Code 8111, the Secretary of Veterans Affairs and the Secretary of Defense shall enter into agreements and contracts for mutually beneficial coordination, use, or exchange of health care resources with the goal of improving the access to, and quality and cost effectiveness of, the health care provided by both Departments.

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Execute Single (VA/DoD) Medical Surgical Prime Vendor Program (MSPV)	2020-2024	Improved patient experience, quality and safety; reduced cost; improved standardization; reduced duplication
* Execute approved VA/DoD Joint Executive Committee (JEC) work plans tasked to the Acquisition and Medical Material Management Work Group (AMMWG)	2020-2022	Improved partnership, improved services, and cost efficiencies
Create a JEC Approved Strategic Plan to execute Joint VA/DoD logistics and procurement plans	2021-2022	An approved long-term plan that outlines the shared vision, goals and approved initiatives for the VA/DoD to execute over the next five years

Measures of Success:

- Single VA/Defense Logistics Agency (DLA) MSPV Program: Percent of VISNs meeting schedule timelines for moving to DLA MSPV Program;
- Current Work Plans of *AMMWG: Percent of work assigned and completed on time by the JEC; and
- Approved Strategic Plan: Plan is completed by October 2021.

* Acquisition and Medical Material Management Work Group (AMMWG)

Multi-Agency Efforts Identified in the Category Management Strategic Planning Process:

- Continue to enhance use of VA Federal Supply Schedules for Professional Medical Services- Involves expanding intranet provider site to an internet site. Agencies involved: VA Lead, all agencies could participate once on the internet;
- Develop multiagency effort to procure lab services and/or supplies- identify requirements at VA, DoD, and other interested agencies. Agencies involved: VA and DoD, possibly HHS;
- Create Government-wide contract for Medical Gases – establish medical gas contract for VA and DoD at a minimum, with potential to include other agencies. Agencies involved: VA, DoD (DHA), DLA (for contracting);

- Reconcile difference in VA and DoD Joint National Contract cost avoidance methodologies- establish a uniform approach to reconciling different cost avoidance calculation methodologies. Agencies involved: VA, DoD (DLA), OMB;
- Work with VA Contracting Offices to bring Small Business contract requirements into higher tier managed spend contracts – identify VA contracts or VA commodities that could be leveraged to government wide status, preferably with small businesses. Agencies involved: VA, potential to add numerous other Federal agencies;
- Evolve relationship with High Tech Medical Equipment Industry – identify and share vendor relationship best practices being employed by the VA NAC and DLA. Agencies involved: VA NAC and DLA;
- Leverage the potential of the Medical Surgical Prime Vendor Programs to enhance Demand Management- demonstrate demand management best practices employed through the Prime Vendor programs. Agencies involved: VA and DoD;
- Work with the Industrial Product Category to provide agencies with training or training content on recently developed PSC codes and taxonomies – after completion of PSC code review and refresh work with other Category Management Managers and GSA, communicate proper PSC coding information to contracting officers government-wide. Agencies involved: VA, DoD (DHA), GSA; and
- Work with designated officials at IHS and OMB to link category management principles to critical supplies identified in the National Response Plan – document lessons learned from COVID-19 supply chain issue and establish plan to mitigate for future occurrences. Agencies Involved: VA, DoD, HHS, OMB.

Risk Management:

Risk	Continuum	Mitigation Strategy
Executing a single MSPV Program- Change Management	Known Managed Risk	Control and implement actions to minimize impact
Approved Joint Strategic Plan for Logistics and Procurement	Known Managed Risk	Control and implement actions to minimize impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Inform
Congress	Inform
Veteran Service Organizations	Inform
Federal Agency Partner	Consult
Federal Employee Union	Consult
Tribal Government	Inform
Media	Inform
Government Accountability Office	Inform

Lead Organization: OALC
Supporting Organization: VHA

7.5 One GI Bill

VA will streamline education benefits into One GI Bill (including Post-9/11, Montgomery Active Duty, Montgomery Selected Reserve, and Dependents’ Educational Assistance) for Student-Veterans.

VA currently provides educational assistance under five programs, the Montgomery GI Bill – Active Duty (MGIB-AD), Montgomery GI Bill – Selected Reserve (MGIB-SR), Post-Vietnam Era Veterans’ Educational Assistance Program (VEAP), Dependents’ Educational Assistance (DEA) program, and the Post-9/11 GI Bill. These five programs have different eligibility requirements and different rules. These variations create confusion for beneficiaries as they struggle to understand what benefits they qualify for and when they will be able to use them. Additionally, these variations create administrative inefficiencies due to separate information technology systems, and separate procedures for claims processors.

To streamline education benefits, VA proposes to sunset MGIB-AD, MGIB-SR, DEA, and VEAP effective August 1, 2027, and integrate all education assistance beneficiaries into One GI Bill. VA would create eligibility categories within the Post-9/11 GI Bill to accommodate all populations and align the incoming populations to benefit levels commensurate with the monetary value of the retiring program. If implemented, this change would remedy the confusion and stress some of our beneficiaries feel as they decipher these various benefits to make the best choice of which benefit to use – a choice which is usually irreversible once it’s made (dual eligibility beneficiaries usually have to make an irrevocable election whereby, in order to qualify for one benefit, they must forever forfeit eligibility to another benefit).

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Secretary of VA approval	September 2021	Secretary approves the proposed change
Office of Management and Budget (OMB) concurrence	December 2021	OMB approval to publish the proposed change in VA’s annual budget submission
Draft bill for consideration by Congress	June 2022	Formal legislative package submitted to Congress

Decision(s):

Decision	Timeframe	Decision Authority
Secretary of VA approval	September 2021	Secretary
OMB concurrence	December 2021	OMB

Congress introduce or disregard bill	March 2023	Members of the House or Senate introduce a bill for consideration by Congress
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Measures of Success:

- The consolidation would decrease confusion by making one program applicable to all beneficiaries and ensure Veterans are informed of, understand and can get the benefits, care and services they deserve in a timely manner;
- This change would improve administrative efficiencies and moderate program costs and allow VA to use the Post-9/11 GI Bill Long-Term Solution claims processing system to process all education claims for educational assistance; and
- VA will increase customer satisfaction through significant improvement in benefits by utilizing a rules-based processing system and create one central repository for eligibility and entitlement to improve quality and reduce the potential of duplication of benefits and entitlement.

Risk Management:

Risk	Continuum	Mitigation Strategy
Secretary may disapprove proposal	Emerging Risk	Acknowledge and accept
OMB may require significant revisions, thus delaying approval	Emerging Risk	Adjust and avoid
Congress may pass legislation that would change existing statute	Emerging Risk	Monitor for changes that affect impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Inform
Congress	Consult
Veteran Service Organizations (Student Veterans of America and other VSOs)	Inform
Federal Agency Partner (Department of Defense)	Consult
VA Advisory Board or Committee (Veterans' Advisory Committee on Education)	Consult
Federal Employee Union	Inform
State Veterans Affairs	Inform
Media	Inform

Lead Organization: VBA

Supporting Organization(s): OGC, OIT, OCLA, OSVA

7.6 Access and Delivery of Health Care to Women Veterans

VA is committed to increasing access to women Veterans. VA will focus on a \$50 million hiring initiative for FY 2021 to address persistent gaps in capacity and care coordination impacting women Veterans.

More women are choosing VA health care than ever before with women accounting for over 30% of the increase in Veterans served over the past 5 years. The number of women Veterans using VHA services has tripled since 2001, growing to over 550,000 today. VA is committed to providing high quality equitable care to women Veterans at all sites of care. To address the growing number of women Veterans eligible for health care, VA is strategically improving services and access for women Veterans. However, critical gaps still exist in capacity, care coordination and culture at VA facilities.

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Women's Health Primary Care Providers at every site of care	October 1, 2021	Use Women's Health Innovation and Staffing (WHISE) funding to hire needed providers, and utilize women's health training, Mini-Residency and Rural Mini-Residency to train needed providers
Full or part time staff for Women's Health Care Coordination at every Health Care System	October 1, 2021	Use WHISE funding to hire needed care coordinators
Improve culture so that women Veterans feel welcome, respected, and trusting of VA	October 1, 2021	Launch national culture change campaign to include outreach, and advertising to increase enrollment of women Veterans

Decisions:

Decision	Timeframe	Decision Authority
Sustain enhanced funding in the VA budget to address ongoing gaps in capacity	February 2, 2021	VA Under Secretary for Health
Identify recurring funding for women Veteran health staffing needs in lieu of temporary Congressional funding	February 2, 2021	VA Under Secretary for Health
Change the Veterans Equitable Resource Allocation (VERA) allocation to account for the increased costs	February 2, 2021	VA Under Secretary for Health

Measures of Success:

- Women’s Health Primary Care Providers at every site;
- Full or part time FTEE Women’s Health Care Coordinators at every site; and
- Increase market penetration for women Veterans.

Risk Management:

Risk	Continuum	Mitigation Strategy
The non-recurring special purpose funding provides temporary support but is not permanent	Known Un-managed Risk	Control and implement actions to minimize impact
Human resources, delays in hiring of providers	Known Managed Risk	Control and implement actions to minimize impact
Surge in women Veterans using VA beyond projected increase	Emerging Risk	Monitor for changes that affect impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Inform
Congress	Inform
Veteran Service Organizations (All VSOs)	Inform
Federal Agency Partner (HHS/CDC)	Consult
VA Advisory Board or Committee (Women Veterans Advisory Committee)	Consult
State Veterans Affairs	Inform
Media	Inform
Office of Inspector General	Inform
Government Accountability Office	Inform

Lead Organization: VHA

Supporting Organization(s): Center for Women Veterans (CWV)

7.7 Access to Health Care for Rural Veterans via Telehealth Implementation

VA is leveraging telehealth to ensure Veterans have access to their VA health care services irrespective of where they live. There are key challenges to this effort including access to technology/internet. Additionally, there remains a complex legal and regulatory environment in which telehealth must operate that creates challenges for consistently expanding telehealth services.

Telehealth (telemedicine) is the use of electronic information or telecommunications technologies to support clinical health care, patient and professional health-related education,

public health, or health administration at a distance. It enhances the accessibility of care by bringing care to a Veteran’s location, enhances the capacity of VA care by enabling the recruitment of health care professionals in urban locations to serve Veterans in rural locations, and enhances the quality of care by making the right provider available to the right Veteran at the right time. In FY 2020, over 25% of Veterans who received health care from VA received a portion of their care through telehealth. VA provided over 5 million telehealth episodes of care, representing a 95% increase in telehealth when compared to FY 2019. Due to the COVID-19 pandemic, video telehealth visits in Veterans homes was heavily leveraged to safely continue health care services. In FY 2020, 1,059,758 Veterans received 3,535,684 clinical video visits in their home or other non-VA location of their choice, representing greater than 966% and 1,099% increases respectively over FY 2019 totals in these areas. The movement of services to home during the pandemic exacerbated the challenges of the digital divide for many Veterans who do not have access to the right technology or affordable internet sufficient to allow for their full participation.

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Ensure all ambulatory health care professionals are capable of delivering video services into Veteran’s homes	FY 2021-2022	Enhanced accessibility of clinical care for all clinical services
Enhance primary care, mental health, and specialty care access by expanding telehealth hub and spoke services through the Clinical Resource Hub (CRH) initiative	FY 2021-2022	Enhance capacity to deliver critical services to rural and underserved locations
Enhance Acute Care Services by expanding Tele Critical Care and Tele Stroke programs	FY 2021-2022	Enhance the clinical quality in Intensive Care Units and emergency departments

Measures of Success:

- Meet and exceed benchmarks established by the Office of Veterans Access to Care, in accordance with MISSION Act Section 401, to address health care in underserved areas in Primary Care and Mental Health;
- Percentage of Veterans who have received care via telehealth in the fiscal year (Tele1 Measure) and the utilization of services as reflected in telehealth episodes of care delivered; and
- Veteran experience survey feedback.

Risk Management:

Risk	Continuum	Mitigation Strategy
Insufficient Funding for Patient Devices	Known Managed Risk	Control and implement actions to minimize impact
Insufficient Office of Information Technology Funding	Known Managed Risk	Control and implement actions to minimize impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Consult
Congress	Inform
Veteran Service Organizations (All)	Consult
Media	Inform

Lead Organization: VHA

Supporting Organization: OIT, VEO

7.8 Airborne Hazards and Open Burn Pit Registry

Section 201 of Public Law (PL) 112-260 (2013) directed VA to establish and maintain an Open Burn Pit Registry as specified in the law. Invoking other authority, VA broadened the registry, titled the Airborne Hazards and Open Burn Pit Registry, to include exposures to airborne hazards more broadly and also more cohorts of individuals who may have experienced these exposures while serving in other locations. See <https://www.Federalregister.gov/documents/2014/06/25/2014-14881/establishment-of-the-airborne-hazards-and-open-burn-pit-registry>

In H. Rpt. 115-929 (2018) at page 258 Congress directed VA to rename its Airborne Hazards Center of Excellence (located at a VA War Related Illness and Injury Center) to the Airborne Hazards and Burn Pits Center of Excellence to fully recognize the importance of its new mission.

In September 2018, VA requested the National Academies of Sciences, Engineering, and Medicine (NASEM) to review the scientific and medical evidence regarding possible adverse respiratory health outcomes experienced by Veterans who served in Southwest Asia conflicts; NASEM, Health and Medicine, published its report titled “Respiratory Health Effects of Airborne Hazards Exposures in the Southwest Asia Theater of Military Operations” on September 11, 2020.

In 2013, Congress directed VA to establish and maintain the Airborne Hazards and Open Burn Pit Registry for service members and Veterans who may have been exposed to airborne hazards during deployment. The Registry provides Veterans and service members an opportunity to document their exposures and health concerns that may be used by VA to conduct medical

surveillance and provide potential opportunities for research. Enrollment in VA health care is not required, and participation in the Registry is not required to receive for VA benefits for which the Veteran is otherwise eligible or entitled. Advancing the Registry’s aims, we continue to seek increased voluntary participation in the associated clinical exam and to expand research opportunities to better inform Veterans, their families, and the public about possible adverse long-term consequences associated with these exposures.

In May 2018, H.Rept. 115-929 (Energy and Water Development and Related Agencies for the Fiscal Year ending September 30, 2019, and for Other Purposes) directed VA to rename its Airborne Hazards Center of Excellence (located at a VA War Related Illness and Injury Center) to the Airborne Hazards and Burn Pits Center of Excellence to fully recognize the importance of its new mission. The Center aims to improve the short-term and long-term health of Veterans with airborne hazards exposure and concerns through research, clinical care and education. The Center’s primary activities encompass the following five areas: 1) clinical care, 2) Post-Deployment Cardiopulmonary Evaluation Network (PDCEN), 3) registry, 4) research, and 5) education. The Center evaluates Veterans with unexplained shortness of breath (dyspnea) through its national referral program as well as through direct outreach to Veterans registered for the Registry. The Center also assesses the Registry data to identify patterns and research opportunities, and disseminates findings to Veterans and the broader medical scientific community.

In 2018, VA asked the National Academies of Sciences, Engineering and Medicine (NASEM) to form an expert committee to review, summarize and evaluate the evidence regarding respiratory health outcomes in Veterans of Southwest Asia conflicts as well as identify gaps and recommend research that could be conducted to address these gaps. This report was published on September 11, 2020, and VA has currently formed a Technical Working Group to evaluate the NASEM report to help determine the next course of action. By policy, this report is due to the Secretary of the VA with the recommendations of the NASEM Task Force within 90 days of its receipt.

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Conduct COVID-19 Analysis	12 months	Provide better understanding on the impact of COVID-19 among Veterans participating in the registry
AHBPCE PDCEN evaluations at all sites	12 months	Expand access of comprehensive clinical evaluations to all PDCEN sites
Evaluate the recent NASEM report	3 months	Provide recommendations to the Secretary in response to the NASEM Consensus Study Report

Measures of Success:

- Manuscript submitted detailing results of COVID-19 analysis;
- Each PDCEN site will have clinically evaluated multiple Veterans (identified from the registry) with unexplained shortness of breath; and
- Response to the NASEM report will be provided to the VA Secretary around December 2020.

Risk Management:

Risk	Continuum	Mitigation Strategy
In-person clinical evaluations impacted by COVID-19 pandemic	Known Managed Risk	Control and implement actions to minimize impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Inform
Federal Agency Partner (Department of Defense)	Consult
Media	Inform

Lead Organization: VHA

Supporting Organizations: DoD

7.9 Proposed Laws on Aspects of Presumptions Related to Environmental Exposures

Bills relating to presumptions for military exposures, i.e., Agent Orange, burn pits and other exposures are in consideration now. VA has provided technical reviews.

The Secretary has authority to make presumptions in conjunction with OMB for various disease conditions. There are current presumptions for Agent Orange, Gulf War Illness-related conditions, ALS and radiation exposures for those involved in testing. There are currently several bills in progress to expand the Airborne Hazards and Open Burn Pit Registry and/or establish presumptions for burn pits and airborne hazards and/or expand eligibility for Agent Orange presumptions to Veterans who served in countries or territories that DoD and Government Accountability Office reviews have shown no evidence of testing or usage of Agent Orange or related herbicides. The Burn Pit Registry Act, (H.R. 1001, Castro) endorsed by Representative Ruiz, Senator Gillibrand, (and comedian Jon Stewart, VSOs) is one of several bills introduced in this area and would expand the Airborne Hazards Open Burn Pit Registry. There is a proposed “TEAMs” bill (S4393, Tillis) that would create an oversight committee on environmental exposures and change the way presumptions are handled. Technical review has been provided.

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Coordinate response to legislative efforts on presumptions	Ongoing	Current presumptions or those added based on scientific evidence

Decision(s):

Decision	Timeframe	Decision Authority
None at this time – VA has provided technical assistance or feedback on various bills or proposed legislation	It is unknown whether or not these bills will be considered or passed	Secretary in consultation with OMB

Risk Management:

Risk	Continuum	Mitigation Strategy
VA Secretary could lose important discretion and the full use of scientific evidence to make decisions on presumptions	Known Managed Risk	Monitor for changes that affect impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Inform
Congress	Responsible
Veteran Service Organizations	Inform
Federal Agency Partner (Usually DoD)	Consult
VA Advisory Board or Committee (DoD/VA Deployment Health Working Group)	Inform

Lead Organization: VHA, VBA, OGC

7.10 Financial Management Business Transformation

The Financial Management Business Transformation (FMBT) program was established in April 2016 under the Office of Management to achieve VA’s strategic goal of modernizing its financial and acquisition management systems.

VA is migrating to the commercial off-the-shelf Momentum cloud solution, configured as the Integrated Financial and Acquisition Management System (iFAMS). Through iFAMS, VA will gain increased operational efficiency, productivity, agility, and flexibility from a modern Enterprise

Resource Planning solution hosted in the VA Azure cloud. The new cloud solution will also provide additional security, storage and scalability.

Subject matter experts and decision makers from across VA participated in Business Process Reengineering workshops to ensure iFAMS is configured to meet VA's specific needs. Our vision is to transform the Department from its separate, disparate business processes to a standardized business process environment. This includes the following:

- Leveraging the provider's business processes with minimal customizations;
- Identifying opportunities to consolidate processes to improve efficiencies;
- Ensuring the integration and standardization of processes across the Department; and
- Avoiding extraneous costs by decommissioning legacy systems and processes.

To configure and implement iFAMS, the FMBT program is using a tailored Scaled Agile approach that supports multiple wave implementations and iterative delivery of functionality. The Agile approach uses iterative configuration, where requirements and solutions emerge through collaboration between cross-functional teams and the customer, encouraging swift and flexible responses to change. This constant customer engagement reduces the need for later rework and changes to requirements.

In accordance with the Agile framework, FMBT uses 90-day program increments to iteratively configure, test, and validate each new piece of iFAMS functionality. FMBT has instituted a robust change control process to guide and direct the inherent adaptability of Agile while still retaining the ability to make rapid programmatic adjustments as circumstances dictate. User Acceptance Testing is conducted for each wave to provide stakeholders at various levels an opportunity to validate processes and functionality.

The FMBT Customer Experience team helps prepare VA employees for iFAMS by leveraging a virtual blended training approach to ensure all users can confidently navigate and complete their tasks in the new system. iFAMS training will inform, instruct, and coach users to prepare for system go-live and provide ongoing support post-go-live.

Top Actions for Way Ahead:

FMBT will launch the iFAMS solution at NCA in November 2020, followed by a two-phased implementation in the VBA General Operating Expenses (GOE) fund in Q2 and Q3 of FY 2021. The Enterprise Acquisition in support of NCA will be implemented in December 2021. FMBT will then incrementally roll out to the rest of VBA, VHA and Staff Offices.

Measures of Success:

FMBT has identified the following four program-wide outcomes that define the implementation's end-state goals:

- Enhanced Veteran experience;

- Timely and accessible financial information;
- Compliance and security improvements; and
- Integrated financial and acquisition management.

Table 7. Metrics for FMBT’s high-level performance goals from Q1 to Q3 of FY 2020.

Metric Title	Performance Metric Measurement	Q1	Q2	Q3
FMBT Program Total Spend	% of actual spend relative to the budgeted spend plan	21%	80%	86%
FMBT Gen Ad Appropriation	% of actual appropriated costs relative to the budgeted spend per fiscal year	19%	47%	55%
Financial Service Center (FSC) Service Level Agreement: Billing	% of actual FSC billing relative to executed customer Service Level Agreements	29%	43%	83%
OIT Appropriation	% of actual OIT appropriated costs relative to the budgeted spend plan per fiscal year	13%	88%	100%
FMBT Helpdesk Customer Satisfaction	Score of overall customer satisfaction	100%	100%	100%
FMBT Helpdesk Resolution Rate	% of help desk tickets received and resolved	84%	83%	85%
FMBT Deliverables Rejected	% of deliverables rejected relative to those inspected	8%	6%	2.7%

The higher than expected metric for OIT Appropriation is due to increased OIT execution and does not represent a risk to the program. An organizational change assessment will be deployed 30 days post go-live to capture additional customer experience metrics based on user experience in the new system.

Risk Management:

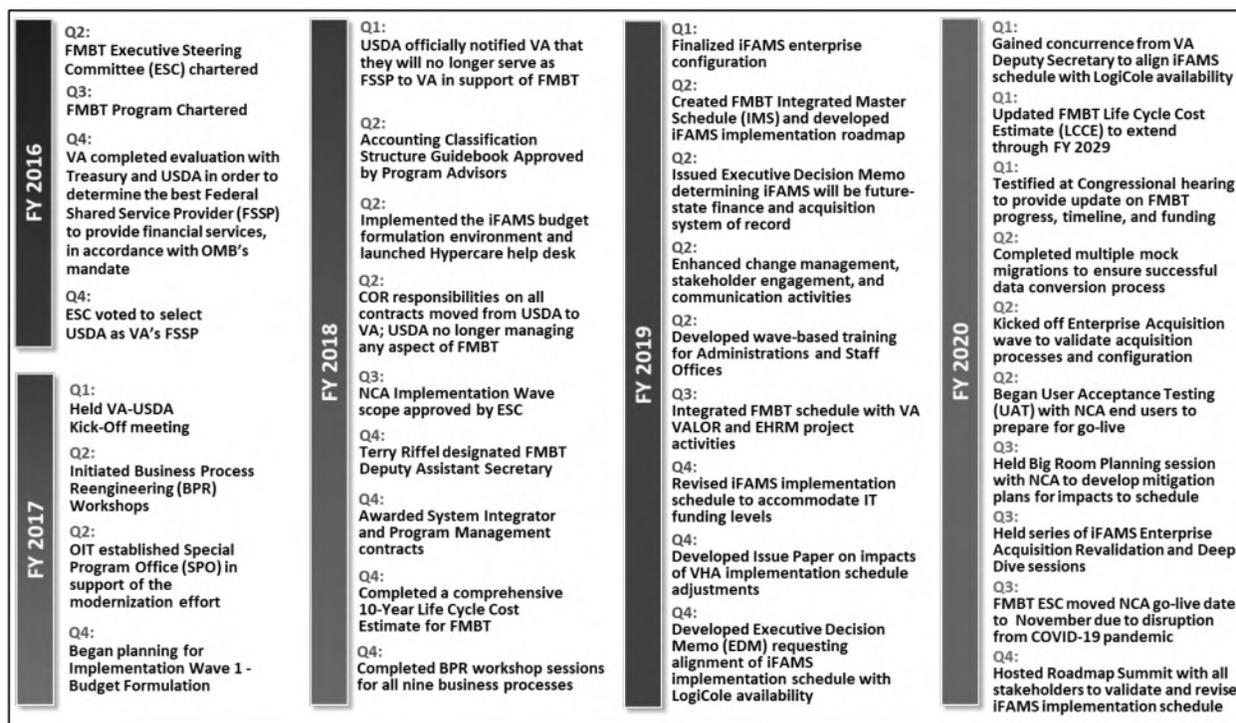
Risk	Continuum	Mitigation Strategy
COVID-19	Known Managed Risk	Converted planning, training, and testing activities to virtual events
Implementation schedule could be jeopardized by OIT funding shortfalls	Known Managed Risk	Pursue restoring OIT funding for FMBT in FY 2021 and 2022 using VA’s new authority to re-purpose expiring funds to IT and Facility Infrastructure
FMBT implementation occurs across concurrent waves. If FMBT does not have the required support resources and skillsets from each administration and staff office, then wave implementations may be delayed	Known Managed Risk	Identify and communicate the resource and personnel requirements for each wave to the Administrations and other support organizations as early as possible
If FMBT does not gain stakeholder engagement and buy-in, then end user adoption of	Known Managed Risk	Carry out robust stakeholder engagement at varying levels, implement post go-live

iFAMS could be negatively affected		Hypercare enterprise service desk operations
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Key Stakeholders:

Stakeholder	Responsibility Matrix
Congress	Engage
Federal Agency Partner	Involve
Federal Employee Union	Engage
VA Advisory Board or Committee: Executive Steering Committee, Office of Enterprise Integration	Consult
Office of Inspector General	Engage
Government Accountability Office	Engage
Other (Whistleblower advocacy groups)	Engage

Figure 3. FMBT Historical Milestones



7.11 Appeals Modernization Efforts

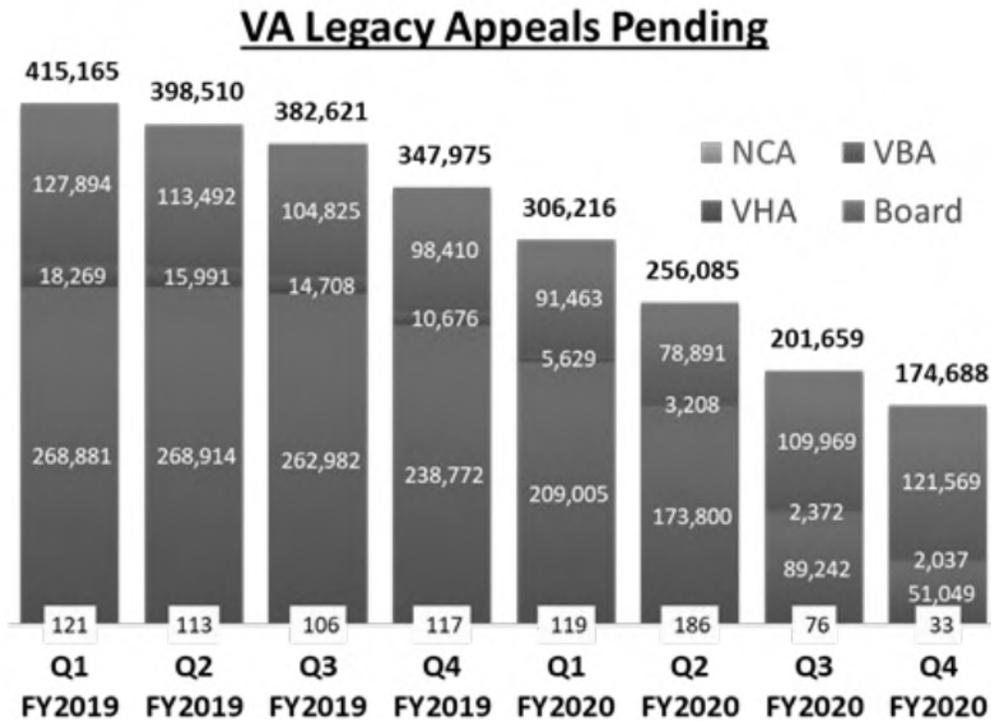
The Board of Veterans' Appeals is VA's lead for appeals modernization under the Veterans' Appeals Improvement and Modernization Act of 2017 (AMA), which went into effect in February 2019. While VA is currently adjudicating appeals under the new AMA procedures, VA committed to resolve all appeals filed under the previous legal framework by December 2022. To succeed,

VA must achieve full operating capability of the new case management system (Caseflow) to follow claims and appeals from cradle to grave. With more than 50% of Veterans choosing a hearing under AMA, VA must now focus on increasing the capacity for holding more Virtual Tele-Hearings.

Appeals Modernization includes the simultaneous completion of the following three key factors:

1. Legacy Appeals System Takedown by December 2022: The "legacy" system of processing Veteran claims and appeals for VA benefits and services was in place for more than 30 years. Changing to a new system would mean educating the Veteran community on changes, testing new procedures on small groups of cases with Veterans volunteering to "opt in," and allowing sufficient time for initial development of a viable case management system that would enable processing of most appeals under the new system, in just 18 months. As shown in the chart below, considerable progress has been made in resolving all legacy appeals and VA is currently on pace to have only a small number of the most complex claims not fully resolved by December 2022.

Figure 4. VA Legacy Appeals Pending

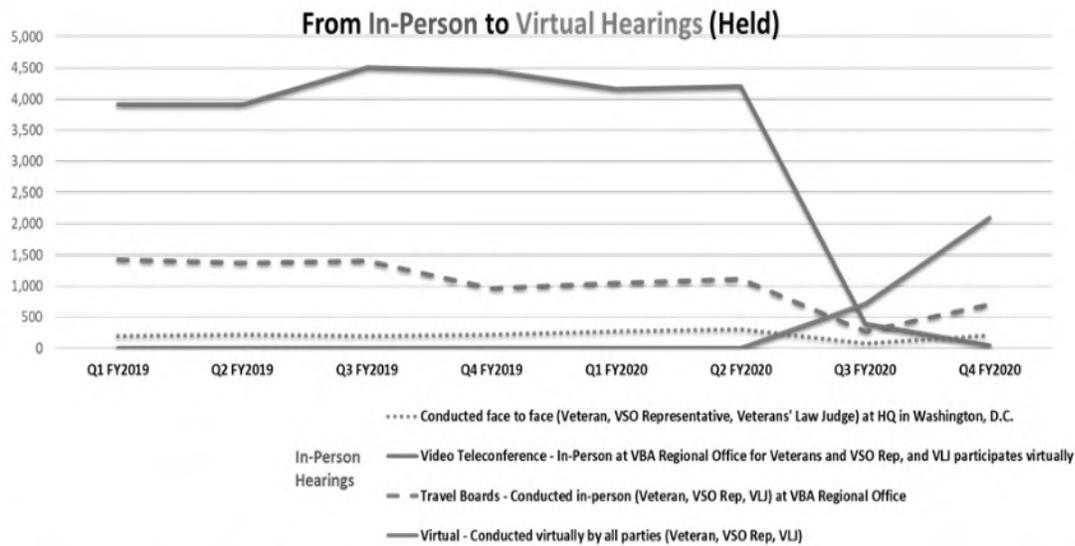


2. Achieving Full Operating Capability of Caseflow: One key purpose of AMA was to provide Veterans with more choices regarding their appeals for benefits. After an initial unfavorable decision by a VA Regional Office (RO), Veterans have three choices – one of which is to appeal directly to the Board and have their appeal reviewed by a Veterans Law Judge (VLJ). Once at VBA, a Veteran must choose one of the following: (1) direct review on the existing record (fastest choice); (2) a hearing with a VLJ; or (3) an option to submit additional evidence. AMA also required a completely new IT system for tracking and managing the appeals workload at the VBA, VHA, NCA, and BVA. The old case management system is decades old and was built to support an entirely different appellate system. The new system, built by OIT, is called Caseflow. While VA is using Caseflow, improvements are still required. BVA and OIT will continue collaboration on completing development of Caseflow as soon as possible.

3. Enabling Virtual Tele-hearings as the Choice for Veterans: The Board began testing Virtual Tele-Hearings in July 2019, and they became a permanent option for Veterans after the passage of the VA Tele-Hearing Modernization Act of 2020. Prior to VA establishing Virtual Tele-Hearings, Veterans needed to travel to the nearest VA Regional Office to meet with their VSO representative and to meet with a VLJ, either in-person or via the regional office video teleconferencing systems. Now, the Board has the capability to conduct Virtual Tele-Hearings anywhere, so long as the Veteran has a phone, tablet, or computer with sufficient connectivity and both sound and video quality, as the Board must prepare a legally required transcript for each hearing.

Under the legacy appeals system, more than 60,000 Veterans are still awaiting a hearing before a decision can be made. Already under the new AMA system, more than 50% of Veterans (more than 30,000 AMA hearing requests) have selected to have a hearing before a VLJ prior to the VLJ issuing a decision. The Board has 100 VLJs with a current capacity to hold at least 1,000 Virtual Tele-Hearings each week and that capacity will only grow. There is no reason for Veterans to wait to travel to the nearest VA location to have a hearing. We must continue to innovate to make better technology available to them, closer to their homes and at more localized facilities with sufficient bandwidth. We also need to more effectively partner and communicate with VSOs as the number of hearings increase. As depicted below, early efforts are promising and the capacity to hold even more Virtual Tele-Hearings is possible if we continue to innovate, resource, and partner the right way. While the Board will continue to offer in-person and RO-supported video hearing options for the foreseeable future, offering more Virtual Tele-Hearings will substantially increase the Board's ability to better serve Veterans.

Figure 5. From In Person to Virtual Hearings



Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Continue Caseflow Development	By Dec 2022	Intake/Track All Types of Appeals and Support Virtual Hearings
Increase Technology and VSO Availability for Virtual Hearings	By Dec 2022	Serve Veterans with at Least 1,000 Hearings Per Week

Measures of Success:

- Ability to Establish Appeals for Appellants not listed in VBA’s Corporate Database
- Triple Number of Virtual Tele-hearings Held Each Week with Increased VSO Availability

Risk Management:

Risk	Continuum	Mitigation Strategy
Insufficient Funds to Support Caseflow Development	Known Managed Risk	Monitor for changes that affect impact
Caseflow Development Slows	Known Managed Risk	Monitor for changes that affect impact
Insufficient VSO Reps Available to Support Virtual Hearings	Known Un-managed Risk	Control and implement actions to minimize impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Inform

Congress	Consult
Veteran Service Organizations (All)	Responsible
State Veterans Affairs	Responsible
Government Accountability Office	Inform
OIT	Responsible

Lead Organization: BVA

Supporting Organizations: VBA, OIT

7.12 Expand Burial Access for Veterans with New National Cemeteries and Grants for State Cemeteries

NCA has a strategic goal to provide reasonable access to a burial option, in a national cemetery or VA-grant funded State or Territorial Veterans' cemetery, to 95 percent of our Nation's Veterans. Currently, NCA provides 93% of all Veterans with reasonable access to a burial option. To achieve the 95% goal, NCA will establish new national cemeteries, expand existing national cemeteries, and provide grants to establish new State Veterans' cemeteries to meet projected Veteran population and demand. In addition, NCA has proposed legislation (under consideration at OMB) that would establish new monetary burial benefits to address the remaining 5% of the Veteran population that will not have reasonable access.

As of October 2020, NCA operates and maintains 151 VA national cemeteries with 102 offering a burial option (open to both casketed and cremation burials or cremation only). It is NCA policy to establish new VA national cemeteries under one of the three categories noted below. Criteria for each category were included in various budget submissions and accepted by Congress.

Standard. NCA will establish a new national cemetery in areas where 80,000 or more Veterans do not have reasonable access to a burial option in a VA national cemetery or VA grant-funded Veterans cemetery (i.e. live within 75 miles of the cemetery).

Rural Initiative. NCA will establish a new national cemetery: 1) in a state without an open VA national cemetery; 2) in rural areas (i.e., those with less than 25,000 Veterans) that do not have reasonable access to any VA national cemetery or a grant funded cemetery within the state. Of these states, those where all Veterans are served by an existing VA-funded State Veterans cemetery within the state or national cemeteries in adjacent states are excluded. Rural cemeteries are smaller than standard cemeteries.

Urban Initiative. NCA will establish a new columbarium-only national cemetery in urban areas where distance and travel time to an existing VA national cemetery limit visitation and contribute to comparatively lower usage rates. Locations for the Urban Initiative must serve cities that are one of the 50 most populous, as defined by the U.S. Census Bureau. The existing

national cemetery must have comparatively lower utilization rates and customer survey feedback citing travel time and/or distance as a barrier to accessing the cemetery.

NCA is amid the largest expansion of the cemetery system since the Civil War, on trajectory to open 18 new national cemeteries between 2014-2024 (5 standard, 8 rural, 5 urban). These new cemeteries will provide a burial option to an additional 529,000 Veterans and their families, as well as enhance burial access to another 2,756,000 Veterans. Eleven of the 18 new cemeteries have already opened. NCA plans to open the remaining seven cemeteries by the end of 2024.

VA annually awards grants through the Veterans Cemetery Grants Program to States, Tribes and Territories to establish, expand, and improve Veterans’ cemeteries in areas where VA will not build a cemetery. VA awards approximately \$45 million in grants each year for construction or improvements. States, Tribes and Territories own, operate, and maintain the cemeteries. The current number of VA grant-funded State, Territorial and Tribal Veteran cemeteries is 117.

Opening new VA national cemeteries and grant-funded cemeteries will allow NCA to achieve its strategic target of providing 95% of the Veteran population with reasonable access to a burial option. After the target is achieved, 5% of the Veteran population will not have reasonable burial access as defined by NCA. NCA has proposed several legislative initiatives to provide monetary burial benefits to the remaining 5%. The proposals, which have been submitted to OMB for review and approval, would allow VA to pay for transportation of the remains of these Veterans to a VA national or grant-funded cemetery, outer burial receptacles and a burial allowance.

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Establish remaining 7 new national cemeteries (1 standard, 4 urban, 2 rural)	2024	Standard: Pembroke, NY (near Buffalo); Urban: Queens, NY; Indianapolis, IN; Oakland, CA; Chicago, IL; Rural: Cedar City, UT and Elko, NV. Provide new burial access to 113,000 Veterans; enhanced service to 1,881,000 Veterans
Encourage submission of grant applications for new State veterans’ cemeteries in targeted areas	Annually	Establishing new state cemeteries in the top 10 unserved areas would provide a burial option to 375,000 Veterans and their families (estimated for FY 2022)
Expand existing cemeteries as needed to maintain current access	Annually	No loss of reasonable access to burial in an existing open national or grant-funded state or territorial cemetery

Decision(s):

Decision	Timeframe	Decision Authority
Land acquisition/selection for prospective cemetery sites in Chicago and Elko, Nevada	2021-2023	Under Secretary for Memorial Affairs; Executive Director, VA Construction & Facilities Management
Incentives in regulations for States to establish new grant-funded cemeteries in targeted unserved areas	2021-2022	Under Secretary for Memorial Affairs
Dedication dates for remaining new national cemeteries	2021-2024	Secretary (if attending); Under Secretary for Memorial Affairs

Measures of Success:

- Percentage of Veteran population with reasonable access to a burial option, in a national cemetery or VA-grant funded State or Territorial Veterans' cemetery, within 75 miles of their residence;
- Additional Veteran population served by a burial option within 75 miles of their residence due to new national and state/territorial cemetery establishments; and
- Percent utilization of new monetary burial benefits (if enacted) to address the remaining 5% of the Veteran population without reasonable burial access.

Risk Management:

Risk	Continuum	Mitigation Strategy
Availability of suitable land	Known Managed Risk	Control and implement actions to minimize impact
Construction cost, schedule, and performance	Known Managed Risk	Control and implement actions to minimize impact
Lack of state grant applications in targeted areas	Known Managed Risk	Control and implement actions to minimize impact
Lack of legislation for new monetary burial benefits for Veteran population without reasonable burial access	Known Managed Risk	Control and implement actions to minimize impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Consult
Congress	Inform
Veteran Service Organizations	Inform
Federal Agency Partner (U. S. Army Corps of Engineers (USACE))	Accountable
VA Advisory Board or Committee (ACCM)	Consult
Tribal Government	Responsible
State Veterans Affairs	Responsible

Media	Inform
Government Accountability Office	Inform

Lead Organization: NCA

Supporting Organization: OALC, OM, OGC

7.13 Modernizing Memorialization: Veterans Legacy Program and Veterans Legacy Memorial

The Veterans Legacy Program (VLP) and the Veterans Legacy Memorial (VLM) are distinct programs modernizing memorialization and promoting NCA’s vision that “No Veteran Ever Dies.” VLP is an educational outreach program that engages universities, K-12 schools and local communities to research and share the histories of Veterans interred in VA cemeteries, often through newly developed digital means. VLM (www.va.gov/remember) is a digital memorialization platform that honors Veterans interred at VA National Cemeteries. More than 3.7 million Veterans have their own interactive VLM page that includes military service and cemetery details that allows family, friends and the public to submit tributes to tell a story, share a memory, and remember their legacy. By Memorial Day 2021, other materials such as letters and photos may also be submitted.

VLP was created on Memorial Day in 2016 and has since awarded 24 contracts that have engaged over 11,000 students, 2,500 teachers, and 250 professors. VLP programs have been conducted in 32 states, 4 Native American reservations, and 4 foreign countries. VLP is currently implementing a new grant program, the Veterans Legacy Grant Program, authorized by PL 116-107 as a business tool to further enable the efficiency of our mission; regulation draft and review processes are ongoing.

Initially, VLM was launched over the 2019 Memorial Day weekend as a companion effort that will collect and share the voice of citizens in honoring American Veterans. VLM pulls NCA data into a display template showing birth/death, military service and rank, emblem of belief, and cemetery interment information. Later in 2019, VLM added the ability for profile pages to be shared via email, Facebook, and Twitter. Over Memorial Day weekend 2020, VLM added the ability for users to submit Tributes to profile pages, and to date more than 6,500 Tributes have been posted. Headstone/marker photos and maps began populating on profile pages in August 2020. The next phase, which will be implemented by Memorial Day 2021, will allow families, friends and the public to post a broader variety of Veteran-related materials such as letters and photos.

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
VLP: Launch Veterans Legacy Grants Program	3Q FY 2021	Implement new grant program, expanding our stakeholder radius considerably
VLP: Pivot to GIS-based educational materials	2Q FY 2021	Ability to promote digital resources across platforms
VLM: Add ability for users to add additional types of content: photos, documents, biographical info, etc.	3Q FY 2021	Significant increase in user participation and VLM content
VLM: Add non-NCA cemeteries to VLM (Park Service, state/tribal Veteran cemeteries, private)	Begin Q4 FY 2021 and will take years	Honor the legacies of Veterans who have received a VA burial or memorial benefit

Measures of Success:

- Implementation of Veterans Legacy Grants Program;
- Develop immersive digital educational resources for new cemeteries, at least one in each NCA district each fiscal year; and
- Successful launch of ability for users to submit additional types of content (photographs; narrative biographies; etc.).

Risk Management:

Risk	Continuum	Mitigation Strategy
VLP: Delays in VLGP regulation	Known Managed Risk	Control and implement actions to minimize impact
VLP: Delays in implementing new GIS-based technologies	Known Managed Risk	Control and implement actions to minimize impact
VLM: Continued OIT and NCA funding	Known Managed Risk	Control and implement actions to minimize impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Inform
Congress	Inform
Veteran Service Organizations	Inform
Federal Agency Partner (VLP: Library of Congress, NARA, service branches)	Consult
VA Advisory Board or Committee (ACCM)	Inform
Tribal Government	Consult
State Veterans Affairs	Consult
Media	Inform
Office of Inspector General	Inform
Government Accountability Office	Inform

Lead Organization: NCA

Supporting Organization: OPIA, VEO, OIT

7.14 VA Construction and Leasing Programs

OALC is a multifunctional responsible for directing the acquisition, logistics, construction, and leasing functions. OALC provides direct operational support to the Department's Administrations and Staff Offices through its three major organizational components: Office of Acquisition and Logistics, Office of Procurement, Acquisition and Logistics, and Office of Construction and Facilities Management (CFM).

Construction Program: CFM manages construction and acquisition processes including the award of contracts related to VA design and construction projects. Title 38 U.S.C. Section 8104 defines Major Construction as projects where the total expenditure is more than \$20 Million. Major Projects are designed by Architectural/Engineering (A/E) Firms and are constructed by a general contractor. CFM ensures the designs meet the requirements within the established budget, including applicable VA standards, guides, manuals, alerts, and specifications; and local/state codes. In addition to major construction, CFM helps VA develop and update short-range and long-range strategic capital investment strategies and plans. CFM assists in the planning, design, and construction of all VA facilities types.

CFM is currently managing 55 Major Construction Projects totaling approximately \$11B of contract value:

- 31 VHA Major Construction projects valued over \$10B;
- 24 NCA Major Construction projects valued over \$900M;
- 22 super construction projects with United States Army Corps of Engineers (USACE) valued at approximately \$9B; and
- 1 Chip-In, use of private funds and appropriated funds for design and construction, with funds transferred in the amount of \$56M.

The Major and Minor programs are established with the following benchmarks:

- 1) Construction Projects over \$100M - CFM delegates the US Army Corp Engineers (USACE) as execution agent;
- 2) Construction Projects \$20M - \$100M (Major Projects) - CFM self performs; and
- 3) Construction Projects under \$20M (Minor Projects) - CFM delegates to VHA and NCA.

In FY 2019, a seismic repair fund line item was added to the annual Major Construction appropriation and \$400M was established for the Secretary to address documented seismic deficiencies of various buildings within the VA. An additional \$750M was added by Congress in the FY 2019 extenders bill. There are approximately 1,000 seismically deficient buildings within

VA’s inventory. This backlog will require more than \$7B to address. The Seismic Program tracks VA’s buildings in three categories: Extremely High Risk (EHR), High Risk (HR) and other. Initially the Seismic Program identified 72 building for repair, these projects were already scored in the Strategic Capital Investment Program (SCIP) for seismic funding. In FY 2020 VA started using the scoring matrix from the Secretaries Structural Safety Advisory Committee to prioritize new projects. Currently active Seismic projects are expected to cost approximately \$2.5B and include a mix of large and small projects across the continental United States and Puerto Rico. The largest project density is along the Pacific Coast and its seismically active regions. In addition to tracking projects and the seismic condition of VAowned buildings, the Seismic program is responsible for funding seismic Facility Condition Assessments (FCA) of VA facilities, and maintaining the VA’s Seismic Design Standard Supplement.

FY 2021 Operating Plan:

- 22 Project Books - \$37.2M;
- 6 Design Awards - \$114.8M; and
- 10 Transfers to USACE - \$81.1M.

Leasing Program: CFM’s current lease portfolio at the beginning of FY 2021 consists of 67. These leases will serve over 6 million projected Veteran enrollees. The total lease program spans nearly 2,000 leases. The entities responsible for procuring the different types of leases included in the program are shown in table 8 below.

Table 8: Lease Procurement Responsibility Matrix

General Services Administration (GSA)	<ul style="list-style-type: none"> • Most office leases (major and minor) • Most warehouse leases (major and minor)
OALC	<ul style="list-style-type: none"> • All major medical facility leases • Also acts as liaison with GSA for major medical leases being procured by GSA on behalf of VA (i.e. GSA Pilot leases) • Minor leases for non-VHA delegated leases and some VHA delegated leases, upon request and discussion with VHA
VHA	<ul style="list-style-type: none"> • Minor leases (non-office and warehouse)

Most of the major lease workload relates to the Veterans Access, Choice, and Accountability Act of 2014 (Choice Act), P.L. 113-146, and the Department of Veterans Affairs Expiring Authorities Act of 2018, P.L. 115-251 (“Choice Act 2”). Of 53 major leases in these groups, four have been completed/occupied and 38 are in design/construction. Choice Act 2 leases are progressing nearly twice as fast as the first Choice Act leases. VA continues to assess the cost structures of leases, in terms of what is included in annual rent versus lump sum, particularly since VA’s solicitation process has transitioned from the old Solicitation for Offer (SFO) method to the new, GSA Request for Lease Proposal (RLP) process. Efforts are being made to ensure

that lease costs are as low as possible.

Table 9. Comparison of Choice Act Leases

Choice Act	Number of Leases	Choice Act 2	Number of Leases
Requirements Complete	25	Requirements Complete	28
Solicitation Issued	25	Solicitation Issued	28
Leases Awarded (1)	23	Leases Awarded (3)	19
Design Completed	21	Design Completed	7
Construction Completed	4	Construction Completed	0
Occupancy/Use (2)	4	Occupancy/Use	0

(1) Average duration from Lease Authorization to Award - approximately 52 months;

(2) Average duration from Lease Award to Occupancy - approximately 27 months; and

(3) Average duration from Lease Authorization to Award - approximately 29 months.

Congress must authorize the obligation and expenditure of funds for VA major medical facility leases (with average annual un-serviced rent exceeding \$1M – VA’s prospectus level) through legislation under 38 U.S. Code § 8104. VA is not required to request Congressional authorization for leases of non-major medical facility space.

Congress has not authorized any major leases since August 2017, and none have been authorized through regular budget process since 2012.

OALC is continuing to work on additional improvements to the leasing process, and future changes to VA’s leasing program include the following:

- Synchronizing VA Authorization & GSA Committee Resolution process;
- Reviewing standards with VHA to ensure simple and consistent requirements (as opposed to highly customized unique requirements), which will make it easier for the market to respond to procurements;
- Moving more design activities to pre-authorization for Major Leases included in VA’s FY 2021 Budget request; expected to shorten lease execution timeline;
- Establishing Broker Contract to help execute Major and Minor leases; will be used enterprise-wide and will help VHA with their almost 1,800 minor leases that need support. Private sector brokers provide significant market expertise (and are funded through commissions);
- OALC expects to award nine Major and one Minor Lease in FY 2021, supporting over 820k Projected Veteran Enrollees; and
- OALC expects to accept 13 Major Leases and four Minor Leases in FY 2021, providing almost 1.1M square feet of medical and support space, supporting over 2M Projected Veteran Enrollees.

Risk Management:

Risk	Continuum	Mitigation Strategy
Construction: Covid-19 resurgence and related project impacts	Known Managed Risk	Acknowledge and accept
Construction: Non-competitive bid climate for VA projects	Known Managed Risk	Control and implement actions to minimize impact
Leasing: Multiple levels of delegated authority	Known Managed Risk	Control and implement actions to minimize impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Inform
Congress	Inform
Veteran Service Organizations	Inform
Federal Agency Partner (GSA: Leasing)	Consult
Federal Agency Partner (US Army Corps of Engineers: Construction)	Responsible
Media	Inform

Lead Organization: OALC

7.15 Systemwide VA Manpower Assessment

OMB Memorandum 17-22, Agency Reform Plan, dated April 12, 2017, directed Federal agencies to review and revise organizational structures and determine appropriate required staffing levels using career field benchmarking and time studies to set required Full Time Equivalent (FTE) levels. Since 2018 VA has included the business strategy for manpower management in order to optimize human capital resources. VA is developing the foundations for effective manpower management to validate requirements, apply rigor to position management, and enable an enterprise-wide manpower staffing assessment.

To improve VA’s ability to plan for staffing requirements, in October 2017 the Secretary established an enterprise-wide manpower management function. The VA Manpower Management Service (MMS) has been actively working with the Administrations to develop standard processes to validate staffing requirements (i.e., staffing models, standards, and benchmarking tools). Concurrently, each Administration established an internal manpower management functionality to meet their mission-specific needs. VA has been actively working to standardize organizational structures to facilitate manpower analysis, management of business operations, and inform business intelligence tools. VA is developing staffing models and validating staffing standards, with a goal of full manpower position management and governance over VA’s organizational structure, position management, and workload-based staffing requirements. When fully implemented, manpower management processes will enable

VA to more accurately define full staffing capacity requirements. These requirements will enhance VA's existing strategic human capital planning processes to ensure that workload demand is balanced by measures of quality, access, and Veteran satisfaction.

Although formal Manpower Management is a relatively new approach to managing human resources across VA, there has been strong support to implement this operational and cultural change in defining staffing requirements. Many foundational elements are still in development, but significant progress has been made institutionalizing structural elements of VA's manpower management program and building the capability to conduct VA-wide manpower assessments.

Current focus is on leveraging existing staffing models to document positions covered by a valid workload-based requirement within an authoritative data source. The two largest VA organizations, VHA and VBA, have a long history of using staffing models, standards, and other analysis to guide workforce decisions, which provides a solid basis for the shift to VA's enterprise-wide manpower management approach. Establishing a manpower management capability lays the foundation for important human capital actions planned in FY 2021. By building a linkage between available funding and positions within HR Smart (VA's authoritative database for positions), VA can report fewer active positions than in the past, and all vacancies reported more accurately reflect gaps between the demand to hire against funded positions and the onboard employees. Additional actions to achieve fuller manpower position management and governance are set forth below.

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Conduct final review and gain approval of organizational structure	March 2021	Functional components will be standardized across VA to support requirements validation
Develop interface between financial management system and HR Smart	March 2021	Enable consistency in data for managing VA's resources
Deploy manpower management IT system	July 2021	Provide VA with the capability to manage manpower positions and organizational structure
Finalize organizational change policy and process	July 2021	Established approach and process to promote stability in organizational structure
Leverage VA's models to inform staffing requirements	July 2021	Approximately 80 percent of VA-wide manpower initial assessment will be complete
Develop staffing models to fill in gaps in analytics	September 2022	Staffing determinants will be based upon repeatable standards

Action Step	Milestone	Expected Outcome
Conduct staffing studies of functions that cannot be modeled	September 2023	All functions will have a workload-based approach for staffing requirements

Decision(s):

Decision	Timeframe	Decision Authority
Final standard organizational structure	March 2021	VA Deputy Secretary approves the final standard organizational structure that will enable data consistency across finance and human resources systems
Vetting of staffing requirements with VA medical centers for first phase of requirements determination reviews	July 2021	Information for resource allocation to promote closure of staffing gaps; ability to target workforce planning efforts based upon mission needs

Measures of Success:

- Percent completion of requirements for VA’s manpower management information technology solution (HR Smart);
- Percentage of organizations with a standard organizational structure; and
- Percentage of VA positions covered by a workload-based analysis.

Risk Management:

Risk	Continuum	Mitigation Strategy
Internal stakeholder buy-in for changes needed	Known Managed Risk	Control and implement actions to minimize impact
Insufficient skills within manpower management program offices	Known Managed Risk	Control and implement actions to minimize impact
Limitations of VA’s HR Smart system to accommodate manpower processes	Emerging Risk	Monitor for changes that affect impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Administrations and Staff Offices	Accountable
Congress	Inform
Office of Management and Budget	Inform
Office of Inspector General	Inform
Government Accountability Office	Inform

Lead Organization: OHRA/OSP

Supporting Organizations: OM, VHA, VBA, NCA

7.16 Improving Employee and Organizational Accountability

OAWP was established in 2017 and its authorities are codified at 38 U.S.C. § 323. OAWP is committed to promoting and improving accountability in VA. This issue paper addresses two critical areas for improving accountability: employee accountability and organizational accountability.

Improving Employee Accountability

Under 38 U.S.C. § 323, OAWP advises the Secretary on ways to improve accountability within VA. There are several ways to improve employee accountability at VA, including: establishing clear policies; guidance and training on policies and best practices; performance management; and discipline. Several reports, including from the U.S. Government Accountability Office, the U.S. Office of the Special Counsel, and VA’s Office of Inspector General, highlight deficiencies in VA and other government agencies about the aforementioned areas. Congress, recognizing the challenges faced by VA, provided VA with unique statutory authorities to enhance its ability to hold employees accountable (e.g., 38 U.S.C. §§ 713 and 714). In 2017, Congress established OAWP to improve accountability within VA.

OAWP receives whistleblower disclosures, allegations of whistleblower retaliation, and allegations of VA senior leader misconduct and poor performance. OAWP directly investigates allegations of whistleblower retaliation and allegations of VA senior leader misconduct and poor performance. OAWP refers whistleblower disclosures that do not involve VA senior leaders or whistleblower retaliation to VA offices for investigation. If OAWP substantiates allegations, it recommends disciplinary action. Approximately 39,818 VA supervisors fall under OAWP’s investigative scope for whistleblower retaliation. Over 1,000 VA senior leaders fall under OAWP’s investigation scope for senior leader misconduct and poor performance.

Top Actions for Way Ahead

Action Step	Milestone	Expected Outcome
Improve the timeliness of OAWP investigations so that, on average, investigations take 120-days from the date that a case is received	December 2021	Reducing the timeframe for OAWP investigations will ensure more timely recommendations for disciplinary action
Identify trends for employee accountability and suggest corrective actions	December 2021	Identifying trends for employee accountability, performance, and misconduct will allow VA to take corrective steps (e.g., refining policies)

Measures of Success:

- A downward trajectory beginning in June 2021 for the average timeframe for OAWP investigations towards the 120-day average goal; and

- Beginning in June 2021, initial trend analysis data that can be shared with VA offices through dashboards.

Risk Management:

Risk	Continuum	Mitigation Strategy
Increased volume of whistleblower disclosures and allegations	Known Managed Risk	Control and implement actions to minimize impact
Relationships with other VA offices that OAWP may investigate	Known Managed Risk	Control and implement actions to minimize impact
Insufficient information technology to assist with trend analysis	Known Managed Risk	Control and implement actions to minimize impact

Improving Organizational Accountability

Under 38 U.S.C. § 323, OAWP is responsible for recording, tracking, reviewing, and confirming implementation of recommendations from audits and investigations carried out by the VA Office of Inspector General (OIG), VHA Office of the Medical Inspector (OMI), the U.S. Office of Special Counsel (OSC), and the U.S. Government Accountability Office (GAO), including the imposition of disciplinary actions and other corrective actions contained in such recommendations.

Recommendations made by OAWP to the Secretary based on the trends inform actions VA can take for assessing its organizational performance; when OAWP makes such recommendations to the Secretary, VA is informed to: (1) proactively address those areas of concern; (2) make decisions for policy, program, and system-wide improvements; (3) improve operations; and (4) evaluate organizational risk to promote a more accountable VA.

Top Actions for Way Ahead

Action Step	Milestone	Expected Outcome
Record, track, review, and confirm VA’s compliance with recommendations from audits and investigations	December 2021	Improve operations and promote a more accountable VA
Identify trends harnessed from OIG, OMI, GAO, OSC, and OAWP	December 2021	Proactively address areas of concern and make informed decisions

Measures of Success:

- Record, track, review and confirm VA’s compliance based on recommendations from audits and investigations by December 2021; and

- Report trends of data harnessed from recommendations issued from audits and investigations by December 2021.

Risk Management:

Risk	Continuum	Mitigation Strategy
Relationships with other VA offices, which OAWP may investigate or evaluate	Known Managed Risk	Control and implement actions to minimize impact
Insufficient information technology to assist with (1) recording, tracking, and reviewing and (2) trend analysis	Known Managed Risk	Control and implement actions to minimize impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Inform
Congress	Inform
Veteran Service Organizations ()	Inform
Federal Agency Partner (Office of Special Counsel)	Inform
Federal Employee Union	Inform
Media	Inform
Office of Inspector General	Inform
Government Accountability Office	Inform
Other (Whistleblower advocacy groups)	Inform

Lead Organization: OAWP

7.17 VA Police Force Modernization

In December 2018, the OIG found that VA did not have adequate governance over its police program to ensure effective management and oversight for its 4,000+ police officers at 139 medical facilities. Since then, at the direction of the Secretary, the Department has worked to develop the infrastructure to realign and modernize police operations.

On October 25, 2019, the Secretary announced his decision to realign VA police operations to increase safety and security, maintain law and order, and protect the personnel and property of the Department. This announcement was based, in part, on recommendations from a 2018 VA OIG report that identified concerns with systematic tracking and assessment of incident reporting, staffing shortages, timelines and compliance with inspections, guidance and standardization, as well as coordination on policy.

In subsequent guidance issued on February 10, 2020, the Secretary specifically charged the

OHRA/OSP, in close collaboration with VHA, to lead the effort to ensure consistent enterprise-wide policies, standards and staffing across the VA police force.

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Establish a national police governance body, the VA Police Governance Council	FY 2021, Q1	Provide senior level strategic direction to the VA Police Force
Establish an office focused on police operations, training, and physical security led by a uniformed Chief of Police at the senior executive level	FY 2021, Q1	Ensure consistent, standardized policy and procedures are implemented across the police force
Create four multi-state regions led by Regional Directors who will work with 18 District Managers within the regions	FY 2021, Q4	Provide enhanced governance and oversight

Decision(s):

Decision	Timeframe	Decision Authority
Hire VA Chief of Police, stand up office to implement and address staff changes, establish 4 multi-state regions with Regional Directors and 18 District Managers	FY 2021, Q1	Assistant Secretary for OHRA/OSP
Clarify program responsibilities between VHA and OHRA/OSP mitigate role confusion and enhance accountability	FY 2021, Q2	VA Deputy Secretary
Complete systematic review of police governance gaps, best practices and industry standards to establish foundation for appropriate policy development	FY 2021, Q2	Assistant Secretary for OHRA/OSP

Measures of Success:

- Enhanced governance and oversight of police operations;
- Workload based staffing standards for law enforcement positions across the Department; and
- Comprehensive, integrated recruitment, relocation and retention incentives for the police force.

Risk Management:

Risk	Continuum	Mitigation Strategy
Limited resources due to appropriations for this initiative and the continuing resolution	Known Managed Risk	Control and implement actions to minimize impact
Decrease in support from the field for modernization efforts	Known Managed Risk	Control and implement actions to minimize impact
Limited funding to support full ongoing operations	Known Managed Risk	Control and implement actions to minimize impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Veterans and their Families	Inform
Congress	Consult
Veteran Service Organizations (American Legion, DAV, PVA, VVA, AMVETS, VFW)	Inform
Department of Homeland Security	Inform
VA Police Governance Council	Responsible
Federal Employee Union	Inform
Tribal Government	Inform
State Veterans Affairs	Inform
Media	Inform
Office of Inspector General	Inform
Government Accountability Office	Inform

Lead Organization: OHRA/OSP

Supporting Organizations: VHA, VBA, NCA

7.18 VA Strategic Partnerships and Initiatives

The Secretary’s Center for Strategic Partnerships (SCSP) collaborates with industry and non-profit organizations to jointly build programs that further the Secretary’s highest-priority initiatives to significantly improve Veterans’ lives.

During the ongoing COVID-19 national pandemic, SCSP pivots from an exclusive focus on philanthropy to using a robust private sector network to address VA’s highest-priority needs, including securing millions of scarce, mission critical personal protective equipment (PPE). This collaboration ensures the continued safe delivery of high-quality care for Veterans and protects VA’s frontline health care professionals.

Current Partnerships:

- *Bridging the Digital Divide:* Previously, Veterans who could not afford unlimited data plans struggled to access VA Telehealth services. Now, major Telecom providers (e.g., Sprint, T-Mobile and Verizon) agreed to eliminate all data charges for Veterans and Caregivers connecting through the VA Video Connect application. In addition, T-Mobile launched a \$14 million campaign to communicate the availability of their VA Zero-rating partnership with this national [commercial](#) that reached a potential 800 million viewers.
- *Expanding Rural Access to VA Health Care:* Veterans who live in rural communities, far from a VA medical center, often do not have sufficient broadband service in their homes to access VA Telehealth services. An initiative called Accessing Telehealth Through Local Area Stations establishes remote VA health care access points where Veterans can participate in VA Telehealth services, leveraging partner locations and technology. Walmart created a private room in five rural store locations where Veterans can schedule VA Telehealth sessions. In addition, Philips donated equipment to create remote Telehealth exam rooms at ten American Legion and Veterans of Foreign Wars Posts for Veterans to participate in Telehealth sessions with their VA providers. This [Philips video showcases the effort](#).
- *Preventing Veteran Suicide:* More than 60% of Veterans who die by suicide annually have no contact with VA. To reach a significant cohort, SCSP approached the U.S. Chamber of Commerce Foundation's Hiring Our Heroes organization (an association of the largest private sector employers of Veterans) and built a coalition of 60+ companies, representing 6 million+ employees. These employers pledged to prioritize strengthening employee mental wellbeing in the workplace, with the goal of preventing their Veteran and civilian employees from reaching the point of suicide ideation.
- *Building Precision Oncology Services:* there are 200 Veterans diagnosed with cancer every day at VA. Current partnership efforts are dedicated to building the Nation's leading precision oncology program; to date securing commitments of \$110 million, with the goal of providing Veterans with care equivalent to that delivered at the Nation's leading cancer centers. VA partnerships with Bristol Myers Squibb Foundation; IBM Watson for Genomics, the Prostate Cancer Foundation (PCF) and Sanford Health allow Veterans, in select VA medical centers, access to precision oncology services. Effective execution of initial programs resulted in partners building on their initial investments. For example, PCF expanded their \$50 million commitment to developing 20 VA cancer centers of excellence, up from 10. The Bristol Myers Squibb Foundation expanded their funding of VA's lung cancer screening program and launched a new \$4.5 million tele-oncology program at VA.

- *COVID-19*: SCSP realized a first-of-its-kind strategic partnership to secure scarce Personal Protective Equipment for VHA health care providers by partnering with Dean Kamen, DEKA Research & Development Corp. (DEKA), the State of New Hampshire, FedEx and the New Hampshire National Guard. The coalition has delivered 4.5 million masks, 6 million gowns, 7 million testing swabs and 20 million gloves to date, with more on the way.

Partnerships Under Development: SCSP specializes in identifying and developing synergies between the needs of VA and the expertise of prospective external partners, leading the process from conception through successful implementation. SCSP will announce new partnerships before 2021 expanding VA programs that serve Veterans:

- *Hillrom* – SCSP is working with the VA Office of Nursing Services to define a new program focused on improvement of home health care/safe patient handling and reduction in falls; promotion of early mobility; and reduction of pressure injuries/skin macerations caused by incontinence.
- *New Hampshire Innovation Ecosystem Center of Excellence* – Partnering with DEKA for VA to participate in breakthrough research and development efforts and secure priority access for Veterans to obtain life-altering medical devices.
- *Women Veterans* – SCSP is developing partnerships that focus on Women Veterans, including improved communication, expanded oncology care and enhanced transition support services.
- *Women’s Oncology* – SCSP is exploring partnerships with academic affiliates and industry to create a women’s precision oncology system of excellence, starting with breast cancer.
- *Walmart Health Centers* – SCSP is leading the exploration of an expansion of VA’s partnership with Walmart. This new collaboration would place VA primary care providers inside Walmart’s Health Centers in places where community growth has exceeded VA’s in-person health care services capacity. Two pilot store sites have been selected.
- *Reshoring Personal Protective Equipment* – Leveraging SCSP’s private sector network to identify domestic partners who might help support VA’s longer-term supply requirements.

7.19 Managing Data as a Strategic Asset

VA is strengthening its data management and analytic capabilities and recently issued a Data Strategy and implementation Roadmap in support of evidence-based policy making and operational efficiency. With leadership support, prioritization, and mandate, VA is positioned to strengthen operational decision making and rationalize fragmented and unaligned investments in data and analytics.

VA invests significantly in technology development, operations, and sustainment of its data infrastructure. While there is some coherence at the individual project or program level, the data management efforts at the enterprise level continues to be fragmented and immature. Across petabytes of data, spanning thousands of data sources, top enterprise issues that need to be addressed are data quality; data linkage across stovepipe systems; variations in data processes, reporting, and decision support indicators; data management and data governance; and fragmentation in data tools and technology.

The Foundations for Evidence-Based Policymaking Act of 2018 provides an opportunity for VA to strengthen its data management and analytic capabilities and prioritize data as a strategic asset across its lifecycle. VA has taken steps to elevate data management as an enterprise objective and establish the framework for OEI and the Chief Data Officer (CDO) to lead implementation of the VA Data Strategy and Roadmap.

The CDO role, by statute, is designed to lead data and analytics mission management consistent with VA strategy, policy, and direction. The VA Data Strategy and Roadmap lays out a framework to transition VA into a learning enterprise, using trusted data to develop deep insight into our Veterans and reliable leading indicators to make continuous operational improvements, and to leverage analytics to build evidence to support policymaking that optimizes lifetime outcomes for Veterans.

Current VA transformation initiatives including Electronic Health Record Modernization, Medical Supply Chain, and Financial Management Business Transformation further reemphasize the need for an enterprise approach to data management and strategically accelerate VA’s transformation into a data-driven, evidence-based, learning enterprise.

Top Actions for Way Ahead:

Action Step	Milestone	Expected Outcome
Issue VA Data Strategy	1Q FY 2021	Codify agreements on strategy across VA
Issue VA Data Roadmap	2Q FY 2021	Alignment towards enterprise integration and targeted outcomes
Implementing VA Data Strategy and conducting periodic progress review	Ongoing	Improved data quality, consistency, and accessibility to inform VA planning, budgeting, and decision making

Decision(s):

Decision	Timeframe	Decision Authority
Approve VA Data Strategy	December 30, 2020	VA Secretary
Approve VA Data Roadmap	February 28, 2021	VA Secretary

Measures of Success:

- Deployment of an operational decision support environment using integrated authoritative health and non-health data and reliably produce leading indicators to assess pandemic responses to inform timely decision making;
- Publication of a joint vision and strategy for data and analytics between VA and DoD that enables Service member-Veteran lifetime analytics building evidence to support more effective joint policymaking towards better outcomes for Service members and Veterans; and
- Improved transparency and alignment of VA data and analytics spending within VA to support improving alignment and accelerating implementation of the VA Data Strategy via the President’s Budget.

Risk Management:

Risk	Continuum	Mitigation Strategy
Resistance to change	Known Managed Risk (known, plan, oversight)	Control and implement actions to minimize impact

Key Stakeholders:

Stakeholder	Responsibility Matrix
Congress	Inform
Veteran Service Organizations	Consult
Federal Agency Partner (DOD – joint strategy and action)	Responsible
State Veterans Affairs	Inform
Media	Inform
Office of Inspector General	Inform
Government Accountability Office	Inform
Other (Industry)	Consult

Lead Organization: OEI

Supporting Organization: VHA, VBA, OIT, OEHRM, OM, OHRA/OSP, OALC

PART D: KEY ISSUES FROM THE OVERSIGHT COMMUNITY

Audits and reviews by our oversight partners, such as VA’s Office of Inspector General (OIG) and the U.S. Government Accountability Office (GAO), provide essential accountability and transparency over Department programs and operations. It is VA practice, at all levels of responsibility, to provide reliable, useful, and timely information to our accountability partners during their reviews.

8. VA Office of Inspector General (OIG)

The mission of the VA OIG is to serve Veterans and the public by conducting meaningful independent oversight of the VA. To fulfill this mission, the OIG performs audits, inspections, investigations, and reviews that improve the efficiency, effectiveness, and integrity of VA programs and services. Further, the OIG will do the following:

- Prioritize work that will have the greatest impact on the lives of Veterans, their families and caregivers, and on VA resources and operations;
- Prevent and address fraud and other crimes, waste, and abuse, as well as advance efforts to hold responsible individuals accountable;
- Help ensure eligible Veterans and other beneficiaries receive prompt and high-quality health care, services, and benefits by issuing accurate, timely, and objective reports; and
- Make meaningful data- and evidence-driven recommendations that enhance VA programs or operations and promote the appropriate use of taxpayer dollars.

The VA OIG is led by the Inspector General (IG), who is appointed by the President with the advice and consent of the Senate. Traditionally, IGs transcend administrations and the current IG assumed responsibility as IG on May 2, 2016. While VA OIG employees are employees of the Department, the OIG and its employees remain independent per the IG Act. The OIG, with about 1,020 employees, is organized into seven organizational elements and has offices in approximately 50 locations throughout the country.

Each administration and staff office subject to an Office of Inspector General (OIG) audit or review coordinates directly with the OIG. Offices which are subject to many OIG audits and reviews have dedicated staff devoted to audit liaison responsibilities. Offices which do not have dedicated audit liaison staff generally facilitate the OIG engagement with a front office contact through the Department’s regular concurrence process. Because not all OIG reviews are national in scope and require direct coordination with Administrations and Staff Offices, it is the responsibility of each respective office to alert the Office of the Secretary of any OIG matters which require its attention.

While each administration and staff office is responsible for its own interactions with the OIG, the processes are largely consistent across the Department. Generally, the OIG audit/review

process across VA includes the following: (1) informing VA of the review [initiation]; (2) entrance conference; (3) OIG audit/review activity; (4) exit conference; (5) OIG provides VA a draft report; (6) VA drafts its agency response and corrective action plan, if necessary; (7) OIG publishes online its final report; and (8) VA implements corrective action/follow-up.

Furthermore, while many OIG reports are focused on facility or programmatic matters, these reports may still be of public importance to VA from a Department perspective. Every two weeks, the OIG provides the Office of the Secretary a list identifying all draft reports, regardless of whether it is a national or facility-level review. The OIG also publishes a Semiannual Report in November and April of every year.

OIG Major Management Challenges

Each year, pursuant to 31 U.S.C. § 3516, the OIG provides VA with an update summarizing what they find to be the most serious management and performance challenges identified by OIG work, as well as an assessment of VA's progress in addressing those challenges.

The most current report available is associated with VA's most recent Agency Financial Report (AFR) FY 2019. This report contains a summary of the major management challenges addressed by OIG's work and the status of VA's efforts to address them. The following six areas were identified through OIG's oversight of VA:

1. Strengthening leadership and workforce investments;
2. Improving health care access and quality of care;
3. Ensuring the accuracy and timeliness of benefits services;
4. Enhancing financial management and controls;
5. Overseeing the compliance and integrity of procurement practices;
and
6. Minimizing risks and increasing effectiveness for information management systems.

9. U.S. Government Accountability Office (GAO)

GAO is an independent, nonpartisan agency that works for Congress. GAO conducts audits, reviews, and investigations on how the Federal government spends taxpayer dollars. The head of GAO, the Comptroller General of the United States, is appointed to a 15-year term by the President from a slate of candidates Congress proposes. GAO work is done at the request of Congressional committees or subcommittees, individual members of Congress, by mandate or

at the direction of the Comptroller General. GAO supports congressional oversight by: auditing agency operations to determine whether Federal funds are being spent efficiently and effectively; investigating allegations of illegal and improper activities; reporting on how well government programs and policies are meeting their objectives; performing policy analyses and outlining options for congressional consideration; and issuing legal decisions and opinions, such as bid protest rulings and reports on agency rules.

The status of each GAO report with open recommendations is provided by GAO at the following link: <http://gao.gov/recommendations> and searching target agency “Veterans Affairs.”

9.1 How VA Works with Government Accountability Office

All VA interactions with Government Accountability Office (GAO) are formally facilitated by the Office of Congressional and Legislative Affairs (OCLA). OCLA is VA’s designated liaison/central point of contact with GAO, as such OCLA notifies the Department of all GAO engagements, coordinates and prepares the Department’s response to draft and final reports, and ensures responses are provided to GAO in a timely manner. OCLA also keeps VA leadership and strategic communications staff apprised of GAO recommendations and tracks and provides recommendation updates to GAO when available from VA Administrations or Staff Offices. Department responses to GAO draft and final reports are signed by either the Secretary, Deputy Secretary or the Chief of Staff.

9.2 GAO High Risk List

In 1990, GAO began a program to report on government operations that they identified as “high risk” to call attention to agencies and program areas that are high risk due to their vulnerabilities to fraud, waste, abuse, and mismanagement, or are most in need of transformation. Since then, generally coinciding with the start of each new Congress, GAO reports on the status of progress to address high-risk areas and updates their High Risk List. GAO’s most recent [High-Risk update](#) was in March 2019.

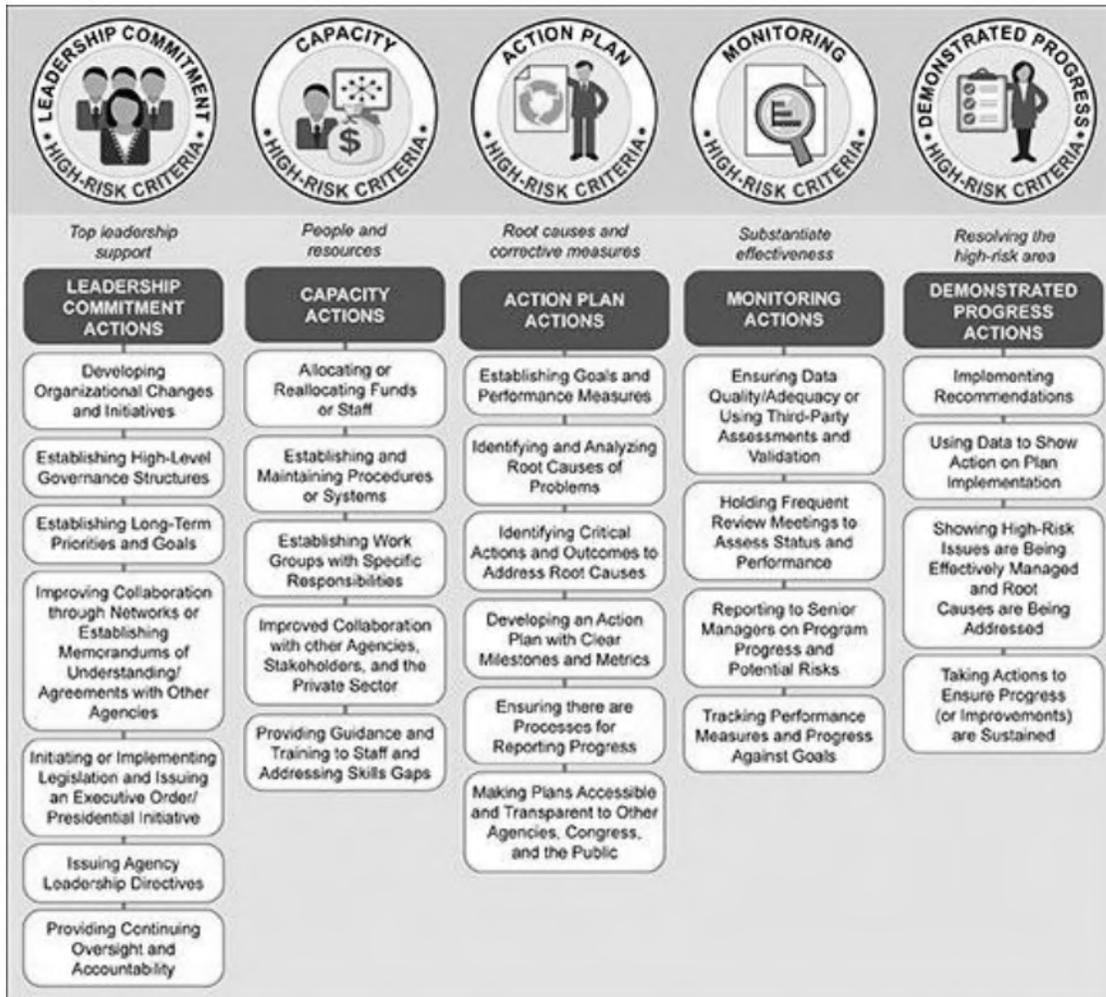
Current high-risk areas for VA action include the following:

- Improving and Modernizing Federal Disability Programs – listed in 2003;
- Managing Risk and Improve VA Health Care – listed in 2015; and
- VA Acquisition Management – listed in 2019.

An emerging multi-agency high-risk area that will involve VA is “Federal Efforts to Prevent Drug Misuse” – anticipated listing for 2021.

In order for a high-risk area to be removed from the list, GAO assesses progress using the following criteria: Leadership Commitment, Capacity, Action Plan, Monitoring & Demonstrated Progress.

Figure 6. GAO Criteria for Removal from the High-Risk



Source: GAO. | GAO-16-450R

Close interaction with the GAO’s High-Risk List Teams is a proven Federal best practice. VA interactions with GAO, while still formal, are facilitated by leadership identified for each risk area. These meetings occur frequently and focus on actions taken and on additional actions that need to be taken to address the high-risk issues. Key considerations for a strong action plan include having first conducted a root cause analysis upon which to base the plan, clear milestones for progress, relevant performance measures for each area of concern, and ongoing engagement with the GAO team to get feedback as the plan is developed.

GAO has recently added clarity and specificity to its assessments by rating each high-risk area’s progress on each of the five criteria using the following definitions:

- Met: Actions have been taken that meet the criterion. There are no significant actions that need to be taken to further address this criterion;
- Partially Met: Some, but not all, actions necessary to meet the criterion have been taken; and
- Not Met: Few, if any, actions toward meeting the criterion have been taken.

The following section provides VA's status update at addressing each GAO high risk area.

9.2.1 Improving and Modernizing Federal Disability Programs

GAO identified "Improving and Modernizing Federal Disability Programs" as a VA high risk area in 2003. GAO monitors the following two primary areas of concern: 1) Managing disability claims workload, and 2) Updating the disability benefit eligibility criteria which are codified in regulations. This High-Risk List item is managed by VBA jointly with BVA. The two primary offices in VBA that work on corrective actions are the following: 1) the Office of Administrative Review (OAR), formerly known as the Appeal Management Office, and 2) the Compensation Service.

Claims Workload

Veterans file claims on paper forms or through electronic forms. VBA has aggressively moved toward having all new claims go through the digital environment, although the Veteran has a choice about how to file. The Veterans Appeals Improvement and Modernization Act of 2017 (AMA) enacted major process improvement for the digital environment as well as providing regulatory relief from certain archaic requirements.

The claims workload is driven by the volume and rate of new claims being filed, the volume of appeals to benefit decisions, and the size of the current claims and appeals inventories. Since the AMA was implemented in February of 2019, the appeals backlog of legacy claims (paper) was reduced by 50%, to about 180,000 cases.

Efficiency gains in processing disability compensation claims have been achieved through a blend of people, process, and technology enhancements. The continuously improving automation capabilities provided by the Veterans Benefits Management System (VBMS), coupled with the implementation of the National Work Queue (NWQ) and the Centralized Mail (CM) program, are clear examples of enhancements that increase the efficiency of claims processing. VBA has implemented a number of corrective actions to address workload in their High-Risk List action plan.

VA Schedule for Rating Disabilities (VASRD)

In 2019, VBA created an office to manage the ten-year schedule for updating body system regulations. As of July 2020, seven of the fourteen regulations for body systems (15) have been updated. The remaining seven regulations are well into the concurrence process.

VBA will place each VASRD body system into a five-year cycle of staggered reviews. This strategy is based on recommendations from a 2007 Institute of Medicine (IOM) report. In that report, IOM proposed a series of corrections to the existing schedule for rating disabilities and guidance designed to improve Veterans benefits in the 21st century. Additionally, VBA will document work plans and maintain working groups for each of the VASRD body systems to ensure that on a routine basis, findings from discussions on current science and medical advancements are incorporated into the body system reviews as necessary. VBA updated its High-Risk List action plan in October 2020.

9.2.2 Managing Risk and Improving Health Care

GAO identified “Managing Risk and Improving VA Health Care” as a VA high risk area in 2015 with the following five interdependent areas of concern:

- Ambiguous policy and processes;
- Inadequate oversight and accountability;
- Information technology challenges;
- Inadequate training; and
- Unclear resources and allocation priorities.

In late 2019, VHA provided necessary support for the GOAL office (GAO-OIG Accountability Liaison) to put in place the project management, risk management, data applications, and performance management subject matter expertise to develop an action plan for this High Risk area. In October 2020, VA submitted a revised action plan to GAO, after painstakingly reviewing the root cause analysis, proposed key performance measures and major milestones.

GOAL partnered with OEI to stand up a new senior level board to focus on forward movement on all High-Risk List areas. VBA, BVA and OALC quickly joined the effort and pledged their support for this new unified team approach to addressing High-Risk List as a unified Department rather than at the program office level.

VHA is using seven new projects in its modernization plan to demonstrate to GAO how the recommendations for each of the five areas of concern are being implemented, and how they integrate across the areas to make the most efficient use of resources. Although the action plan update was just submitted to GAO in October 2020, VHA has been gathering data on the progress of the five areas of concern and the seven modernization initiatives (referred to as “Lanes of Effort” in the modernization plan). Each quarter, they will provide fresh data to GAO on both sets of initiatives. VHA is also taking advantage of any previously ongoing work that contributes to the HRL goals.

9.2.3 VA Acquisition Management

In GAO's 2019 High-Risk List Update, GAO identified "VA Acquisition Management" as a new high-risk area. There are usually at least three agencies on the HRL for acquisition management at any given time. It is significant that GAO set out seven areas of concern, more than the typical HRL item. The areas of concern included the following:

- Outdated acquisition regulations and policies;
- Lack of an effective procurement strategy for medical supplies;
- Inadequate acquisition training;
- Contracting officer workload challenges;
- Lack of reliable data systems;
- Limited contract oversight and incomplete documentation; and
- Leadership instability.

OALC designated the Senior Procurement Executive as the manager of the VA response and conferred immediately with VHA and VBA to glean lessons learned and shorten their learning curve. Based on that consultation, OALC immediately initiated a root cause analysis to uncover the sources of the issues in each of the seven areas. They then started crafting an action plan structured around those findings:

1. To address outdated acquisition regulations and policies, OAL has established an Acquisition Management Program and formed a team to evaluate potential initiatives that address HRL concerns.
 2. To address lack of an effective medical supplies strategy, OAL has begun collaborations with other VA organizations to advance supply chain modernization efforts.
 3. To address lack of reliable data systems, OAL is leading the transformation effort to modernize acquisition business systems.
 4. To address leadership instability, OSVA appointed a Chief Acquisition Officer.
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PART E: REFERENCES

10. VA's Fourth Mission, Crisis Management and Emergency Response

In accordance with Presidential Policy Directive 8, Public Law 107-287, VA's Fourth Mission is to improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to Veterans, as well as to support national, state, and local emergency management, public health, safety and homeland security efforts.

Under the National Response and National Disaster Recovery Frameworks, managed by the Federal Emergency Management Agency (FEMA), VA supports multiple Emergency Support Functions and Recovery Support Functions employed to manage the consequences associated with crisis. In order to manage this effort, VA created a command, control, and coordination structure at the headquarters level for major disasters when Department capabilities and/or resources need to be integrated into an overall Federal response. The VA Integrated Operations Center (VAIOC) is staffed 24 hours a day, seven days a week to respond to all emergency incidents or hazard notifications. To reach the VAIOC, call 202-461-5510.

Continuity of Operations Planning

The President signed Presidential Policy Directive 40 in August 2016, which outlines management organization, mission, and mission support requirements for all Executive Branch Department and Agency's continuity programs. The Department's Master Continuity Plan (MCP) is a comprehensive blueprint that lays out the steps for ensuring VA can perform its Primary Mission Essential Function (PMEF) and Mission Essential Functions (MEFs) during any disaster or emergency. VA maintains resilient capabilities across the enterprise ensuring operational capability to provide services to our Nation's Veterans, as well as support the security and resilience of the National Essential Functions. VA's distributed operations and resilience posture reduces the risk that VA will be unable to perform the PMEF or MEFs under any condition.

Defensive Counterintelligence

The Intelligence Community's collaboration with other Executive Branch organizations encompasses the full spectrum of threats to the U.S. including espionage, counterintelligence, supply chain risk management, etc. Intelligence Community Directive (ICD) 404 formalizes the framework employed across the Intelligence Community and describes how the Office of the Director of National Intelligence (ODNI) engages with intelligence customers, such as VA, in the Executive Branch. In accordance with ICD 404 and ODNI's National Counterintelligence Strategy of the United States of America 2020 – 2022, VA established an organic defensive counterintelligence program, integrated with VA's Insider Threat program, to enhance VA's

ability to protect the Department from Foreign Intelligence Entities. Currently, unvetted foreign nationals who have access to VA personnel, networks, and research and technology at laboratories pose the primary national security threat to the Department. VA is actively coordinating counterintelligence and investigative activities to mitigate threats to U.S. research by working with external partner agencies and VA program owners where the risk to intellectual property exists.

11. VA Handbooks, Directives and Notices

VA issues a variety of publications to aid in the administration of benefits and services, including delegations of authority, handbooks, directives and notices. These are available for public viewing at the [VA Publications](#) website.

12. Veterans Issues not Administered by VA

Table 10. Issue and Responsible Agency

Issue	Responsible Agency
Arlington National Cemetery	Department of the Army
Combat-Related Special Compensation	Department of Defense (DoD) – Branch of Service
Concurrent Receipt	DoD – Defense Finance and Accounting Service (DFAS)
Discharge Upgrade	DoD – Branch of Service
Employment and Training	Department of Labor (DOL) – Veterans’ Employment and Training Service (VETS)
Military Medals, Records, or Discharge Documents (DD-214)	National Personnel Records Center (NPRC) Online access: http://vetrecs.archives.gov/
Small Business Loans	Small Business Administration (SBA)
Survivors’ Benefits Program	DoD
Tricare	DoD
Veterans Preference	Office of Personnel Management (OPM)
Vietnam Memorial Wall	DoD (compiles the casualty list) National Park Service (maintains the Wall)
Records destroyed in the 1973 fire at the NPRC	NPRC

13. VA Regulation/Rulemaking Process

Within VA's overall mission of serving Veterans and their families, the Office of Regulation Policy and Management, in the Office of Secretary, provides centralized management and

control for the formulation of all VA regulations.

The Office serves as VA's direct liaison with the Office of the President (EOP) and the Office of Management and Budget (OMB) for all regulatory matters under Executive Order (EO) 12866 and guidance documents under EO 13891 – *Promoting the Rule of Law Through Improved Agency Guidance Documents*. The Director of OOREG also serves as the Chair for VA's Regulatory Reform Task Force EO 13771 - *Enforcing the Regulatory Reform Agenda*.

The process of writing and publishing regulations in the *Federal Register* is commonly known as Rulemaking. Our mission is to produce Veteran-friendly regulations that implement changing statutes and policies. VA regulations should be easy to find, read, understand and apply. They should be drafted carefully, coordinated with VA's major stakeholders and published timely.

- VA's average rulemaking processing time to publish a Final regulation in the Federal Register (FR) takes 20.3 months. VA's average rulemaking processing time to publish simple technical regulations in the FR takes 7 months;
- The rulemaking processing involves a formal legal review and concurrence by the Office of the General Counsel (OGC), which takes an average 4 months. OGC's review/concurrence occurs two times during the rulemaking process, totaling 8 months;
- The rulemaking processing time also requires a formal review and concurrence by the Office of Management and Budget (OMB). By law, OMB has up to 90 days to review and concur on VA regulations/rulemakings. OMB's review/concurrence also occurs two times during the rulemaking process, totaling up to 6 months; and
- There is also a 60-day Public Comment period time involved in the rulemaking processing time.

In deciding whether and how Program Offices should start the rulemaking process, the questions below are just a few of the issues and areas that they should assess before initiating a regulation/rulemaking process:

- What are VA's costs and/or savings of the regulation?
- Does VA or can VA obtain the appropriate funding to carry out the provisions of the rulemaking upon implementation?
- Are there any regulatory alternatives, including not drafting a regulation?
- Does VA have the field resources, staff and/or other resources to carry out the provisions of the regulation/rulemaking?
- Will the regulation be controversial with Veterans or VSOs?
- Does the regulation contain issues worthy of a press/media release?
- What other regulatory alternatives were considered?

Steps and Details of the Rulemaking Process

Step 1: Program Office Contacts the Office of Regulation Policy and Management, Office of the Secretary (OOREG) – A Program Office is tasked with writing a VA regulation, usually to implement a new VA policy, legislation and/or amend an existing regulation. They should contact OOREG to initiate the process and/or obtain the necessary guidance/instructions.

Step 2: The Office of Regulation Issues a Work Plan # – The Work Plan # serves as a tracking number to identify the regulatory proposal and contains all of the necessary actions, instructions and guidance to develop a complete rulemaking.

Step 3: Program Office Submits Regulation and Necessary Documents – Once the Under Secretary and/or designated official concurs on the regulation, all necessary documents/forms are submitted to initiate the rulemaking process. The necessary documents and forms must be complete prior to initiate the rulemaking process.

Step 4: Regulation Review for RIN Issuance – All documents/forms are reviewed in accordance with EO 12866, the Administrative Procedure Act (APA) and the Federal Register Document Drafting handbook. If they are approved, a Regulation Identifier Number (RIN) will be assigned. The RIN is acquired through OMB/OIRA and officially notifies the public of VA's intent to publish the regulation. The issuance of the RIN officially starts the clock for VA's rulemaking processing time.

Step 5: The Regulation is Assigned to the Appropriate Law Group – Once a RIN has been assigned, the appropriate OGC Law Group is formally tasked for review and concurrence.

Step 6: OGC Law Group Conducts Review – the OGC Law Group may have several rounds of drafts and exchanged edits during this step and independently obtains concurrence from the General Counsel.

Step 7: Regulation Sent to VA Deputy Chief of Staff for Signature – Following OGC concurrence, the regulation is submitted to the VA Deputy Chief of Staff for signature/approval and public affairs is alerted of the regulation for preparation of a media release, as appropriate.

Step 8: Regulation Submitted to OMB for a Significance Determination – OMB will determine if the regulation/rulemaking is either "Significant" or "Not Significant", in accordance with EO 12866. If deemed "Significant," the VA signed/approved version of the regulation/rulemaking is officially sent to OMB via RISC/OIRA Combined Information System (ROCIS). If OMB determines that the regulation/rulemaking is "Not Significant," the VA signed/approved version is sent to the Federal Register for publication.

Step 9: Regulation Sent to OMB for Formal +/- Day Review – OMB has up to 90 days to review and conclude their review on VA's "Significant" regulations/rulemakings under EO 12866. OMB may have several conversations, meetings and questions with VA during this review. OOREG serves as the direct liaison with OMB and coordinates all of these conversations, meetings, edits and questions recommended by OMB/OIRA/EOP. OMB notifies OOREG when they have concluded their review "approval" of the regulation/rulemaking.

Step 10: Regulation Sent to the Federal Register for Publication – OOREG prepares and digitally signs the regulation/rulemaking, on behalf of VA’s Deputy Chief of Staff and formally sends the regulation/rulemaking to the Federal Register for publication. OOREG coordinates all edits with the FR before the regulation/rulemaking publishes in the FR. It typically takes 3 business days for the regulation/rulemaking to publish in the FR.

Step 11: Program Office Repeats Steps 3 through 10 – If the published regulation/rulemaking is a 2- Stage regulation/rulemaking (i.e., Proposed Rule, Interim Final Rule, or Direct Rule), then the regulation/rulemaking is in a public comment period. During this public comment period (usually 60 days), OOREG primarily monitors and obtains public comments through the Federal Document Management System (FDMS). VA may receive public comments via mail, fax and hand delivery. All comments are provided to the Program Office so that they be addressed in the Final regulation/rulemaking. Once the public comment period closes, the Program Office must complete Steps 3 through 10 again on all 2-stage regulations/rulemakings.

PART F: ABBREVIATIONS

Abbreviation	Definition
A/E	Architectural/Engineering
ADL	Activity of daily living
AFR	Agency Financial Report
AHBPCE	Airborne Hazards and Burn Pits Center of Excellence
AI/AN	American Indians and Alaska Natives
AIR	Asset and Infrastructure Review
AMA	Appeals Improvement and Modernization Act of 2017
AMMWG	Acquisition and Medical Material Management Work Group
AMVETS	American Veterans
APA	Administrative Procedure Act
APG	Agency Priority Goal
API	application programming interface
BVA	Board of Veterans Appeals
CAP	Cross Agency Priority
CARMA	Caregiver Record Management Application
CBO	Congressional Budget Office
CCN	Community Care Network
CDO	Chief Data Officer
CFM	Office of Construction and Facilities Management
CFOI	Center for Faith and Opportunity Initiative

CM	Centralized Mail
COVID-19	Coronavirus Disease 2019
CRH	Clinical Resource Hub
CSS	Centralized Scheduling Solution
CWV	Center for Women Veterans
CX	Customer Experience
CXi	Customer Experience Institute
DAV	Disabled American Veterans
DEA	Dependents' Educational Assistance
DHA	Defense Health Agency
DLA	Defense Logistics Agency
DMLSS	Defense Medical Logistics Standard Support
DOL	Department of Labor
DoD	Department of Defense
EHR	Electronic Health Record
EHRM	Electronic Health Record Modernization
EO	Executive Order
EOP	Executive Office of the President
ERM	Enterprise Risk Management
ESF	Emergency Support Functions
EX	Employee experience
FACA	Federal Advisory Committee Act
FBCO	Faith-based and community organizations
FCA	Facility Condition Assessments
FDMS	Federal Document Management System
FEHRM	Federal Electronic Health Record Modernization
FEMA	Federal Emergency Management Agency
FITARA	Federal IT Acquisition Reform Act
FMBT	Financial Management Business Transformation
FR	Federal Register
FTE	Full Time Equivalent
FTEE	Full Time Employee Equivalent
GAO	Government Accountability Office
GOAL	GAO-OIG Accountability Liaison
GOE	General Operating Expenses
Gen Ad	General Administration
HHS	Department of Health and Human Services
HT38	Hybrid Title 38
HVAC	House Veterans Affairs Committee
I-CARE	Integrity, Commitment, Advocacy, Respect, and Excellence

ICD	Intelligence Community Directive
iFAMS	Integrated Financial and Acquisition Management System
IOC	Initial Operating Capability
IOM	Institute of Medicine
IRB	Investment Review Board
JEC	Joint Executive Committee
MCP	Master Continuity Plan
MEF	Mission Essential Functions
MGIB-AD	Montgomery GI Bill – Active Duty
MGIB-SR	Montgomery GI Bill – Selected Reserve
MMS	Manpower Management Service
MSPV	Medical Surgical Prime Vendor Program
NAC	National Acquisition Center
NADL	Native American Veteran Direct Loan
NARA	National Archives and Records Administration
NASDVA	National Association of State Directors of Veterans Affairs
NASEM	National Academies of Sciences, Engineering, and Medicine
NCA	National Cemetery Administration
NDMS	National Disaster Medical System
NPRC	National Personnel Records Center
NRM	Non-recurring maintenance
NWQ	National Work Queue
OALC	Office of Acquisition, Logistics, and Construction
OAR	Office of Administrative Review
OAWP	Office of Accountability and Whistleblower Protection
OCC	Office of Community Care
OCLA	Office of Congressional and Legislative Affairs
ODNI	Office of the Director of National Intelligence
OEHRM	Office of Electronic Health Record Modernization
OEI	Office of Enterprise Integration
OGC	Office of the General Counsel
OHRA	Office of Human Resources Administration
OHRA/OSP	Office of Human Resources and Administration/Operations, Security and Preparedness
OIG	Office of the Inspector General
OIRA	Office of Information and Regulatory Affairs
OIT	Office of Information and Technology
OM	Office of Management
OMB	Office of Management and Budget
OMI	Office of the Medical Inspector

OPIA	Office of Public and Intergovernmental Affairs
OPM	Office of Personnel Management
OSC	Office of Special Counsel
OSP	Office of Operations & Security & Preparedness
OSVA	Office of the Secretary
PC3	Patient-Centered Community Care
PCAFC	Program of Comprehensive Assistance for Family Caregivers
PCF	Prostate Cancer Foundation
PDCEN	Post-Deployment Cardiopulmonary Evaluation Network
PGCSS	Program of General Caregiver Support Services
PL	Public Law
PMEF	Primary Mission Essential Function
PPE	Personal protective equipment
PREVENTS	President's Roadmap to Empower Veterans and End a National Tragedy of Suicide
PVA	Paralyzed Veterans of America
RIN	Regulation Identifier Number
RLP	Request for Lease Proposal
RO	VA Regional Office
ROCIS	RISC/OIRA Combined Information System
SBA	Small Business Administration
SCIP	Strategic Capital Investment Program
SCSP	Secretary's Center for Strategic Partnerships
SECVA	Secretary
SES	Senior Executive Service
SFO	Solicitation for Offer
SVAC	Senate Veterans Affairs Committee
T38	Title 38
T5	Title 5
TPA	Third-Party Administrators
TriWest	TriWest Healthcare Alliance
USACE	U.S. Army Corps of Engineers
VA	Department of Veterans Affairs
VALOR	VA Logistics Redesign
VAMC	VA Medical Center
VAOIC	VA Integrated Operations Center
VASRD	VA Schedule for Rating Disabilities
VBA	Veterans Benefits Administration
VBMS	Veterans Benefits Management System
VCCP	Veterans Community Care Program

VEAC	Veterans Experience Action Centers
VEAP	Post-Vietnam Era Veterans' Educational Assistance Program
VEO	Veterans Experience Office
VERA	Veterans Equitable Resource Allocation
VETS	Veterans' Employment and Training Service
VFW	Veterans of Foreign Wars
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VLJ	Veterans Law Judge
VLM	Veterans Legacy Memorial
VLP	Veterans Legacy Program
VSO	Veterans Service Organizations
VSignals	Veterans Signals
VVA	Vietnam Veterans of America
