

# FY 2021 BUDGET SUBMISSION



*“ To care for him who shall have borne the battle,  
and for his widow, and his orphan....”*

## Supplemental Information & Appendices

Volume 1 of 4

February 2020

# *Department of Veterans Affairs*

## Volume I

### Supplemental Information and Appendices

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## Budget Authority by Account

Appropriations  
(dollars in thousands)

	2019 <i>Enacted</i>	2020 <i>Enacted*</i>	2021 <i>Request</i>	<i>Increase (+)</i> <i>Decrease (-)</i>
<b>Benefit programs:</b>				
Compensation and Pensions (mandatory)	\$98,762,828	\$110,457,083	\$121,060,897	\$10,603,814
Readjustment Benefits (mandatory)	11,832,175	14,065,282	12,578,965	-1,486,317
Housing and Credit Reform (mandatory)	211,247	72,517	-5,360	-77,877
Insurance (mandatory)	109,090	128,960	131,372	2,412
Total Benefits Mandatory	110,915,340	124,723,842	133,765,874	9,042,032
<b>Medical programs:</b>				
Medical Research and Support	779,000	750,000	787,000	37,000
<b>Medical care:</b>				
Medical Services	49,911,165	51,061,165	56,655,483	5,594,318
Medical Community Care	9,384,704	15,279,799	18,511,979	3,232,180
Medical Support & Compliance	7,028,156	7,327,956	8,214,191	886,235
Medical Facilities	6,807,468	6,141,880	6,583,265	441,385
Medical Care	73,131,493	79,810,800	89,964,918	10,154,118
Total medical programs (discretionary)	73,910,493	80,560,800	90,751,918	10,191,118
National Cemetery Administration	315,836	328,000	360,000	32,000
<b>Departmental Administration</b>				
General Administration	355,897	355,911	413,000	57,089
Board of Veterans' Appeals	174,748	174,000	198,000	24,000
Veterans Benefits Administration	2,956,316	3,125,000	3,207,000	82,000
Inspector General	192,000	210,000	228,000	18,000
Construction-Major	2,177,486	1,235,200	1,373,000	137,800
Construction - Minor	799,514	398,800	400,000	1,200
Grants for State Extended Care Facilities	150,000	90,000	90,000	0
Grants for State Cemeteries	45,000	45,000	45,000	0
Credit Reform (discretionary)	202,210	202,023	206,021	3,998
Electronic Health Records Modernization	1,107,000	1,443,000	2,627,000	1,184,000
Information Technology	4,103,000	4,371,615	4,912,000	540,385
Veterans Choice Act Funding - Mandatory		-615,000		
DoD Transfers for Joint Accounts	128,000	126,000	152,000	26,000
Discretionary Programs	\$86,617,500	\$92,050,349	\$104,962,939	\$12,297,590
Mandatory Programs	\$110,915,340	\$124,723,842	\$133,765,874	\$9,042,032
VA Total	\$197,532,840	\$216,774,191	\$238,728,813	\$41,195,973

\*The Further Consolidated Appropriations Act, 2020 (Public Law 116-94) rescinded \$504.9 million in prior year unobligated balances and authorized a mandatory balance transfer of \$615 million from the Veterans Choice Fund to the discretionary Medical Community Care account.

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## *Mission*

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### **Our Mission: *What We Are Here to Do***

**To fulfill President Lincoln's promise – "To care for him who shall have borne the battle, and for his widow, and his orphan" – by serving and honoring the men and women who are America's Veterans.**

President Lincoln's immortal words – delivered in his Second Inaugural Address more than 150 years ago – best describe the mission of the Department of Veterans Affairs (VA). We care for Veterans, their families, and survivors – men and women who have responded when their Nation needed help. Our mission is clear-cut, direct, and historically significant. It is a mission that every employee is proud to fulfill.

VA fulfills these words by providing world-class benefits and services to the millions of men and women who have served this country with honor in the armed forces. President Lincoln's words guide all VA employees in their commitment to providing the best medical care, benefits, social support, and lasting memorials that Veterans and their dependents deserve in recognition of Veterans' service to this Nation.

### **Our Programs: *What We Do***

VA is comprised of three administrations that deliver services to Veterans and staff offices that support the Department:

- The **Veterans Health Administration (VHA)** provides a broad range of primary care, specialized care, and related medical and social support services that are uniquely related to Veterans' health or special needs. VHA advances medical research and development in ways that support Veterans' needs by pursuing medical research in areas that most directly address the diseases and conditions that affect Veterans.
- The **Veterans Benefits Administration (VBA)** provides a variety of benefits to Veterans and their families. These benefits include transition assistance, compensation, pension, fiduciary services, educational opportunities, vocational rehabilitation and employment services, home ownership promotion, and life insurance benefits.

- The **National Cemetery Administration** (NCA) provides burial and memorial benefits to Veterans and their eligible family members. These benefits include burial at national cemeteries, cemetery grants, headstones and markers, Presidential Memorial Certificates, and medallions.
- The **VA staff offices** provide a variety of services to the Department, including information technology, human resources management, strategic planning, Veterans outreach and education, financial management, acquisition, and facilities management.



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## *Population of American Veterans*

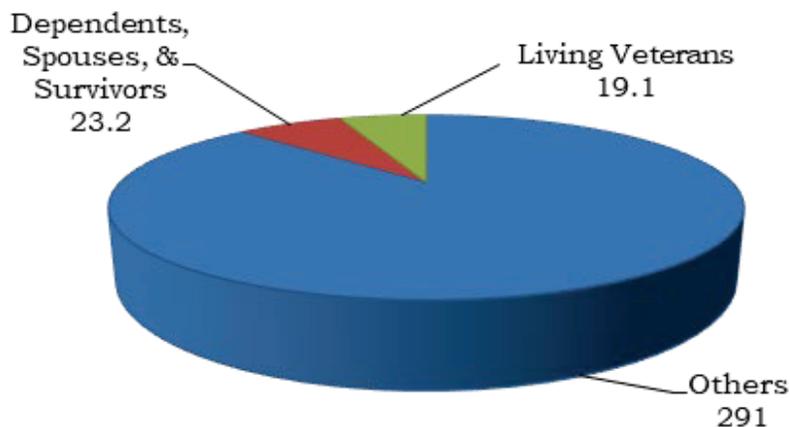
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### **Veterans Population**

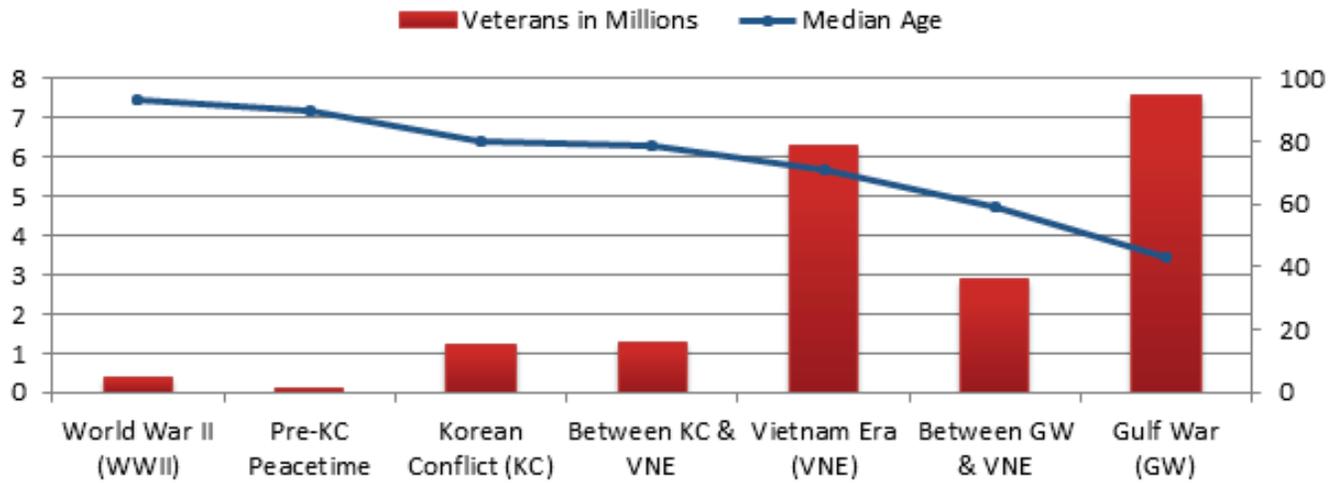
On September 30, 2019, there were an estimated 19.2 million living Veterans, with 19.1 million of them in the United States, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. There were an estimated 22.6 million dependents (spouses and dependent children) of living Veterans. Additionally, there were about 616,000 survivors of deceased Veterans receiving survivor benefits (either Dependency and Indemnity Compensation or death pension payments). Thus, approximately 42.3 million people, or 12.7 percent of the total estimated resident population (333.3 million), were recipients, or potential recipients, of Veterans' benefits from the Federal Government.

The pie chart represents the estimated number (in millions) in the resident population classified as living Veterans, dependents of living Veterans and survivors of Veterans receiving VA survivor benefits, and others (the remainder of the resident population) as of September 30, 2019.

Estimated Population (in Millions) of Living Veterans, Dependents of Living Veterans, Survivors of Veterans Receiving VA Survivor Benefits, and Others in the U.S., American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands, September 30, 2019



### Estimated Number and Median Age of Veterans by Period of Service\*, September 30, 2019



	Median Age	Veterans in Millions
World War II (WWII)	93	0.4
Pre-KC Peacetime	90	0.1
Korean Conflict (KC)	80	1.2
Between KC & VNE	79	1.3
Vietnam Era (VNE)	71	6.3
Between GW & VNE	59	2.9
Gulf War (GW)	43	7.6

\* Veterans are included in all wartime periods in which they served. Therefore, period categories do NOT add to total Veteran population.

Source – Veteran Population Projection Model 2016



## Estimates & Projections of the Veteran Population

<b>Estimates and Projections<sup>(1)</sup> of the Veteran Population of the United States, Puerto Rico, US Island Areas<sup>(2)</sup>, and Foreign Countries</b>												
September 30, 2018 -- September 30, 2028												
Veteran populations projected as of September 30, 2019.												
Period	9/30/2018	9/30/2019	9/30/2020	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	
<b>All Veterans<sup>(3)</sup></b>	19,602,316	19,209,704	18,823,868	18,444,658	18,074,699	17,716,722	17,368,353	17,028,497	16,698,750	16,377,924	16,065,763	
<b>Wartime Veterans<sup>(3)</sup></b>	15,180,741	14,917,973	14,664,114	14,418,623	14,159,619	13,896,544	13,618,410	13,310,949	13,000,828	12,688,142	12,375,672	
<b>Gulf War<sup>(4)</sup></b>	7,441,870	7,602,375	7,755,819	7,902,092	8,019,811	8,119,007	8,189,461	8,217,738	8,231,456	8,231,737	8,222,432	
GW Only	7,091,944	7,260,317	7,422,024	7,576,948	7,703,737	7,812,427	7,892,795	7,931,401	7,955,854	7,967,270	7,969,490	
GW,VNE Only	349,926	342,058	333,795	325,145	316,073	306,580	296,666	286,337	275,602	264,468	252,942	
<b>Vietnam Era<sup>(4)</sup></b>	6,459,748	6,262,436	6,058,417	5,847,569	5,629,912	5,405,633	5,174,982	4,938,359	4,696,242	4,449,143	4,197,614	
VNE Only	5,978,014	5,803,909	5,622,669	5,434,091	5,238,145	5,034,959	4,824,729	4,607,825	4,384,707	4,155,899	3,921,989	
VNE,KC Only	115,458	103,482	91,806	80,543	69,820	59,750	50,435	41,954	34,367	27,702	21,960	
VNE,KC,WWII Only	16,349	12,987	10,147	7,791	5,874	4,345	3,152	2,243	1,567	1,074	723	
<b>Korean Conflict<sup>(4)</sup></b>	1,317,340	1,164,774	1,018,962	881,177	752,621	634,329	527,106	431,479	347,670	275,578	214,769	
KC Only	1,148,622	1,018,915	893,996	775,141	663,565	560,343	466,343	382,175	308,173	244,359	190,443	
KC,WWII Only	36,911	29,391	23,014	17,702	13,362	9,890	7,176	5,106	3,564	2,443	1,644	
<b>WWII<sup>(4)</sup></b>	496,777	389,292	299,824	226,756	168,278	122,485	87,443	61,256	42,127	28,444	18,849	
WWII Only	443,517	346,914	266,663	201,263	149,042	108,250	77,115	53,907	36,996	24,927	16,481	
<b>Peacetime Veterans<sup>(5)</sup></b>	4,421,574	4,291,731	4,159,754	4,026,035	3,915,080	3,820,179	3,749,942	3,717,549	3,697,921	3,689,783	3,690,090	
Betw een GW & VNE	2,932,480	2,900,997	2,868,005	2,833,471	2,797,305	2,759,398	2,719,625	2,677,848	2,633,955	2,587,867	2,539,499	
Betw een KC & VNE	1,423,509	1,335,381	1,245,653	1,154,722	1,063,084	971,333	880,165	790,382	702,857	618,499	538,200	
Pre-KC	65,586	55,352	46,096	37,841	30,588	24,319	18,996	14,566	10,961	8,094	5,868	

<sup>(1)</sup> These data differ slightly from published Census data because they include 17 year-old Veterans, Veterans in foreign countries, and Veterans in US Island Areas, none of which are included in the published Census data.

<sup>(2)</sup> US Island Areas is composed of Virgin Islands, Guam, American Samoa, and the Northern Marianas.

<sup>(3)</sup> Veterans serving in more than one period of service are counted only once in the total.

<sup>(4)</sup> This sum includes Veterans who served in multiple periods.

<sup>(5)</sup> Veterans who served both in wartime and peacetime are only counted as serving in wartime.

Source: Veteran Population Projection Model 2016 as of September 30, 2019

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## *Proposed Legislation*

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### **Medical Care – Proposed Legislation**

**1. Extend CHAMPVA Eligibility for Covered Children up to Age 26:** Amend 38 U.S.C. §1781(c) to increase the maximum age for children eligible for medical care under the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) up to age 26 regardless of student or marital status and to further define “child” for the purposes of this section.

**2. Authority to Expand Eligibility for Readjustment Counseling Services (RCS):** The proposed amendment to title 38 United States Code (U.S.C.) §1712A would authorize the Department of Veterans Affairs (VA) to expand current eligibility for readjustment counseling services to include:

- Previous and current members of the National Guard who are called to State Active Duty for deployments associated with emergency response.
- Previous and current members of the active Coast Guard who participate in drug interdiction operations regardless of the location of those operations.

These additional authorities will not detract from a focused effort to deliver services to other individuals currently eligible for readjustment counseling services under this law.

**3. Title 38 Compensation System for Medical Center Directors and Network Directors:** VA proposes to establish a compensation system under Title 38 for the Veterans Health Administration (VHA) occupations of Medical Center Director and Veterans Integrated Service Network (VISN) Director appointed under 38 U.S.C. §7401(4). Under this system, the rates of pay for employees in these positions would be set and adjusted by the Secretary of the Department of Veterans Affairs (VA). The designated positions would remain eligible for performance awards in accordance with VA guidance. Pay would be determined based on market pay methodology similar to the market pay authority currently in place for VHA physicians and dentists at 38 U.S.C. §7431. Annual salary for each Medical Center Director and Network Director would consist of a single, market pay component, thus eliminating a base pay component. Subsequent pay adjustments would be based on performance-based measures and would be developed incorporating salary adjustment features aligned to position performance and other criteria such as the complexity of the assignment, market place factors, labor market features, personal qualifications and experience, and additional factors, as determined by the Secretary. The aggregate pay limitation for this pay system would be the same as the VHA physicians and dentists pay system.

**4. Supportive Services for Suicide Prevention:** The proposed legislation would allow VA to provide grants to eligible entities to replicate and/or expand VA suicide prevention services, helping to achieve our shared aim of eliminating Veteran suicide by helping expand our reach to all Veterans. Services should include universal, selected, and indicated interventions to promote a public health model of suicide prevention.

**5. Reimbursement of Continuing Professional Education (CPE) for Board Certified Advanced Practice Registered Nurses (APRNs):** Amend 38 U.S.C. §7411 to include the authority to reimburse continuing professional education requirements for full-time board certified APRNs. Proposed legislative authority would extend the current non-discretionary continuing education funding for APRNs that is currently provided for physicians in the amount of \$1,000/year/physician.

**6. Reimbursement of Continuing Professional Education (CPE) for Physician Assistants (PAs):** Amend 38 U.S.C. §7411 to include the authority to reimburse continuing professional education requirements for full-time board-certified PAs. Proposed legislative authority would extend the current non-discretionary continuing education funding for PAs that is currently provided for physicians in the amount of \$1,000/year/physician.

**7. Legal Services for Homeless Veterans:** Amend chapter 20 of Title 38 to add a new section, 38 U.S.C. §2022A, that authorizes the Secretary of the Department of Veterans Affairs (VA) to enter into cooperative agreements with or make grants to entities to provide legal services to Veterans who are either homeless or at risk of homelessness.

**8. Amend Public Law 114-223 §251: Veterans Affairs Kitchen Inspection Requirements:** While the use of unbiased teams used to conduct inspections will provide a clear and unbiased inspection and review process, VA is requesting that the Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017 and Zika Response and Preparedness Act, Public Law 114-223, Div. A, Title II, Section 251 be modified to allow other organizations that are not a non-profit entity to conduct these inspections.

**9. Medical Foster Home:** Amend 38 U.S.C. §1710B(a) to require the Department of Veterans Affairs (VA) to include in the program of extended care services the addition of care in medical foster homes (MFH). This applies to Veterans for whom VA is required to provide nursing home care.

**10. Acceptance of VA as a Participating Provider by Third Party Payers:** VA proposes that for purposes of reimbursement VA would be treated as a participating provider, whether or not an agreement is in place with a third party payer or health plan, and exempt from any benefit plan or third party payer requirements for referrals, primary care provider selection, pre-authorizations, notifications or similar requirements, thus preventing the effect of excluding coverage or limiting payment of charges for VA care.

**11. Eliminate Reduction of First Party Copayments with Third Party Payments:** VA proposes amending 38 U.S.C. §1729 to provide statutory authority to discontinue reducing the first party copayment due from Veterans for non-service-connected care from funds collected from third party health plan carriers.

**12. Collection of Other Health Insurance (OHI):** VA proposes creating an enforcement mechanism to enforce disclosure of third-party health plan contract information as required by Public Law (P. L.) 114-315 §604, Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016 signed on December 16, 2016.

The 20 following legislative proposals have no impact on budget appropriation levels requested in FY 2021 or 2022:

**1. Third Party Payer Enforcement Provision:** This legislative proposal is intended to provide a provision that will allow the Department of Veterans Affairs (VA) to institute administrative enforcement actions against third party payers who fail to comply with provisions of 38 U.S.C. § 1729 and supporting regulations 38 CFR § 17.101 and 38 CFR § 17.106. Any funds collected through this enforcement provision will be returned to the Medical Care Collections Fund (MCCF) to provide additional services to Veterans across the nation. The proposed legislation would allow the VA to assess fines against third party payers for non-compliance with the statutory and regulatory provisions relative to VA collections from third party payers. The legislation should allow the VA to collect annual assessments against payers for repeat offenses. In addition, if the payer is contacted numerous times within a year for repeated infractions of VA collection rules, there would be an additional assessment per occurrence with an annual maximum assessment. These fees would be identified via regulations to ensure they reflect current operations if the proposed legislation is implemented.

**2. Update Definition of Medical Care Collection Fund:** Create authority for other VA collections to be deposited into the Medical Care Collection Fund (MCCF) under 38 U.S.C. § 1729A to include authorities for TRICARE and CHAMPVA. 38 U.S.C. § 8111 (note references in 1729A) may also need to be amended to allow for treatment of all TRICARE beneficiaries within the VA.

**3. Amend Military Sexual Trauma Treatment Authority to Improve Access and Ensure Continuity of Care:** We propose amending the Department of Veterans Affairs (VA) special treatment authority for military sexual trauma, as specified in 38 U.S.C. § 1720D, to:

- a. Remove references to “psychological trauma” and replace such with “any condition.”
- b. Remove the requirement that a VA mental health professional must determine whether a VA patient’s condition qualifies for care under this authority and permit the treating provider (either medical or mental health) to make this determination.

**4. VACAA GME Expansion Extension from 2024 to 2034:** The Department of Veterans Affairs (VA) requests that the Pilot Program on Graduate Medical Education and Residency (MISSION Act Section 403) be extended from a 2024 termination date to a 2031 termination date, and that the association with the Veterans Access, Choice and Accountability Act (VACAA) Graduate Medical Education (GME) expansion be removed from the legislative text.

The MISSION Act was signed on June 6, 2018, mandating a pilot project allocating “no fewer than” 100 of the 1500 VACAA GME positions to Tribal/Indian Health Service (IHS) institutions and under-served VAMCs.

**5. Advance Medical Directives of Veterans: Requirement for Recognition of Completed VA Form 10-0137 by States:** This proposal seeks to amend title 38 by adding a new section 7335 to create parity between Department of Veterans Affairs (VA) and the Department of Defense (DoD) by specifying that a valid VA advance directive (VA Form 10-0137) (as determined by VA) shall be exempt from form, substance, formality, or recording requirements under the laws of a State and given the same legal effect as an advance directive executed in accordance with the laws of the State concerned. DoD’s comparable provision for recognition of military advance medical directives by States is 10 U.S.C. § 1044c.

**6. Amendments to Domiciliary Care Statutes – Numerical Limit on Programs:** This legislative proposal is part of the Department of Veterans Affairs (VA) Mental Health Residential Rehabilitation and Treatment Programs’ (MH RRTP) larger effort to align the program’s dated Domiciliary Care statutory and regulatory authority with MH RRTP’s state of the art clinical care model. All MH RRTP beds (with the exception of Compensated Work Therapy/Transitional Residence beds) are classified as Domiciliary beds in the VA Bed Control System. VA’s domiciliary care authority was enacted in 1958 and has only been substantially changed once, in 1988.

VA proposes to amend 38 U.S.C. § 2043 to remove the phrase “up to 10” from subsection (a).

**7. Amendments to Domiciliary Care Statutes – Income Limitation:** This legislative proposal is part of the Department of Veterans Affairs (VA) Mental Health Residential Rehabilitation and Treatment Programs’ (MH RRTP) larger effort to align the program’s dated Domiciliary Care statutory and regulatory authority with MH RRTP’s state of the art clinical care model. VA’s domiciliary care authority dates back to 1958 and has only been substantially changed once, in 1988. Although regulatory changes will address some of the needed reforms, VA proposes this statutory change that will assist in fully modernizing MH RRTP.

VA proposes to amend 38 U.S.C. § 1710(b) to remove the existing income limitation on participation in VHA domiciliary programs because it reflects an outdated model that was focused on domiciliary care as long-term housing. Today, VHA’s domiciliary programs provide many services that are not focused exclusively on housing, including intensive treatment and rehabilitation in a supervised therapeutic residential setting for residents with complex needs including mental health, substance use disorders, or co-occurring medical conditions and psychosocial needs such as homelessness and unemployment. While homeless Veterans are likely to satisfy the existing income requirement, other Veterans in need of these specialty services would not necessarily. Amending 38 U.S.C. § 1710(b) would fully open Veteran access to essential MH RRTP services, particularly to specialty mental health residential treatment for serious mental illness (SMI), posttraumatic stress disorder (PTSD) and substance use disorders (SUD).

**8. Establish Office of Research and Development (ORD) Hiring Authority Under Title 38:** Modify title 38 United States Code (U.S.C.) to specifically cover employees appointed into the excepted service to support ORD research activities in the Veterans Health Administration (VHA).

**9. Modification of Qualifications for Peer Specialist:** This is a resubmission for a proposed change to modify the health conditions qualifications for peer specialists established in Public Law 110-387, section 405, that added the position of “Peer Specialist” to U.S.C. § 7402 - Qualifications of appointees. This change will provide Veterans receiving care for non-mental health conditions the same kind of support and advocacy that Veterans who have mental health conditions are currently receiving from the highly-acclaimed and effective peer specialists in Veterans Health Administration’s (VHA) mental health programs. It will allow for the expansion of peer support to Veterans with a multitude of physical chronic diseases, injuries, and medical conditions.

**10. Extended terms for researchers on Intergovernmental Personnel Agreements (IPAs):** The Department of Veterans Affairs (VA) makes use of the hiring authority provided in 5 U.S.C. § 3372 and implemented by Office of Personnel Management’s (OPM) Interagency Personnel Agreement (IPA) Mobility Program to acquire the services of personnel with skills necessary to conduct VA-funded research. At present, there are approximately 3200 individuals working in VA Research through the IPA program. The majority of VA IPA assignments involve university personnel assigned to VA to work on VA merit reviews. Some VA nonprofit corporations (NPCs) also have personnel assigned to work on VA research using the IPA authority. Pursuant to 5 CFR § 334.104(c), IPAs with a Federal agency, including VA, cannot be extended beyond 4 years without a hiatus in which the employee returns to duty with his or her regular employer. This interruption is very disruptive to VA research programs. The proposed legislation to amend 5 U.S.C. § 3372(a)(2) would allow VA to extend the period of an IPA assignment to any length of time determined to be beneficial to VA research programs. There is precedence for extended IPA terms, and OPM has advised VA’s Office of Human Resource Management to seek legislative authority to do this for VA.

**11. Elimination of Congressionally Mandated Report – Use of Authorities to Enhance Retention of Experienced Nurses:** Eliminate 38 U.S.C. § 7324 Annual Report on Use of Authorities to Enhance Retention of Experienced Nurses.

**12. Eliminate HUD-VASH Congressionally Mandated Report (CMR) Collaboration between VA & Eligible Entities for Case Management:** This proposal seeks to eliminate the Congressionally Mandated Report (CMR) entitled “Collaboration between VA & Eligible Entities for Case Management.”

**13. Amendment to 38 U.S.C. § 1706, to exclude reporting on mental illness:** The proposed amendment to 38 USC § 1706 would remove the requirement for the Department of Veterans Affairs (VA) to report on its capacity to treat mental illness under this statute. This authority was enacted in October 1996 in section 104 of Public Law 104-262, Veterans’ Health Care Eligibility Reform Act of 1996. Specific requirements for the report were added in January 2002 in section 203 of Public Law 107-135, Department of Veterans

Affairs Health Care Programs Enhancement Act of 2001. The deadline provided to prepare these reports was amended three separate times before this requirement expired in 2008. However, in 2016, section 253 of Public Law 114-223, Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, brought back the reporting requirement.

**14. Rescind Opioid Therapy and Prescription Rates Congressional Mandated Report required by Public Law 114-198:** Will rescind the Opioid Therapy and Prescription Rates Congressional Mandated Report required by Section 913(c) of Public Law 114-198 that requires significant Department of Veterans Affairs (VA) administrative resources, has significant technical limitations, and as a result of the technical limitations offers limited value in regard to opioid safety requirements implemented by VA.

**15. Making Permanent VAs Authority to Collect First Party Copayments for Hospital Care:** The provision would amend 38 U.S.C. § 1710(f)(2)(B) to make permanent the Department of Veterans Affairs (VA) authority to collect an amount equal to \$10 for every day VA provides hospital care for a Veteran in Priority Group 8 and \$2 for every day VA provides hospital care for a Veteran in Priority Group 7 who is required to agree to pay to the United States the applicable amount determined under paragraph (2) or (4) of this subsection. This current authority expires September 30, 2020.

Further, it is proposed to strike the provision under 38 U.S.C. § 1710(f)(2)(B) which requires these Veterans to pay \$5 or \$1 for every day the Veteran receives nursing home care.

**16. Supportive Services for Very Low-Income Veterans' Families (SSVF):** The Department of Veterans Affairs (VA) proposes to make permanent the appropriations authority due to expire September 30, 2019.

The passage of the Department of Veterans Affairs Expiring Authorities Act of 2018 by the 115th Congress (Public Law 115-251) increased and extended the expiring authorization of appropriations provisions of 38 U.S.C. § 2044 by authorizing the allocation of up to \$380 million for the SSVF Program for FY 2019. The SSVF Program requests funding authorization for FY 2021 and beyond at the currently authorized level of \$380 million. This authorization can be accomplished by amending 38 U.S.C. § 2044(e)(1) to authorize funding in additional fiscal years.

**17. Grants for Transportation of Highly Rural Veterans:** The Department of Veterans Affairs (VA) is requesting an extension of authorization of appropriations for each of FY 2021 through FY 2025 of Congress' authorization of \$3 million dollars to be appropriated for the conduct of the VA Grant Program for Transportation of Highly Rural Veterans. The current authorization of appropriations expires September 30, 2020.

**18. Transportation of Individuals to and from Department of Veterans Affairs Facilities:** The Department of Veterans Affairs (VA) proposes legislation to make permanent the authority in 38 U.S.C. § 111A(a)(1) for VA to transport any person to or from a VA facility or other place in connection with certain services and treatment. This

authority was enacted in January 2013 in section 202 of Public Law 112-260, Dignified Burial and Other Veterans' Benefits Improvement Act of 2012. The law provides an expiration date of one year after date of enactment, which was codified into statute at 38 U.S.C. § 111A(a)(2). The authority has been extended to December 31, 2014, by section 6 of Public Law 113-59, to December 31, 2015, by section 401 of Public Law 113-175, to December 31, 2016 by section 401 of Public Law 114-58, to December 31, 2017 by section 401 of Public Law 114-228, to September 30, 2019 by section 401 of Public Law 115-62, and to September 30, 2020 by section 161 of Public Law 115-251.

**19. Extension of Authority for the Adaptive Sports Grant (ASG) Program for Disabled Veterans and Disabled Members of the Armed Forces:** As authorized under 38 U.S.C. § 521A, the Department of Veterans Affairs (VA) provides grant funding to organizations to increase the availability of adaptive sport activities for Veterans and Servicemembers with disabilities. The goals and objectives of the grant program include providing adaptive sport activities designed to enhance the rehabilitative, therapeutic, and whole life health of Veterans and Servicemembers across the complete spectrum of adaptive sport activities – from recreational through elite levels of competition. This is achieved through support for training of adaptive sports providers for delivery of sport, athlete assessment / classification, adaptive sport program development and equipping, and provision and instruction in adaptive sports. Grants range from having a national footprint to local community-based programs.

As provided in Public Law 115-244 and explained in the Conference Report (House Report 115-929) and the Senate Report 115-269 for the Public Law, adaptive sport activities were funded for FY 2019 with \$15,000,000, to include \$1,500,000 designated for Equine-Assisted Therapy for Veterans with mental health issues.

**20. Extended Authorization of Appropriations for the Monthly Assistance Allowance for Disabled Veterans Training in Paralympic and Olympic Sports (VMAA) Program:** The Department of Veterans Affairs (VA) provides a monthly assistance allowance to Veterans with disabilities training in their respective Paralympic and Olympic sports. Under this program, VA pays a monthly stipend to Veterans with service-connected and nonservice-connected disabilities if they are training or competing in any event sanctioned by the United States Olympic Committee or who is residing at a United States Olympic Committee training center.

This proposal would extend 38 U.S.C. § 322(d) authorization of appropriations for the VMAA program through the end of Fiscal Year (FY) 2025 by amending the current expiration date (end of FY 2020).

## **Construction – Proposed Legislation**

**1. Authority to plan, design, construct, or lease joint VA/DoD shared medical facilities; and to transfer and receive funds for those purposes:** VA proposes legislation that would expand the Departments capacity to do more detailed planning and design, leasing, and construction of joint medical facilities in an integrated manner. The legislative revisions would enhance collaboration between VA and DoD, furthering the access, continuity, and cost effectiveness of direct health care provided to Veterans, Service members, and their

beneficiaries. This expanded authority would allow for the acquisition of facilities (Major, Minor, and Leased) for use by both VA and DoD; and the transfer and receipt of capital funds between DoD and VA. This change would allow VA to build extra capacity into its construction projects to meet the needs of both VA and the Department of Defense (DoD).

## **Compensation and Pension – Proposed Legislation**

**1. Limit Disability Evaluations to Criteria within the VA Schedule for Disabilities (VASRD):** VA seeks to amend 38 U.S.C. § 1155 so that disability evaluations can only be established based on criteria within the VASRD. Extra-schedular ratings were designed for Veterans with exceptional or unusual disability pictures that did not fall in line with the VASRD. However, since the VASRD generally compensates Veterans adequately, and VA has committed to reviewing each body system of the VASRD on a five-year cycle, there is no remaining need or justification for a disability rating outside the allowance of the VASRD. Veterans would still have several options to receive a higher rating and could continue to file claims if their disabilities become worse.

**2. Repeal or Modify Certification Testing for VBA Employees and Managers Who Process Claims for Disability Benefits:** VA seeks to modify 38 U.S.C. § 7732A, which requires exceedingly specific and narrowly-focused certification testing for employees and managers who process claims for compensation and pension benefits. This proposal would allow VBA to use a diagnostic testing capability, administered on regularly defined intervals, to identify knowledge and technical competencies employees need to perform specific job functions, and to identify training deficiencies employees may have.

**3. Reimbursement of Credentialing Costs:** This proposal seeks to add a new section to Title 38 to recoup the costs of credentialing accredited attorneys and claims agents and their employees so that they can access the automated VBA claims records of claimants whom they represent. A reasonable fee would be used to offset the costs of performing background and other investigations to determine eligibility for access and issuing credentials for such access.

**4. Extend the Authority for Operations of the Manila VA Regional Office:** VA seeks to extend the authority currently provided by 38 U.S.C. § 315(b) to maintain the operations of the Manila Regional Office December 31, 2024.

**5. Effective Date Simplification for Claims for Increased Evaluation:** VA seeks to amend 38 U.S.C. § 5110(b)(3) to make the date of receipt of a claim the effective date for an increased rating. This proposal would enable VA to provide more accurate and timely decisions to Veterans and their families by increasing the use of automation and decision assistance tools. VA would maintain exceptions to this rule to allow an effective date of the date of hospital admission or outpatient treatment where a Veteran is hospitalized for 21 days or more or requires convalescent care for a disability. Additionally, this amendment would not prohibit Veterans from filing an Intent to File, which allows up to a one-year retroactive effective date.

**6. Elimination of Payment of Benefits to the Estates of Deceased *Nehmer* Class Members and to the Survivors of Certain Class Members:** VA seeks to amend 38 U.S.C. § 1116 to eliminate payment of benefits to the estates of deceased *Nehmer* class members and to Survivors of certain class members when such benefits are the result of presumptions of service connection established pursuant to section 1116 for diseases associated with exposure to certain herbicide agents. This proposal would prevent allocation of extensive resources to claims not contemplated by Congress and would avoid potential for substantially adding to VA's backlog.

**7. Using Transition Assistance Program Training, Telephone Contact by VA, or Digital Communication to Notify Veterans of VA Benefits and Services:** VA seeks to amend 38 U.S.C. § 6303(b) to authorize VA to use TAP training, telephone outreach, or digital communication to notify each transitioning Veteran of all VA benefits and services for which he or she may be eligible. Currently, the statute requires VA to send each Veteran a letter with benefits information and to contact in person or by telephone Veterans who do not have a high school education or equivalent at the time of discharge or release. Changes in technology now provide Servicemembers, Veterans, and their families with personalized access to benefit information, resources, and self-service capabilities through various digital technologies.

**8. Round-Down the Computation of the Annual Cost-of-Living Adjustment (COLA) for Service-Connected Compensation and DIC for 5 Years:** This proposal seeks to amend the statutory language for 38 U.S.C. §§ 1104(a) and 1303(a) to round-down COLA computations from 2021 through 2026. The purpose of the rounding-down provision is two-fold: to simplify the benefit payment computation and, at the same time, to work towards balancing the budget without substantial loss to VA beneficiaries. The round-down authority was first enacted in 1983 and last extended by public law 108-183 with a sunset date in 2013.

**9. Expanding the Contract Medical Disabilities Examination Authority:** VA seeks to amend section 504(c) of the Veterans' Benefits Improvement Act of 1996 and section 704(d) of the Veterans Benefits Act of 2003 to authorize VA to contract with non-physician healthcare providers to conduct examinations in connection with claims for disability benefits. Enabling non-physicians, such as audiologists and nurse practitioners, to perform contract examinations would greatly increase the population of examiners available for this important segment of the disability claims process.

**10. Extension of Contract for Medical Disability Examinations:** This proposal seeks to amend section 704(c) of the Veterans Benefits Act of 2003 to provide a 5-year extension of the authority to use discretionary funds for contract disability examinations. This proposal is essential in maintaining flexibility in VA's mission to continue to provide thorough, accurate, and timely medical disability examinations to our Veterans, so they receive timely rating decisions.

**11. VA Schedule for Rating Disability (VASRD) Effective Dates:** This proposal seeks to amend 38 USC § 1155 so that, when the VASRD is readjusted, such changes would apply to any new or pending claims and may include action to decrease an existing evaluation.

VA does not intend to adjust a Veteran's ratings downward on its own initiative as a result of this proposal but would set ratings in accordance with the new criteria if it reviewed the case at the Veteran's request. This proposed system would allow VA to more easily update and implement the rating criteria and be easier to understand and apply for Veterans and their representatives. Instead of having to review previous rating criteria and regulations, only the most current criteria in the VASRD would be applicable.

**12. Allow for Electronic Decision Notification, and Other Communications:** VA seeks to amend 38 U.S.C. §§ 5100, 5104B, and 7105 to specifically allow for electronic notification of benefits decisions and other communications in the course of adjudicating claims. These changes are necessary to allow VA, Veterans, and claimants to utilize modern electronic methods of communication to deliver timely and efficient decisions on claims.

**13. Dependency Pay Adjustments:** VA seeks to amend 38 U.S.C. § 1115 to pay a single, flat rate dependency allowance to Veterans. This proposal would result in a more streamlined system of paying dependency allowances and would reduce the amount of times Veterans have to report life changing events that will impact their benefits and reduce their chances of incurring an overpayment. This proposal would be consistent with DoD's basic allowance for housing and family separation allowance, which do not account for multiple dependents.

**14. Delimiting Entitlement to VA's Individual Unemployability (IU) Benefit:** VA seeks to amend 38 U.S.C. § 1163 to allow entitlement to total disability ratings based on IU for those individuals who have performed active military, naval, or air service, excepting those who are serving in the reserve components. If a Veteran is capable of performing the requirements for active or inactive duty training (drill pay) in the reserve components, such performance demonstrates that the Veteran has sufficient abilities for tasks relevant to employability and does not meet the requirements of VA's IU program. Veterans in this category would still be entitled to receive compensation for service-connected disabilities at the appropriate schedular evaluation (subject to 38 U.S.C. § 5304(c)).

**15. Reissue VA Benefit Payments to All Victims of Fiduciary Misuse:** VA seeks to amend 38 U.S.C. § 6107, which authorizes VA to reissue benefits to a beneficiary if the beneficiary's VA-appointed fiduciary misuses the beneficiary's benefits when the fiduciary is not an individual, or when the fiduciary is an individual who manages benefits for ten or more beneficiaries. In all other cases of fiduciary misuse, VA cannot reissue benefits unless it was negligent in appointing or overseeing the fiduciary. This amendment would extend VA's reissuance authority to misuse by individual fiduciaries who manage benefits for less than ten beneficiaries without regard to VA negligence in appointing or overseeing such fiduciaries.

**16. Eliminate the Time Limitation for Appointment of a Temporary Fiduciary and Bar Fiduciary Appeal of a Misuse Determination:** VA proposes to amend 38 U.S.C. § 5507(d) to remove the 120-day limit a temporary fiduciary may serve and to bar a fiduciary from appealing a VA determination that the fiduciary has misused a beneficiary's funds. Temporary appointments are disruptive for beneficiaries in the program and redirect limited fiduciary program resources to successor appointments. This proposal would ensure these vulnerable beneficiaries are provided a stable, consistent fiduciary environment.

**17. Amend 38 U.S.C. 5502(a)(1) to Preempt the Applicability of State Laws to VA-Appointed Fiduciaries:** VA proposes to amend 38 U.S.C. § 5502(a)(1) to preempt the applicability of State law regarding guardianships and other matters to ensure a national standard of practice for payment of benefits to or on behalf of VA beneficiaries who cannot manage their benefits. This language would clarify the statutes impacting VA beneficiaries who may be subject to state guardianship laws, create a concise national standard of practice for VA beneficiaries, and reduce the challenge to VA’s authority in state courts forcing VA to defend Congress’ intent to preempt state laws in guardianship matters as they relate to VA benefits

**18. Extend the Statutory Marriage Delimiting Date for Surviving Spouses of Gulf War Veterans:** VA seeks to amend the statutory marriage delimiting date in 38 U.S.C. § 1541(f)(1)(E) for surviving spouses of Gulf War Veterans for purposes of determining entitlement to Survivors pension. Due to the ongoing Gulf War, VA proposes to replace the outdated prescribed delimiting date of January 1, 2001, with a date that is ten years and one day following the future prescribed ending date of the Gulf War.

**19. Allow VA Contractors and Vendors Access to Federal Tax Return Information for Purposes of Assisting in the Administration of Certain VA Benefit Programs and Maintaining the Systems VA Uses to Administer These Programs:** VA seeks to amend 26 U.S.C. §§ 6103(l)(7)(A) and (B) to allow VA contractors and vendors access to tax return information that is disclosed to VA pursuant to 26 U.S.C. § 6103(l)(7)(D)(viii). This authority would be similar to the authority relating to administration of the Medicare, Medicaid, and other Health and Human Services benefit programs, which authorize disclosure of such information to “contractors of the Department of Health and Human Services” or “contractors of the Social Security Administration.”

**20. Authorize VA to Rely on Unearned and Earned Income Information Supplied by IRS and the Earned Income Information Available from SSA Under Section 6103(i)(7)(D)(viii) for Purposes of Determining Eligibility for VA's Needs-Based Pension Program and Eliminate the Need for VA to Independently Verify Such Income Information:** VA seeks to amend 38 U.S.C. §§ 5317(b) and (e), to authorize VA to rely on information it obtains from the IRS and SSA when making initial pension eligibility determinations and remove the requirement that VA independently verify the information before terminating, denying, suspending, or reducing a claimant’s or beneficiary’s needs-based pension benefits. This proposal would reduce the burden on claimants to submit additional information after their original submission and allow claimants to receive faster decisions. This proposal would also reduce the number of improper payments.

**21. Increase Monetary Burial Benefit Allowances According to Increases in the Consumer Price Index (CPI):** VA seeks to amend 38 U.S.C. §§ 2302 and 2307 to authorize annual burial benefit increases based upon CPI increases. This proposal would give VA the authority to pay burial benefit allowances that would provide Veterans the dignified burial they deserve.

**22. Authorize VA to Pay a Flat Rate for the Costs of Domestic Transportation of a Deceased Veteran to a National Cemetery:** VA seeks to amend 38 U.S.C. § 2308 to authorize VA to pay a one-time, inflation-indexed, flat-rate benefit for the domestic

transportation of a deceased Veteran to a national cemetery, or upon the qualifying death of a Veteran. Current statute only allows the strict reimbursement of actual transportation costs. This proposal would allow VA to automate adjudication and payment of these claims and would remove the burden on Survivors to prove their actual expenses during a difficult and vulnerable period of transition.

**23. Eliminate Entitlement to Increased Pension for Veterans Who Are Permanently and Totally Disabled and Have Additional Disability or Disabilities Rated 60 Percent or More and Eliminate the Requirement for a Permanent and Total Disability Rating for Entitlement to a Higher Maximum Annual Pension Rate for Veterans Who Are Permanently Housebound:** VA seeks to amend 38 U.S.C. § 1521(e) by: (1) eliminating entitlement to additional pension for Veterans who are permanently and totally disabled and have additional disability or disabilities rated 60 percent or more; and (2) removing the requirement that Veterans who are permanently housebound be rated permanently and totally disabled to be eligible to increased pension. This proposal would enable VA to realize increased efficiency in the pension adjudication process, eliminate unnecessary disability exams, and eliminate the current disparity between Veterans and Survivors' eligibility for housebound rates.

**24. Remove Annual Income from Net-Worth Calculation:** VA seeks to amend 38 U.S.C. §§ 1522 and 1543 to remove the requirement that VA consider annual income in its net-worth determinations. VA's intent is to allow more fair and consistent net-worth calculations and to promote pension automation with respect to net worth calculations.

**25. Extension of Reduced Pension for Certain Veterans and Survivors Covered by Medicaid Plans for Services:** This proposal would amend 38 U.S.C. § 5503(d)(7) to extend through September 30, 2030, the provisions of 38 U.S.C. § 5503(d), which limit to \$90 the pension payable to certain recipients of Medicaid-covered nursing home care and protects that pension payment from being applied to the cost of the beneficiary's nursing-home care. Public law 115-182, section 509, last extended this authority to September 30, 2028.

**26. Modernizing VA's Records Management Program:** This proposal would amend 38 U.S.C. by creating a new section to codify VBA's procedures with respect to imaged source paper files, input records, reports, or other documents under the Records Control Schedule required by 44 U.S.C. Over the past eight years, VBA has transformed its paper-based claims process to a nearly 100 percent electronic process. Digitization of paper allows for dynamic electronic routing and automated processing, which has contributed directly to the reduction of the overall claims inventory and Veterans waiting far less days to receive their benefits. VA's official eFolder is the only complete collection of benefits-related documents and evidence, and, in accordance with VA's NARA-approved Records Control Schedule, is therefore the official record for VBA's disability compensation and pension claims processing.

## **Burial – Proposed Legislation**

**1. Use of VA Nonprofit Research and Education Corporations (NPC) to support the Veterans Legacy Program (VLP):** NCA seeks to amend the current authority for the NPCs, at 38 U.S.C. § 7361 *et. seq.*, by adding a provision allowing an NPC established under that authority to support VLP activities. This would not be a new type of NPC, as an NPC that agrees to provide this support for VLP would have to comply with all the requirements in Subchapter IV of Chapter 73, plus additional requirements that are specific to support of VLP. An NPC that supports VLP under this proposed legislation would also be authorized to solicit donations to VLP under the gift solicitation authority Any donations received by the NPCs for NCA would only be used for VLP activities approved by the NCA VLP Director.

**2. Establishment of Grant Program to Fund Education Tools for the Veterans Legacy Program:** VA seeks to establish grant authority for the VLP. The VLP supports NCA’s mission by providing engagement and educational tools and opportunities for the public to learn about Veterans’ service and sacrifice. The VLP shares the stories of all those who served to engage educators, students, researchers, and the general public to build an appreciation of what earlier generations have given to the nation, and help individuals understand why national cemeteries are set aside as national shrines.

**3. Spousal and Dependent Inscriptions on Veteran Headstones and Markers:** VA seeks to amend 38 U.S.C. § 2306 to allow the inscription, if feasible and upon request, on a government-furnished headstone and marker for placement on a gravesite in a non-VA cemetery, information about the Veteran’s spouse or dependent child. The proposed applicability date would be to add such an inscription for the headstones and markers of Veterans whose date of death is on or after January 1, 2016.

**4. Authorization to Provide Outer Burial Receptacles for State and Tribal Organization Cemeteries:** VA seeks authorization to provide outer burial receptacles for each new casketed gravesite in a Veterans cemetery that receives a grant from the Veterans Cemetery Grants Program. VA considers the State and Tribal Veterans cemeteries for which it provides grants to be critical partners in our mission to ensure burial and memorialization of our nation’s Veterans and their eligible family members. For the public to also consider them an equal partner and provider of burial benefits for Veterans, VA seeks to ensure the provision of consistent burial benefits for individuals buried in VA national cemeteries, other federally administered cemeteries, or VA grant-funded state or tribal cemeteries.

**5. Transfer Jurisdiction of Land from Department of Interior to VA for Elko (NV) National Veterans Burial Ground:** VA seeks authorization for the permanent transfer of jurisdiction of land from the Department of the Interior, Bureau of Land Management to the Department of Veterans Affairs for use as a national cemetery under 38 U.S.C. Chapter 24. NCA submits this proposal to provide for establishment of a burial option in Elko, Nevada.

**6. Provide Group Markers to Locations Not under NCA Control:** VA seeks to amend 38 U.S.C. § 2306 to authorize NCA to provide an appropriate marker for certain groups of individuals who are eligible for individual headstones or markers, but who are buried in a mass grave.

**7. Establishment of Green Burial Sections in VA National Cemeteries:** VA seeks to include a new section in its authority to administer the national cemeteries in 38 U.S.C. § 2404, to allow the Secretary of Veterans Affairs to designate sections in national cemeteries as green burial sections, and to make conforming amendments to section 2404(c), to allow marking of gravesites by means other than upright headstones; and to section 2306, to allow for an exception to using outer burial receptacles. VA national cemeteries presently offer two main types of interment: burial of casketed remains and interment of cremated remains in an in-ground burial site, within a columbarium, or scattered in a memorial garden. As VA embraces its goal to become a more Veteran- and family-centric organization, NCA is challenged with ensuring that its burial and memorialization services meet the changing needs and preferences of Veterans in the twenty-first century.

**8. Authority for Department of Interior to Transfer Jurisdiction of Land to VA for Cemetery Development:** VA seeks authority for the permanent transfer of jurisdiction of land from the Department of the Interior, Bureau of Land Management to the Department of Veterans Affairs for use as a national cemetery under 38 U.S.C. Chapter 24.

**9. Burial Benefit Eligibility Requirement for Other-Than Dishonorable Service for Deaths in Active Duty:** VA seeks to amend 38 U.S.C. § 2402(a)(1) to require that a Servicemember who dies in active service must have been serving under conditions other than dishonorable to be eligible for burial in a national cemetery; amend 38 U.S.C. §§ 2306(b)(4)(A) and (g)(2) to impose the same requirement for eligibility for a memorial headstone or marker; amend 38 U.S.C. § 2301(d) to do the same for eligibility for a burial flag.

**10. Authorization to Pay Cost of Transporting Unclaimed Remains of Veterans to a VA-funded State or Tribal Organization Cemetery:** VA seeks to amend 38 U.S.C. § 2308 to expand the provision of the transportation allowance to cover those unclaimed remains of Veterans transported to a VA-funded Veterans cemetery owned by a state or tribal organization. Currently, the VA is only authorized to provide an allowance for the cost of transporting the remains to the nearest VA national cemetery.

**11. Use of Veterans Cemetery Grant Program (VCGP) Funds for Training Expenses, including Travel, for State and Tribal Cemetery Personnel at NCA's Training Center:** VA seeks to amend 38 U.S.C. Section 2408 to allow State and Tribal organizations to include, as part of their VCGP grant request, expenses (including travel) for state cemetery personnel to train at NCA's training center.

**12. Increase to \$10 Million the Annual Statutory Limit on Grants for the Purpose of Operation and Maintenance Provided through the Veterans Cemetery Grants Program (VCGP):** This proposal would enable the VCGP to address the need to assist states and tribal organizations in the key areas of cleanliness of headstones, marker height

and alignment, and leveling of gravesites and turf conditions, which are projects that support the high appearance standards set for our Nation's Veterans cemeteries.

**13. Expand Eligibility for Government-Furnished Headstone and Marker for Medal of Honor Recipients to Include All Regardless of Date:** VA seeks to amend 38 U.S.C. § 2306(d) to allow VA to furnish or replace a headstone, marker or medallion for the privately marked graves of all eligible Medal of Honor recipients, regardless of a recipient's date of service. This proposal would allow VA to provide a headstone, marker, or medallion for the historic gravesite of a Medal of Honor recipient who served in the Armed Forces prior to 1917 and whose gravesite is already marked by a privately-furnished or a government-furnished headstone or marker.

**14. Prohibiting Interment of Individuals Who Are Found to Have Committed a Tier III Sex Offense Under State Law But Avoided Conviction Due to Death or Flight to Avoid Prosecution:** VA seeks to amend 38 U.S.C. § 2411 to prohibit interment or memorialization in a national cemetery of a person who is found to have committed a tier III sex offense under State law but avoided conviction due to death or flight to avoid prosecution. Under the current statutory language, an otherwise eligible person who is found to have committed a qualifying tier III sex offense may or may not be memorialized anywhere or interred in a VA national cemetery or in Arlington National Cemetery, dependent solely on whether the alleged crime is a Federal crime or State crime. The deciding factor is whether prosecution would have occurred at the Federal or State level. This is particularly problematic when the alleged criminal act could have been prosecuted under either Federal or State law, and the choice of which body of law is applied depends solely on law enforcement and prosecutorial discretion. To prohibit interment or memorialization of persons who committed a tier III sex offense chargeable under Federal law, but not under State law, could result in adverse media and public scrutiny.

## **Readjustment Benefits – Proposed Legislation**

**1. Permit Full Allocation of State Approving Agency (SAA) Funding Including the COLA at the Beginning of the Fiscal Year:** VA proposes to amend 38 U.S.C. § 3674(a)(5)(B) to authorize the Secretary to increase the amount made available for reimbursement to SAAs by the same percentage as the annual increase in the benefit amounts payable under title II of the Social Security Act that was in effect the preceding calendar year. Utilizing the COLA from the preceding calendar year rather than the current calendar year would significantly reduce VA's administrative burden of amending agreements with more than 50 SAAs each year.

**2. Forfeiture of GI Bill Benefits After Veteran/Beneficiary Colludes in Fraud:** VA seeks to amend 38 U.S.C. § 6103 to authorize VA to view GI Bill education benefits as forfeited when the beneficiary has been convicted of fraud concerning using their GI Bill benefits. VA believes the current law regarding fraud is not in the best interest of ensuring strong fiscal stewardship of the money entrusted to VA while advocating on behalf of Veterans. VA is unable to estimate costs or savings associated with this proposal because the number of individuals who commit this type of fraud is unavailable.

**3. Authorization of VA to Approve Interstate Commerce Carrier Apprenticeship Programs:** VA seeks to amend 38 U.S.C § 3672 to authorize the Secretary of VA to approve apprenticeship programs operated by interstate commerce carriers that operate in more than one state. This proposal would restore authority VA previously had that was unintentionally eliminated by Public Law 115-89.

**4. Allow VA to Contract with Another State Approving Agency (SAA) to Fulfill SAA Duties:** VA seeks to amend 38 U.S.C. § 3674 to authorize VA to contract with another SAA in order to fulfill SAA duties when VA is unable to use the SAA with an agency in the State to perform the duties of Title 38. Currently when there is no SAA in the State, VA employees must be trained to perform these duties as well as manage their regular duties. This amendment would assist VA in ensuring that appropriate approval and oversight activities are performed for the state by a seasoned SAA and will benefit Veterans, Servicemembers, dependents, and taxpayers.

**5. Reallocation of State Approving Agency (SAA) Funds:** VA seeks to amend of 38 U.S.C. § 3674 to include the provision/option to reallocate to VA a portion of the fiscal year funding authorization available to SAAs when VA is not contracting with an agency in the State to perform the duties of Title 38. This amendment would provide the option to utilize funding for contract support, as well as assist in supporting the designated VA employee in fulfilling the role of the SAA. This would also ensure that appropriate approval and oversight activities are performed for the state, and benefit Veterans, Servicemembers, dependents, and taxpayers.

**6. Eliminate the Requirement to Submit a Signed Training Agreement for On-The-Job Training Programs:** VA seeks to amend 38 U.S.C. § 3677(c)(8) to eliminate the requirement for a training facility to submit a signed training agreement to VA for on-the-job training and apprenticeship programs. The current requirement often delays claims processing since VA is prohibited from processing an on-the-job training claim until the training agreement is received. VA instead proposes that the training agreement be kept on file at the training facility.

**7. Prevent Improper Payments by Barring Payment to Any Approved Programs of Education Which Fail to Meet Any Statutory Requirements:** VA seeks to amend of 38 U.S.C. §§ 3523 and 3680A to state that the Secretary shall not approve the enrollment of an eligible person in any course that fails to meet any requirements of chapters 35 or 36. This proposal would continue with the tradition of allowing the Secretary to control payments while not interfering with the SAA's authority to approve programs.

**8. Require an Individual to Make an Election to Receive Educational Assistance Under the Montgomery GI Bill Active Duty (MGIB-AD, Chapter 30):** Currently an individual may elect to decline educational assistance under MGIB-AD and has a one-time opportunity to make this election within 14 days of entering active duty service. If the individual does not decline the MGIB-AD program, DoD will automatically enroll the individual in the program, and his or her pay will be reduced by \$100 for each of the first 12 months of active duty service. VA proposes to require an individual to make an election, or opt-in, to receive MGIB-AD educational assistance before DoD can begin the \$100 pay reduction.

**9. Prevent VA from Providing Unlimited Amounts of Payment for Flight Training at Public Schools:** VA seeks to amend title 38 U.S.C. § 3313(c) and add new section to impose tuition and fee payment caps at institutions of higher learning with flight training programs and establish a maximum allowable fee structure for all VA-funded flight programs. Based on a high ratio of Veteran to non-Veteran students within these programs currently, it appears some flight schools may be targeting VA beneficiaries because VA will pay 100 percent of the charges to eligible individuals. This proposal would eliminate further targeting of Veteran students for enrollment in these programs and would promote greater consistency in program administration.

**10. Approve Preparatory Courses for Licensing and Certification Exams for GI Bill Benefits:** VA seeks to amend 38, U.S.C. § 3002(3)(B) to add a preparatory course for a test that is required to enter into, maintain, or advance in a given vocation or profession. Currently, VA educational assistance can be paid to reimburse the costs of fees associated with licensing and certification exams that are required to enter into, maintain, or advance in a given vocation or profession (e.g., State bar exams, medical board exams, electrician exams, Microsoft® certifications, etc.). However, benefits cannot be paid for the costs of classes designed to prepare individuals to take exams. This stands in stark contrast with tests for admission to an institution of higher learning (e.g., SAT, ACT, GRE, LSAT, etc.) for which VA educational assistance can be paid for both preparatory courses and reimbursement of test fees.

**11. Round-Down of the Computation of the COLA for Certain Education Programs for Ten Years:** VA seeks to amend 38 U.S.C. §§ 3015(h) and 3564 to round-down COLA computations from 2021 through 2030. This proposal would require that such increases be rounded down to the next lower whole dollar. The purpose of the rounding-down provision is two-fold: to simplify the benefit payment computation and, at the same time, to work towards balancing the budget without substantial loss to VA beneficiaries.

**12. Restoration of Entitlement to VR&E (Chapter 31) Assistance for Veterans with Service-Connected Disabilities Affected by a School Closure or Disapproval:** This proposal would extend the restoration of entitlement to educational assistance for Veterans affected by a school closure or disapproval, implemented by section 109 of the Harry W. Colmery Veterans Educational Assistance Act of 2017 (Forever GI Bill), to apply to VR&E programs provided under chapter 31.

**13. Eliminate Certain Provisions that Limit the Amount of Specially Adapted Housing (SAH) Assistance Available to Pay for Construction of an Adapted Home:** This proposal would amend 38 U.S.C. § 2102(a) to eliminate an element of the statutory formula that reduces the amount of grant funds otherwise available to an eligible Veteran to construct an adapted housing unit. This amendment would allow grant recipients to apply more grant funds against their cost to construct an adapted home and purchase the land upon which the home is or will be situated.

**14. Authorize VA to Collect Overpayments of Grant Funds made under Chapter 21:** This proposal would amend 38 U.S.C. § 2102 to explicitly authorize the Secretary to collect overpayments made to any Veteran or other person in connection with the acquisition or

delivery of SAH benefits. This proposed authority is consistent with VA's authority under 38 U.S.C. § 3685 to collect overpayments made in connection with its education programs.

**15. Extension of Authority for the SAH Assistive Technology Grant Program:** This proposal would extend the authority of the Secretary to award SAH Assistive Technology grants and administer the program through September 30, 2025. Section 203 of Public Law 111-275 (Veterans' Benefits Act of 2010), codified at 38 U.S.C. § 2108, established the SAHAT grant program with a sunset date of September 30, 2016. Congress has since extended the sunset date three times. Most recently, Congress extended the program authority, via section 122 of public law 115-251, through September 30, 2020.

**16. Simplify Accounting for VA Education Benefits:** VA proposes to pay all education benefits from one account by moving the Post-Vietnam Era Veterans Education Assistance Program (VEAP) account within the Readjustment Benefits (RB) account, which is used to pay for all other VA education benefit programs. Consolidating VEAP under the RB account would make the budget justification and accounting statements clearer and more concise and would allow budget and accounting staffs to focus more on larger benefit programs.

## **Housing – Proposed Legislation**

**1. Housing Assistance for Homeless Veterans Under 38 U.S.C. § 2041 and Update to Include Permanent Housing Options:** This proposal would authorize, through September 30, 2025, the Secretary to use homes acquired through the guaranteed loan program to assist homeless Veterans through the Homeless Shelter Program. This proposal would also amend 38 U.S.C. § 2041 by adding that properties acquired under this section may be used to provide permanent housing. This change would better reflect current Federal housing policy regarding homelessness.

**2. Extend Vendee Loan Program and Change Mandatory Vendee Origination Thresholds to Marketing Requirements:** This proposal would extend through September 30, 2025, the Secretary's requirement to sell a certain percentage of properties that VA acquires through foreclosure with vendee financing. The existing statutory requirement, set forth in 38 U.S.C. § 3733(a)(7), expires on September 30, 2020. This proposal would change the current mandatory vendee loan origination thresholds to a requirement that the Secretary market a certain percentage of acquired properties with vendee loan financing. The proposal would not affect market demand for vendee loan financing, and no loan subsidy costs are associated with this proposal.

## **Board of Veterans' Appeals – Proposed Legislation**

**1. Virtual-Hearings Clarification:** The proposed text would amend 38 U.S.C. § 7107(c)(1) to clarify VA's authority to provide Board of Veterans' Appeals (Board) hearings in virtual hearing rooms. The proposed text would state VA authority to hold hearings by picture and voice transmission at any location for which VA has provided suitable services, to include a secure, VA-controlled and VA-operated connection.

**2. Definitions of Reasons or Bases for Decisions:** The proposed text would amend 38 U.S.C. § 7104(d)(1) to define “reasons or bases” as “a plausible statement of the reasons for the Board’s ultimate findings of fact and application of law to the facts found.” The requirement for a “plausible” statement of the reasons for the Board’s findings stems from the need to be consistent with the standard governing review of factual findings in the Court of Appeals for Veterans Claims (CAVC). This revision would clarify that a Board decision supported by a plausible account of the evidence cannot be vacated or overturned simply because the reviewing court believes the Board’s findings could have been better explained.

## **Other Legislative Proposals**

**1. Removal of Authority to Accredite Individuals as Claims Agents:** VA is proposing to amend chapter 59 of Title 38 to remove any reference to agents or claims agents, such that individuals could no longer become accredited as claims agents for the purposes of preparing, presenting, or prosecuting claims for the VA. Eliminating the claims agent avenue to attain VA accreditation could greatly decrease the number of complaints that VA receives against accredited individuals and increase Veterans’ overall satisfaction with their representation on VA benefit claims. Further, as the review of applications for claims agents requires a greater amount of time and work than for other accreditation types, removing this avenue for VA accreditation would save these resources.

**2. Reinstatement of Penalty for Certain Acts:** This proposal seeks to address a gap that currently exists in the statutory language governing the conduct of individuals who provide assistance with claims for VA benefits. VA proposes to amend 38 U.S.C. § 5905, to reinstate the penalties for directly or indirectly soliciting, contracting for, charging, or receiving, or attempting to solicit, contract for, charge, or receive, any fee or compensation with respect to the preparation, presentation, and prosecution of claims for VA benefits except as provided in sections 5904 or 1984 of Title 38, United States Code.

**3. Clarify the Secretary’s Authority on Interest and Administrative Costs Charged on Delinquent Debts:** Amend Title 38 by changing the words “shall be charged, under regulations which the Secretary shall prescribe” to “may be charged, under regulations which the Secretary shall prescribe”.

**4. Authority to Expand VA’s Current Enhanced-Use Lease Authority Beyond Supportive Housing:** VA is proposing to expand the scope of VA’s enhanced-use lease (EUL) authority (codified at 38 U.S.C. §§ 8161-8169) to include projects that are supportive housing and projects that provide services and/or mixed uses, which incorporate other important benefits to Veterans. VA is proposing to amend 38 U.S.C. § 8161 to expand the scope of VA’s EUL authority to allow for redevelopment of other types of facilities beyond supportive housing. While the development of supportive housing remains a high priority for VA and is significantly beneficial to Veterans, not all VA’s real property assets (land or buildings) are suitable for the development of supportive housing. Expanding VA’s EUL authority to allow for redevelopment of other types of facilities will allow VA to attract private financing to address its infrastructure needs, while improving the utilization of our real property inventory. VA’s proposal to modify/expand its EUL authority would allow for scenarios in which VA outleases a VA campus or portion of the campus for

redevelopment by a third party.

**5. Administrative Provisions in Appropriations Bill for Enhanced Use Lease Proceeds:**

The Department of Veterans Affairs (VA) proposes a change in the Administrative Provisions (recurring Section 209) in annual appropriations legislation that will allow the use of amounts deducted from enhanced-use lease (EUL) proceeds to be available until expended. Current appropriations limit the obligation period for amounts deducted to the fiscal year in which they are received.

**6. Align Employee Awards and Incentives with Veteran-Facing Outcomes:** Award limitations imposed by the Comprehensive Addiction and Recovery Act (CARA), as amended by the MISSION Act, will impede the Department's ability to recruit and retain highly-qualified employees to meet Veterans' health care and other needs. VA is proposing to modify Title 38 of the United States Code to cap aggregate spending on individual superior performance and individual special contribution awards at \$360,000,000 for fiscal years 2020-2024, which is consistent with the Veterans Access, Choice, and Accountability Act (P.L. 113-146). This level will provide the Secretary with the flexibility to align employee awards and bonuses with organizational performance and Veteran-facing outcomes. It will also provide the Secretary the ability to attract and retain top talent while also exercising appropriate fiscal restraint under the cap.

**7. Amendment to 38 U.S.C. § 7404 Title 38 Senior Executive Equivalents:** This proposal will codify the legislative intent to have the ability to compensate all Title 38 Senior Executive Equivalents at the same rate as Title 5 Senior Executives, as originally intended when the authorities under 38 U.S.C. §§ 7306 and 7401(4) were enacted.

**8. Eliminate Requirement for Quarterly Congressionally Mandated Conference Reporting:** This proposal would relieve VA from certain overly burdensome reporting requirements relating to conferences. VA seeks to amend 38 U.S.C. § 517 to remove the requirement for the Secretary to submit quarterly reports on conferences to the Senate Committee on Veterans' Affairs and the House Committee on Veterans' Affairs. While we understand the need for appropriate oversight and controls over conference expenditures, in practical effect these requirements have impeded VA's ability to conduct vital education and collaborative efforts that play a great part in improving VA services, advance medical care initiatives, and improve customer service. Existing processes we believe serve the same oversight and control interests that the requirement in current law was aimed to serve. These policies and procedures (which would remain even if this reporting requirement was removed) provide accountability and oversight previously found to be lacking. Since implementing the policies and procedures, VA has robust oversight and management controls over all covered conferences and has had no known instances of unconstrained conference costs. Relief from this requirement will also provide cost savings that will enable VA to better serve Veterans.

**Authority to Make Grants and to Enter into Cooperative Agreements to Promote Engagement and Develop Responses to Emerging Veterans Issues:** The purpose of this legislative request is to provide VA the legal authority needed to make grants and enter into cooperative agreements to empower the Secretary of VA to respond to emerging challenges and opportunities across its three administrations. The use of cooperative agreements and grants will facilitate information technology innovation and interoperability (e.g., trusted,

reliable, understandable, and privacy protected exchange of personal, health, and economic data), which are critical for improving each of VA's functional administrations to the benefit of Veterans and their families.

**9. Other Transaction Authority (OTA) for the Department of Veterans Affairs:** This proposal would allow the Secretary authority to enter into partnerships and joint venture agreements using OTA to promote industry engagement and accelerate innovation to solve Veterans issues. VA proposes legislation that provides the Secretary the authority, on a pilot basis, to enter into funding transactions other than contracts, cooperative agreements, and grants under OTA. Although VA has authority to conduct innovative research and development via Cooperative Research and Development Agreements (15 U.S.C. § 3710a) and several authorities under Public-Private Partnerships (including 38 U.S.C. §§ 513, 523, and 6306), these authorities prohibit VA from providing any funding. OTA permits VA to provide funding for innovative solutions from entities that have no experience working with government agencies. OTA awards are not subject to the Federal Acquisition Regulation (FAR) and the additional flexibility OTAs provide therefore allow degree of flexibility in structuring projects in a way that is may allow the agency to engage non-traditional contractors that would otherwise not be willing to do business with a federal agency. To date, legislation has authorized 11 Federal agencies to use Other Transaction Authority.

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# Proposed Legislation Summary Chart

Proposed Legislation (dollars in thousands)						
The following items with budgetary impact are included in the President's legislative program for the Second Session of the 116th Congress						
	S in thousands					
	2021 BA	2022 BA	2023 BA	2024 BA	2025 BA	5-Year BA
<b>Disability, Compensation and Pension Benefits:</b>						
Limit disability evaluations to criteria within the VA Schedule for Disabilities (VASRD)	(74,730)	(147,238)	(221,649)	(297,909)	(375,899)	(1,117,425)
Recap or Modify Certification Testing for VBA Employees and Managers Who Process Claims for Disability Benefits	0	0	0	0	0	0
Reimbursement of Credentialing Costs	0	0	0	0	0	0
Extend the authority for operations of the Manila VA Regional Office (RO)	(678,759)	(694,370)	(710,341)	(726,679)	(743,392)	(3,553,541)
Effective Date Simplification for Claims for Increased Evaluation	0	0	0	0	0	0
Elimination of payment of benefits to the estates of deceased Nehmer class members and to the survivors of certain class members	0	0	0	0	0	0
Using Transition Assistance Program training, telephone contact, or digital communication to notify Veterans of VA benefits and services	(39,085)	(75,887)	(123,776)	(183,976)	(252,071)	(676,795)
Round-down the computation of the annual COLA service-connected compensation and dependency and indemnity compensation for 5 years	0	0	0	0	0	0
Expanding the Contract Medical Disabilities Examination Authority	0	0	0	0	0	0
Extension of Contract for Medical Disability Examinations	0	0	0	0	0	0
VA Schedule for Rating Disability (VASRD) Effective Dates	0	0	0	0	0	0
Allow for electronic decision notification, and other communications	0	0	0	0	0	0
Dependency pay adjustments	0	0	0	0	0	0
Defining entitlement to VA's Individual Unemployment benefit	(3,622)	(6,119)	(8,744)	(11,520)	(14,369)	(44,373)
Reissue VA Benefit Payments to all Veterans of Fiduciary Misuse	3,459	3,651	3,851	4,018	4,231	19,210
Eliminate the time limitation for appointment of a temporary fiduciary and bar fiduciary's appeal of a misuse determination	0	0	0	0	0	0
Amend 38 U.S.C. § 5502(a)(1) to preempt the applicability of state laws to VA-appointed fiduciaries	0	0	0	0	0	0
Extend the statutory marriage delimiting date for surviving spouses of Gulf War Veterans	0	0	0	0	0	0
Allow the VA contractors and vendors access to Federal tax return information for purposes of assisting the administration of VA benefits	0	0	0	0	0	0
Authorize the VA to rely on unearned and earned income information supplied by the IRS and the SSA for purposes of determining eligibility	0	0	0	0	0	0
Increase monetary burial benefit allowances annually according to increases in the Consumer Price Index (CPI)	1,561	3,997	6,615	9,449	12,503	34,125
Authorize VA to pay a flat rate for the cost of domestic transportation of a deceased Veteran to a national cemetery	0	0	0	0	0	0
Eliminate entitlement to increased pension for Veterans who are permanently and totally disabled or disabilities rated 60 percent or more	585	588	599	613	630	3,014
Remove annual income from net-worth calculation	39	82	114	138	164	537
Extension of reduced pension for certain Veterans and Survivors covered by Medicaid plans for services	0	0	0	0	0	0
Spousal and Dependent Inscrptions on Veteran Headstones and Markers	1,344	1,408	1,467	785	839	5,843
Authorization to Provide Outer Burial Receptacles for State and Tribal Organization Cemeteries	469	941	4,857	1,152	2,130	9,549
Provide Group Burial Markers	0	0	0	0	0	0
Burial Benefit Eligibility Requirement for Other-Than-Dishonorable Service for Deaths in Active Service	0	0	0	0	0	0
Authorization to Pay Cost of Transporting Unclaimed Remains of Veterans to a VA-funded State or Tribal Organization Cemetery	52	52	53	53	53	263
Expand Eligibility for Government-Furnished Headstones, Markers, or Medallion for Medal of Honor Recipients	50	50	51	51	52	253
Modernizing VA's Records Management Program	0	0	0	0	0	0
<b>Total Disability Compensation and Pensions Benefits</b>	<b>(788,637)</b>	<b>(912,845)</b>	<b>(1,048,904)</b>	<b>(1,203,826)</b>	<b>(1,365,729)</b>	<b>(5,319,340)</b>
<b>Burial Benefits:</b>						
Use of VA Nonprofit Research and Education Corporations (NPC) to support the Veterans Legacy Program	0	0	0	0	0	0
Transfer Jurisdiction of Land from Department of Interior to VA for Elko (NV) National Veterans Burial Ground	0	0	0	0	0	0
Establishment of Green Burial Sections in VA National Cemeteries	0	0	0	0	0	0
Authority for Department of Interior to Transfer Jurisdiction of Land to VA for Cemetery Development	0	0	0	0	0	0
Veterans Cemetery Grant Program (VCCGP) funds for training travel, for State and Tribal cemetery personnel at NCA's Trng Cntr	0	0	0	0	0	0
Increase to \$10 Million the Annual Statutory Limit on Grants for Operation and Maintenance Provided through the Veterans Cemetery Grants	0	0	0	0	0	0
Prohibiting Internment of Individuals Who Committed Tier III Sex Offense under State Law but Avoided Conviction	0	0	0	0	0	0
<b>Total Burial Benefits</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Proposed Legislation</b> <i>(dollars in thousands)</i>												
The following items with budgetary impact are included in the President's legislative program for the Second Session of the 116th Congress												
	2021		2022		2023		2024		2025		5-Year	
	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA
<b>\$ in thousands</b>												
<b>Readjustment Benefits:</b>												
Restoration of entitlement VR&E chpt 31 assistance for Veterans with service-connected disabilities affected by school closure or disapproval	657	231	248	263	282	1,680						
Permit full allocation of State Approving Agency funding including the cost-of-living adjustment (COLA) at the beginning of the fiscal year	(192)	(172)	(176)	(180)	(184)	(905)						
Forfeiture of GI Bill benefits after Veteran/Beneficiary collides in fraud	0	0	0	0	0	0						
Authorization of the Secretary of the Department of Veterans Affairs (VA) to approve interstate commerce carrier apprenticeship programs	0	0	0	0	0	0						
Allow the Department of Veterans Affairs (VA) to contract with another State Approving Agency (SAA) to fulfill SAA duties	0	0	0	0	0	0						
Relocation of State Approving Agency (SAA) funds	0	0	0	0	0	0						
Eliminate the requirement to submit a signed training agreement for on-the-job training (OJT) programs	0	0	0	0	0	0						
Prevent improper payments by barring payment to any approved programs of education which fails to meet any statutory requirements	0	0	0	0	0	0						
Require an individual to make an election to receive educational assistance under the Montgomery GI Bill Active Duty (MGIAB-AD) program	(7,120)	(7,311)	(7,518)	(7,729)	(7,945)	(37,623)						
Prevent VA from providing unlimited amounts of payment for flight training at public schools	1,822	2,095	2,422	2,801	3,238	12,378						
Approve preparatory courses for licensing and certification exams for GI Bill benefits	(1,514)	(1,726)	(1,884)	(3,709)	(3,864)	(12,696)						
Round-down of the computation of the cost of living adjustment (COLA) for certain education programs for 10 years	6	6	7	7	7	34						
Eliminate Certain Provisions that Limit Specially Adapted Housing (SAH) Assistance Available to Pay for Construction of an Adapted Home	(65)	(68)	(72)	(76)	(80)	(361)						
Authorize the Secretary to Collect Overpayments of Grant Funds made under Chapter 21	1,000	1,000	1,000	1,000	1,000	5,000						
Extension of Authority for the Specially Adapted Housing (SAH) Assistive Technology Grant Program		0	0	0	0	0						
Simplify Accounting for VA Education Benefits		0	0	0	0	0						
<b>Total Readjustment Benefits</b>	<b>(5,406)</b>	<b>(5,945)</b>	<b>(5,974)</b>	<b>(7,623)</b>	<b>(7,546)</b>	<b>(32,493)</b>						
<b>Housing</b>												
Housing Assistance for Homeless Veterans under 38 U.S.C. § 2041 and Update to Include Permanent Housing Options	11,982	0	0	0	0	11,982						
Extend Vendeo Loan Program and Change Mandatory Vendeo Origination Thresholds to Marketing Requirements		0	0	0	0	0						
<b>Total Housing</b>	<b>11,982</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,982</b>						
<b>Medical Care:</b>												
<b>Discretionary Proposals (Programs)</b>												
Title 38 Compensation System for Medical Center Directors and Network Directors	4,890	19,559	19,559	19,559	19,559	83,126						
Supportive Services for Suicide Prevention	4,667	28,153	37,573	46,885	56,597	173,875						
Third Party Payer Enforcement Provision	0	0	0	22,530	24,783	47,313						
Acceptance of VA as a Participating Provider by Third Party Payers	26,533	109,939	113,578	117,101	120,555	487,706						
Update Definition of Medical Care Collection Fund	0	0	0	0	0	0						
Reimbursement of Continuing Professional Education (CPE) for Board Certified Advanced Practice Registered Nurses (APRNs)	1,864	7,530	7,606	7,682	7,759	32,441						
VA Payment for Medical Foster Home (MFH)	(3,070)	(29,961)	(35,491)	(42,039)	(49,796)	(160,357)						
Amend Military Sexual Trauma Treatment Authority to Improve Access and Ensure Continuity of Care	0	0	0	0	0	0						
VAAA GME Expansion Extension from 2024 to 2034	0	0	0	0	0	0						
Authority to Expand Eligibility for Readjustment Counseling Services (RCS)	9,084	35,957	35,767	35,388	35,198	151,394						
Collection of Other Health Insurance (OHI)	7,703	31,917	32,973	33,996	34,999	141,588						
Eliminate Reduction of First Party Copayments with Third-party Payments	11,853	47,732	47,956	48,033	48,009	203,583						
Extend CHAMPVA Eligibility for Covered Children up to Age 26	21,861	92,031	97,761	103,932	110,387	425,972						

<b>Proposed Legislation</b> (dollars in thousands)												
The following items with budgetary impact are included in the President's legislative program for the Second Session of the 116th Congress												
	2021		2022		2023		2024		2025		5-Year	
	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA
<b>\$ in thousands</b>												
<b>Medical Care - Continued:</b>												
Advance Medical Directives of Veterans: Requirement for Recognition of Completed VA Form 10-0137 by States.		0	0	0	0	0	0	0	0	0	0	0
Legal Services for Homeless Veterans	188	779	810	841	874	3,492						
Amendments to Domiciliary Care Statutes - Numerical Limit on Programs	0	0	0	0	0	0						
Amendments to Domiciliary Care Statutes - Income Limitation	0	0	0	0	0	0						
Establish Office of Research and Development (ORD) Hiring Authority Under Title 38	0	0	0	0	0	0						
Modification of Qualifications for Peer Specialist	0	0	0	0	0	0						
Reimbursement of Continuing Professional/Medical Education for all full-time Board-Certified Physician Assistants (PAs)	633	2,557	2,583	2,609	2,635	11,017						
Extended Terms for Researchers on Intergovernmental Personnel/Agreements (IPAs)	0	0	0	0	0	0						
Elimination of Congressionally Mandated Report (CMR) - Use of Authorities to Enhance Retention of Experienced Nurses	0	0	0	0	0	0						
Eliminate HUD-VASH Congressionally Mandated Report (CMR) Collaboration between VA & Eligible Entities for Case Management	0	0	0	0	0	0						
Amendment to 38 U.S.C. § 1706, to Exclude Reporting on Mental Illness	0	0	0	0	0	0						
Rescind Opioid Therapy and Prescription Rates Congressional Mandated Report required by Public Law 114-198	0	0	0	0	0	0						
Amend Public Law 114-223 Sec 251; Veterans Affairs Kitchen Inspection Requirements	128	531	552	574	596	2,381						
Making Permanent VA's Authority to Collect First Party Copayments for Hospital Care	0	0	0	0	0	0						
Supportive Services for Very Low-Income Veterans' Families (SSVF)	0	0	0	0	0	0						
Grants for Transportation of Highly Rural Veterans	0	0	0	0	0	0						
Transportation of Individuals to and from Department of Veterans Affairs Facilities	0	0	0	0	0	0						
Extension of Authority for the Adaptive Sports Grant (ASG) Program for Disabled Veterans and Disabled Members of the Armed Forces	0	0	0	0	0	0						
Extended Appropriations for Monthly Assistance Allowance for Disabled Veterans Training in Paralympic and Olympic Sports (VMAA) Program	0	0	0	0	0	0						
<b>Discretionary Proposals (Collections - non-add)</b>	46,089	189,588	194,507	221,660	228,346	880,190						
<b>Total Medical Care Costs (excluding collections)</b>	<b>42,266</b>	<b>159,158</b>	<b>168,743</b>	<b>177,455</b>	<b>185,834</b>	<b>723,341</b>						
<b>VACO-Other:</b>												
<b>Discretionary Proposals (Programs)</b>		0	0	0	0	0						
Tele-Hearings Clarification		0	0	0	0	0						
Definition of "Reasons or Bases" for Decisions		0	0	0	0	0						
Align Employee Awards and Incentives Flexibilities with Veteran-Facing Outcomes	70,000	0	0	0	0	0					70,000	
Amendment to 38 U.S.C. § 7404	560	560	560	560	560	2,800						
Other Transaction Authority (OTA) for the Department of Veterans Affairs	0	0	0	0	0	0						
Removal of Authority to Accredit Individuals as Claims Agents	0	0	0	0	0	0						
Reinstatement of Penalty for Certain Acts	0	0	0	0	0	0						
Cooperative Agreement and Grant-Making Authority for the Department of Veterans Affairs	0	0	0	0	0	0						
Eliminate Requirement for Quarterly Conference Reporting	(17)	(18)	(20)	(21)	(23)	(99)						
Modify 38 U.S.C. § 5315(a) to clarify the SECVA Affairs authority on interest and administrative costs charged on delinquent debts	0	0	0	0	0	0						
Authority to Expand VA's Current Enhanced-use Lease Authority Beyond Supportive Housing	0	0	0	0	0	0						
Authority to plan, design, construct, or lease joint VA/DoD shared medical facilities; transfer and receive funds for those purposes	0	0	0	0	0	0						
Administrative Provisions in Appropriations Bill for Enhanced Use Lease Proceeds	0	0	0	0	0	0						
<b>Total VACO-Other</b>	<b>70,343</b>	<b>542</b>	<b>540</b>	<b>539</b>	<b>537</b>	<b>72,701</b>						

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## *Legislative Authorization of Programs*

### Legislative Authorization of Programs

The authorizations for VA’s programs are contained in title 38 of the U.S. Code. With the exception of major medical construction projects and certain leases, annual authorization by the legislative committees and the Congress is not required. However, title 38 does provide for certain multiple-year authorizations for specific purposes. The authorization of the following items is limited by title 38 in regard to the time and/or amount as indicated:

Section of U.S.C- Citation	Public Law- Citation	Public Law Citation Most Recent Extension	Title	Description	Expiration Date
<b>Compensation and Pension</b>					
38 USC 5503(d)(7)	P.L. 101-508, § 8003(a)	P.L. 115-182, § 509	Pension Limitations Regarding Medicaid (Medicaid Offset)	Reduction of pension to certain Medicaid-eligible veterans and surviving spouses receiving care in nursing homes.	9/30/2028
38 USC 1116(e)	P.L. 102-4, § 2(a)(1)	P.L. 107-103 § 201(d)(1)	Agent Orange- Presumptions of Service Connection	Presumptions of Service Connection for Diseases Associated with Exposure to Certain Herbicide Agents: Presumption of Exposure for Veterans who Served in the Republic of Vietnam	9/30/2015
38 USC 1116, note	P.L. 102-4, § 3	P.L. 115-251, § 127	Agent Orange - Agreement with National Academy of Sciences	Requires VA to contract with National Academies of Sciences for biennial review of literature on health effects of Agent Orange exposure	9/30/2020
38 USC 5317(g); 26 USC 6103(l)(7)(D)(viii)	P.L. 101-508 § 8051	P.L. 115-46, § 403	IRS Data Matching	Access to IRS data for purposes of verifying eligibility for pension (Use of Income Information from IRS and SSA)	9/30/2027
38 USC 503(c)	PL 102-83 § 2(a)	P.L. 115-251, § 164	Administrative Error for Equitable Relief	Required reports on dispositions of recommendations for equitable relief	12/31/2020
38 U.S.C. 5110(b)	P.L. 112-154, sec. 506	N/A	Disability Comp- Retroactive Effective Date for Fully Developed Claims	Authority for retroactive effective date for awards of disability compensation in connection with applications that are fully-developed at submittal	8/6/2015
<b>Readjustment Benefits</b>					
10 U.S.C. 1071 note	P.L. 110-181 § 1631 (b)(2)	P.L. 115-251 § 126	Voc Rehab for Seriously Disabled Servicemembers	Vocational rehabilitation for certain seriously disabled servicemembers	N/A (PL 115-251 made this authority permanent)
38 USC 3485(a)(4)(A), (C), and (F)	P.L. 107-103	P.L. 115-48, § 201	Enhanced Work-Study Allowance	Enhanced Work Study Allowance	N/A (PL 115-48 made this authority permanent)

Section of U.S.C- Citation	Public Law- Citation	Public Law Citation Most Recent Extension	Title	Description	Expiration Date
<b>Housing</b>					
38 U.S.C. 3729(b)(2)(A)(ii), (B)(ii), (C)(ii), (D)(ii)	P.L. 108-183, § 405	P.L. 116-23, § 6(b), (c)	Housing Loans-Collection of Increased Fees	Loan Fees Collections [adjusts the loan fee for certain loans]	12/31/2022
38 U.S.C. 3729(b)(2)(A)(iii), (B)(iii), (C)(iii), (D)(iii)	P.L. 108-183, § 405	P.L. 116-23, § 6(b), (c)	Housing Loans-Collection of Increased Fees	Loan Fees Collections [adjusts the loan fee for certain loans]	9/30/2029
38 U.S.C. 3729(b)(2)(A)(iv), (B)(iv), (C)(iv), (D)(iv)	P.L. 108-183, § 405	P.L. 116-23, § 6(b), (c)	Housing Loans-Collection of Increased Fees	Loan Fees Collections [adjusts the loan fee for certain loans]	Becomes effective on 10/1/29
38 U.S.C. 2102A	P.L. 109-233, § 101(a)	P.L. 112-154, § 205(a)-(c)	SAH for Veterans Temporarily Residing w/Family	Specially-Adapted Housing Assistance (SAH) for Veterans temporarily residing with family members.	12/31/2022
38 U.S.C. 3733(a)(7)	P.L. 108-183, § 404	P.L. 116-61, § 2	Vendee Loans-Change in Program Requirements	Change Vendee Loan Program	9/30/2020
38 U.S.C. 2108	P.L. 111-275, § 203(a)	P.L. 115-251, § 122	SAH Assistive Technology Grant	Specially Adapted Housing Assistive Technology Grant	9/30/2020
<b>Programs for Homeless Veterans</b>					
38 USC 2044(e)(1)(G)	P.L. 110-387 §606	P.L. 115-251 §145	Homeless Veterans-Financial Assistance for Supportive Services (for very low income veterans in permanent	Financial assistance for supportive services for very low- income veteran families in permanent housing	9/30/2021
38 USC 2061(d)	P.L. 107-95 § 5(a)(1)	P.L. 115-251 §146	Homeless Veterans-Grant Program for Homeless Veterans with Special Needs	Grant Program for Homeless Veterans with Special Needs	9/30/2020
38 USC 2021(e)(1)(F)	PL 107-95 § 5(a)(1)	P.L. 115-251 §141	Homeless Veterans-Reintegration Programs	Homeless Veterans reintegration programs	9/30/2020
38 USC 8118(a)(5)	P.L. 102-54 §9(a)	P.L. 115-251 §105	Homeless Veterans-Assistance through Real Property Transfers	Real Property Transfers for Homeless Veterans Assistance (Housing Assistance for Homeless Veterans)	9/30/2020

Section of U.S.C. Citation	Public Law- Citation	Public Law Citation Most Recent Extension	Title	Description	Expiration Date
<b>Medical Care</b>					
38 USC 2066(d)	P.L. 107-95 § 5(a)(1)	P.L. 115-251 §147	Homeless Veterans-Advisory Committee	Advisory Committee on Homeless Veterans	9/30/2022
38 USC 2031(b)	P.L. 105-114 § 202(a)	P.L. 115-251 §144(a)	Homeless & Seriously Ill Veterans-Treatment/Rehab	Treatment and Rehabilitation for Seriously Mentally Ill and Homeless Veterans- General treatment	9/30/2020
38 USC 2033(d)	P.L. 105-114 § 202(a)	P.L. 115-251 §144(b)	Homeless & Mentally Ill Veterans-Additional Services	Treatment and Rehabilitation for Seriously Mentally Ill and Homeless Veterans-Additional services at certain locations	9/30/2020
38 USC 1703, Note	P.L. 110-387 § 403	P.L. 114-223, Division A, § 242	Contract Care Authority for Highly Rural Veterans [Pilot Program; AKA Project ARCH]	Pilot program under which the Secretary provides covered health services to covered veterans through qualifying non-Department of Veterans Affairs health care providers	9/30/2017
38 USC 1710A(d)	P.L. 106-117 § 101(a)	P.L. 115-251 §102	Nursing Home Care for Certain Service-Connected Veterans	Required nursing home care for certain service-connected veterans	9/30/2020
38 USC 1712A, Note	P.L. 111-163 §203	P.L. 115-251 § 108	Counseling in Retreat Settings [Pilot]	Pilot Program on Counseling in retreat settings for women Veterans newly seperated from service in the Armed Forces	9/30/2020
38 USC 1710, Note	P.L. 111-163 § 307	P.L. 115-251 § 107	Grants to VSOs for Transportation of Highly Rural Veterans	Grant program to provide innovative transportation options to veterans in highly rural areas.	9/30/2020
38 USC 1710, Note	P.L. 111-163 §205	P.L. 115-251 § 106	Child Care Assitance for Certain Veterans Receiving Health Care [Pilot]	Pilot Program on assistance for Child Care for certain Veterans receiving health care	9/30/2020
38 USC 1710C, Note	P.L. 110-181 § 1705	P.L. 115-62 § 107	Assisted Living Services for TBI [Pilot]	Pilot program to assess the effectiveness of providing assisted living services to eligible Veterans to enhance the rehabilitation, quality of life, and community integration of such Veterans.	1/6/2018
38 USC 1712C	P.L. 111-163, sec. 510	P.L. 114-218	Dental Insurance Plans [Pilot]	Program on provision of dental insurance plans to Veterans and survivors and dependents of Veterans.	12/31/2021
38 USC 1720G(e)	P.L. 110-387 §101	P.L. 115-251 § 103	Family Caregivers Program	Assistance and support services for caregivers.	No Expiration Date
38 USC 111A(a)(2)	P.L. 112-260 section 202	P.L. 115-251 § 161	Transportation of Beneficiaries	Transportation of beneficiaries to and from facilities of Department of Veterans Affairs.	9/30/2020
38 U.S.C. 7619	P.L. 113-146	P.L. 113-182 § 301(c)	Health Professionals Educational Assistance Scholarship Program	Health Professionals Educational Assistance Scholarship Program	12/31/2033
38 USC 322(d)(4)	P.L. 110-389 § 703	P.L. 115-251 § 163	Monthly Assistance Allowance for Disabled American Veterans	Office of National Veterans Sports Programs and Special Events - Monthly Assistance Allowance	9/30/2020
38 USC 521A	P.L. 110-389 §§ 701-702	P.L. 115-251 § 165	Grants for Adaptive Sports Assistance Program (formerly limited to Paralympics)	VA/VHA initiatives in support of disabled Veterans and disabled Servicemembers participating in adaptive sports.	9/30/2020

Section of U.S.C- Citation	Public Law- Citation	Public Law Citation Most Recent Extension	Title	Description	Expiration Date
<b>Co-Payments and Medical Care Cost Recovery</b>					
38 USC 1710(f)(2)(B)	P.L. 111-163, section 517	P.L. 115-251 § 101	Co-pays for Hospital and Nursing Home Care	Copayments for Hospital Care and Nursing Home Care	9/30/2020
38 USC 1729(a)(2)(E)	P.L. 111-163 §518	P.L. 115-251, §104 removed (a)(2)(E)	Medical Care Cost Recovery	Medical care cost recovery authority (Third-party Billing)	No Expiration Date
38 USC§ 1703(d)(4)	P.L. 108-422 § 601	P.L. 115-182, §101	Recovery Audits	Recovery Audits for certain contracts under 38 USC 1703	The Mission Act did not contain continued auth. for the 1703(d)(4)
<b>VA/DoD Joint Sharing Funds</b>					
38 USC 8111(d)		P.L. 114-92, div. A, title VII, sec. 722	VA-DOD Joint Incentives for Sharing Initiatives	VA-DOD Joint Incentives for Sharing Initiatives	9/30/2020
	P.L. 111-84 § 1704 , as amended	P.L. 115-232, sec. 731	VA -DoD Joint Funding for Medical Facility Demonstration Fund	VA-DoD Joint funding authority for Medical facility demonstration fund	9/30/2020
<b>General Operating Expenses</b>					
38 USC 315(b)	P.L. 102-83, § 2 (a)	P.L. 116-611 sec. 3	Manila, Philippines Regional Office	Philippines Regional Office	9/30/2020
38 USC 5101, Note	P.L. 108-183, § 704	P.L. 115-91, Div. A, sec. 529	Contract Disability Claims	Contract medical Disability Exams - (Temporary authority for performance of medical disability examinations by contract physicians)	12/31/2018
38 USC 5317A(d); 42USC 653 (j) (11)	P.L 110-157 § 301	P.L. 113-37, § 3	NDNH Income Verification	Authority to use National Directory of New Hires for income verification purposes for certain veterans benefits	3/29/2014
38 USC 3692(c)	P.L. 89-358, sec.	P.L. 115-48, sec. 306	Advisory Committee on Education	Advisory Committee on Education	12/31/2022
38 USC 544(e)	P.L. 103-446 § 510(a)	P.L. 115-251, sec. 166	Advisory Committee on Minority Veterans	Advisory Committee on Minority Veterans	9/30/2022
<b>Information Technology</b>					
38 USC 7907	P.L 109-461, sec. 903	P.L 109-461, sec. 903	VA Information Security Education Assistance Program	Provides educational assistance to IT professionals who then work for the Department.	7/31/2017
<b>Construction</b>					
38 USC 8161-8169	P.L. 102-86, Title IV, Section 401(a)	P.L. 112-154 §211(j)	Enhanced Use Leasing	Authority to outlease VA property for selected Lessees to provide Supportive Housing for Veterans on a priority basis, and provide VA with negotiated monetary consideration.	12/31/2023

Section of U.S.C- Citation	Public Law- Citation	Public Law Citation Most Recent Extension	Title	Description	Expiration Date
<b>EXPIRED</b>					
38 U.S.C. 3703 (note)	P.L. 110-389, § 504(a)	P.L. 112-154, § 702(c)	Housing Loans- Temporary Increase to Maximum Guaranty Amount	Temporary Increase to Maximum Guaranty Amount	12/31/2014
38 U.S.C. 2041(c)	P.L. 102-54, § 9(a)	P.L. 114-228, § 304	Homeless Veterans Housing Assistance	Housing assistance for homeless veterans	9/30/2017
38 USC 1117(c)(2); 38 USC 1118(e)	P.L. 105-277 § 1602(a), (c)	P.L. 107-103 § 202(d)(1)	Gulf War- Presumption of Service Connection	Provisions governing creation or removal of Presumptions of service-connection for Gulf War Illness	9/30/2011
38 U.S.C. 3710(a)(12)	P.L. 109-461, § 501	N/A	Loan Guarantees for Residential Co-op	Loan Guarantees for Residential Cooperative Housing Units (CO-OP loan guarantees)	12/21/2011
38 USC 1303(a)	P.L. 105-33, § 8031(b)(1)	P.L. 108-183 § 706	COLA Adjustment for DIC for Service Connected Deaths	Rounding Down of Cost-of-Living Adjustments for Dependency and Indemnity Compensation for Service-Connected Deaths	9/30/2013
38 USC 1104 (a)	P.L. 105-33, § 8031(a)(1)	P.L. 108-183 § 706	COLA Adjustment for Comp for Service Connected Deaths	Rounding Down of Cost-of-Living Adjustments for Compensation for Service-Connected Disability or Death	9/30/2013
38 USC 3015(h) & 38 USC 3564	P.L. 105-178 § 8201	P.L. 108-183 § 304	COLA Adjustment in Chapters 30 & 35	Rounding down of Cost-of-Living Adjustments in chapters 30 and 35 rates through FY 2013	9/30/2013
38 USC 4100 (Note)	P.L. 112-56 § 211	N/A	Veterans Retraining Assistance Program	Authority for up to 12 months of retraining assistance for unemployed Veterans ages 35-60	3/31/2014

Note 2: "Mandatory" means budget authority and outlays controlled by permanent laws. "Discretionary" means budget authority controlled by annual appropriations acts and the outlays that result from that budget authority.

Note 3: "YES" means that, although the appropriations authorization expires, the program could continue to operate without an extension of the appropriations authorization should the Congress appropriate funds for that program. "NO" means it could not.

Note 4: Entries signify the best available prediction of VA's initial positions, obtained from discussions between OGC attorneys and Administration and Staff Officials at the policy-making level, but are subject to final determinations by VA Executive Board and/or the Secretary of Veterans Affairs. "TBD" means such initial decisions have not yet been made. O means no objection.

Note 5: PSG POCs-- I: Doug Bradshaw, 202.461.4900, doug.bradshaw@va.gov II: Dick Hipolit, 202.461.7699, richard.hipolit@va.gov III: Walt Hall, 202.461.7694, Walter.Hall@va.gov IV: Debbie McCallum, 202.461.7714, deborah.mccallum@va.gov V: Phillipa Anderson, 202.461.4998, philippa.anderson@va.gov VII: Randy Campbell, 202.443.5001, randy.campbell@va.gov

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## *GAO Audit Reports*

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The reports provided in the Summary Volume are those received by VA during the period of October 1, 2018 through September 30, 2019.

The reports are identified by title and are presented in calendar year order. Each report is summarized to include the responsible organization, the actual GAO recommendations, VA’s “actions taken,” and budget implications, if any, are noted. The “actions taken” portion of the report follows closely from VA’s comments that are represented in the draft reports that VA provides for all GAO reports. The narrative summarizes the instances where VA has incorporated GAO recommendations into current operations (e.g., where VA has employed a different approach in the budgeting process, or where specific steps have been utilized to improve forecasting results). Budget implications are presented to emphasize the need to recognize the impact of the recommendations on VA resources.

<p>1. <b>VETERANS’ DISABILITY BENEFITS: Better Measures Needed to Assess Regional Office Performance in Processing Claims</b> (GAO-19-15). Report provided to VA 10/3/2018.</p>
<p>2. <b>VETERANS FIRST PROGRAM: VA Needs to Address Implementation Challenges and Strengthen Oversight of Subcontracting Limitations</b> (GAO-18-648). Report provided to VA 10/24/2018.</p>
<p>3. <b>VA DISABILITY EXAMS: Improved Performance Analysis and Training Oversight Needed for Contracted Exams</b> (GAO-19-13). Report provided to VA 11/8/18.</p>
<p>4. <b>VA MEDICAL CENTERS: VA Should Establish Goals and Measures to Enable Improved Oversight of Facilities' Conditions</b> (GAO-19-21). Report provided to VA 11/13/2018.</p>
<p>5. <b>VA EDUCATION BENEFITS: VA Needs to Ensure That It Can Continue to Provide Effective School Oversight</b> (GAO-19-3). Report provided to VA 11/14/2018.</p>
<p>6. <b>AGENT ORANGE: Actions Needed to Improve Accuracy and Communication of Information on Testing and Storage Locations</b> (GAO-19-24). Report provided to VA 11/15/2018.</p>

<p>7. <b>FEDERAL PERSONAL PROPERTY: GSA and VA Have Opportunities to Improve the Exchange Sale Process</b> (GAO-19-33). Report provided to VA 11/16/2018.</p>
<p>8. <b>VA Construction: Strengthened Pilot Design and a Dedicated Team Could Improve Real-Property Donation Pilot Program</b> (GAO-19-117). Report provided to VA 12/13/2018.</p>
<p>9. <b>VA CONSTRUCTION: Strengthened Pilot Design and a Dedicated Team Could Improve Real-Property Donation Pilot Program</b> (GAO-19-117). Report provided to VA 12/13/2018.</p>
<p>10. <b>BUY AMERICAN ACT: Actions Needed to Improve Exception and Waiver Reporting and Selected Agency Guidance</b> (GAO-19-17). Report provided to VA 12/18/2018.</p>
<p>11. <b>VA REAL PROPERTY: Clear Procedures and Improved Data Collection Could Facilitate Property Disposals</b> (GAO-19-148). Report provided to VA 1/9/2019.</p>
<p>12. <b>VETERANS HEALTH ADMINISTRATION: Greater Focus on Credentialing Needed to Prevent Disqualified Providers from Delivering Patient Care</b> (GAO-19-6). Report provided to VA 2/28/2019.</p>
<p>13. <b>CYBERSECURITY WORKFORCE: Agencies Need to Accurately Categorize Positions to effectively Identify Critical Staffing Needs</b> (GAO-19-144). Report provided to VA 3/12/2019.</p>
<p>14. <b>DATA CENTER OPTIMIZATION: Additional Agency Actions Needed to Meet OMB Goals</b> (GAO-19-241). Report provided to VA 4/11/2019.</p>
<p>15. <b>VA AND INDIAN HEALTH SERVICE: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Native Veterans</b> (GAO-19-291). Report provided to VA 4/22/19.</p>
<p>16. <b>VETERANS HEALTH ADMINISTRATION: Past Performance System Recommendations Have Not Been Implemented</b> (GAO-19-350). Report provided to VA 4/30/2019.</p>
<p>17. <b>CLOUD COMPUTING: Agencies Have Increased Usage and Realized Benefits, but Cost and Savings Data Need to be Better Tracked.</b> (GAO-19-58). Report provided to VA 5/6/2019.</p>

<p><b>18. FEDERAL CONTRACTING: Opportunities to Improve Compliance with Regulations and Enhance Tax Collections</b> (GAO-19-243). Report provided to VA 5/15/19.</p>
<p><b>19. VA REAL PROPERTY: Improvements in Facility Planning Needed to Ensure VA Meets Changes in Veterans' Needs and Expectations</b> (GAO-19-440). Report provided to VA 6/13/2019.</p>
<p><b>20. VETERANS HEALTH ADMINISTRATION: Regional Networks Need Improved Oversight and Clearly Defined Roles and Responsibilities</b> (GAO-19-462). Report provided to VA 6/19/19.</p>
<p><b>21. DATA PROTECTION: Federal Agencies Need to Strengthen Online Identity Verification Processes</b> (GAO-19-288). Report provided to VA 6/18/2019.</p>
<p><b>22. VA MENTAL HEALTH: VHA Improved Certain Prescribing Practices, but Needs to Strengthen Treatment Plan Oversight</b> (GAO-19-465). Report provided to VA 7/17/2019.</p>
<p><b>23. ELECTRONIC HEALTH RECORDS: VA Needs to Identify and Report System Costs</b> (GAO-19-125). Report provided to VA 7/25/2019.</p>
<p><b>24. CYBERSECURITY: Agencies Need to Fully Establish Risk Management Programs and Address Challenges</b> (GAO-19-384). Report provided to VA 7/25/2019.</p>
<p><b>25. VA NURSING HOME CARE: VA Has Opportunities to Enhance Its Oversight and Provide More Comprehensive Information on Its Website</b> (GAO-19-428). Report provided to VA 8/2/2019.</p>
<p><b>26. VA HEALTH CARE: Goals and Related Measures Needed to Better Assess the Impact of Same-Day Services</b> (GAO-19-546). Report provided to VA 8/7/2019.</p>
<p><b>27. VA HEALTH CARE: Actions Needed to Improve Family Caregiver Program</b> (GAO-19-618). Report provided to VA 9/16/2019.</p>
<p><b>28. VETERANS HEALTH CARE: VA Needs to Improve Its Allocation and Monitoring of Funding</b> (GAO-19-670). Report provided to VA 9/23/2019.</p>
<p><b>29. VETERANS AFFAIRS: Additional Actions Needed to Increase Veterans' Burial Access</b> (GAO-19-121). Report provided to VA 9/30/2019.</p>

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## *GAO Audit Recommendations*

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### **1. VETERANS' DISABILITY BENEFITS: Better Measures Needed to Assess Regional Office Performance in Processing Claims (GAO-19-15).** Report provided to VA 10/3/2018.

**RESPONSIBLE OFFICE:** Veterans Benefits Administration  
**RECOMMENDATIONS:**

- The Under Secretary for Benefits should clarify how Veterans Service Representatives should handle claims when they identify an error, including when to defer a claim and when to correct the error on their own.

**ACTIONS TAKEN:** Completed. VBA provided guidance to regional office staff to resolve errors, identified during the claims process, on site regardless of the station that caused the error. Additionally, VBA released functionality in its electronic claims processing system, Veterans Benefits Management System (VBMS) that enables users to electronically defer all VBMS claims and provided a guide to staff explaining the deferral process. The guide explains the requirement to generally use the deferral process for all claims that require rework, and the reasons for deferring cases. In addition to the guidance released to the field via notification to the regional offices, the updates to the M21-1 procedural manual, and the VBMS guide, VBA also updated the instructions in the National Work Queue playbook that contains guidance for claims processors on how to properly manage deferrals.

- The Under Secretary for Benefits should develop and implement a new regional office performance measure that allows it to better assess each regional office's timeliness over a period of time.

**ACTIONS TAKEN:** Completed. VBA developed and implemented a new regional office (RO) performance measure, known as Time to Exit (TEC) cycle to assess a regional office's timeliness over a period of time. TEC is a timeliness metric that accounts for the time a claim spent in a regional office queue during work days. It measures the average completion time per cycle for claims that have left the cycle or RO. The new metric was launched in FY 2019 and incorporated into the FY 2020 RO Directors' Performance Plan. VBA considers this recommendation fully implemented.

- The Under Secretary for Benefits should develop and implement a new regional office performance measure that allows it to better measure the accuracy of each regional office's work.

**ACTIONS TAKEN:** In process. In October 2018, VBA contracted with the MITRE Corporation to review and provide recommendations regarding the quality process and

performance measures that assess the accuracy of each regional office's work. VBA received MITRE's recommendations which require significant work to vet and implement. VBA expects to implement the new RO accuracy performance measure by the end of March 2020. Target completion date: March 31, 2020.

- The Under Secretary for Benefits should evaluate its policy for regional office communication with VSOs to ensure that it is clear, that it aligns with practice, and that it meets the communication needs of VSOs.

**ACTIONS TAKEN:** Completed. VBA facilitated training with RO employees responsible for stakeholder engagement. The training outlined the requirement for RO leadership to implement a quarterly meeting with local VSOs and provided training on the mandatory utilization of the tracking mechanism to assess compliance with this requirement. VBA also issued supporting manual content, M27-1.II.17, Stakeholder Engagement, to reinforce this requirement. Furthermore, VBA designated the Change Management Agent (CMA) as the primary point of contact for VSOs. VBA reiterated its current policy to RO leadership and directed them to address the CMA role during their quarterly VSO engagement meetings ensuring local VSOs know to communicate with the CMA on claim-related matters.

- The Under Secretary for Benefits should develop and implement a mechanism to obtain periodic feedback from congressional caseworkers on their communication with regional offices regarding claims and needed information or support.

**ACTIONS TAKEN:** Completed. VBA worked with VA's Office of Congressional Affairs to develop a Congressional Toolkit, and facilitated training with regional office employees responsible for stakeholder engagement. The training outlined the requirement for RO leadership to meet quarterly with congressional caseworkers to gather feedback and resolve any issues and incorporated this requirement into its guidance.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**2. VETERANS FIRST PROGRAM: VA Needs to Address Implementation Challenges and Strengthen Oversight of Subcontracting Limitations (GAO-18-648).** Report provided to VA 10/24/2018.

**RESPONSIBLE OFFICE:** Office of Acquisition and Logistics

**RECOMMENDATIONS:**

- The Secretary of Veterans Affairs should ensure that VA's Director of the Office of Acquisition and Logistics, in consultation with VA's Office of Small and Disadvantaged Business Utilization, takes measures to ensure that VA contracting staff adhere to the requirements for documenting the required Vendor Information Pages searches in contract files.

**ACTIONS TAKEN:** In March 2019, the Office of Acquisition and Logistics (OAL) released an Acquisition Insider reminding personnel of the requirement to document Vendor Information Pages (VIP) queries. In July 2019, OAL implemented an automated reporting/monitoring capability that gives the Heads of Contracting Activities the ability to take immediate action when non-compliance is identified. Additionally, the Enterprise Acquisition System (EAS) Service is pursuing changes to VA's electronic contract management system (eCMS) which will prevent users from proceeding with an award unless the VIP query is in the briefcase.

- The Secretary of Veterans Affairs should ensure that the Director of VA's Office of Acquisition and Logistics directs the VA Acquisition Academy to provide more targeted training for the more challenging components of implementing the Veterans First policy, such as making fair and reasonable price determinations.

**ACTIONS TAKEN:** The VA Acquisition Academy (VAAA) conducted comprehensive fair and reasonable price training in December 2019.

- The Secretary of Veterans Affairs should, in consultation with VA's Office of Human Resources and Administration, and the Director of VA's Office of Acquisition and Logistics, assess whether training on the Veterans First policy should be designated as mandatory and take appropriate action based on the assessment results.

**ACTIONS TAKEN:** VAAA began conducting mandatory VetsFirst training, to include Buy American Act Requirements, in October 2019. The latter training is ongoing.

- The Secretary of Veterans Affairs should ensure that the Director of the Office of Acquisition and Logistics establishes a mechanism to ensure that mandatory clauses relating to subcontracting limitations are consistently incorporated in all contracts that are set aside for Service-Disabled Veteran-Owned Small Businesses [SDVOSB] or Veteran-Owned Small Businesses [VOSB].

**ACTIONS TAKEN:** VA updated our eCMS system in April 2019 to ensure mandatory clauses relating to subcontracting limitations are consistently incorporated into all set-aside SDVOSB/VOSB contracts.

- The Secretary of Veterans Affairs should ensure that the Director of the Office of Acquisition and Logistics conducts a fraud risk assessment for the Veterans First program.

**ACTIONS TAKEN:** OAL drafted guidance on monitoring compliance with limitations on subcontracting for all socio-economic categories including Veteran-owned designations. The guidance includes fraud risk indicators provided by stakeholders, with issuance projected for the second quarter of fiscal year (FY) 2020.

- The Secretary of Veterans Affairs should ensure that the Director of the Office of Acquisition and Logistics directs the Risk Management and Compliance Service to share, through guidance, training, or other methods, subcontracting limitation risks and monitoring practices with contracting officers and their management.

**ACTIONS TAKEN:** The aforementioned guidance includes fraud risk indicators provided by stakeholders, with issuance projected for the second quarter of fiscal year (FY) 2020.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**3. VA DISABILITY EXAMS: Improved Performance Analysis and Training Oversight Needed for Contracted Exams (GAO-19-13).** Report provided to VA 11/8/18.

**RESPONSIBLE OFFICE:** Veterans Benefits Administration

**RECOMMENDATIONS:**

- The Under Secretary for Benefits should develop and implement a plan for how VBA will use data from the new exam management system to oversee contractors, including how it will capture accurate data on the status of exams and use it to (1) assess contractor timeliness, (2) monitor time spent correcting inadequate and insufficient exams, and (3) verify proper exam invoicing.

**ACTIONS TAKEN:** In process. The Veterans Benefits Administration (VBA) implemented a plan expanding its Exam Management System (EMS) to capture additional examination data and generate focused reports to evaluate vendor performance against the performance standards contained in the November 2018 medical disability examination (MDE) contract. VBA will create performance reports to evaluate current vendor performance as well as reconciling data back to EMS's initial launch in March 2018. In July 2019, VBA discovered current data systems did not contain common data points identifying the dates transaction data is exchanged between VA and the vendors. VBA is developing a solution utilizing transaction data contained in the Data Access Services (DAS) system and is working to update all MDE timeliness reports necessary to evaluate vendor performance. While VBA continues to work diligently on updating and revising these reports, we are unable to provide a target completion date at this time.

Additionally, VBA developed an automated financial invoice system that provides a faster, more accurate method to validate MDE invoicing to include proper invoicing of discounted examinations. The direct feed process provides two categories of validation reports: a quality assurance report and an invoice reconciliation report. The quality assurance report ensures all vendors submit invoice data that is consistent, accurate, and complete. The invoice reconciliation report validates that invoices are correctly billed based on contract requirements as well as identifies duplicate billing. VBA's Compensation Service communicates any discrepancies identified by these reports with the vendor monthly for resolution.

- The Under Secretary for Benefits should regularly monitor and assess aggregate performance data and trends over time to identify higher-level trends and program-wide challenges.

**ACTION TAKEN:** In process. As noted in Recommendation 1 above, VBA is updating the MDE reports and dashboards to reflect the new common data points from DAS transactions, including timeliness as well as rework based on inadequate or insufficient exams. While VBA continues to work diligently on updating and revising these reports, we are unable to provide a target completion data at this time.

- The Under Secretary for Benefits should document and implement a plan and processes

to verify that contracted examiners have completed required training.

**ACTION TAKEN:** In process. In February 2019, VBA completed an initial vendor training compliance that revealed all MDE vendors have processes in place for documenting provider training completions and certifications. However, the compliance review found that none of the vendors were comprehensive in reporting all providers' training. VBA shared these findings with the MDE vendors to remedy these data discrepancies. For a long-term approach, Compensation Service drafted a validation plan to validate vendor and provider training requirements.

Additionally, VBA identified an appropriate platform, VA's Talent Management System (TMS), that will enable VA to assign and deliver training materials, track examiner training and certification, and conduct course evaluation surveys to gather feedback from examiners. VBA obtained agency approval for using TMS as the delivery platform in March 2019 and began development of a training system directed towards MDE vendor providers. Full implementation of this system is expected by the end of fiscal year (FY) 2020. In the interim, Compensation Service continues to perform random audit checks annually to ensure vendor compliance.

- The Under Secretary for Benefits should collect information from contractors or examiners on training and use this information to assess training and make improvements as needed.

**ACTION TAKEN:** In process. Currently, VBA collects feedback from MDE contractors and examiners at the end of each VBA developed course and uses this feedback for determining training improvements. As noted in Recommendation 3 above, VBA is working to implement TMS to deliver and track VA's examiners training and certification requirements by the end of FY2020. This system upgrade includes the ability to require feedback from the participant following completion of each training course. This feedback will be used to assess training and make improvements as needed.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**4. VA MEDICAL CENTERS: VA Should Establish Goals and Measures to Enable Improved Oversight of Facilities' Conditions** (GAO-19-21). Report provided to VA 11/13/2018.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- The Undersecretary for Health should set a timeline for defining goals, objectives, and outcome-oriented performance measures for the Environment of Care Program.

**ACTIONS TAKEN:** The Comprehensive Environment of Care (CEOC) Steering Committee created a timeline that defines goals, objectives, and outcome-oriented performance measures. The “Measuring Environment of Care (EOC) Performance Improvement” memorandum listed the updated timeline for outcome-oriented program goals and objectives as well as reevaluated existing performance measures to address deficiencies cited in the GAO report. Various actions were taken to ensure that the memorandum addressed the different aspects of this recommendation. These actions include numerous meetings by the CEOC Steering Committee, presentations to VHA leadership, and dissemination of the memorandum to VHA subject matter experts.

Within the Employee Safety and Environmental Compliance Programs there are several auditing and oversight components that assist in the creation of performance metrics and program oversight. Many of these processes take a close look at the infrastructure of VA’s medical facilities. A well-maintained infrastructure has a direct bearing on the safety of employees as well as compliance with environmental laws and local ordinances and regulations. To that end all VA medical facilities are visited at least once per year and inspected for employee safety concerns. In addition, each VA medical facility is evaluated on conformance to environmental programs. Lastly each VA medical facility is inspected in detail at least once every 3 years. These tri-annual inspections are conducted to ensure that the infrastructure used for storing or disposing of hazardous materials or waste complies with environmental regulations. These tri-annual inspections also ensure that VA medical facilities comply with all other applicable environmental regulatory requirements.

VHA executed an inter-agency agreement in FY 2018 between with the US Army Corps of Engineers to pilot the Department of Defense (DoD) Sustainment Management System (SMS) as a likely replacement for the Department’s Facility Condition Assessment program. Under this agreement, VHA pilot tested SMS at the Iowa City Medical Center. Initial work included augmentation of DoD’s Equipment Catalog to include items specific to VA medical facilities, refinement of scope, and on-site assessment processes. Site assessment work concluded; follow-up actions are to input condition data into SMS, estimate repair and sustainment costs, and identify initial reporting formats. Work commenced on a follow-on pilot with expanded scope to evaluate processes and protocols at multi-variant facilities (e.g., rural/urban, large/small, complexity levels 1A versus level 3 Complexity, single site/multi-site). Work to include completion of site assessment manual for uniform accounting and condition evaluations in future work. Follow-up pilot testing is expected to demonstrate the system’s capability to prioritize based on facility and organizational mission impacts, identify near-term work and associated costs, and forecast

work and budgetary needs for future years; all functionalities absent from the current Facility Condition Assessment Program.

VHA also expanded privacy and dignity requirements, previously reserved for women Veterans, to all owned and leased medical facilities. In FY 2019, VHA's Privacy Assurance Office developed assessor training, piloted evaluations at several medical facilities, and incorporated privacy and dignity requirements into its site assessment program. Formal adoption of added evaluation criteria is expected at the beginning of FY 2020. Privacy assurance assessments will provide independent validation of policy compliance. VHA asked GAO to consider closure on this recommendation in September of 2019.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**5. VA EDUCATION BENEFITS: VA Needs to Ensure That It Can Continue to Provide Effective School Oversight** (GAO-19-3). Report provided to VA 11/14/2018.

**RESPONSIBLE OFFICE:** Veterans Benefits Administration

**RECOMMENDATIONS:**

- We recommend that the Secretary of Veterans Affairs direct the Under Secretary for Benefits to: (1) Complete efforts to identify and assess risks related to future withdrawals by state agencies in overseeing schools and (2) address these risks by preparing a contingency plan for how VA will oversee additional schools if more states choose not to renew their oversight contracts.

**ACTIONS TAKEN:** Completed. In fiscal year (FY) 2018, the Veterans Benefits Administration's (VBA's) Education Service initiated discussions with the National Association of State Approving Agencies to utilize State Approving Agents (SAAs) to complete field work (e.g., school site visits, compliances visits, and other oversight activities) in states where VA is serving as the SAA. Payment for this work would be provided from unallocated SAA funding.

In FY 2019, VBA finalized a contingency plan outlining options the agency will exercise when a state fails or declines to create or designate a State Approving Agency (SAA), or fails to renew their oversight contract with VA.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**6. AGENT ORANGE: Actions Needed to Improve Accuracy and Communication of Information on Testing and Storage Locations** (GAO-19-24). Report provided to VA 11/15/2018.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- Develop clear and transparent criteria for what constitutes a location that should be included on the list of testing and storage locations.

**ACTIONS TAKEN:** VA did not agree to take the lead on this recommendation. Rather VA agreed to support DoD as the lead on this recommendation. DoD chairs the Herbicide Orange Working Group and has sole access to the information on storage, transport, and usage of Agent Orange. Action relative to identifying criteria for what constitutes a location are discussed in the next recommendation.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

- Develop a formal process for coordinating on how best to communicate information to veterans and the public regarding where Agent Orange was known to have been present outside of Vietnam.

**ACTIONS TAKEN:** VA subject matter experts served on a VA/DoD Herbicide Orange Working Group (HOWG). The HOWG developed criteria for a location to be included on the list. DoD engaged in thorough searches of its, and other federal agencies' records to identify locations where Herbicide Orange and other tactical herbicides or their components were used or tested at, disposed of, transported through, or stored at installations or other DoD operational locations. DoD has continuously interfaced with VA subject matter experts during this process. VA, with DoD, formulated an action plan for communicating to Veterans where Agent Orange and other herbicides were tested, stored or employed for tactical usage. Developed through inter-agency meetings, DoD provided VA with an updated list and other relevant documents that included criteria for these herbicides. VA developed a communication action plan and began implementation. The communication plan includes: 1) use of social media; 2) a press release; 3) targeted direct mail to Veteran Service Organizations; 4) fact sheets for leaders; and 5) an updated website.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**7. FEDERAL PERSONAL PROPERTY: GSA and VA Have Opportunities to Improve the Exchange Sale Process** (GAO-19-33). Report provided to VA 11/16/2018.

**RESPONSIBLE OFFICE:** Office of Acquisition and Logistics

**RECOMMENDATIONS:**

- The VA's Deputy Assistant Secretary of Acquisition and Logistics, in collaboration with the Veterans Health Administration's Office of Procurement and Logistics, should revise VA's policy to include details on the exchange/sale authority, particularly those related to monitoring by Regional Offices and use of the authority for medical centers, and establish time frames with milestones for communicating such information.

**ACTIONS TAKEN:** Over the course of FY 2018 and 2019, VA provided training to all Veterans Integrated Service Networks (VISNs) Chief Logistics Officers (CLOs) as well as approximately 100 facility CLOs.

In August 2019, VA implemented the GSA Sub-National Utilization Officer (NUO) program. The NUO program provides regional logistics officers (VISN CLOs) and Veterans Health Administration Office of Procurement and Logistics (PLO) Logistics Officers with direct access to GSAXcess.gov, enabling them to manage permissions, perform approvals, and pull reports within GSAXcess.gov, thus improving regional and national monitoring of exchange/sale authority (ESA) usage at VA. These efforts have led to an increase of 160 percent of VA facilities utilizing the ESA and a 78 percent increase of items submitted through ESA.

Additionally, VA amended Directive/Handbook 7002 and Directive/Handbook 7348 to emphasize the use of ESA and anticipates publication by the end of this quarter.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**8. VA CONSTRUCTION: Strengthened Pilot Design and a Dedicated Team Could Improve Real-Property Donation Pilot Program (GAO-19-117).** Report provided to VA 12/13/2018.

**RESPONSIBLE OFFICE:** Office of Acquisitions, Logistic and Construction

**RECOMMENDATIONS:**

- The Secretary of VA should ensure that internal stakeholders--such as the Communities Helping Invest through Property and Improvements Needed for Veterans (CHIP-IN) steering committee's members--agree to and document clear, measurable objectives for the CHIP-IN pilot that will help inform decisions about whether and how to scale the program.

**ACTIONS TAKEN:** The Secretary of VA should ensure that internal stakeholders--such as the CHIP-IN steering committee's members--develop an assessment methodology and an evaluation plan that are linked to objectives for the CHIP-IN pilot and that help inform decisions about whether and how to scale the program.

- The Secretary of VA should ensure that internal stakeholders--such as the CHIP-IN steering committee's members--develop an assessment methodology and an evaluation plan that are linked to objectives for the CHIP-IN pilot and that help inform decisions about whether and how to scale the program.

**ACTIONS TAKEN:** VA developed an assessment methodology and an evaluation plan to help leaders make informed decisions for CHIP-IN initiatives.

- The Secretary of VA should ensure that the CHIP-IN steering committee documents the roles and responsibilities of its members and identifies available staff resources, including any additional expertise and skills that are needed to implement the CHIP-IN pilot program.

**ACTIONS TAKEN:** VA created a policy memo to document the Steering Committee's measurable objectives as well as roles and responsibilities to ensure the members understand what's expected of the CHIP-IN program.

**9. VA HEALTH CARE: Improvements Needed in suicide Prevention Media Outreach Campaign Oversight and Evaluation (GAO-19-66).** Report provided to VA 12/17/2018.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

The Under Secretary for Health should establish an approach for overseeing its suicide prevention media outreach efforts that includes clear delineation of roles and responsibilities for those in leadership and contract oversight roles, including during periods of staff turnover or program changes.

**ACTIONS TAKEN:** The VHA Office of Mental Health and Suicide Prevention (OMHSP) made significant organizational structure improvements to clearly delineate roles and responsibilities for those in leadership and contract oversight roles. OMHSP has a permanent organizational structure which creates a clear chain of command within OMHSP and within VHA to ensure continuity during periods of staff turnover and program changes. With this new robust organizational structure in place, the Director for Suicide Prevention oversees communications and outreach activities in a more organized and deliberate manner. Similarly, contractual tasks related to these outreach activities fall within the Deputy Director for Partnerships’ portfolio. GAO closed this recommendation as implemented.

**BUDGET IMPLICATIONS:** No budget implication for this recommendation.

- The Under Secretary for Health should require officials within the Office of Suicide Prevention and Mental Health to establish targets for the metrics the office uses to evaluate the effectiveness of its suicide prevention media outreach campaign.

**ACTIONS TAKEN:** VHA looked at broad indicators of impact for its suicide prevention outreach efforts for some time. To evaluate the effectiveness of our suicide prevention media outreach campaign, Office of Mental Health and Suicide Prevention (OMHSP) established metrics related to awareness, education and engagement. OMHSP monitored “Awareness” through the promotion of VA suicide prevention resources and the #BeThere campaign to increase awareness among Veterans and Veterans’ supporters.

The paid media strategy is composed of three primary components with metrics that are monitored monthly: Campaign 1: Crisis Intervention, Campaign 2: National At-Risk, and Campaign 3: High-Burden Communities. For Campaign 1 and 2, the initial targets were based on awareness (impressions). As OMHSP began monitoring these campaigns, OMHSP noted that just impressions were not driving action, which is crucial to suicide prevention efforts. Instead of re-calibrating the campaign to raise impression numbers, OMHSP added a mix of both awareness and help-seeking engagement. Once adjustments were made, OMHSP began noting an increase in direct, high quality actions (calls, chats, texts, and self-check quizzes) by at least 125 percent in all categories.

**BUDGET IMPLICATIONS:** No Budget implication for this recommendation.

**10. BUY AMERICAN ACT: Actions Needed to Improve Exception and Waiver Reporting and Selected Agency Guidance (GAO-19-17).** Report provided to VA 12/18/2018.

**RESPONSIBLE OFFICE:** Office of Acquisitions, Logistic and Construction  
Office of Management

**RECOMMENDATIONS:**

- The Secretary of Veterans Affairs should clarify existing guidance, or provide training or other instruction, to help contracting officials: (1) Address the applicability of the Buy American Act requirements and provide instruction on how to implement the requirements, including in any training developed to implement the Veterans First policy; (2) Identify the factors that should be considered in order to determine the applicability of the Trade Agreements Act and waiver of the Buy American Act; and (3) Identify sources of information available for determining products' origins and the steps they should take to verify information that is inconsistent.

**ACTIONS TAKEN:** OAL reviewed and updated its policy and procedures on processing waivers and exceptions to the Buy American Act (BAA) in 2017 via Procurement Policy Memorandum (PPM) 2017-12. This PPM was updated in April 2019 to provide greater clarity and reinforce compliance with the Buy American and Trade Agreements Acts and the Federal Acquisition Regulation (FAR). The PPM identifies current Federal Acquisition Institute (FAI) and Defense Acquisition University (DAU) training related to BAA. To ensure understanding of BAA as it relates to the Veterans First policy, VA developed and conducted mandatory comprehensive Veterans First training in October 2019 that included BAA and the Trade Agreements Act. This training is still ongoing.

**BUDGET IMPLICATIONS:** No Budget implication for this recommendation.

**11. VA REAL PROPERTY: Clear Procedures and Improved Data Collection Could Facilitate Property Disposals (GAO-19-148).** Report provided to VA 1/9/2019.

**RESPONSIBLE OFFICE:** Office of Acquisitions, Logistic and Construction

**RECOMMENDATIONS:**

- The Secretary should develop clear procedures for each of VA's disposal options to help facilities' managers plan, implement, and execute projects to dispose of vacant and unneeded properties.
- As VA implements its plans to enhance the CAI to collect key data on disposal projects, the Secretary should collect data on disposal status information and time frames (e.g., environmental and historical reviews' starting dates) to ensure VA has the information it needs to track the length of the disposal process and identify any areas where management may assist local facilities in implementing property disposals.
- As VA pursues its plans to enhance the CAI, the Secretary should increase the capacity of the CAI to allow local facilities to upload disposal-specific documentation, such as environmental- and historical-review documents, to ensure all documentation related to a property's disposal is available to appropriate parties, including VA officials.

**ACTIONS TAKEN:** In September 2019, VA created a Disposal Guidebook to supplement VA's Directive and Handbook on disposals. This guidebook provides clear procedures on options and processes staff should take when considering disposing of real property.

**BUDGET IMPLICATIONS:** No Budget implication for this recommendation.

**12. VETERANS HEALTH ADMINISTRATION: Greater Focus on Credentialing Needed to Prevent Disqualified Providers from Delivering Patient Care (GAO-19-6).** Report provided to VA 2/28/2019.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- The Under Secretary for Health should ensure that facility officials who are responsible for credentialing, reviewing credentials, and hiring receive periodic mandatory training.

**ACTIONS TAKEN:** Workforce Management and Consulting Office added an additional training requirement in the employee annual Talent Management System (TMS) training plan. Medical Staff Affairs (MSA) developed a training course related to licensure qualification requirements and the credentialer's role in the review process if a state licensing board action is identified. This training was provided in April 2019 via conference calls for credentialing staff. For sustainment, MSA is partnering with the Department of Veterans Affairs Employee Education Service to format the training for inclusion in TMS as mandatory training for credentialing staff.

Workforce Management and Consulting Office amended the required training to fulfill PL-115-46 to include a section on state licensing for providers. The training has been released by the Employee Education Service via the TMS system (TMS ID#38044 Annual VHA Human Resource Recruitment and Retention Training) to relevant VHA human resource specialists. It is set as an annual requirement. VHA considers this recommendation fully implemented and closure has been requested.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

- The Under Secretary for Health should identify and review providers whose DEA registrations were revoked or surrendered for cause and determine whether an employment waiver may be needed from DEA.

**ACTIONS TAKEN:** VHA's Pharmacy Benefits Management reached out to DEA requesting a written response to questions provided to them. VHA's interpretation and how they have practiced regarding access to controlled substances is different than GAO's interpretation. A request was sent to DEA to clarify current guidance.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

- The Undersecretary for Health should identify and review providers whose DEA registrations were revoked or surrendered for cause and determine whether an employment waiver may be needed from DEA.

**ACTIONS TAKEN:** VA partnered with Health and Human Services (HHS) and obtained a report from HHS which listed all currently appointed licensed independent practitioners who have been reported to the National Practitioner Data Bank (NPDB) by the DEA during

their career. VA currently has over 68 thousand active licensed independent practitioners. Of those, there were ten active providers who had NPDB reports entered by DEA dating back to 2009. Eight of the ten providers currently have full and unrestricted DEA licensure. There are no providers writing controlled substance prescriptions with a revoked or surrendered DEA license. VHA considers this recommendation fully implemented and closure was requested.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

- The Under Secretary for Health should confirm that VISN-level Chief Medical Officer reviews are being appropriately documented so that VHA Central Office officials are able to ensure that facilities and VISNs are complying with oversight policies.

**ACTIONS TAKEN:** VHA redesigned the tracking system utilized for reviews of the NPDB Continuous Query disclosures for licensed independent practitioners, including Chief Medical Officer (CMO) review when appropriate. NPDB provides auto-generated alerts when a NPDB report has been submitted for a licensed independent provider in VHA. The alerts are sent to both the facility where the provider is appointed and to the VHA Medical Staff Affairs Office. The Medical Staff Affairs Office sends a copy of the notice to the facility and includes the respective VISN CMO on the email for awareness. CMO reviews are documented in the electronic credentialing system (i.e., VetPro). The Medical Staff Affairs Office and the provider are then able to review VetPro to ensure a CMO review was completed as required. The Medical Staff Affairs Office modified VetPro by adding the title “CMO Review” so it can easily distinguish between VISN CMO reviews and those that are done by the medical facility service chiefs. GAO closed this recommendation as implemented.

**BUDGET IMPLICATIONS:** **No budget implications for this recommendation.**

- The Under Secretary for Health should confirm that the appropriate VHA Central Office is conducting monitoring to ensure that required VISN-level Chief Medical Officer reviews of licensed independent practitioner credentialing files are conducted.

**ACTIONS TAKEN:** In early FY 2018, VHA redesigned the tracking system used to review NPDB Continuous Query disclosures for licensed independent practitioners, including CMO review when appropriate. NPDB provides auto-generated alerts when a NPDB report has been submitted for a licensed independent provider in VHA. The alerts are sent to the facility where the provider is appointed and to the VHA Medical Staff Affairs Office. Medical Staff Affairs sends a copy of the notice to the facility and includes the respective VISN CMO on the email for awareness. Medical Staff Affairs verifies that the report has been reviewed; the provider has updated their credentialing file accordingly to address the report; a CMO review was completed (if required); and it was discussed at the facility’s Executive Committee of the Medical Staff. The new design offers a reporting option to audit the reports and verify completion of documentation of reviews. VHA considered this recommendation fully implemented and asked Gao to consider closure.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

- The Under Secretary for Health should direct the VHA facilities to periodically review provider licenses using NPDB adverse-action reports, similar to recent VHA-wide reviews. Facility officials should take appropriate action on providers who do not meet the licensure requirements and report the findings to VHA VISN and Central Office officials for review.

**ACTIONS TAKEN:** In January 2018, all VHA medical facilities completed an extensive review of VHA appointed health care providers to ensure they meet licensure qualification requirements in accordance with 38 U.S.C. 7402 and VA Handbook 5005, specifically that:

- a. they have maintained a full and active license;
- b. they have not had a license revoked for cause (where the license has not been fully reinstated);
- c. they do not have a history of relinquishing a license in lieu of a revocation for cause (where the license was not fully reinstated).

In January 2019, VHA's Deputy Under Secretary for Health for Operations and Management implemented a more robust process that ensures appointed providers continue to meet licensure qualification requirements if a licensure action has been taken. The documentation standard is higher; the review must be documented on a standardized form and filed in the provider's VHA electronic credentialing record. During mid-October 2019, coding pertaining to this change was finalized in VetPro, tested, and is ready to deploy.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

The Under Secretary for Health should direct the Office of Quality, Safety and Value to compile and disseminate to all facilities best practices employed by facilities that have proactively identified and addressed provider adverse-action licensure issues.

**ACTIONS TAKEN:** The Office of Quality, Safety and Value took lessons learned and translated them into standard practice and procedure. The codified expectations are an effort to better minimize variation and potential risks. Enhancements include:

- a. VHA's Deputy Under Secretary for Health for Operations and Management implemented a more robust process that ensures appointed providers continue to meet licensure qualification requirements if a licensure action has been taken. The documentation standard is higher; the review must be documented on a standardized form and filed in the provider's VHA electronic credentialing record.
- b. Additional reference materials have been developed for credentialers on the process for VHA's unique requirement to enroll licensed independent providers in the NPDB Continuous Query program. This requirement allows VHA to proactively identify licensure actions and is a best practice in the health care industry. This requirement is outlined in VHA Handbook 1100.19, Credentialing and Privileging and the references are available on the Medical Staff Affairs intranet site.
- c. Medical Staff Affairs prepared a two-part training course for credentialers on the NPDB Continuous Query process and managing NPDB alerts. This training was presented in January and February 2019.

GAO closed this recommendation as implemented.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**13. CYBERSECURITY WORKFORCE: Agencies Need to Accurately Categorize Positions to effectively Identify Critical Staffing Needs (GAO-19-144).** Report provided to VA 3/12/2019.

**RESPONSIBLE OFFICE:** Office of Information Technology

**RECOMMENDATIONS:**

- To complete the appropriate assignment of codes to their positions performing IT, cybersecurity, or cyber-related functions, in accordance with the requirements of the Federal Cybersecurity Workforce Assessment Act of 2015, the Secretary of Veterans Affairs should take steps review the assignment of the "000" code to any positions in the department in the 2210 IT management occupational series and assign the appropriate NICE work role codes. (Recommendation 18)

**ACTIONS TAKEN:** In February 2019, VA's Office of Information and Technology completed a cyber coding review of all positions in the 2210 information technology management occupational series and assigned the appropriate National Initiative for Cybersecurity Education work role codes, including ensuring all 2210 positions have active cyber codes (non- "000"). As a next step, VA is updating human resources processes to ensure that 100% of 2210 positions have active cyber codes applied and embedded in position descriptions. VA is also working to integrate the cyber coding for all 2210 positions into VA's human resources system of record, which feeds into the Office of Personnel Management's Enterprise Human Resources Integration system. Target Implementation Date: January 31, 2020.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**14. DATA CENTER OPTIMIZATION: Additional Agency Actions Needed to Meet OMB Goals (GAO-19-241).** Report provided to VA 4/11/2019.

**RESPONSIBLE OFFICE:** Office of Information Technology

**RECOMMENDATIONS:**

- The Secretary of the Department of Veterans Affairs (VA) should take action to meet the data center closure targets established under DCOI by OMB. (Recommendation 22)

**ACTIONS TAKEN:** VA has acted as prescribed in accordance with the Office of Management and Budget's updated Data Center Optimization Initiative (DCOI) policy, which was published in June 2019, to evaluate the Department's data center inventory with respect to VA mission requirements and identify viable closures accordingly. The revised closure targets are included in the 2019 DCOI Strategic Plan, which is posted on the VA Digital Strategy web page.

- The Secretary of VA should take action to meet the data center-related cost savings established under DCOI by OMB. (Recommendation 23)

**ACTIONS TAKEN:** VA has also identified potential cost savings accordingly and published revised cost savings targets in the 2019 DCOI Strategic Plan.

- The Secretary of VA should take action to meet the data center optimization metric targets established under DCOI by OMB. (Recommendation 24)

**ACTIONS TAKEN:** Finally, VA identified potential optimization opportunities and published revised optimization targets in the 2019 DCOI Strategic Plan. VA requested closure of all three report recommendations in September 2019.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**15. VA AND INDIAN HEALTH SERVICE: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Native Veterans** (GAO-19-291). Report provided to VA 4/22/19.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- As VA and IHS revise the MOU and related performance measures, the Secretary of Veterans Affairs should ensure these measures are consistent with the key attributes of successful performance measures, including having measurable targets.

**ACTIONS TAKEN:** VA and IHS conducted two joint consultation sessions with tribal leaders to solicit their input. VA and IHS both brought in subject matter experts in the area of performance metrics who will be involved throughout the redrafting process to ensure that the final MOU has a robust evaluation component.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- The Secretary of Veterans Affairs should, in consultation with IHS and tribes, establish and distribute a written policy or guidance on how referrals from IHS and Tribal Health Program (THP) facilities to VA facilities for specialty care can be managed.

**ACTIONS TAKEN:** VHA revised the charter for the National Indian Health Board to assist VA in developing a process to ensure American Indian and Alaska Native Veterans can get care seamlessly when their needs go beyond what is offered by IHS and THP facilities (normally through the Purchased Referred Care program). The charter identifies membership and responsibilities of the advisory group; the Dear Tribal Letter announces the initiative and is used to seek representation on the advisory groups. VHA is developing standardized processes that will improve care coordination between VA medical facilities and IHS/THP facilities.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**16. VETERANS HEALTH ADMINISTRATION: Past Performance System Recommendations Have Not Been Implemented (GAO-19-350).** Report provided to VA 4/30/2019.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- The Under Secretary for Health should assess recommendations from two previous evaluations of SAIL. This assessment should include the documentation of decisions about which recommendations to implement and assignment of officials or offices as responsible for implementing them.

**ACTIONS TAKEN:** In May 2019, the Strategic Analytics for Improvement and Learning (SAIL) Governance Group (SGG) was established to provide governance over the adoption and use of SAIL metrics and tools while maintaining strategic alignment with VHA priorities. SGG was also charged to oversee transformation of SAIL by shifting emphasis from internal VHA comparisons and a star rating system to external community comparisons that accurately and simply convey health system performance.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

- The Under Secretary for Health should implement, as appropriate, recommendations resulting from the assessment of the two previous SAIL evaluations.

**ACTIONS TAKEN:** As part of its evaluation process, VHA reviewed recommendations from two previous SAIL evaluations—the 2014 internal VA report and the 2015 Booz Allen Hamilton Report—and provided additional recommendations and feedback on whether recommendations were still relevant. The group also engaged the Center for Evaluation and Implementation Resources to conduct an evaluation of the impact and effectiveness of VHA’s consultative improvement work, which helps VA medical centers employ SAIL metrics to monitor performance.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**17. CLOUD COMPUTING: Agencies Have Increased Usage and Realized Benefits, but Cost and Savings Data Need to be Better Tracked.** (GAO-19-58). Report provided to VA 5/6/2019.

**RESPONSIBLE OFFICE:** Office of Information Technology

**RECOMMENDATIONS:**

- The Secretary of Veterans Affairs should ensure that the CIO of the Department of Veterans Affairs (VA) completes an assessment of all IT investments for suitability for migration to a cloud computing service, in accordance with OMB guidance. (Recommendation 29)

**ACTIONS TAKEN:** VA is conducting cloud migrations in an agile fashion through quarterly wave builds, with an assessment phase built in to each wave. Typically, VA assesses 20-25 applications per quarter, with at least 10 applications then scheduled into the wave planning for cloud migration. VA is committed to completing the migration of 350 cloud-suitable applications to the VA Enterprise Cloud by September 30, 2024. VA anticipates that many of the remaining applications will be replaced or decommissioned. To date, VA has migrated 69 applications to cloud production, including the Veterans Benefit Management System, My HealthVet, Chapter 33, Suicide Prevention, Identity and Access Management, and Mission-Act-supporting applications such as the Decision Support Tool. VA requested closure of the recommendation in November 2019 based on the continued success of the cloud assessment process, which has been underway since Fiscal Year 2018 and has demonstrated consistent results in migrating cloud-suitable investments.

- The Secretary of Veterans Affairs should ensure that the CIO of VA establishes a consistent and repeatable mechanism to track savings and cost avoidances from the migration and deployment of cloud services. (Recommendation 30)

**ACTIONS TAKEN:** VA's Office of Information and Technology configured CloudKey, an existing Enterprise Cloud Assessment Tool already in-use by the Department, to capture on-premise and VA Enterprise Cloud costs. VA is developing a Legacy Cost Model to estimate on premise costs to better inform business cases and determination of cost avoidance per application/system. This data is also fed into VA's Technology Business Management (TBM) application, Apptio. VA has implemented collection of this data for systems moving forward as a part of a standardized process, the VA Enterprise Cloud Lifecycle Management Framework. VA was awarded the "Best Overall" TBM implementer in November 2019 by the TBM Council at the 2019 TBM Conference.

**BUDGET IMPLICATIONS:** Moving to the cloud will help VA shift from a capital expense model, which often requires significant upfront investment, to an Operating Expense model which follows a pay-as-you-go approach. Over time, this shift will help VA reduce operational costs of its information technology applications/systems.

**18. FEDERAL CONTRACTING: Opportunities to Improve Compliance with Regulations and Enhance Tax Collections (GAO-19-243).** Report provided to VA 5/15/19.

**RESPONSIBLE OFFICE:** Office of Acquisitions, Logistic and Construction

**RECOMMENDATIONS:**

- The Senior Procurement Executive for the Department of Veterans Affairs (VA) should review the contracts we identified as being awarded to contractors that reported qualifying federal tax debt under FAR § 52.209-11 and (1) determine whether the contracting officer was required to consider the contractor's reported tax debt; if so, (2) determine the reasons controls to identify and refer these contractors to the SDO before contract award did not operate effectively; and (3) design or modify controls to help ensure compliance with applicable regulations.

**ACTIONS TAKEN:** OAL reviewed the identified awards and found contracting officers (COs) were required to consider tax debt and did not. OAL found COs are not adequately reviewing and documenting their review of contractor representations and certifications. Additionally, while FAR 9.104-5 is clear regarding the actions COs need to take when tax debt is identified, OAL found COs are not aware of the requirement.

OAL's Procurement Policy and Warrant Management Service (PPS) is in the process of creating Part M809 of the VA Acquisition Manual (VAAM). PPS intends to add language to this part of the VAAM emphasizing the requirements at FAR 9.104-5 and the procedures for notifying the VA SDO. Additionally, a reminder will be added to the template for Contractor Determination of Responsibility. The new VAAM Part M809 is scheduled to be released when the revised VA Acquisition Regulation (VAAR) Subchapter 809 is promulgated, in approximately six months.

OAL plans to issue an Acquisition Insider in the second quarter of FY 2020 reminding COs of all requirements related to tax debt.

In January 2020, VA began utilizing FedDataCheck's services. These services include tools to manage vendor tax delinquency.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**19. VA REAL PROPERTY: Improvements in Facility Planning Needed to Ensure VA Meets Changes in Veterans' Needs and Expectations (GAO-19-440).** Report provided to VA 6/13/2019.

**RESPONSIBLE OFFICE:** Office of Acquisitions, Logistic and Construction

**RECOMMENDATIONS:**

- To improve VA's ability to plan for and align its facilities with estimated changes to veterans' needs and expectations, we recommend that the Secretary of Veterans Affairs ensure the appropriate offices and administrations develop and implement a process to assess veterans' changing expectations and disseminate this information to VAMCs.

**ACTIONS TAKEN:** VHA developed and implemented effective systems for obtaining Veterans' input in facility planning. Depending on the project, VHA used multiple modalities for obtaining this input, such as: townhalls, focus groups, demographic based surveys, Veterans signals (Vsignals), data from the Office of Policy and Planning, and general public comment. Veterans signals allows each service such as pharmacy, imaging, or even location such as a Community Based Outpatient Clinic to see in real time the feedback that their Veterans have given them. VISNs and VA medical facilities used these mechanisms to ensure local needs and expectations are understood and addressed in facility planning. VHA used an electronic system to collect and store Veterans' input from feedback surveys. VA has found that this system is effective and consistent. VHA found actions on this recommendation to be fully implemented and requested GAO consider closure.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

- To improve VA's ability to plan for and align its facilities with estimated changes to veterans' needs and expectations, we recommend that the Secretary of Veterans Affairs ensure the appropriate offices and administrations instruct VAMCs on how to meet VA's strategic goal of incorporating veterans' changing needs and expectations into facility planning, such as by identifying certain resources or tools and directing VAMCs to use them.

**ACTIONS TAKEN:** VHA Capital Asset Management and Engineering Service worked to develop guidance that will be incorporated into scheduled facility planning calls to coincide with the normal cycle starting in the second quarter of FY 2020 and in preparation for the upcoming budget submission.

**BUDGET IMPLICATIONS:** No additional budget implications forecasted to include this revised guidance.

- To improve VA's ability to plan for and align its facilities with estimated changes to veterans' needs and expectations, we recommend that the Secretary of Veterans Affairs ensure the appropriate offices and administrations provide additional instruction to VAMCs on how to incorporate the concept of foundational health services into facility planning.

**ACTIONS TAKEN:** The Office of the Deputy Under Secretary for Health for Operations and Management reviewed prior guidance related to incorporation of foundational health services into facility planning.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**20. VETERANS HEALTH ADMINISTRATION: Regional Networks Need Improved Oversight and Clearly Defined Roles and Responsibilities** (GAO-19-462). Report provided to VA 6/19/19.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- The Under Secretary for Health Should develop a process to assess the overall performance of VISNs in managing and overseeing medical centers.

**ACTIONS TAKEN:** VHA completed actions to simplify and align its governance structure to better support and manage operations through the VISNs. The VISNs standardized VISN governance around a common structure consisting of an executive council and four sub-councils: Healthcare Delivery, Healthcare Operations, Organizational Health, and Quality Safety Value. At the enterprise level VHA headquarters intends to mirror VISN structure. VHA replaced the National Leadership Council with a Governance Board of Network Directors and national program office leaders in July 2019. The transformed governance system follows decision-making criteria (under development) that outline the types of decisions to be made at each level of governance, especially VISN and facility-level decisions.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

- The Under Secretary for Health should establish a comprehensive policy that clearly defines VISN roles and responsibilities for managing and overseeing medical centers.

**ACTIONS TAKEN:** VHA concurred in principle with this recommendation. Written guidance outlining oversight roles and responsibilities for headquarters-level governance bodies, VISN, and facility Directors are part of VHA's modernization efforts to revise governance processes and align decision rights. Initial written guidance was developed through the interim charter for the governance board and executive decision memorandum process. VHA leadership began to test this guidance and will update as necessary.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

- The Under Secretary for Health should establish a process to routinely oversee VISN staffing, to include ensuring VISNs are consistent with VHA's standardized VISN staffing levels and positions and documenting the rationale for approving staffing that does not adhere to VHA's standardized approach.

**ACTIONS TAKEN:** The VHA Manpower Management Office drafted a memorandum on the VISN Staffing Change Request Process and drafted a standard operating procedure.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**21. DATA PROTECTION: Federal Agencies Need to Strengthen Online Identity Verification Processes (GAO-19-288). Report provided to VA 6/18/2019.**

**RESPONSIBLE OFFICE:** Office of Information Technology

**RECOMMENDATIONS:**

- The Secretary of the Department of Veterans Affairs should develop a plan with time frames and milestones to discontinue knowledge-based verification, such as by using Login.gov or other alternative verification techniques.

**ACTIONS TAKEN:** VA does not manage or own credential services that are solely based on knowledge-based authentication (KBA) for provisioning. VA utilizes the Department of Defense DS Logon system as a shared service to conduct remote identity proofing of Servicemembers and Veterans applying for VA benefits, and cannot provide a timeline for DS Logon enhancements to discontinue KBA. For those login credentials VA does control, namely ID.me and MyHealthVet, neither rely exclusively on KBA for remote identity verification, but rather uses a hybrid approach in which KBA is only used in combination with other data points such as possession of a phone number that can be strongly associated with a specific individual. VA believes the current hybrid credentialing model in use for those login credentials VA controls strikes the appropriate balance between security and ease-of-use. VA is expanding the use of ID.me and MyHealthVet as alternatives to DS Logon, and is also evaluating alternatives such as Login.gov, which does not rely on KBA. Additionally, VA has already employed alternative identify verification methods that are proving successful, such as video verification.

**BUDGET IMPLICATIONS:** VA pays a per-user licensing fee for accounts created using ID.me and Login.gov operates in a similar model. Therefore, if VA were to increase the use of these credentials instead of DS logon, we would incur additional costs.

**22. VA MENTAL HEALTH: VHA Improved Certain Prescribing Practices but Needs to Strengthen Treatment Plan Oversight (GAO-19-465).** Report provided to VA 7/17/2019.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- The Veterans Health Administration should disseminate guidance for VISNs and VAMCs that more clearly reflects its expectation that mental health providers in specialty care should record mental health treatment plans within veterans' medical records in an easily identifiable way.

**ACTIONS TAKEN:** In May 2019, The Office of the Deputy Under Secretary for Health for Operations and Management distributed its memorandum entitled, “Mental Health Treatment Planning and Software Tools” to VISNs and VA medical facilities. The memorandum outlined treatment planning expectations and contained additional supporting resources. Training materials were included in dissemination of the memorandum.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

- The Veterans Health Administration should develop and implement an approach for monitoring treatment plans for veterans with mental health conditions to ensure that such plans include documentation that different evidence-based treatment options were considered.

**ACTIONS TAKEN:** In May 2019, The Office of the Deputy Under Secretary for Health for Operations and Management distributed its memorandum entitled, “Mental Health Treatment Planning and Software Tools” to VISNs and VA medical facilities. This memorandum outlined local quality management processes including ongoing chart reviews to ensure providers were meeting treatment planning expectations. Thus far, 139/140 facilities attested to full implementation of quality management expectations.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**23. ELECTRONIC HEALTH RECORDS: VA Needs to Identify and Report System Costs** (GAO-19-125). Report provided to VA 7/25/2019.

**RESPONSIBLE OFFICE:** Electronic Health Records

**RECOMMENDATIONS:**

- The Secretary of VA should direct the Under Secretary for Health and the Assistant Secretary for Information and Technology/Chief Information Officer to develop and implement a methodology for reliably identifying and reporting the total costs of VistA. The methodology should include steps to identify the definition of VistA and what is to be included in its sustainment activities, as well as ensure that comprehensive costs are corroborated by reliable data. (OIT).

**ACTIONS TAKEN:** VA has established a team of Veterans Health Information Systems and Technology Architecture (VistA) and system costing subject matter experts. The team has begun to formulate a comprehensive taxonomy of VistA and its components to be included in VistA sustainment activities. Also, VA is identifying authoritative and reliable data sources to assign costs to these components and researching solutions for providing ongoing holistic cost reporting. Target Implementation Date: VA will develop methodology for ongoing cost tracking and reporting by September 30, 2020.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**25. CYBERSECURITY: Agencies Need to Fully Establish Risk Management Programs and Address Challenges (GAO-19-384).** Report provided to VA 7/25/2019.

**RESPONSIBLE OFFICE:** Office of Information Technology

**RECOMMENDATIONS:**

- The Secretary of Veterans Affairs should develop a cybersecurity risk management strategy that includes the key elements identified in this report. (Recommendation 32)

**ACTIONS TAKEN:** VA reissued Directive 6500, VA Cybersecurity Program, in January 2019. The reissued directive establishes VA's enterprise cybersecurity risk management strategy.

- The Secretary of Veterans Affairs should update the department's policies to require an organization-wide cybersecurity risk assessment. (Recommendation 33)

**ACTIONS TAKEN:** Reissued Directive 6500 establishes the requirement for VA to perform risk assessments in accordance with National Institute of Standards and Technology Special Publication 800-30. To support this requirement, VA is developing a comprehensive risk management strategy, the VA Enterprise Privacy and Cybersecurity Risk Management Program (EP&CS RMP) Plan.

- The Secretary of Veterans Affairs should establish a process for conducting an organization-wide cybersecurity risk assessment. (Recommendation 34)

**ACTIONS TAKEN:** Reissued Directive 6500 establishes the requirement for VA to perform risk assessments in accordance with National Institute of Standards and Technology Special Publication 800-30. To support this requirement, VA is developing a comprehensive risk management strategy, the VA Enterprise Privacy and Cybersecurity Risk Management Program (EP&CS RMP) Plan.

- The Secretary of Veterans Affairs should establish and document a process for coordination between cybersecurity risk management and enterprise risk management functions. (Recommendation 35)

**ACTIONS TAKEN:** The EP&CS RMP plan will document the methodology and resources required to conduct enterprise-wide cybersecurity risk assessments. Target Implementation Date: June 30, 2020.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**26. VA NURSING HOME CARE: VA Has Opportunities to Enhance Its Oversight and Provide More Comprehensive Information on Its Website (GAO-19-428).**  
Report provided to VA 8/2/2019.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- The Under Secretary of Health should develop a strategy to regularly monitor the contractors' performance in conducting CLC and SVH inspections, ensure performance results are documented and any needed corrective actions are taken.

**ACTIONS TAKEN:** In June 2019, the Office of Geriatrics and Extended Care (GEC) developed a Standard Operating Procedure (SOP) for observational inspections of contractor performance in conducting surveys on State Veterans Homes and Community Living Centers. The SOP includes frequency of observations, minimum criteria to be observed, assessed and documented on satisfactory execution of the contractor's performance required by the performance work statement and standard external review practices. Documentation will be completed using Observation Report templates developed for this purpose; documentation includes comments and recommendations for action. All needed corrections are tracked by GEC Facility Based Program Managers on Observational Reports. VHA completed all actions on this recommendation and asked GAO to consider closure.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

- The Under Secretary of Health should require that all failures to meet quality standards are cited as deficiencies on SVH inspections.

**ACTIONS TAKEN:** GEC revised VHA Directive 1145.01, Survey Procedures for State Veterans Homes Providing Nursing Home Care and/or Adult Day Health Care, to cite all failures to meet quality or life safety standards as deficiencies. Revisions also addressed new federal regulations.

GEC, with assistance from the Office of Procurement and Logistics, modified its contract to require the vendor to cite all failures to meet quality or life safety standards as deficiencies; contract modification was completed August 2019.

Education regarding these changes was provided through the below avenues:

- Participating Department of Veterans Affairs (VA) State Veterans Homes (SVH):
- Education at the National Association of State Veterans Homes Summer Conference the week of August 5, 2019.
- Education and review of contract modification with vendor completed August 21, 2019.
- Designated SVH Veterans Integrated Service Network Liaisons, VA SVH Medical Facility Representatives, and VA SVH Fiscal Representatives scheduled during the monthly national conference call September 25, 2019.

**BUDGET IMPLICATIONS:** No VHA budget implications for this recommendation.

- The Under Secretary for Health should develop guidance for VAMC staff conducting optional CNH onsite reviews.

**ACTIONS TAKEN:** In September 2019, GEC conducted national training on the new Community Nursing Home Provider Assessment Process. GEC began the process to conduct further training, complete and disseminate a Community Nursing Home Provider Assessment Process training guide, and to complete changes to the Field Guide.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**27. VA HEALTH CARE: Goals and Related Measures Needed to Better Assess the Impact of Same-Day Services (GAO-19-546).** Report provided to VA 8/7/2019.

**RECOMMENDATIONS:**

- The Under Secretary for Health should document same-day services objectives and develop performance measures to facilitate the periodic assessment of the impact of same-day services on veteran's access to care.

**ACTIONS TAKEN:** VHA made a concerted effort to both document and increase clarity around objectives for same-day services. The Office of Veterans Access to Care developed a live and on-demand refresher training for personnel involved in the coordination and delivery of same-day services. VHA anticipates that all staff, subject to the requirement, will be trained by second quarter FY 2020. For staff hired after the deadline, training will be made available as a part of the onboarding process. The Office of Veterans Access to Care communicated this to Chiefs of Staff and Primary Care Providers across the country to ensure that appropriate staff are aware of required training.

In order to establish meaningful measures and better assess the impact of same-day services, VHA began to collaborate with the appropriate internal stakeholders and relevant industry representatives such as the National Quality Forum and Department of Defense to learn about industry benchmarks and explore measuring same-day services.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**28. VA HEALTH CARE: Actions Needed to Improve Family Caregiver Program** (GAO-19-618). Report provided to VA 9/16/2019.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- The Secretary of the VA should direct the Under Secretary for Health to collect complete staffing data for the Family Caregiver Program that includes Caregiver Support Program Office funded staff, VAMC funded staff, and staff that assist the program as a collateral duty at each VAMC.

**ACTIONS TAKEN:** The Caregiver Support Program, in collaboration with VHA Workforce Management and Consulting and the VA Office of Manpower Management, identified a solution to identify VHA Family Caregiver Program Staff in the HR SMART system; HR SMART is VA's system of record for hiring activities. VHA began to test feasibility of modifying the HR SMART system through the creation of an additional specialty code field to collect the most accurate staffing data. As a contingency, while determining whether the new field is feasible, VHA developed an alternative solution to track Family Caregiver Program Staff using exiting assignment codes functionality.

An initial step was taken to gather information on all existing Caregiver Program Staff, with position numbers included so that these positions can be tracked through this new process. This will streamline and decrease the potential for error in the information collection process.

**BUDGET IMPLICATIONS:** VA is not anticipating that the Caregiver Support Program Office will incur additional costs to identifying VHA Family Caregiver Program Staff in VA's HR SMART system. Implementing this recommendation will result in a more accurate forecasting and continuous management of the Caregiver Support Program office budget by utilizing the HR SMART system for tracking of individual position numbers.

- The Secretary of the VA should direct the Under Secretary for Health to establish a process to ensure that the Family Caregiver Program staffing data that are collected and reported to the Caregiver Support Program Office are accurate.

**ACTIONS TAKEN:** HR SMART solution is in the process of the final phase of development and once implemented, will provide more accurate information regarding staffing levels, vacancy rates, and other key information about the Caregiver Support Program workforce verses the current process of manual entry into a SharePoint.

VHA began the process of hiring at least one VISN lead for the Caregiver Support Program at each network, with the responsibility for ensuring that accurate data is being entered into the system.

**BUDGET IMPLICATIONS:** VA is not anticipating that the Caregiver Support Program Office will incur additional costs to identifying VHA Family Caregiver Program Staff in VA's HR SMART system. Implementing the use of the HR SMART System, coupled with

a VISN Lead for the Caregiver Support Program at each network, will ensure staffing data is collected and reported accurately and will also provide greater oversight beginning at the local level.

The Secretary of the VA should direct the Under Secretary for Health to identify and use an interim method to collect data from VAMCs on their completion of required quarterly contacts and annual home visits with caregivers and veterans that can be used until a new IT system is implemented.

**ACTIONS TAKEN:** VA has been vigorously pursuing an IT system to replace the current Caregiver Application Tracker to fully support the Program of Comprehensive Assistance for Family Caregivers (PCAFC) that allows for data assessment and comprehensive monitoring as required by VA MISSION Act. VA adopted a three-phase approach for the development and deployment of a replacement IT system termed the Caregiver Record Management Application (CARMA). The first release of CARMA deployed in October 2019. It provides a long-term solution for the capabilities needed to develop system-wide reports on the completion of required quarterly contracts and annual home visits. CARMA captures new, first-time applicants to PCAFC and Program of General Caregiver Support Services. Due to recency of events this cohort is not yet due for required quarterly contacts.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**29. VETERANS HEALTH CARE: VA Needs to Improve Its Allocation and Monitoring of Funding** (GAO-19-670). Report provided to VA 9/23/2019.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- The VA Under Secretary of Health should use workload data from the most recently completed fiscal year as part of the models that inform VISNs' and medical centers' general purpose funding needs, when doing so would not significantly delay the allocation of funds.

**ACTIONS TAKEN:** The FY 2020 budget was not enacted in FY 2019, so the Veterans Equitable Resource Allocation model was not re-run to reallocate funds based on prior year workload data.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

- The VA Under Secretary of Health should establish a formal process to document VHA's review of VISNs' adjustments to medical center allocation levels.

**ACTIONS TAKEN:** VHA's Chief Financial Officer updated the Medical Center Allocation System guidance establishing a formal process to document the review of VISN adjustments to medical facility allocations. In September 2019, the updated guidance, including updated formal processes documenting adjustments to the Medical Center Allocation system, was provided to VISN Leadership.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

- The VA Under Secretary of Health should revise VHA's existing guidance to require VISNs to provide information on how they determined how much and for what reasons they made adjustments to medical center allocation levels.

**ACTIONS TAKEN:** VHA's Chief Financial Officer revised the Medical Center Allocation System Guidance, with updated guidelines for VISNs to provide information explaining and supporting adjustments to medical center allocation levels. VHA's Chief Financial Officer requires this justification prior to processing.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

- The VA Under Secretary of Health should revise its existing guidance to require VISNs—in conjunction with medical centers—to develop and submit approaches to improve efficiency at medical centers with declining workload that received adjusted funding levels. These approaches could include adjusting the level of services offered.

**ACTIONS TAKEN:** The Deputy Under Secretary for Health for Operations and Management began to review the ongoing work to align resource and adjust funding level with workload with the VISN Directors at each Network Director's Quarterly

Reviews. As a longer-term effort, VHA began conducting market assessments, also referred to as the Market Area Health Systems Optimization Initiative (MAHSO) project, to create a high performing network of services for Veterans as mandated by the VA MISSION Act of 2018. VHA leadership will use the market assessments to increase access and quality of care to Veterans. The MAHSO is a multi-year study. The information developed from the market assessments will be presented to the VA Secretary. Adjusting the level of service may be considered along with a variety of alternatives after completion of the market assessment work, completion of associated enterprise-wide strategy review, and assessment of impact on national policy and guidance.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

- The VA Under Secretary of Health should require VISNs to provide explanations on the amount of funds redistributed between VISNs and medical centers and VHA to document its review of these redistributions.

**ACTIONS TAKEN:** VHA determined that beginning in FY 2020, all transfers of funds between VISNs will require review by the Associate Chief Financial Officer for Resource Management retrospectively on a monthly basis, to ensure adequate explanations are included. In addition, a monthly report must be provided to VHA's Chief Financial Officer identifying all transfers between Medical Centers within a VISN that exceed 1.5 percent of the VISN's overall funding allocation.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**30. VETERANS AFFAIRS: Additional Actions Needed to Increase Veterans' Burial Access** (GAO-19-121). Report provided to VA 9/30/2019.

**RESPONSIBLE OFFICE:** National Cemetery Administration

**RECOMMENDATIONS:**

- The Secretary of Veterans Affairs should ensure that the Under Secretary for Memorial Affairs update its cost-estimating procedures for cemetery construction projects to fully incorporate the 12 steps identified in the GAO Cost Estimating and Assessment Guide: Best Practices for Developing and Managing Capital Program Costs.

**ACTIONS TAKEN:** NCA started using the VA Office of Construction & Facilities Management's revised 2019 Manual for Preparation of Cost Estimates & Related Documents for VA Facilities and Unit Cost guides issued in October 2019.

NCA will update the Prioritization Scoring/Estimating model to include the 12 steps outlined in GAO's Cost Estimating and Assessment Guide. The first opportunity to use the updated model will be during the FY22 NCA Minor Construction program development.

In 2020, NCA will develop contract language requiring NCA Architectural and Engineering vendors to utilize GAO's guide when developing future construction estimates.

**BUDGET IMPLICATIONS:** Minimal budgetary impact expected.

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## *High-Risk Areas Identified by GAO*

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The U.S. Government Accountability Office (GAO) evaluates VA's programs and operations. In March 2019, GAO issued an update to its High-Risk Series (GAO-19-157SP). In the 2019 report, GAO continued to identify two High-Risk Areas (HRAs) that are specific to VA: Managing Risks and Improving VA Health Care and Improving and Modernizing Federal Disability Programs. In addition, GAO identified a new area, VA Acquisition Management, as a high-risk area. VA's progress in addressing these issues can be found in the FY 2021/FY 2019 Annual Performance Plan and Report, which is released alongside the President's Budget and can be found on the VA website: <https://www.va.gov/performance/>.

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## *Major Management Challenges Identified by the OIG*

The Department’s Office of Inspector General (OIG), an independent entity, evaluates VA’s programs and operations. The OIG submitted a list of the most serious major management challenges (MMC) facing VA, which was incorporated in the Department’s 2019 Agency Financial Report published in November 2019. The Department’s response can be found online at: <https://www.va.gov/finance/afr/index.asp> starting on page 178. The table below lists the OIG-identified MMCs for 2019.

Major Management Challenge		Estimated Resolution Time frame	Page
No.	Description (Responsible Office)	(Fiscal Year)	#
OIG 1	Strengthening Leadership and Workforce Investment		
1A	Overcoming a Culture of Complacency	Ongoing	180
1B	Addressing Key Leadership Vacancies and other Staffing Shortages	2021	183
1C	Investing in Workforce Development	2020	185
OIG 2	Improving Healthcare Access and Quality of Care		
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2C	Ensuring That Effective Core Services Are Available to Promote Quality and Timeliness of Care	2019	195
OIG 3	Ensuring the Accuracy and Timeliness of Benefit Services		
3A	Improving the Accuracy and Timeliness of Claims Decisions and Appeals	2020	199
3B	Identifying and Mitigating the Risk of Benefits-related Fraud, Waste, and Abuse	2020	201
3C	Effectively and Efficiently Administering Education and Other Benefits	2020	202
OIG 4	Enhancing Financial Management and Controls		
4A	Improving Financial Controls	Ongoing	206
4B	Reducing Improper Payment Rates	2022	207
4C	Improving Management of Appropriated Funds	Resolved	209
OIG 5	Overseeing the Compliance and Integrity of Procurement Practices		
5A	Improving Contracting Practices	Ongoing	211
5B	Improving Purchase Card Practices	2021	213

OIG 6	Minimizing Risks and Increasing Effectiveness for Information Management Systems		
6A	Ensuring Effective Information Security Program and System Security Controls	2020	216
6B	Mitigating Risks and Poor Outcomes Caused by Information Technology Planning and Implementation	Various	218



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## *Expenditures by State*

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<i>Amounts Included in FY 2021 President's Budget</i>			
<i>(dollars in thousands)</i>			
	2019	2020	2021
	Actuals	Estimates	Estimates
<b>Alabama</b>			
Compensation and pensions	2,344,930	2,480,222	2,826,491
Readjustment benefits	216,714	238,612	274,632
General operating expenses	35,138	36,898	40,661
Medical and construction programs	1,249,089	1,358,273	1,554,453
Insurance and indemnities	22,129	23,218	25,421
<b>Total</b>	<b>3,868,001</b>	<b>4,137,222</b>	<b>4,721,659</b>
<b>Alaska</b>			
Compensation and pensions	283,393	357,651	499,674
Readjustment benefits	62,965	81,118	124,811
General operating expenses	24,432	32,553	50,417
Medical and construction programs	327,399	368,509	556,591
Insurance and indemnities	2,157	2,583	3,692
<b>Total</b>	<b>\$700,346</b>	<b>\$842,415</b>	<b>\$1,235,185</b>
<b>Arizona</b>			
Compensation and pensions	2,169,705	2,318,680	2,462,530
Readjustment benefits	340,863	374,692	428,553
General operating expenses	78,617	79,761	84,912
Medical and construction programs	1,950,929	2,034,503	2,299,636
Insurance and indemnities	31,318	34,341	37,327
<b>Total</b>	<b>\$4,571,431</b>	<b>\$4,841,977</b>	<b>\$5,312,957</b>
<b>Arkansas</b>			
Compensation and pensions	1,181,979	1,306,202	1,474,406
Readjustment benefits	81,744	90,751	108,470
General operating expenses	27,783	28,553	31,647
Medical and construction programs	1,089,035	1,194,444	1,412,027
Insurance and indemnities	11,286	11,426	12,463
<b>Total</b>	<b>\$2,391,827</b>	<b>\$2,631,376</b>	<b>\$3,039,013</b>
<b>California</b>			
Compensation and pensions	8,297,562	8,775,441	9,426,883
Readjustment benefits	1,854,272	2,006,969	2,186,239
General operating expenses	215,668	217,623	225,653
Medical and construction programs	7,261,077	7,608,399	8,078,475
Insurance and indemnities	129,302	130,760	133,722
<b>Total</b>	<b>\$17,757,881</b>	<b>\$18,739,191</b>	<b>\$20,050,972</b>

<i>Amounts Included in FY 2021 President's Budget</i>			
(dollars in thousands)			
	2019	2020	2021
	Actuals	Estimates	Estimates
<b>Colorado</b>			
Compensation and pensions	1,936,493	2,130,295	2,290,207
Readjustment benefits	426,153	452,004	503,625
General operating expenses	54,099	55,902	60,429
Medical and construction programs	1,253,930	1,754,708	1,902,426
Insurance and indemnities	27,824	34,352	38,028
<b>Total</b>	<b>\$3,698,499</b>	<b>\$4,427,261</b>	<b>\$4,794,716</b>
<b>Connecticut</b>			
Compensation and pensions	487,702	537,073	718,151
Readjustment benefits	112,575	136,028	177,130
General operating expenses	15,958	16,933	21,340
Medical and construction programs	691,970	768,024	987,753
Insurance and indemnities	19,326	21,414	26,626
<b>Total</b>	<b>\$1,327,530</b>	<b>\$1,479,472</b>	<b>\$1,931,000</b>
<b>Delaware</b>			
Compensation and pensions	217,468	289,943	503,957
Readjustment benefits	29,561	40,200	68,003
General operating expenses	2,672	3,148	4,957
Medical and construction programs	159,093	213,319	358,824
Insurance and indemnities	3,857	5,319	8,947
<b>Total</b>	<b>\$412,651</b>	<b>\$551,928</b>	<b>\$944,689</b>
<b>District of Columbia</b>			
Compensation and pensions	104,649	109,273	119,579
Readjustment benefits	34,665	38,648	43,730
General operating expenses	3,522,835	4,082,381	4,868,735
Medical and construction programs	513,911	714,757	689,209
Insurance and indemnities	2,214	2,473	2,621
<b>Total</b>	<b>\$4,178,273</b>	<b>\$4,947,533</b>	<b>\$5,723,874</b>
<b>Florida</b>			
Compensation and pensions	7,546,924	7,637,053	8,202,763
Readjustment benefits	1,032,194	1,113,153	1,211,609
General operating expenses	166,702	167,171	172,435
Medical and construction programs	6,205,387	6,652,800	7,204,440
Insurance and indemnities	107,534	101,632	94,435
<b>Total</b>	<b>\$15,058,741</b>	<b>\$15,671,809</b>	<b>\$16,885,683</b>
<b>Georgia</b>			
Compensation and pensions	4,310,646	4,456,338	4,939,171
Readjustment benefits	518,790	557,055	613,010
General operating expenses	103,349	104,554	109,122
Medical and construction programs	2,246,308	2,395,203	2,633,551
Insurance and indemnities	43,635	45,501	48,729
<b>Total</b>	<b>\$7,222,728</b>	<b>\$7,558,651</b>	<b>\$8,343,583</b>

**Amounts Included in FY 2021 President's Budget**

(dollars in thousands)

	2019 Actuals	2020 Estimates	2021 Estimates
<b>Guam</b>			
Compensation and pensions	3,641	79,672	282,318
Readjustment benefits	831	22,404	80,763
General operating expenses	0	0	0
Medical and construction programs	2,218	45,282	165,057
Insurance and indemnities	31	1,108	2,055
<b>Total</b>	<b>\$6,721</b>	<b>\$148,465</b>	<b>\$530,193</b>
<b>Hawaii</b>			
Compensation and pensions	464,198	554,330	715,855
Readjustment benefits	155,974	192,803	272,962
General operating expenses	15,186	18,307	24,559
Medical and construction programs	355,130	402,011	553,413
Insurance and indemnities	10,089	11,621	15,432
<b>Total</b>	<b>\$1,000,577</b>	<b>\$1,179,072</b>	<b>\$1,582,221</b>
<b>Idaho</b>			
Compensation and pensions	514,480	596,224	761,665
Readjustment benefits	55,368	65,944	90,216
General operating expenses	10,652	11,973	16,158
Medical and construction programs	465,942	533,711	739,847
Insurance and indemnities	7,057	8,153	10,824
<b>Total</b>	<b>\$1,053,499</b>	<b>\$1,216,005</b>	<b>\$1,618,709</b>
<b>Illinois</b>			
Compensation and pensions	2,085,231	2,210,955	2,482,181
Readjustment benefits	290,125	313,844	352,222
General operating expenses	42,092	34,228	32,360
Medical and construction programs	2,516,275	2,625,717	2,907,004
Insurance and indemnities	53,996	56,193	60,223
<b>Total</b>	<b>\$4,987,718</b>	<b>\$5,240,938</b>	<b>\$5,833,989</b>
<b>Indiana</b>			
Compensation and pensions	1,460,948	1,591,247	1,765,024
Readjustment benefits	135,193	148,879	165,138
General operating expenses	63,997	70,806	78,539
Medical and construction programs	1,489,522	1,577,428	1,749,696
Insurance and indemnities	22,009	22,940	26,296
<b>Total</b>	<b>\$3,171,669</b>	<b>\$3,411,300</b>	<b>\$3,784,692</b>
<b>Iowa</b>			
Compensation and pensions	660,667	738,846	938,812
Readjustment benefits	66,695	76,625	97,845
General operating expenses	13,090	14,697	18,401
Medical and construction programs	748,117	822,786	1,040,683
Insurance and indemnities	13,226	13,545	14,514
<b>Total</b>	<b>\$1,501,795</b>	<b>\$1,666,500</b>	<b>\$2,110,255</b>

**Amounts Included in FY 2021 President's Budget**

(dollars in thousands)

	2019 Actuals	2020 Estimates	2021 Estimates
<b>Kansas</b>			
Compensation and pensions	735,312	826,969	1,046,004
Readjustment benefits	96,807	112,253	143,694
General operating expenses	12,991	12,743	13,704
Medical and construction programs	686,996	729,103	971,684
Insurance and indemnities	11,912	11,748	12,283
<b>Total</b>	<b>\$1,544,018</b>	<b>\$1,692,816</b>	<b>\$2,187,370</b>
<b>Kentucky</b>			
Compensation and pensions	1,360,756	1,482,292	1,726,502
Readjustment benefits	135,300	150,075	177,240
General operating expenses	48,335	53,778	63,066
Medical and construction programs	1,190,355	1,259,313	1,486,028
Insurance and indemnities	16,377	17,176	19,867
<b>Total</b>	<b>\$2,751,123</b>	<b>\$2,962,634</b>	<b>\$3,472,702</b>
<b>Louisiana</b>			
Compensation and pensions	1,440,217	1,547,094	1,807,949
Readjustment benefits	135,147	150,428	177,631
General operating expenses	25,647	26,881	30,016
Medical and construction programs	1,248,102	1,362,626	1,584,957
Insurance and indemnities	16,159	18,721	21,162
<b>Total</b>	<b>\$2,865,273</b>	<b>\$3,105,750</b>	<b>\$3,621,715</b>
<b>Maine</b>			
Compensation and pensions	550,259	648,565	827,669
Readjustment benefits	46,280	53,784	72,437
General operating expenses	18,175	21,111	28,129
Medical and construction programs	425,545	500,628	676,223
Insurance and indemnities	7,200	9,011	11,848
<b>Total</b>	<b>\$1,047,460</b>	<b>\$1,233,099</b>	<b>\$1,616,306</b>
<b>Maryland</b>			
Compensation and pensions	1,659,441	1,752,143	2,034,053
Readjustment benefits	349,261	389,905	458,060
General operating expenses	28,354	28,340	30,650
Medical and construction programs	1,229,923	1,312,997	1,527,341
Insurance and indemnities	27,769	28,985	31,720
<b>Total</b>	<b>\$3,294,748</b>	<b>\$3,512,370</b>	<b>\$4,081,823</b>
<b>Massachusetts</b>			
Compensation and pensions	1,272,180	1,392,401	1,617,460
Readjustment benefits	242,616	263,235	302,733
General operating expenses	25,617	25,947	28,199
Medical and construction programs	1,378,944	1,458,720	1,677,764
Insurance and indemnities	34,972	36,764	41,073
<b>Total</b>	<b>\$2,954,329</b>	<b>\$3,177,068</b>	<b>\$3,667,229</b>

**Amounts Included in FY 2021 President's Budget**

(dollars in thousands)

	2019 Actuals	2020 Estimates	2021 Estimates
<b>Michigan</b>			
Compensation and pensions	2,291,444	2,525,425	2,854,975
Readjustment benefits	217,619	238,143	270,890
General operating expenses	50,103	52,688	57,379
Medical and construction programs	1,815,214	1,901,782	2,123,887
Insurance and indemnities	37,363	41,338	44,864
<b>Total</b>	<b>\$4,411,741</b>	<b>\$4,759,377</b>	<b>\$5,351,994</b>
<b>Minnesota</b>			
Compensation and pensions	1,269,891	1,368,649	1,586,211
Readjustment benefits	125,792	136,978	158,620
General operating expenses	95,180	102,747	118,014
Medical and construction programs	1,406,801	1,498,577	1,738,447
Insurance and indemnities	27,942	32,387	36,688
<b>Total</b>	<b>\$2,925,607</b>	<b>\$3,139,338</b>	<b>\$3,637,980</b>
<b>Mississippi</b>			
Compensation and pensions	964,778	1,049,616	1,293,333
Readjustment benefits	81,039	91,792	113,750
General operating expenses	24,745	27,580	32,188
Medical and construction programs	842,518	884,789	1,057,330
Insurance and indemnities	10,275	10,931	12,837
<b>Total</b>	<b>\$1,923,356</b>	<b>\$2,064,708</b>	<b>\$2,509,437</b>
<b>Missouri</b>			
Compensation and pensions	1,907,554	2,059,391	2,345,690
Readjustment benefits	181,092	198,301	227,199
General operating expenses	123,591	130,360	144,267
Medical and construction programs	1,826,790	1,815,130	2,040,217
Insurance and indemnities	26,665	25,105	24,905
<b>Total</b>	<b>\$4,065,692</b>	<b>\$4,228,286</b>	<b>\$4,782,279</b>
<b>Montana</b>			
Compensation and pensions	348,539	401,952	575,183
Readjustment benefits	37,801	47,253	69,030
General operating expenses	9,872	11,293	16,104
Medical and construction programs	359,969	470,418	686,092
Insurance and indemnities	5,230	5,152	6,879
<b>Total</b>	<b>\$761,411</b>	<b>\$936,067</b>	<b>\$1,353,288</b>
<b>Nebraska</b>			
Compensation and pensions	587,316	661,728	866,174
Readjustment benefits	58,900	68,443	90,136
General operating expenses	41,396	47,893	63,082
Medical and construction programs	537,009	578,826	773,283
Insurance and indemnities	8,835	10,036	12,753
<b>Total</b>	<b>\$1,233,457</b>	<b>\$1,366,926</b>	<b>\$1,805,428</b>

**Amounts Included in FY 2021 President's Budget**

(dollars in thousands)

	2019 Actuals	2020 Estimates	2021 Estimates
<b>Nevada</b>			
Compensation and pensions	1,130,377	1,216,110	1,471,255
Readjustment benefits	120,686	136,144	165,040
General operating expenses	16,209	17,151	19,431
Medical and construction programs	1,029,796	1,126,011	1,334,998
Insurance and indemnities	12,079	12,999	15,084
<b>Total</b>	<b>\$2,309,147</b>	<b>\$2,508,415</b>	<b>\$3,005,808</b>
<b>New Hampshire</b>			
Compensation and pensions	337,439	403,932	588,170
Readjustment benefits	57,293	71,352	104,832
General operating expenses	7,400	9,550	14,470
Medical and construction programs	353,233	404,438	600,277
Insurance and indemnities	7,727	9,266	13,146
<b>Total</b>	<b>\$763,092</b>	<b>\$898,539</b>	<b>\$1,320,896</b>
<b>New Jersey</b>			
Compensation and pensions	1,192,147	1,291,579	1,535,733
Readjustment benefits	224,962	253,680	306,225
General operating expenses	19,159	20,806	24,180
Medical and construction programs	874,338	937,588	1,119,659
Insurance and indemnities	36,964	35,647	37,025
<b>Total</b>	<b>\$2,347,570</b>	<b>\$2,539,299</b>	<b>\$3,022,821</b>
<b>New Mexico</b>			
Compensation and pensions	856,925	959,747	1,196,502
Readjustment benefits	67,966	77,196	96,752
General operating expenses	15,224	15,944	19,361
Medical and construction programs	679,831	748,108	936,523
Insurance and indemnities	8,572	9,353	11,285
<b>Total</b>	<b>\$1,628,518</b>	<b>\$1,810,348</b>	<b>\$2,260,424</b>
<b>New York</b>			
Compensation and pensions	2,742,096	2,904,214	3,184,344
Readjustment benefits	580,025	630,001	702,324
General operating expenses	105,630	104,822	107,935
Medical and construction programs	3,268,298	3,401,542	3,661,024
Insurance and indemnities	74,041	69,905	69,160
<b>Total</b>	<b>\$6,770,090</b>	<b>\$7,110,484</b>	<b>\$7,724,787</b>
<b>North Carolina</b>			
Compensation and pensions	4,702,633	4,839,279	5,321,996
Readjustment benefits	533,672	578,012	638,449
General operating expenses	92,959	96,669	102,858
Medical and construction programs	2,865,758	3,119,779	3,461,659
Insurance and indemnities	49,576	54,394	58,453
<b>Total</b>	<b>\$8,244,598</b>	<b>\$8,688,133</b>	<b>\$9,583,415</b>

**Amounts Included in FY 2021 President's Budget**

(dollars in thousands)

	2019 Actuals	2020 Estimates	2021 Estimates
<b>North Dakota</b>			
Compensation and pensions	157,276	224,557	383,933
Readjustment benefits	18,078	26,501	49,215
General operating expenses	4,572	6,294	11,025
Medical and construction programs	167,257	230,048	414,606
Insurance and indemnities	2,121	2,806	4,363
<b>Total</b>	<b>\$349,303</b>	<b>\$490,206</b>	<b>\$863,142</b>
<b>Ohio</b>			
Compensation and pensions	2,723,998	2,863,725	3,111,477
Readjustment benefits	291,992	312,996	341,597
General operating expenses	3,202,347	3,479,347	3,826,838
Medical and construction programs	3,068,686	3,211,989	3,448,734
Insurance and indemnities	49,662	50,693	52,608
<b>Total</b>	<b>\$9,336,685</b>	<b>\$9,918,750</b>	<b>\$10,781,254</b>
<b>Oklahoma</b>			
Compensation and pensions	2,168,255	2,313,446	2,635,115
Readjustment benefits	153,092	167,682	192,245
General operating expenses	143,563	154,888	175,361
Medical and construction programs	1,139,498	1,297,854	1,548,502
Insurance and indemnities	17,135	19,632	21,718
<b>Total</b>	<b>\$3,621,544</b>	<b>\$3,953,503</b>	<b>\$4,572,940</b>
<b>Oregon</b>			
Compensation and pensions	1,467,364	1,603,168	1,857,333
Readjustment benefits	154,761	163,664	183,559
General operating expenses	38,445	40,341	44,975
Medical and construction programs	1,379,876	1,498,956	1,730,419
Insurance and indemnities	17,285	21,552	24,041
<b>Total</b>	<b>\$3,057,732</b>	<b>\$3,327,681</b>	<b>\$3,840,327</b>
<b>Pennsylvania</b>			
Compensation and pensions	2,819,256	3,024,979	3,349,334
Readjustment benefits	357,349	388,803	435,694
General operating expenses	153,153	157,087	166,561
Medical and construction programs	2,592,759	2,679,949	2,906,337
Insurance and indemnities	62,388	59,581	57,969
<b>Total</b>	<b>\$5,984,905</b>	<b>\$6,310,399</b>	<b>\$6,915,895</b>
<b>Puerto Rico</b>			
Compensation and pensions	821,149	937,934	1,169,258
Readjustment benefits	54,754	62,957	79,904
General operating expenses	25,152	26,134	31,792
Medical and construction programs	711,244	768,492	951,188
Insurance and indemnities	2,891	4,162	5,202
<b>Total</b>	<b>\$1,615,190</b>	<b>\$1,799,679</b>	<b>\$2,237,345</b>

**Amounts Included in FY 2021 President's Budget**

(dollars in thousands)

	2019 Actuals	2020 Estimates	2021 Estimates
<b>Rhode Island</b>			
Compensation and pensions	204,007	271,825	421,941
Readjustment benefits	36,522	49,888	83,121
General operating expenses	27,758	37,632	57,309
Medical and construction programs	232,477	300,530	476,227
Insurance and indemnities	3,623	5,357	8,316
<b>Total</b>	<b>\$504,387</b>	<b>\$665,233</b>	<b>\$1,046,913</b>
<b>South Carolina</b>			
Compensation and pensions	2,490,262	2,638,635	3,002,250
Readjustment benefits	271,178	298,763	342,440
General operating expenses	82,849	89,850	101,552
Medical and construction programs	1,413,361	1,499,695	1,704,397
Insurance and indemnities	25,556	27,068	29,929
<b>Total</b>	<b>\$4,283,205</b>	<b>\$4,554,010</b>	<b>\$5,180,569</b>
<b>South Dakota</b>			
Compensation and pensions	243,305	307,728	441,727
Readjustment benefits	23,604	30,232	46,863
General operating expenses	9,439	11,569	17,331
Medical and construction programs	340,805	426,731	643,971
Insurance and indemnities	3,179	3,998	5,930
<b>Total</b>	<b>\$620,333</b>	<b>\$780,258</b>	<b>\$1,155,822</b>
<b>Tennessee</b>			
Compensation and pensions	2,610,615	2,769,205	3,127,036
Readjustment benefits	276,130	303,693	346,105
General operating expenses	75,082	79,516	87,238
Medical and construction programs	1,916,015	1,960,089	2,162,948
Insurance and indemnities	24,383	22,748	22,203
<b>Total</b>	<b>\$4,902,224</b>	<b>\$5,135,252</b>	<b>\$5,745,531</b>
<b>Texas</b>			
Compensation and pensions	10,191,788	10,416,418	11,196,770
Readjustment benefits	1,482,088	1,752,492	1,892,618
General operating expenses	221,831	228,144	236,223
Medical and construction programs	6,034,320	6,522,848	7,117,943
Insurance and indemnities	97,743	100,989	105,417
<b>Total</b>	<b>\$18,027,770</b>	<b>\$19,020,892</b>	<b>\$20,548,970</b>
<b>Utah</b>			
Compensation and pensions	547,908	649,814	805,647
Readjustment benefits	89,534	127,100	168,966
General operating expenses	71,285	83,610	110,452
Medical and construction programs	501,480	571,509	742,816
Insurance and indemnities	7,872	9,631	12,161
<b>Total</b>	<b>\$1,218,078</b>	<b>\$1,441,664</b>	<b>\$1,840,042</b>

**Amounts Included in FY 2021 President's Budget**

(dollars in thousands)

	2019 Actuals	2020 Estimates	2021 Estimates
<b>Vermont</b>			
Compensation and pensions	105,798	169,257	344,248
Readjustment benefits	15,403	22,598	44,167
General operating expenses	2,795	4,338	8,444
Medical and construction programs	114,227	181,970	358,162
Insurance and indemnities	2,213	3,739	7,373
<b>Total</b>	<b>\$240,436</b>	<b>\$381,902</b>	<b>\$762,395</b>
<b>Virginia</b>			
Compensation and pensions	3,776,998	3,890,668	4,312,254
Readjustment benefits	841,985	917,018	1,024,408
General operating expenses	74,956	73,020	74,109
Medical and construction programs	1,968,764	2,050,132	2,271,968
Insurance and indemnities	44,312	55,712	60,073
<b>Total</b>	<b>\$6,707,014</b>	<b>\$6,986,549</b>	<b>\$7,742,811</b>
<b>Washington</b>			
Compensation and pensions	2,580,640	2,756,433	3,094,919
Readjustment benefits	439,396	463,013	507,657
General operating expenses	85,766	92,897	104,514
Medical and construction programs	1,635,770	1,702,361	1,909,538
Insurance and indemnities	32,031	33,012	35,425
<b>Total</b>	<b>\$4,773,602</b>	<b>\$5,047,717</b>	<b>\$5,652,052</b>
<b>West Virginia</b>			
Compensation and pensions	783,705	862,782	1,038,697
Readjustment benefits	44,560	44,788	49,560
General operating expenses	401,941	491,733	605,899
Medical and construction programs	836,046	877,766	1,033,059
Insurance and indemnities	8,417	7,855	8,615
<b>Total</b>	<b>\$2,074,669</b>	<b>\$2,284,924</b>	<b>\$2,735,829</b>
<b>Wisconsin</b>			
Compensation and pensions	1,302,032	1,432,471	1,579,928
Readjustment benefits	125,302	136,838	158,545
General operating expenses	71,961	78,016	89,787
Medical and construction programs	1,526,568	1,635,273	1,898,206
Insurance and indemnities	26,786	35,254	40,095
<b>Total</b>	<b>\$3,052,649</b>	<b>\$3,317,852</b>	<b>\$3,766,561</b>
<b>Wyoming</b>			
Compensation and pensions	153,685	211,367	378,060
Readjustment benefits	13,788	19,806	35,685
General operating expenses	1,339	1,333	2,058
Medical and construction programs	211,758	242,320	477,628
Insurance and indemnities	1,584	2,933	5,082
<b>Total</b>	<b>\$382,155</b>	<b>\$477,759</b>	<b>\$898,511</b>

Department of Veterans Affairs Discretionary and Mandatory Programs Funding for 2019 - 2021 Dollars in Thousands						
	2019 Actual		2020 Current Estimate		2021 Request	
	BA	Outlay	FTE	BA	Outlay	FTE
<b>Discretionary Programs</b>						
<b>Medical Programs - VHA</b>						
Medical Services	49,539,461	49,034,702	247,917	50,835,856	49,947,023	255,093
Community Care	9,195,148	11,484,808	0	15,252,148	11,773,990	0
Medical Support & Compliance	7,097,778	6,937,000	54,502	7,298,532	7,191,000	56,853
Medical Facilities	6,893,971	5,960,000	25,134	6,102,635	6,790,000	25,922
Collections (MCCF) - Medical Services	3,411,780	3,328,298	0	3,448,502	3,431,977	0
Collections (MCCF) - Medical Community Care	485,691	411,192	0	446,243	460,002	0
<b>Subtotal, Medical Programs</b>	<b>76,623,829</b>	<b>77,156,000</b>	<b>327,553</b>	<b>83,383,916</b>	<b>79,593,992</b>	<b>337,868</b>
DoD-VA Health Care Sharing Incentive Fund	30,000	13,000	7	14,051	30,000	22
Joint DoD-VA Medical Facility Demonstration Fund	414,578	422,230	2,108	441,409	430,436	2,172
Joint Facility Collections (MCCF)	17,574	17,558	0	17,425	17,438	0
Medical and Prosthetic Research	779,000	684,803	3,248	750,000	757,272	3,275
<b>Subtotal, VHA</b>	<b>77,864,981</b>	<b>78,293,591</b>	<b>332,916</b>	<b>84,606,801</b>	<b>80,829,138</b>	<b>343,337</b>
<b>National Cemetery Administration</b>	<b>315,836</b>	<b>322,000</b>	<b>1,947</b>	<b>328,000</b>	<b>339,000</b>	<b>2,008</b>
<b>Office of Inspector General</b>	<b>192,000</b>	<b>189,000</b>	<b>908</b>	<b>210,000</b>	<b>181,000</b>	<b>1,020</b>
<b>Board of Veterans Appeals</b>	<b>167,248</b>	<b>171,000</b>	<b>1,077</b>	<b>174,000</b>	<b>170,000</b>	<b>1,190</b>
<b>Electronic Health Record Modernization*</b>	<b>1,107,000</b>	<b>512,000</b>	<b>24</b>	<b>1,443,000</b>	<b>1,837,000</b>	<b>152</b>
<b>Information Technology</b>	<b>4,198,772</b>	<b>4,352,000</b>	<b>7,469</b>	<b>4,363,835</b>	<b>4,486,000</b>	<b>7,890</b>
<b>Construction</b>						
<b>Major</b>						
Veterans Health Administration	2,054,286	970,044	0	1,053,700	1,200,043	0
National Cemetery Administration	117,200	140,623	0	172,000	140,939	0
Staff Offices	6,000	6,509	0	9,500	4,745	0
<b>Subtotal, Major Construction</b>	<b>2,177,486</b>	<b>1,117,176</b>	<b>0</b>	<b>1,235,200</b>	<b>1,345,727</b>	<b>0</b>
<b>Minor</b>						
Veterans Health Administration	530,394	300,055	0	237,775	510,399	0
Veterans Benefits Administration	43,020	33,927	0	48,395	39,667	0
National Cemetery Administration	190,174	82,798	0	80,520	136,805	0
Staff Offices	35,926	16,220	0	32,110	29,779	0
<b>Subtotal, Minor Construction</b>	<b>799,514</b>	<b>433,000</b>	<b>0</b>	<b>398,800</b>	<b>716,650</b>	<b>0</b>
Grants for State Extended Care Facilities	150,000	91,000	0	90,000	333,000	0
Grants for State Cemeteries	45,000	49,000	0	45,000	91,000	0
<b>Subtotal, Construction</b>	<b>3,172,000</b>	<b>1,690,176</b>	<b>0</b>	<b>1,769,000</b>	<b>2,486,377</b>	<b>0</b>
<b>Subtotal, Major Construction</b>						
<b>Subtotal, Minor Construction</b>						
<b>Subtotal, Construction</b>						
				<b>94,144,693</b>	<b>90,776,000</b>	<b>352,084</b>
				56,424,538	55,016,327	265,156
				18,483,587	16,554,519	0
				8,183,978	8,004,000	60,219
				6,542,968	6,934,000	26,709
				3,725,176	3,600,673	0
				784,446	666,481	0
				30,000	22,000	22
				478,207	461,761	2,172
				18,328	18,239	0
				787,000	779,200	3,275
				95,458,228	92,057,200	357,553
				360,000	294,000	2,085
				228,000	218,000	1,048
				198,000	191,000	1,161
				2,627,000	2,011,000	256
				4,903,915	4,772,000	7,885
				1,269,286	1,233,898	0
				94,000	141,805	0
				9,714	5,524	0
				1,373,000	1,381,227	0
				243,995	247,353	0
				26,475	41,228	0
				86,030	105,597	0
				43,500	33,579	0
				400,000	427,757	0
				90,000	320,000	0
				45,000	58,000	0
				1,908,000	2,186,984	0

Department of Veterans Affairs Discretionary and Mandatory Programs Funding for 2019 - 2021 Dollars in Thousands									
	2019 Actual			2020 Current Estimate			2021 Request		
	BA	Outlay	FTE	BA	Outlay	FTE	BA	Outlay	FTE
<b>Departmental Administration</b>									
<b>Veteran Benefits Administration</b>									
<b>Veteran Benefits Administration - GOE</b>									
Compensation Administration	2,090,491	2,023,628	16,060	2,177,576	2,354,714	16,920	2,181,749	2,129,157	16,682
Pensions Administration (includes Burial)	308,373	294,271	2,465	345,318	336,685	2,767	349,565	340,826	2,797
<b>Subtotal, Compensation and Pension</b>	<b>2,393,864</b>	<b>2,317,900</b>	<b>18,525</b>	<b>2,522,894</b>	<b>2,691,399</b>	<b>19,687</b>	<b>2,531,314</b>	<b>2,469,983</b>	<b>19,479</b>
Education Administration	229,910	223,013	1,897	233,061	227,234	1,988	256,188	249,783	1,995
Vocational Rehabilitation and Employment	240,661	233,441	1,567	256,120	249,717	1,666	279,209	272,229	1,856
Housing SAH Program	25,198	24,442	120	27,677	27,677	120	27,244	27,244	120
Insurance Administration	1,243	1,206	294	1,259	2,406	304	1,870	1,779	296
Transition and Economic Development	65,441	63,478	17	82,720	80,652	37	111,176	108,397	178
<b>Subtotal, GOE, VBA without Credit Reform</b>	<b>2,956,316</b>	<b>2,863,479</b>	<b>22,420</b>	<b>3,125,000</b>	<b>3,279,085</b>	<b>23,802</b>	<b>3,207,000</b>	<b>3,129,414</b>	<b>23,924</b>
<b>General Administration</b>		300,000			449,000			405,000	
Office of the Secretary of the VA	13,121		119	14,715		124	17,059		125
Office of General Counsel	95,775		689	112,209		813	121,187		898
Office of Management	64,717		245	63,992		306	71,054		316
Human Resources & Administration / Operations, & Security & Preparedness	87,303		666	95,850		806	110,744		876
Office of Enterprise Integration	27,967		94	28,416		101	30,081		122
Office of Public and Intergovernmental Affairs	14,171		83	12,663		95	15,931		95
Office of Congressional and Legislative Affairs	5,900		52	5,900		55	8,966		55
Office of Acquisition, Logistics and Construction	46,492		374	0		459	0		568
Office of Veterans Experience	450		116	0		187	11,556		223
Office of Accountability and Whistleblower Protection	0		86	22,166		114	26,422		125
<b>Subtotal, General Administration</b>	<b>355,896</b>	<b>300,000</b>	<b>2,524</b>	<b>355,911</b>	<b>449,000</b>	<b>3,060</b>	<b>413,000</b>	<b>405,000</b>	<b>3,403</b>
<b>Credit Reform</b>									
<b>VBA Administrative Expenses</b>									
Native American Direct Loan Housing - Admin	1,143	1,143	7	1,166	1,166	7	1,143	1,143	7
Vocational Rehabilitation Loan Program - Admin	396	396	3	402	402	3	424	424	3
Veterans Housing Benefit Program Fund Program	153,214	153,214	717	152,777	152,777	778	156,600	156,600	783
<b>Subtotal, VBA Administrative Expenses</b>	<b>154,753</b>	<b>154,753</b>	<b>727</b>	<b>154,345</b>	<b>154,345</b>	<b>788</b>	<b>158,167</b>	<b>158,167</b>	<b>793</b>
<b>General Counsel Administrative Expenses</b>									
Veterans Housing Benefit Program Fund Program - GC	3,034	3,034	0	3,600	3,600	0	3,800	3,600	0
Native American Direct Loan Housing - GC	20	20	0	20	20	0	20	20	0
<b>Subtotal, General Counsel Administrative Expenses</b>	<b>3,054</b>	<b>3,054</b>	<b>0</b>	<b>3,620</b>	<b>3,620</b>	<b>0</b>	<b>3,820</b>	<b>3,620</b>	<b>0</b>
<b>Credit Reform Administrative - OIT</b>									
Veterans Housing	28,981	28,981	0	44,000	44,000	0	44,000	44,000	0
<b>Credit Reform Subsidy</b>									
Vocational Rehabilitation Loan Program - Subsidy	22	22	22	58	58	34	34	34	34
<b>Subtotal, Credit Reform</b>	<b>186,810</b>	<b>186,810</b>	<b>727</b>	<b>202,023</b>	<b>202,023</b>	<b>788</b>	<b>206,021</b>	<b>205,821</b>	<b>793</b>

Department of Veterans Affairs Discretionary and Mandatory Programs Funding for 2019 - 2021 Dollars in Thousands										
	2019 Actual		2020 Current Estimate		2021 Request					
	BA	Outlay	FTE	BA	Outlay	FTE	BA	Outlay	FTE	
<b>Franchise Fund</b>	0	-30,000	1,473	0	-289,000	2,282	14,050,936	0	135,000	2,318
<b>Subtotal, Other Discretionary w/out Receipts</b>	12,651,878	10,556,465	38,569	11,970,769	13,140,485	42,192	14,050,936	13,548,219	42,873	
<b>Discretionary Receipts</b>										
General Fund Proprietary Interest Receipts, not Otherwise Classified	-3,000	-3,000		-7,000	-7,000		-8,000	-8,000		
All Other General Fund Proprietary Receipts Including Budget Clearing Accounts	-161,000	-161,000		-51,000	-51,000		-52,000	-52,000		
Undistributed Intragovernmental Payments and Receivables from Cancelled Accounts	-22,000	-22,000		-5,000	-5,000		-6,000	-6,000		
General Post Fund, National Homes, Deposits	-25,000	-25,000		-27,000	-27,000		-28,000	-28,000		
General Post Fund, National Homes, Interest on Investments	-2,000	-2,000		-1,000	-1,000		-1,000	-1,000		
Medical Care Collections**	-3,915,000	-3,969,000		-3,912,000	-3,912,420		-4,527,950	-4,525,000		
<b>Subtotal, Discretionary Receipts</b>	-4,128,000	-4,182,000	0	-4,003,000	-4,003,420	0	-4,622,950	-4,620,000	0	
<b>Subtotal, Discretionary w/Receipts w/Collections</b>	86,388,859	84,668,056	371,485	92,574,570	89,966,203	385,529	104,886,214	100,985,419	400,426	
<b>Subtotal, Discretionary w/out Receipts or Collections</b>	86,601,814	85,093,008	371,485	92,665,400	90,060,206	385,529	104,981,214	101,320,026	400,426	
<b>Subtotal, Discretionary w/out Receipts w/Collections</b>	90,516,859	88,850,056	371,485	96,577,570	93,969,623	385,529	109,509,164	105,605,419	400,426	
<b>Mandatory Programs</b>										
<b>Veterans Health Care</b>										
<b>Veterans Access Fund - Sec 801</b>										
Medical Services	0	25,000	25	0	29,000	25		35,000	0	
Medical Support and Compliance	0	2,000	15	0	0	15	0	0	9	
Medical Facilities	0	85,000	1	0	63,000	0		0	0	
Construction, Minor Projects	0	67,410	0	0	11,940	0		35,000	0	
Information Technology	0	63,222	0	0	73,327	0		849,380	0	
Veterans Choice Fund - Sec 802	0	3,906,218	0	-615,000	671,000	0				
<b>Subtotal, Veterans Care</b>	0	4,148,850	41	-615,000	848,267	40	0	919,380	9	
<b>Benefit Programs</b>										
<b>Compensation and Pensions</b>										
Disability Compensation Benefits	93,591,844	95,249,780		105,266,854	106,140,567		115,761,451	114,844,243		
Pensions Benefits	4,910,031	4,939,914		4,845,297	4,806,906		4,944,460	4,905,284		
Burial Benefits	261,000	260,953		344,932	344,932		354,986	354,986		
<b>Subtotal, Compensation and Pensions</b>	98,762,875	100,450,647		110,457,083	111,292,405		121,060,897	120,104,512		
<b>Readjustment Benefits</b>	11,832,175	13,204,948		14,065,282	14,391,240		12,578,965	14,793,876		
<b>Housing Program</b>										
Housing Program Upward Reestimate	88,424	88,424		70,747	77,747					
Housing Program Loan Subsidy	129,419	119,000		7,707	386					
Native American Veteran Housing Loan Program	2,070	1,517		1,149	930					
Vocational Rehabilitation Upward Reestimate	15	15		3	3					
Veterans Housing Benefit Program Fund Liquidating	-8,681	-10,184		-7,089	-6,278		-5,360	-5,360		
<b>Subtotal, Housing</b>	211,247	198,773		72,517	72,788		-5,360	-5,360		

Department of Veterans Affairs Discretionary and Mandatory Programs Funding for 2019 - 2021 Dollars in Thousands						
	2019 Actual		2020 Current Estimate		2021 Request	
	BA	Outlay	FTE	BA	Outlay	FTE
<b>Insurance Benefits</b>						
<b>Trust Fund</b>						
National Service Life Insurance	109,090	110,000		128,960	133,000	
Service-disabled Veterans Insurance Fund	591,312	694,000		533,002	619,000	
Servicemembers Group Life Insurance Fund	0	-6,000		0	3,000	
Veterans Reopened Insurance Fund	0	-300,000		0	-800,000	
Veterans Special Life Insurance Fund	0	18,000		0	16,000	
U.S. Government Life Insurance	488	1,000		547	1,000	
<b>Subtotal, Trust Funds</b>	<b>591,800</b>	<b>535,000</b>		<b>533,549</b>	<b>-13,000</b>	
<b>Medical Programs</b>						
Canteen Service Revolving Fund	0	22,000	3,285	0	7,000	3,285
General Post Fund	26,972	20,000	0	27,600	22,000	0
<b>Subtotal, Veterans Health Administration</b>	<b>26,972</b>	<b>42,000</b>	<b>3,285</b>	<b>27,600</b>	<b>29,000</b>	<b>3,285</b>
<b>Departmental Administration</b>						
Supply Fund	0	-97,000	1,002	0	868,000	1,115
<b>Subtotal, Departmental Administration</b>	<b>0</b>	<b>-97,000</b>	<b>1,002</b>	<b>0</b>	<b>868,000</b>	<b>1,115</b>
<b>Benefits Program Proprietary Receipts</b>						
GI Bill - Contribution from Military Personnel	-151,532	-151,532		-137,073	-137,073	
NSLI Fund, Premium and Other Receipts	-44,964	-34,000		-44,890	-44,890	
<b>Subtotal, Benefits Program Proprietary Receipts</b>	<b>-196,496</b>	<b>-185,532</b>		<b>-181,963</b>	<b>-181,963</b>	
				<b>448,792</b>	<b>-71,000</b>	
				0	-3,000	3,285
				28,200	23,000	0
				<b>28,200</b>	<b>20,000</b>	<b>3,285</b>
				0	-42,000	1,115
				<b>0</b>	<b>-42,000</b>	<b>1,115</b>
				-116,968	-116,968	
				-36,450	-36,450	
				<b>-153,418</b>	<b>-153,418</b>	

Department of Veterans Affairs									
Discretionary and Mandatory Programs Funding for 2019 - 2021									
Dollars in Thousands									
	2019 Actual			2020 Current Estimate			2021 Request		
	BA	Outlay	FTE	BA	Outlay	FTE	BA	Outlay	FTE
<b>Downward Reestimates:</b>									
Acquired Direct Loan	-1,666	-1,666		-8,400	-8,400				
Transitional Housing - Direct Loans	-270	-270		-289	-289				
Vendee Direct	-51	-51		-15,858	-15,858				
Veterans Housing Benefit Guaranteed Loan	-3,482,966	-3,482,966		-2,523,411	-2,523,411				
Veterans Housing Benefit Fund Loan Sales Securities	-11,021	-11,021		-19,497	-19,497				
Native American Veterans Program Account	-312	-312		-523	-523				
Vocational Rehabilitation Loan Program	-7	-7		-9	-9				
<b>Subtotal, Downward Reestimates</b>	<b>-3,496,294</b>	<b>-3,496,294</b>		<b>-2,567,986</b>	<b>-2,567,986</b>				
<b>Negative Subsidy:</b>									
Acquired Direct Loan							-39	-39	
Vendee Direct	-3,680	-3,680					-21,817	-21,817	
Veterans Housing Benefit Fund Guaranteed Loans				-512,210	-512,210		-718,925	-714,000	
Native American Veterans Program Account	-643	-643		-647	-647		-2,554	-2,554	
<b>Subtotal, Negative Subsidy</b>	<b>-4,322</b>	<b>-4,323</b>		<b>-512,856</b>	<b>-512,857</b>		<b>-743,335</b>	<b>-738,410</b>	
NSLI Fund, Interest	-96,634	-106,000		-104,290	-104,290		-76,450	-76,450	
<b>Subtotal, Mandatory Receipts</b>	<b>-3,793,746</b>	<b>-3,792,149</b>	0	<b>-3,367,095</b>	<b>-3,367,096</b>	0	<b>-973,203</b>	<b>-968,278</b>	0
<b>Subtotal, Mandatory Programs w/ Mandatory Receipts</b>	<b>107,740,413</b>	<b>114,801,068</b>	4,328	<b>121,302,896</b>	<b>124,254,605</b>	4,440	<b>133,269,663</b>	<b>134,884,131</b>	4,409
<b>Subtotal, Mandatory Programs w/o Mandatory Receipts</b>	<b>111,425,069</b>	<b>118,483,217</b>	4,328	<b>124,541,031</b>	<b>127,488,700</b>	4,440	<b>134,111,494</b>	<b>135,719,409</b>	4,409
<b>Department Veterans Affairs w/ All Receipts w/ MCF</b>	<b>194,129,271</b>	<b>199,469,124</b>	375,813	<b>213,877,465</b>	<b>214,220,808</b>	389,969	<b>238,155,878</b>	<b>235,869,550</b>	404,835
<b>Department Veterans Affairs w/o Any Receipts w/ MCF</b>	<b>201,941,928</b>	<b>207,333,273</b>	375,813	<b>221,118,600</b>	<b>221,458,324</b>	389,969	<b>243,620,658</b>	<b>241,324,828</b>	404,835

\* FY 2020 Enacted Budget reflects scoring of rescission of \$57.485 million required by P.L. 116-94, Further Consolidated Appropriations Act, 2020, Division F, Title II, section 253. VA will rescind an additional \$12.515 million to fulfill the full requirement of \$70 million from P.L. 116-94 as it becomes available. This table excludes legislative proposals.

Medical Care Collections Fund and receipts may not net due to rounding.

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<i>Appropriation-Reconciliation</i>			
<i>(dollars in thousands)</i>			
Appropriation/Fund Account	2019 Enacted	2020 Enacted	2021 Request
<b>Federal funds:</b>			
<b>Benefit programs:</b>			
Disability Compensation Mandatory Benefits	93,591,844	105,266,854	115,761,451
Bunial Mandatory Benefits	260,953	344,932	354,986
Pensions Mandatory Benefits	4,910,031	4,845,297	4,944,460
Transfer from Readjustment Benefits	2,000,000		
<b>Subtotal, Compensation and Pension</b>	<b>100,762,828</b>	<b>110,457,083</b>	<b>121,060,897</b>
Readjustment Benefits	11,832,175	14,065,282	12,578,965
Transfer to Compensation and Pension	-2,000,000		
<b>Subtotal, Readjustment Benefits</b>	<b>9,832,175</b>	<b>14,065,282</b>	<b>12,578,965</b>
Insurance Mandatory Benefits	109,090	128,960	131,372
Housing and Credit Reform Mandatory Benefits	211,247	72,517	-5,360
<b>Subtotal, Mandatory Benefits</b>	<b>110,915,340</b>	<b>124,723,841</b>	<b>133,765,874</b>
<b>Veterans Choice Act transfer to Medical Community Care</b>		-615,000	
Medical and Prosthetic Research	779,000	800,000	787,000
Rescission P.L. 116-94	0	-50,000	0
<b>Subtotal, Medical and Prosthetic Research</b>	<b>779,000</b>	<b>750,000</b>	<b>787,000</b>
<b>Medical programs:</b>			
Medical Services (Advance Appropriation)	49,161,165	51,411,165	56,158,015
Rescission P.L. 116-94	0	-350,000	0
Annual Appropriation, Request	750,000	0	497,468
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	-204,820	-210,309	-215,945
Transfer to VA/DoD Health Care Sharing Incentive Fund	-15,000	-15,000	-15,000
Transfer to Medical Facilities	-124,724	0	0
Transfer to Office of Information & Technology	-27,160	0	0
Medical Care Collections Fund	3,411,780	3,448,502	3,725,176
<b>Subtotal, Medical Services with Collections</b>	<b>52,951,241</b>	<b>54,284,358</b>	<b>60,149,714</b>
Medical Community Care (Advance Appropriation)	8,384,704	10,758,399	17,131,179
Annual Appropriation, Request	1,000,000	3,906,400	1,380,800
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	-26,929	-27,651	-28,392
Transfer from VAACA Section 802 (Unobligated balance)	0	615,000	0
Transfer to Office of Information & Technology	-68,780	0	0
Transfer to Medical Support & Compliance	-93,847	0	0
Medical Care Collections Fund to Medical Community Care	485,691	446,243	784,446
<b>Subtotal, Medical Community Care with Collections</b>	<b>9,680,839</b>	<b>15,698,391</b>	<b>19,268,033</b>
Medical Support and Compliance (Advance Appropriation)	7,239,156	7,239,156	7,914,191
Annual Appropriation, Request	0	98,800	300,000
Rescission (P.L. 116-94)	0	-10,000	0
Rescission P.L. 115-244, Section 236	-211,000	0	0
Transfer to General Administration	-285	0	0
Transfer from Community Care	93,847		
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	-23,940	-29,424	-30,213
<b>Subtotal, Medical Support and Compliance</b>	<b>7,097,778</b>	<b>7,298,532</b>	<b>8,183,978</b>
Medical Facilities (Advance Appropriation)	5,914,288	6,141,880	6,433,265
Annual Appropriation, Request	890,180	0	150,000
P.L. 116-20 Hurricane Supplemental	3,000	0	0
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	-38,221	-39,245	-40,297
Transfer from Medical Services	124,724		0
<b>Subtotal, Medical Facilities</b>	<b>6,893,971</b>	<b>6,102,635</b>	<b>6,542,968</b>
VA/DoD Health Care Sharing Incentive Fund			
Transfer from Medical Services	15,000	15,000	15,000
Transfer from DoD	15,000	15,000	15,000
Rescission P.L. 116-94		-15,949	
<b>Subtotal, VA/DoD Health Care Sharing Incentive Fund</b>	<b>30,000</b>	<b>14,051</b>	<b>30,000</b>
Joint DoD/VA Medical Facility Demonstration Fund			
Transfer from DoD	113,000	127,000	136,947
Transfer from Medical Services	204,820	210,309	215,945
Transfer from Medical Support and Compliance	23,940	29,424	30,213
Transfer from Medical Facilities	38,221	39,245	40,297
Transfer from Medical Community Care	26,929	27,651	28,392
Medical Care Collections Fund to Demonstration Fund	17,574	17,425	18,328
Transfer from Information Technology	7,668	7,780	8,085
<b>Subtotal, Joint DoD/VA Medical Facility Demonstration Fund</b>	<b>432,152</b>	<b>458,834</b>	<b>478,207</b>
<b>Subtotal, Medical Care</b>	<b>77,085,982</b>	<b>83,856,801</b>	<b>94,652,900</b>
<b>Subtotal, Medical Programs</b>	<b>77,864,982</b>	<b>84,606,801</b>	<b>95,439,900</b>

<i>Appropriation-Reconciliation</i>			
<i>(dollars in thousands)</i>			
<b>Appropriation/Fund Account</b>	<b>2019 Enacted</b>	<b>2020 Enacted</b>	<b>2021 Request</b>
<b>National Cemetery Administration</b>	315,836	329,000	360,000
Rescission P.L. 116-94		-1,000	
<b>Subtotal, National Cemetery Administration</b>	<b>315,836</b>	<b>328,000</b>	<b>360,000</b>
<b>Department Administration:</b>			
General administration	355,897	355,911	413,000
Transfer from Medical Support and Compliance	285		
<b>Subtotal, General Administration</b>	<b>356,182</b>	<b>355,911</b>	<b>413,000</b>
Board of Veterans' Appeals	174,748	182,000	198,000
Transfer to Office of Information & Technology	-7,500		
Rescission P.L. 116-94		-8,000	
<b>Subtotal, Board of Veterans' Appeals</b>	<b>167,248</b>	<b>174,000</b>	<b>198,000</b>
VBA-GOE	2,956,316	3,125,000	3,207,000
Office of Inspector General	192,000	210,000	228,000
Construction Major	2,177,486	1,235,200	1,373,000
Construction Minor	799,514	398,800	400,000
Grants for State Extended Care	150,000	90,000	90,000
Grants for State Cemeteries	45,000	45,000	45,000
Credit Reform	202,210	202,023	206,021
Electronic Health Records Modernization (EHRM)	1,107,000	1,500,000	2,627,000
Rescission P.L. 116-94		-57,485	
<b>Subtotal, EHRM Budget Authority</b>	<b>1,107,000</b>	<b>1,442,515</b>	<b>2,627,000</b>
Anticipated Rescission P.L. 116-94		-12,515	
<b>Subtotal, EHRM Anticipated Budget Authority</b>	<b>1,107,000</b>	<b>1,430,000</b>	<b>2,627,000</b>
Information Technology	4,103,000	4,371,615	4,912,000
Transfer from Medical Services	27,160		
Transfer from Medical Community Care	68,780		
Transfer from Board of Veterans' Appeals	7,500		
Transfer to North Chicago	-7,668	-7,780	-8,085
<b>Subtotal, Information Technology</b>	<b>4,198,772</b>	<b>4,363,835</b>	<b>4,903,915</b>
<b>Subtotal, Departmental Administration</b>	<b>\$12,351,728</b>	<b>\$11,629,769</b>	<b>\$13,690,936</b>
<b>Subtotal, Discretionary Appropriations net of rescission w/o MCCF</b>	<b>86,617,500</b>	<b>92,087,400</b>	<b>104,962,886</b>
<b>Subtotal, Discretionary Appropriations net of rescission w/ MCCF</b>	<b>\$90,532,545</b>	<b>\$95,999,570</b>	<b>\$109,490,836</b>
<b>Total VA with MCCF</b>	<b>\$201,447,885</b>	<b>\$220,723,411</b>	<b>\$243,256,710</b>

Note: FY 2020 Enacted Budget reflects scoring of rescission of \$57.485 million required by P.L. 116-94, Further Consolidated Appropriations Act, 2020, Division F, Title II, section 253. VA will rescind an additional \$12.515 million to fulfill the full requirement of \$70 million from P.L. 116-94 as it becomes available.

Department of Veterans Affairs											
FY 2016 - 2019 Historical Appropriations: Requested and Enacted											
	2016 Requested	2016 Enacted	2017 Requested	2017 Enacted	2018 Requested	2018 Enacted	2019 Requested	2019 Enacted	2020 Requested	2020 Enacted	2020 Enacted ***
(\$ in millions)											
Benefit programs:											
Compensation and Pensions (mandatory)	79,125	76,866	86,083	86,083	86,895	90,119	97,068	98,763	109,017	110,457	110,457
Readjustment Benefits (mandatory)	15,345	14,313	16,341	16,341	13,667	13,709	11,862	11,832	14,065	14,065	14,065
Housing and Credit Reform (mandatory)	0	844	574	876	378	1,035	222	211	2	73	73
Insurance (mandatory)	77	77	109	109	120	120	106	109	129	129	129
Total Benefits Mandatory	94,547	92,100	103,106	103,408	101,059	104,983	109,258	110,915	123,213	124,724	124,724
Medical programs:											
Medical care:											
Medical Services	48,727	49,972	52,752	45,372	45,918	46,110	50,161	49,911	51,411	51,061	51,061
Medical Community Care	0	0	0	7,246	9,663	9,828	8,385	9,385	15,280	15,280	15,280
Medical Support & Compliance	6,214	6,144	6,524	6,498	6,939	6,758	7,239	7,028	7,338	7,328	7,328
Medical Facilities	5,020	5,020	5,723	5,313	6,515	7,217	5,914	6,807	6,142	6,142	6,142
Subtotal, Medical Care (discretionary)	59,961	61,136	64,999	64,429	69,035	69,913	71,699	73,131	80,171	79,811	79,811
Veterans Choice Act (mandatory)	0	0	0	2,100	2,874	7,300	0	0	0	0	0
Veterans Choice Act (discretionary)	0	0	0	0	0	0	0	0	0	0	0
Medical Research and Support	622	631	663	673	640	722	727	779	762	750	750
V/ADoD Health Care Sharing Incentive Fund											
Joint DoD/VA Medical Facility Demonstration Fund											
Subtotal, medical programs (discretionary)*	60,583	61,767	65,662	65,197	69,675	70,635	72,555	74,038	81,075	80,687	80,687
Transfer from Veterans Choice to Community Care											
National Cemetery Administration	266	271	286	286	306	306	316	316	329	328	328
Departmental Administration											
General Administration	347	337	418	345	347	336	368	356	369	356	356
Board of Veterans' Appeals	108	110	156	156	156	161	175	175	182	174	174
Veterans Benefits Administration	2,698	2,708	2,826	2,844	2,844	2,910	2,869	2,956	3,000	3,125	3,125
Inspector General	127	137	160	160	160	164	172	192	207	210	210
Construction-Major	1,144	1,244	528	528	512	512	1,127	2,177	1,235	1,235	1,235
Construction - Minor	406	406	372	372	343	343	707	800	399	399	399
Grants for State Extended Care Facilities	80	120	80	90	90	685	150	150	90	90	90
Grants for State Cemeteries	45	46	45	45	45	45	45	45	45	45	45
Credit Reform (discretionary)	166	166	200	200	180	180	1,207	1,107	1,603	1,443	1,443
Electronic Health Records Modernization	0	0	0	0	0	782	1,207	1,107	1,603	1,443	1,443
Information Technology	4,133	4,133	4,278	4,270	4,056	4,056	4,185	4,103	4,343	4,372	4,372
Discretionary Programs	\$70,103	\$71,445	\$75,013	\$74,494	\$78,713	\$81,540	\$84,077	\$86,618	\$93,079	\$92,050	\$92,050
Mandatory Programs**	\$94,547	\$92,100	\$103,106	\$105,508	\$103,933	\$112,283	\$109,258	\$110,915	\$123,213	\$124,724	\$124,724
VA Total	\$164,650	\$163,545	\$178,119	\$180,002	\$182,646	\$193,823	\$193,335	\$197,533	\$216,292	\$216,774	\$216,774

\* 2018 and 2019 includes hurricane supplemental appropriation, and Veterans Choice Act mandatory appropriation are reflected in mandatory totals.  
\*\* 2017 and 2018 includes Veterans Choice Act mandatory appropriations.  
\*\*\*The Further Consolidated Appropriations Act, 2020 (Public Law 116-94) rescinded \$504.9 million in prior year unobligated balances and authorized a mandatory balance transfer of \$615 million from the Veterans Choice Fund to the discretionary Medical Community Care account.

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<b>Outlays (Net)</b> (dollars in thousands)			
Appropriation/Fund Account	2019 Actual	2020 Enacted	2021 Request
<b>Federal funds:</b>			
<b>Benefit programs:</b>			
Disability compensation benefits	\$95,249,780	\$106,140,567	\$114,844,243
Pensions benefits	4,939,914	4,806,906	4,905,284
Burial Benefits	260,953	344,932	354,986
Readjustment Benefits	13,204,948	14,391,240	14,793,876
Insurance benefits	110,000	133,000	133,000
Veterans housing benefit program fund liquidating account	-10,184	-6,278	-5,360
Housing program account benefits	88,424	77,747	
Housing Program Original Loan Subsidy	119,000	386	
Native American Veteran housing Loan Program	1,517	930	
Vocational Rehabilitation Upward Reestimate	15	0	
Credit Reform	186,810	202,023	205,833
Service-disabled veterans insurance fund	-6,000	3,000	-1,000
Veterans reopened insurance fund	18,000	16,000	16,000
Servicemembers' group life insurance fund	-300,000	-800,000	-800,000
<b>Total benefit programs</b>	<b>113,863,177</b>	<b>125,310,454</b>	<b>134,446,862</b>
<b>Medical programs:</b>			
Medical services	49,034,702	49,947,023	55,016,327
Medical care collections fund	3,328,298	3,431,977	3,600,673
Total medical services	<b>52,363,000</b>	<b>53,379,000</b>	<b>58,617,000</b>
Medical Community Care	11,484,808	11,773,990	16,554,519
Medical care collections fund	411,192	460,002	666,481
Total medical community care	<b>11,896,000</b>	<b>12,233,992</b>	<b>17,221,000</b>
Medical Support and Compliance	6,937,000	7,191,000	8,004,000
Medical facilities	5,960,000	6,790,000	6,934,000
VA/DoD Healthcare Sharing Incentive Fund	13,000	30,000	22,000
Joint VA/DoD Medical Facility Demonstration Fund	422,230	430,436	461,761
Medical care collections fund	17,558	17,438	18,239
Total joint VA/Dodd Medical Facility	<b>439,788</b>	<b>447,874</b>	<b>480,000</b>
Medical and prosthetic research	684,803	757,272	779,200
Veterans Choice Act	4,148,850	848,267	919,380
Canteen service revolving fund	22,000	7,000	-3,000
<b>Total medical programs</b>	<b>82,464,441</b>	<b>81,684,405</b>	<b>92,973,580</b>
<b>Departmental Administration</b>			
General Administration	300,000	449,000	405,000
Board of Veterans' Appeals	171,000	170,000	191,000
Veterans Benefits Administration-GOE	2,317,900	2,691,399	2,469,983
Filipino Veterans Equity Compensation Fund	69	30	20
National Cemetery Administration	322,000	339,000	294,000
Construction-Major	1,117,176	1,345,727	1,381,227
Construction-Minor	433,000	716,650	427,757
Grants for State Extended Care Facilities	91,000	333,000	320,000
Grants for State Cemeteries	49,000	91,000	58,000
Information Technology	4,352,000	4,486,000	4,772,000
Office of Inspector General	189,000	181,000	218,000
Electronic Health Care Modernization	512,000	1,837,000	2,011,000
Franchise fund	-30,000	-289,000	135,000
Supply fund	-97,000	868,000	-42,000
<b>Total Departmental Administration</b>	<b>9,727,145</b>	<b>13,218,806</b>	<b>12,640,987</b>
<b>Total outlays</b>	<b>206,054,763</b>	<b>220,213,665</b>	<b>240,061,429</b>

<b>Outlays (Net)</b> <i>(dollars in thousands)</i>			
Appropriation/Fund Account	2019 Actual	2020 Enacted	2021 Request
<b>Proprietary receipts from the public:</b>			
GI Bill	-151,532	-137,073	-116,968
Downward reestimates:			
Direct Loans	-1,666	-8,400	
Vendee Direct	-270	-289	
Transitional Housing - Direct Loans	-51	-15,858	
Veterans housing benefit fund guaranteed loan	-3,482,966	-2,523,411	
Veterans housing benefit fund loan sale securities	-11,021	-19,497	
Native American veterans program account	-312	-523	
Vocational rehabilitation loan program	-7	-9	
Other Proprietary receipts:			
General Fund receipts	-25,000	-27,000	-28,000
General Post, National Homes, deposits	-2,000	-1,000	-1,000
Negative subsidy:			
Acquired Direct			-39
Vendee Direct	-3,680		-21,817
Veterans housing benefit fund guaranteed loan		-512,210	-714,000
Native American Veterans program account	-643	-647	-2,554
Medical care collections fund	-3,969,000	-3,912,420	-4,525,000
<b>Total proprietary receipts from the public</b>	<b>-7,648,149</b>	<b>-7,158,336</b>	<b>-5,409,378</b>
<b>Total federal funds</b>	<b>198,406,614</b>	<b>216,780,002</b>	<b>234,652,051</b>
<b>Trust funds:</b>			
General post fund	20,000	22,000	23,000
Post-Vietnam era veterans education account	107	102	96
National Service Life Insurance	694,000	619,000	540,000
Service-disabled Veterans Insurance Fund	-6,000	3,000	-1,000
Servicemembers Group Life Insurance Fund	-300,000	-800,000	-800,000
Veterans Reopened Insurance Fund	18,000	16,000	16,000
Veterans Special Life Insurance Fund	128,000	148,000	174,000
U.S. Government Life Insurance	1,000	1,000	0
<b>Total trust funds (gross)</b>	<b>555,107</b>	<b>9,102</b>	<b>-47,904</b>
<b>Proprietary receipts from the public</b>			
U.S. Government life insurance	0	0	
National service life insurance	-106,000	-104,290	-76,450
<b>Total trust funds (net)</b>	<b>449,107</b>	<b>-95,188</b>	<b>-124,354</b>
<b>Intragovernmental transactions</b>			
Post-Vietnam era veterans education account	0	0	
Undistributed Intragovernmental payments	613,404	-2,464,006	1,341,865
U.S. Government life insurance	0	0	
National service life insurance	0	0	
<b>Total Department of Veterans Affairs</b>	<b>\$199,469,124</b>	<b>\$214,220,808</b>	<b>\$235,869,562</b>

<i>Functional Distribution of Budget Authority (Net)</i>			
<i>(dollars in thousands)</i>			
<b>Function and Program</b>	<b>2019 Actual</b>	<b>2020 Enacted</b>	<b>2021 Request</b>
<b>701: Income security for veterans:</b>			
Disability compensation benefits	\$93,591,844	\$105,266,854	\$115,761,451
Pensions benefits	4,910,031	4,845,297	4,944,460
Burial benefits	261,000	344,932	354,986
Insurance benefits	109,090	128,960	131,372
Service-disabled veterans insurance fund	0	0	0
Veterans reopened insurance fund	0	0	0
National service life insurance	591,312	533,002	448,433
US Government life insurance	522	368	
Veterans special life insurance fund	0	0	0
Servicemember's group life insurance fund	0	0	0
US Government life insurance	488	547	360
<b>Subtotal, income security for veterans</b>	<b>99,464,287</b>	<b>111,119,960</b>	<b>121,641,061</b>
<b>702: Veterans education, training and rehabilitation:</b>			
Readjustment Benefits	11,832,175	14,065,282	12,578,965
National service life insurance receipts	-44,964	-44,890	-36,450
Intragovernmental transactions	-22,000	-5,000	-6,000
Downward reestimates:			
Vocational Rehabilitation loan program	-7	-9	0
GI Bill receipts	-151,532	-137,073	-116,968
<b>Subtotal, veterans education, training and rehabilitation</b>	<b>11,613,672</b>	<b>13,878,310</b>	<b>12,419,547</b>
<b>703: Hospital &amp; Medical Care for veterans:</b>			
Medical Services	49,539,461	50,835,856	56,424,538
Medical care collections fund	3,411,780	3,448,502	3,725,176
<b>Subtotal, Medical Services with collections</b>	<b>52,951,241</b>	<b>54,634,358</b>	<b>60,149,714</b>
Medical Community Care	9,195,148	15,252,148	18,483,587
Medical care collections fund	485,691	446,243	784,446
<b>Subtotal, Medical Community Care with collections</b>	<b>9,680,839</b>	<b>15,698,391</b>	<b>19,268,033</b>
Medical Support and Compliance	7,097,778	7,298,532	8,183,978
Medical facilities	6,893,971	6,102,635	6,542,968
VA/DoD Health Sharing Incentive Fund	30,000	14,051	30,000
Joint DoD/VA Medical Facility Demonstration Fund	414,578	441,409	478,207
Medical care collections fund	17,574	17,425	18,328
<b>Subtotal, Demonstration Fund with collections</b>	<b>432,152</b>	<b>458,834</b>	<b>496,535</b>
Medical and prosthetic research	779,000	750,000	787,000
<b>Subtotal, hospital and medical care for veterans</b>	<b>77,864,981</b>	<b>84,956,801</b>	<b>95,458,228</b>

<i>Functional Distribution of Budget Authority (Net)</i>			
<i>(dollars in thousands)</i>			
<b>Function and Program</b>	<b>2019 Actual</b>	<b>2020 Enacted</b>	<b>2021 Request</b>
<b>704: Veterans housing:</b>			
Veterans housing benefit program fund liquidating account	-8,681	-7,089	-5,360
Housing program account mandatory	88,424	70,747	0
Housing Program Original Loan Subsidy	129,419	7,707	0
Native American Veterans Housing Loan Program	2,070	1,149	0
Vocational Rehabilitation Upward Reestimates	15	3	0
Downward reestimates:			
Acquired Direct Loan	-1,666	-8,400	0
Transitional Housing - Direct Loans	-270	-289	0
Vendee Direct	-51	-15,858	0
Veterans Housing Benefit Guaranteed Loan	-3,482,966	-2,523,411	0
Veterans Housing Benefit Fund Loan Sales Securities	-11,021	-19,497	0
Native American Veterans Program Account	-312	-523	0
Vocational Rehabilitation Loan Program	-7	-9	0
Other Proprietary receipts			
General Fund receipts	-25,000	-27,000	-28,000
General Post, National Homes, deposits	-2,000	-1,000	-1,000
Negative subsidy:			
Acquired Direct Loan	0	0	-39
Vendee Direct	-3,680	0	-21,817
Veterans housing benefit fund guaranteed loan account	0	-512,210	-718,925
Native American veterans program account	-643	-647	-2,554
<b>Subtotal, veterans housing</b>	<b>-3,316,371</b>	<b>-3,036,325</b>	<b>-777,695</b>
<b>705: Other veterans benefits and services:</b>			
National Cemeteries Administration	315,836	329,000	360,000
General post fund	26,972	27,600	28,200
General Administration	355,896	355,911	413,129
Board of Veteran's Appeals	167,248	174,000	198,000
Office of Inspector General	192,000	210,000	228,000
VBA-GOE	2,956,316	3,125,000	3,207,000
Construction Major	2,177,486	1,235,200	1,373,000
Construction Minor	799,514	398,800	400,000
Grants for State Extended Care	150,000	90,000	90,000
Grants for State Cemeteries	45,000	45,000	45,000
Credit Reform	186,810	202,023	206,021
Information Technology	4,198,772	4,363,835	4,903,915
Electronic Health Record Modernization	1,107,000	1,443,000	2,627,000
<b>Subtotal, other veterans benefits and services</b>	<b>12,678,850</b>	<b>11,999,369</b>	<b>14,079,265</b>
<b>Total Department of Veterans Affairs</b>	<b>198,305,420</b>	<b>218,918,115</b>	<b>242,820,406</b>

<i>Functional Distribution of Outlays</i> (dollars in thousands)			
<b>Function and Program</b>	2019 Actual	2020 Enacted	2021 Request
<b>701: Income security for veterans:</b>			
Disability compensation benefits	\$95,249,780	\$106,140,567	\$114,844,243
Pensions benefits	4,939,914	4,806,906	4,905,284
Burial benefits	260,953	344,932	354,986
Insurance benefits	110,000	128,960	133,000
Service-disabled veterans insurance	-6,000	3,000	-1,000
Veterans reopened insurance fund	18,000	16,000	16,000
Servicemembers' group life insurance fund	-300,000	-800,000	-800,000
National service life insurance	694,000	619,000	540,000
U.S. Government life insurance	1,000	1,000	0
Veterans special life insurance	128,000	148,000	174,000
NSLI & USGLI receipts	-106,000	-104,290	-76,450
<b>Subtotal, income security for veterans</b>	<b>100,989,647</b>	<b>111,304,075</b>	<b>120,090,062</b>
<b>702: Veterans education, training, and rehabilitation:</b>			
Readjustment Benefits	13,204,948	14,391,240	14,793,876
Vocational rehabilitation Upward Reestimate	15	3	
Credit Reform	392,652	278,831	204,212
Post-Vietnam era veterans education	151	144	106
Downward reestimates:			
Vocational rehabilitation loan program	-7	-3	0
GI Bill receipts	-151,532	-137,073	-116,968
<b>Subtotal, veterans education, training and rehabilitation</b>	<b>13,446,227</b>	<b>14,533,142</b>	<b>14,881,226</b>
<b>703: Hospital and medical care for veterans:</b>			
Medical services	49,034,702	49,947,023	55,016,327
Community Care	11,484,808	11,773,990	16,554,519
Medical Support and Compliance	6,937,000	7,191,000	8,004,000
Medical facilities	5,960,000	6,388,662	6,790,000
VA/DoD Health Sharing Incentive Fund	13,000	30,000	22,000
Joint VA/DoD Medical Facility Demonstration Fund	422,230	430,436	461,761
Medical and prosthetic research	684,803	757,272	779,200
Medical care collections fund, receipts	-3,969,000	-3,912,420	-4,525,000
<b>Subtotal, hospital and medical care for veterans</b>	<b>70,567,543</b>	<b>72,605,963</b>	<b>83,102,807</b>

<b>Functional Distribution of Outlays</b> (dollars in thousands)			
Function and Program	2019 Actual	2020 Enacted	2021 Enacted
<b>704: Veterans Housing</b>			
Veterans housing benefit program fund liquidating account	-10,184	-6,278	-5,360
Housing program account benefits	88,424	77,747	0
Housing program original loan subsidy	119,000	386	0
Native American Veteran housing Loan Program	1,517	930	0
Downward reestimates:			
Acquired Direct Loan	-1,666	-8,400	0
Transitional Housing - Direct Loans	-270	-289	0
Vendee Direct	-51	-15,858	0
Veterans Housing Benefit Guaranteed Loan	-3,482,966	-2,523,411	0
Veterans Housing Benefit Fund Loan Sales Securities	-11,021	-19,497	0
Native American Veterans Program Account	-312	-523	0
Vocational Rehabilitation Loan Program	-7	-9	0
Other Proprietary receipts:			
General Fund receipts	-25,000	-27,000	-28,000
General Post, National Homes, deposits	-2,000	-1,000	-1,000
Negative subsidy:			
Acquired Direct	0		-39
Vendee Direct	-3,680		-21,817
Veterans housing benefit fund guaranteed loan	0	-512,210	-714,000
Native American veteran housing loan program account	-643	-647	-2,554
<b>Subtotal, veterans housing</b>	<b>-3,328,860</b>	<b>-75,930</b>	<b>-772,770</b>
<b>705: Other veterans benefits and services:</b>			
Veterans Choice Act	4,148,850	848,267	919,380
Veterans Benefits Administration-GOE	2,863,479	3,279,085	3,129,414
Filipino Veterans Equity Compensation Fund	30	15	10
National Cemetery Administration	322,000	339,000	294,000
Canteen service revolving fund	20,000	7,000	-3,000
Supply fund	-97,000	868,000	-42,000
General post fund	22,000	22,000	23,000
General Administration	300,000	449,000	405,000
Board of Veterans' Appeals	171,000	170,000	191,000
Construction-Major	1,117,176	1,345,727	1,381,227
Construction- Minor	433,000	716,650	427,757
Grants for State Extended Care	91,000	333,000	320,000
Grants for State Cemeteries	49,000	91,000	58,000
Information Technology	4,352,000	4,486,000	4,772,000
Office of Inspector General	189,000	181,000	218,000
Electronic Health Records	512,000	1,837,000	2,011,000
Franchise fund	-30,000	-289,000	135,000
<b>Subtotal, other veterans benefits and services</b>	<b>14,463,535</b>	<b>14,827,637</b>	<b>14,239,788</b>
<b>Intragovernmental transactions</b>			
National service life insurance fund	-106,000	-104,290	-76,450
undistributed Intragovernmental payments	-22,000	-5,000	-6,000
<b>Total Department of Veterans Affairs</b>	<b>\$196,116,092</b>	<b>\$220,927,599</b>	<b>\$231,535,114</b>

<b>Obligations</b> (dollars in thousands)			
Appropriation/Fund Account	2019	2020	2021
<b>Federal funds:</b>			
<b>Benefit programs:</b>			
Disability compensation benefits	\$96,343,569	\$106,988,263	\$115,761,451
Pensions benefits	4,910,031	4,845,297	4,944,460
Burial benefits	260,953	344,932	354,986
Compensation and Pensions - Legislative Proposal			
Education benefits	11,989,870	12,989,330	13,282,691
Vocational rehabilitation and employment benefits	1,387,614	1,447,288	1,542,002
Special Assistance	260,811	283,540	297,770
Indirect Benefits	40,547	46,005	47,403
Readjustment Benefits - Legislative Proposal			
Post-Vietnam era veterans' education account	106	101	96
Insurance benefits	114,965	134,319	139,712
Housing and Credit Reform -- Mandatory	217,843	78,454	0
Native American Direct Loans	2,070	1,149	0
Vocational Rehabilitation Loan Program	21	3	0
Service-disabled veterans insurance fund	172,511	188,550	192,230
Veterans reopened insurance fund	20,334	19,820	16,290
Servicemembers' group life insurance fund	744,342	674,360	674,360
Filipino Veterans Equity Compensation Fund	9	9	0
<b>Subtotal, benefit programs</b>	<b>116,465,596</b>	<b>128,041,420</b>	<b>137,253,451</b>
<b>Medical programs:</b>			
Medical care	<b>76,482,931</b>	<b>86,671,422</b>	<b>94,832,142</b>
Medical Services	52,444,939	56,503,932	60,287,186
Medical Community Care	10,161,720	15,841,524	19,268,033
Medical Support and Compliance	7,220,615	7,339,160	8,203,041
Medical Facilities	6,655,657	6,986,806	7,073,882
Medical prosthetics and research	818,612	879,887	864,000
VA/DoD Health Care Sharing Incentive Fund	12,706	13,500	16,400
Joint DoD/VA Medical Facility Demonstration Fund	443,676	475,588	484,202
Canteen service revolving fund	378,583	537,402	537,402
<b>Veterans Choice Act (Mandatory)</b>			
Medical Services	24,554	23,174	1,525
Medical Community Care	0	0	0
Medical Support and Compliance	1,894	4,634	3,262
Medical Facilities	3,985	21,850	3,750
Veterans Choice Program	3,304,000	816,846	1,100,000
<b>Subtotal, medical programs</b>	<b>81,440,508</b>	<b>89,394,645</b>	<b>97,834,146</b>
<b>National Cemetery Administration:</b>			
	323,022	331,990	361,583
<b>Departmental administration:</b>			
VBA- GOE	4,400,485	5,181,000	5,652,456
General administration	662,160	748,610	900,994
Board of Veterans' Appeals	166,140	190,475	198,000
Pershing Hall revolving fund	108	200	200
Franchise fund	1,054,486	1,127,603	1,129,788
Office of Inspector General	192,229	218,931	228,022
Supply fund	1,399,493	2,100,000	2,100,000
Information Technology	4,351,221	4,553,713	4,979,503
Electronic Health Record Modernization	1,217,701	1,524,126	2,627,000
Construction, Major & Minor	1,929,260	2,494,084	2,373,542
Grants for State Extended Care	502,446	249,195	90,000
Grants for State Cemeteries	45,008	50,643	45,659
<b>Subtotal, Departmental administration</b>	<b>15,920,737</b>	<b>18,438,580</b>	<b>20,325,164</b>
<b>Subtotal, federal funds</b>	<b>214,149,863</b>	<b>236,206,635</b>	<b>255,774,344</b>
<b>Trust funds:</b>			
General post fund	21,272	23,800	24,900
National service life insurance	629,904	569,562	477,533
U.S. Government life insurance	899	547	360
Veterans special life insurance	200,877	200,360	188,600
National cemetery gift fund	157	1,000	1,000
<b>Subtotal, trust funds</b>	<b>853,109</b>	<b>795,269</b>	<b>692,393</b>
<b>Tubtotal Department of Veterans Affairs</b>	<b>\$215,002,972</b>	<b>\$237,001,904</b>	<b>\$256,466,737</b>
<b>Non-Budget</b>			
Veterans housing benefit program direct loan financing account	104,923	144,839	148,366
Veterans housing benefits program loan sale securities financing account	15,829	34,196	14,416
Veterans housing benefit program guaranteed loan financing account	5,983,845	5,343,727	3,257,284
Native American and transitional housing direct loan financing account	9,713	17,021	18,737
Vocational rehabilitation loan financing account	1,226	2,018	2,470
<b>Total Non-Budget</b>	<b>\$6,115,536</b>	<b>\$5,541,800</b>	<b>\$3,441,271</b>

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**Budget Authority**  
**2010 - 2019 Actuals**  
(dollar in thousands)

Appropriation/Fund Account	2010 (Net)	2011 (Net)	2012 (Net)	2013 (Net)	2014 (Net)	2015 (Net)	2016 (Net)	2017 (Net)	2018 (Net)	2019 (Net)
<b>Federal funds:</b>										
<b>Benefit programs</b>										
Compensation and pensions	\$61,176,942	\$53,039,657	\$51,237,567	\$61,424,693	\$71,476,104	\$79,071,000	\$76,865,545	\$86,083,127	\$90,119,449	\$98,762,875
Readjustment benefits	8,820,722	11,334,634	12,108,487	11,198,620	13,135,898	14,997,136	14,313,357	16,340,828	13,708,648	11,832,175
Veterans insurance and indemnities	56,288	77,589	100,252	104,600	77,567	63,257	77,160	108,525	120,338	109,090
Veterans housing benefit program fund account	974,811	1,553,906	1,727,314	1,542,523	2,203,039	1,023,919	1,128,164	1,170,849	1,220,893	251,001
Veterans housing benefit program fund liquidating account, permanent	-6,813	-7,329	-7,383	-16,000	-14,412	-12,837	-10,261	-12,247	-9,262	-8,681
Native American veteran housing loan program account	664	663	1,116	1,088	2,437	2,222	1,807	2,654	2,784	3,233
Vocational rehabilitation loans program account	357	354	358	362	437	481	477	554	432	434
<b>Total benefit programs</b>	<b>71,022,971</b>	<b>65,999,474</b>	<b>65,167,711</b>	<b>74,255,886</b>	<b>86,881,070</b>	<b>95,145,178</b>	<b>92,376,249</b>	<b>103,694,290</b>	<b>105,163,282</b>	<b>110,950,127</b>
<b>Medical programs:</b>										
Medical care										
Medical services	37,588,065	39,718,911	42,331,830	44,032,452	46,354,583	48,464,754	53,197,413	47,513,958	49,054,536	52,951,241
Medical Community Care	0	0	0	0	0	0	0	8,540,161	10,074,280	9,680,839
Medical support and compliance	4,882,000	5,252,367	5,405,482	5,698,104	5,898,430	5,788,131	6,033,276	6,407,029	6,728,915	7,097,778
Medical facilities	4,859,000	5,703,116	5,388,838	5,409,938	4,924,002	4,620,775	4,672,787	5,278,002	7,247,620	6,893,971
<b>Total Medical care programs</b>	<b>47,329,065</b>	<b>50,674,394</b>	<b>53,126,150</b>	<b>55,140,494</b>	<b>57,177,015</b>	<b>58,873,660</b>	<b>63,903,476</b>	<b>67,739,150</b>	<b>73,105,351</b>	<b>76,623,829</b>
Medical and prosthetic research	581,000	579,838	581,000	581,905	585,664	588,513	610,535	673,366	722,262	779,000
DoD/VA health care sharing Incentive fund	55,000	130,000	130,000	30,000	30,000	15,000	0	-10,000	30,000	30,000
Joint DoD/VA Medical Facility Demonstration Fund		104,004	375,758	378,156	383,749	398,706	392,430	415,828	429,923	432,152
<b>Total medical programs</b>	<b>47,965,065</b>	<b>51,488,236</b>	<b>54,212,908</b>	<b>56,130,555</b>	<b>58,176,428</b>	<b>59,875,879</b>	<b>64,906,441</b>	<b>68,818,344</b>	<b>74,287,536</b>	<b>77,864,981</b>
<b>Veterans Choice Act</b>					15,000,000			2,100,000	7,300,000	0

**Budget Authority  
2010 - 2019 Actuals**  
(dollar in thousands)

Appropriation/Fund Account	2010 (Net)	2011 (Net)	2012 (Net)	2013 (Net)	2014 (Net)	2015 (Net)	2016 (Net)	2017 (Net)	2018 (Net)	2019 (Net)
Construction, major projects	1,194,000	1,073,734	589,604	738,767	342,130	692,000	1,221,000	305,490	512,430	2,177,486
Construction, minor projects	703,000	466,765	482,386	606,728	714,870	492,200	321,491	372,069	767,570	799,514
Grants for the construction of State extended care facilities	100,000	84,830	85,000	84,888	85,000	90,000	140,000	90,000	685,000	150,000
Grants for the construction of State veterans cemeteries	46,000	45,908	46,000	45,939	45,000	46,000	46,000	45,000	45,000	45,000
<b>Total construction programs</b>	<b>2,043,000</b>	<b>1,671,237</b>	<b>1,202,990</b>	<b>1,476,322</b>	<b>1,187,000</b>	<b>1,320,200</b>	<b>1,728,491</b>	<b>812,559</b>	<b>2,010,000</b>	<b>3,172,000</b>
Information Technology	3,307,000	2,991,624	3,104,771	3,514,979	3,696,555	3,895,070	4,050,474	4,262,958	4,047,982	4,198,772
Electronic Health Record Modernization	0	0	0	0	0	0	0	0	782,000	1,107,000
National cemetery administration	250,000	249,500	250,934	260,043	249,000	256,630	271,220	286,193	306,193	315,836
<b>General operating expenses and misc.:</b>										
General operating expenses	2,086,707									
VBA General Operating Expenses		2,132,502	2,018,764	2,161,403	2,465,490	2,531,900	2,703,680	2,854,160	2,435,331	2,956,316
General Administration		396,705	416,737	424,176	413,885	320,015	333,050	345,391	335,891	355,896
Board of Veterans' Appeals	0	0	0	0	0	99,180	109,884	145,596	154,048	167,248
Filipino veterans equity compensation fund	67,000	0	0	0	0	0	0	0	0	0
Franchise Fund	0	0	0	0	0	-36,030	0	0	0	0
Office of Inspector General	109,000	108,782	112,391	114,848	121,411	126,686	136,766	159,606	164,000	192,000
<b>Total GOE and miscellaneous</b>	<b>2,262,707</b>	<b>2,637,989</b>	<b>2,547,892</b>	<b>2,700,427</b>	<b>3,000,786</b>	<b>3,041,751</b>	<b>3,283,380</b>	<b>3,504,753</b>	<b>3,089,270</b>	<b>3,671,460</b>
<b>Total appropriations (adjusted)</b>	<b>123,293,743</b>	<b>121,796,936</b>	<b>123,131,501</b>	<b>134,563,190</b>	<b>164,245,284</b>	<b>159,383,008</b>	<b>162,294,561</b>	<b>178,929,946</b>	<b>191,850,088</b>	<b>195,658,568</b>
DEDUCT: Proprietary receipts from the public	-2,847,565	-2,770,663	-2,814,245	-2,887,062	-3,087,989	-3,445,136	-3,503,146	-3,561,641	-3,515,635	-3,915,000
<b>Total federal funds</b>	<b>120,446,178</b>	<b>119,026,273</b>	<b>120,317,256</b>	<b>131,676,128</b>	<b>161,157,295</b>	<b>155,937,872</b>	<b>158,791,415</b>	<b>175,368,305</b>	<b>188,334,453</b>	<b>191,743,568</b>
<b>Trust funds:</b>										
Post-Vietnam era veterans education account	6	8	6	0	0	0	0	0	0	0
General post fund	26,950	28,024	25,962	31,097	28,539	23,447	23,144	21,581	24,848	26,972
Pershing Hall revolving fund	0	0	0	0	0	0	0	0	0	0
National service life insurance	1,078,083	1,042,461	979,393	1,043,205	898,244	907,298	821,203	759,278	711,065	591,312
U.S. Government life insurance	4,294	3,690	3,221	2,061	2,139	1,389	1,069	690	576	488
Service-disabled veterans insurance fund	0	0	0	0	0	0	0	0	0	0
Veterans reopened insurance fund	0	0	0	0	0	0	0	0	0	0
Veterans special life insurance fund	0	0	0	0	0	0	0	0	0	0
Service members' group life insurance fund	0	0	0	0	0	0	0	0	0	0
National cemetery gift fund	0	0	0	0	0	0	0	0	0	0
<b>Total trust funds (gross)</b>	<b>1,109,333</b>	<b>1,074,183</b>	<b>1,008,582</b>	<b>1,076,363</b>	<b>928,922</b>	<b>932,134</b>	<b>845,416</b>	<b>781,549</b>	<b>736,489</b>	<b>618,772</b>
DEDUCT: Proprietary receipts from the public	-684,058	-531,188	-530,144	-402,618	-238,934	-492,005	-535,632	-1,965,268	-2,475,758	-4,006,746
<b>Total trust funds (net)</b>	<b>425,275</b>	<b>542,995</b>	<b>478,438</b>	<b>673,745</b>	<b>689,988</b>	<b>440,129</b>	<b>309,784</b>	<b>-1,183,719</b>	<b>-1,739,269</b>	<b>-3,387,974</b>
DEDUCT: Intragovernmental transactions	-1,269	-1,015	-793	-195	-162	-133	0	-9,000	84,187	0
<b>Total Department of Veterans Affairs</b>	<b>\$124,427,184</b>	<b>\$122,809,377</b>	<b>\$124,150,606</b>	<b>\$136,124,700</b>	<b>\$165,792,676</b>	<b>\$160,529,568</b>	<b>\$163,422,893</b>	<b>\$178,724,737</b>	<b>\$191,815,546</b>	<b>\$193,977,202</b>

<b>Budget Outlays</b>										
<b>2009 - 2018 Actuals</b>										
<i>(dollar in thousands)</i>										
<b>Appropriation/Fund Account</b>	2010 (Net)	2011 (Net)	2012 (Net)	2013 (Net)	2014(Net)	2015 (Net)	2016 (Net)	2017 (Net)	2018 (Net)	2019 (Net)
<b>Federal Funds:</b>										
<b>Benefit programs:</b>										
Compensation & pensions	\$47,901,439	\$57,577,997	\$54,754,081	\$64,759,196	\$69,817,427	\$75,230,757	\$85,737,331	\$85,074,965	\$84,567,971	\$100,450,647
Readjustment benefits	8,316,712	10,705,469	10,330,493	12,807,152	13,355,332	13,235,989	14,250,257	13,226,112	12,454,663	13,204,948
Veterans insurance and indemnities	44,927	81,667	99,777	104,044	76,684	63,257	77,410	107,505	117,458	110,000
Veterans housing benefit program fund liquidating account	-9,892	-8,828	-8,545	-17,115	-15,555	-13,550	-11,582	-12,247	-9,262	-10,184
Veterans housing benefit program fund	974,811	1,533,530	1,729,965	1,535,044	2,203,308	1,023,919	1,125,058	1,166,191	1,187,322	392,652
Native American veteran housing loan program	664	663	1,116	1,088	2,437	2,222	1,797	2,654	2,784	2,680
Service-disabled veterans insurance fund	5,974	-16,423	-22,934	-17,706	7,904	18,942	19,876	-5,921	-15,317	-6,000
Veterans reopened insurance fund	23,110	26,733	28,080	27,462	26,703	28,608	25,882	21,857	21,199	18,000
Vocational rehabilitation loans program account	357	354	358	362	437	481	464	540	419	434
Service members' group life insurance fund	11,208	-17	-15	-8	-6,000	6,266	0	-12	-15	-300,000
<b>Total benefits programs</b>	<b>57,269,310</b>	<b>69,901,145</b>	<b>66,912,376</b>	<b>79,199,519</b>	<b>85,468,677</b>	<b>89,596,891</b>	<b>101,226,493</b>	<b>99,581,644</b>	<b>98,327,222</b>	<b>113,863,177</b>
<b>Medical programs:</b>										
Medical care										
Medical services	36,580,626	39,583,974	40,198,800	42,382,283	46,027,803	49,749,412	50,779,216	47,217,927	48,941,592	52,363,000
Medical Community Care	0	0	0	0	0	0	0	6,274,465	9,307,654	11,896,000
Medical support and compliance	4,711,724	5,344,172	5,288,202	5,431,770	5,726,631	5,818,150	5,868,385	6,210,673	6,549,527	6,937,000
Medical facilities	5,057,072	5,478,874	5,442,108	5,505,289	5,158,341	5,016,838	4,739,835	4,985,463	5,512,129	5,960,058
Total Medical care programs	46,349,422	50,407,020	50,929,110	53,319,342	56,912,775	60,584,400	61,387,436	64,688,528	70,310,902	77,156,058
Medical and prosthetic research	520,904	558,875	584,297	536,142	608,343	612,105	583,148	594,062	643,510	684,803
VA/DoD health care sharing Incentive fund	46,920	88,800	61,000	35,006	56,058	76,109	67,112	51,624	23,800	13,000
Joint DoD/VA medical Facility Demonstration Fund		64,456	342,312	350,467	365,756	359,350	387,577	406,506	415,413	439,788
Canteen service revolving fund	6,120	7,862	-21,392	-16,136	-20,437	-11,495	3,446	6,876	8,892	22,000
<b>Total medical programs</b>	<b>46,923,366</b>	<b>51,127,013</b>	<b>51,895,327</b>	<b>54,224,821</b>	<b>57,922,495</b>	<b>61,620,469</b>	<b>62,428,719</b>	<b>65,747,596</b>	<b>71,402,517</b>	<b>78,315,649</b>

<b>Budget Outlays 2009 - 2018 Actuals (dollar in thousands)</b>										
Appropriation/Fund Account	2010 (Net)	2011 (Net)	2012 (Net)	2013 (Net)	2014 (Net)	2015 (Net)	2016 (Net)	2017 (Net)	2018 (Net)	2019 (Net)
<b>Construction programs:</b>										
Construction, major projects	990,942	1,011,708	738,251	698,505	914,491	1,207,209	1,352,729	738,020	1,360,269	1,117,176
Construction, minor projects	535,426	578,966	549,607	442,158	387,000	507,115	525,316	474,081	479,850	433,000
Grants for the construction of State extended care facilities	108,716	124,369	201,011	94,762	109,530	94,751	77,430	139,382	102,857	91,000
Grants for the construction of State veterans cemeteries	36,406	49,872	27,697	55,072	40,000	44,000	40,210	40,635	45,886	49,000
<b>Total construction programs</b>	<b>1,671,490</b>	<b>1,764,915</b>	<b>1,516,566</b>	<b>1,290,497</b>	<b>1,451,021</b>	<b>1,853,075</b>	<b>1,995,685</b>	<b>1,392,118</b>	<b>1,988,862</b>	<b>1,690,176</b>
Information Technology	2,525,805	3,354,500	3,265,767	3,217,999	3,432,096	3,792,122	3,766,689	4,207,065	4,172,777	4,352,000
Electronic Health Record Modernization	0	0	0	0	0	0	0	0	139,521	512,000
National cemetery administration	250,431	254,521	255,005	258,138	267,874	269,758	275,000	282,000	295,719	322,000
<b>General operating expenses and misc.:</b>										
General operating expenses	1,897,029	2,232,616	2,143,680	2,131,134	2,357,710	2,602,792	2,453,335	2,632,357	2,348,889	2,863,479
VBA General Operating Expenses		404,860	283,965	322,389	414,052	313,538	281,842	402,924	312,848	300,000
General Administration						89,065	105,746	129,382	142,984	171,000
Board of Veterans' Appeals						177	51	84	102	45
Filipino veterans equity compensation fund	113,131	10,099	1,659	1,080	558	-21,906	12,711	-41,091	15,204	-30,000
Franchise fund	-28,243	-54,809	13,462	-40,313	-54,716	114,638	134,094	148,295	166,882	189,000
Office of Inspector General	96,650	109,148	111,563	117,788	114,638	126,493	-17,000	-158,378	92,423	-97,000
Supply fund	-30,874	-45,803	64,631	83,906	131,156	-73,999	4,463,543	6,241,685	4,388,220	4,148,850
Veterans Choice Act						1,917,338	0	0	0	0
Pershing hall revolving fund	0	0	0	0	0	0	0	0	0	0
<b>Total GOE and miscellaneous</b>	<b>2,047,693</b>	<b>2,656,111</b>	<b>2,618,960</b>	<b>2,615,984</b>	<b>2,963,398</b>	<b>4,953,498</b>	<b>7,434,322</b>	<b>9,355,258</b>	<b>7,467,552</b>	<b>7,545,374</b>
<b>Total appropriations (adjusted)</b>	<b>107,911,859</b>	<b>125,449,184</b>	<b>122,943,229</b>	<b>137,330,821</b>	<b>147,805,591</b>	<b>158,023,933</b>	<b>173,085,219</b>	<b>176,076,616</b>	<b>179,186,153</b>	<b>201,414,376</b>
DEDUCT: Proprietary receipts from the public	-2,421,010	-2,588,294	-2,887,965	-2,711,985	-3,120,455	-3,429,026	-3,654,429	-3,662,118	-3,319,306	-3,969,000
<b>Total federal funds</b>	<b>105,490,849</b>	<b>122,860,890</b>	<b>120,055,264</b>	<b>134,618,836</b>	<b>144,685,136</b>	<b>154,594,907</b>	<b>169,430,790</b>	<b>172,414,498</b>	<b>175,866,847</b>	<b>197,445,376</b>
<b>Trust funds:</b>										
Post-Vietnam era veterans education account	1,498	1,341	825	598	426	275	214	164	157	106
General post fund	26,466	25,799	24,321	19,752	19,507	21,222	21,963	22,302	19,597	20,000
National service life insurance	1,147,080	1,130,388	1,070,913	1,025,809	952,271	1,013,495	914,689	852,031	776,175	694,000
U.S. Government life insurance	5,537	5,169	5,012	3,622	2,647	1,995	1,687	1,080	936	1,000
Veterans special life insurance	4,434	15,322	27,275	39,029	56,801	71,888	85,053	96,963	116,978	128,000
National cemetery gift fund	0	0	0	0	0	0	0	0	0	0
<b>Total trust funds (gross)</b>	<b>1,185,014</b>	<b>1,178,019</b>	<b>1,128,346</b>	<b>1,088,810</b>	<b>1,031,652</b>	<b>1,108,875</b>	<b>1,023,606</b>	<b>972,540</b>	<b>913,843</b>	<b>843,106</b>
DEDUCT: Proprietary receipts from the public	-689,584	-531,188	-530,144	-402,855	-238,969	-492,005	-535,632	-1,965,268	-2,475,758	-3,983,149
<b>Total trust funds (net)</b>	<b>495,430</b>	<b>646,831</b>	<b>598,202</b>	<b>685,955</b>	<b>792,683</b>	<b>616,870</b>	<b>487,974</b>	<b>-992,728</b>	<b>-1,561,915</b>	<b>-3,140,043</b>
DEDUCT: Intragovernmental transactions	-1,269	-1,015	-793	-195	-162	-133	0	-9,000	-326,716	-22,000
<b>Total Department of Veterans Affairs</b>	<b>\$108,761,246</b>	<b>\$127,115,727</b>	<b>\$124,173,445</b>	<b>\$138,780,731</b>	<b>\$149,177,628</b>	<b>\$159,273,524</b>	<b>\$173,960,453</b>	<b>\$175,901,834</b>	<b>\$178,586,233</b>	<b>\$199,469,333</b>

**Total Average Employment  
2010 - 2019 Actuals**

Appropriation/Fund Account	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<b>Medical Programs</b>										
Medical Services	178,913	185,064	187,313	195,679	205,003	216,337	224,846	229,600	239,148	247,942
Medical Support and Compliance	42,434	45,258	47,021	48,610	50,323	49,479	50,554	50,939	52,443	54,517
Medical Facilities	23,790	23,908	23,321	23,641	23,023	23,644	23,924	24,151	24,522	25,135
Total Medical Care Programs	245,137	254,230	257,655	267,930	278,349	289,460	299,324	304,690	316,113	327,594
Medical and Prosthetic Research	3,352	3,526	3,496	3,445	3,446	3,521	3,138	3,071	3,085	3,248
DoD-V A Health Care Sharing Incentive Fund	127	132	151	165	44	57	47	33	23	7
Joint DoD-V A Medical Facility Demonstration Fund		479	1,957	2,016	2,082	2,127	2,038	2,096	2,113	2,108
Veterans Choice						30	58	159	1	0
Canteen Service Revolving Fund	3,246	3,274	3,294	3,307	3,258	3,351	3,410	3,455	3,420	3,285
<b>Subtotal, Medical Programs</b>	<b>251,862</b>	<b>261,641</b>	<b>266,554</b>	<b>276,863</b>	<b>287,179</b>	<b>298,546</b>	<b>308,015</b>	<b>313,504</b>	<b>324,755</b>	<b>336,242</b>
<b>Construction Programs</b>										
Construction, major projects	0	0	0	0	0	0	0	0	0	0
Construction, minor projects	8	0	0	0	0	0	0	0	0	0
<b>Subtotal, Construction Programs</b>	<b>8</b>	<b>0</b>								
Veterans Benefits Administration	19,605	19,990	20,325	21,130	20,822	21,522	21,558	22,408	22,961	23,147
General Administration	2,753	2,941	2,972	3,117	3,205	2,586	2,559	2,524	2,526	2,524
Information Technology	6,853	7,004	7,311	7,362	7,291	7,309	7,387	7,241	7,152	7,469
Electronic Health Record Modernization	0	0	0	0	0	0	0	0	0	24
National Cemetery Administration	1,670	1,676	1,652	1,690	1,712	1,730	1,814	1,851	1,865	1,947
Office of Inspector General	553	633	637	633	641	676	706	745	849	908
Board of Veterans' Appeals						646	660	840	849	1,077
Franchise Fund	822	1,054	1,020	1,089	1,153	1,217	1,397	1,314	1,383	1,473
Supply Fund	699	803	896	957	1,013	1,048	1,045	1,145	957	1,002
General Post	0	0	0	0	0	0	0	8	0	0
<b>Total Department of Veterans Affairs</b>	<b>284,825</b>	<b>295,742</b>	<b>301,366</b>	<b>312,841</b>	<b>323,016</b>	<b>335,280</b>	<b>345,141</b>	<b>351,580</b>	<b>363,297</b>	<b>375,813</b>

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## Performance Summary

<b>Department of Veterans Affairs FY 2021 Annual Performance Plan</b>								
Administrations & Organizations	Performance Measures	Results		Strategic Targets				FY 2019 Performance Results
		2019	2018	2019	2020	2021	2022 (VHA only)	
<b>Strategic Goal 1: Veterans Choose VA for Easy Access, Greater Choices, and Clear Information to Make Informed Decisions</b>								
<i>Strategic Objective 1.1: VA anticipates Veterans' changing needs throughout their lives to enhance their choices</i>								
<i>Strategic Objective 1.2: Veterans are informed of, understand, and can avail themselves of the benefits, care, and services they choose</i>								
VBA	Average number of days from VR&E's receipt of Veteran's application to notification that the Veteran was found entitled or not entitled to services (VR&E) (#852)	42.25	N/A	45	45	45		On Track
VBA	Percent of IDES participants who will receive VA Benefit notification letters within 30 days of discharge (#469)	52%		62%	63%			
VHA	(Composite Measure) The average of the percent "Always" and "Usually" responses for four access measures found in the Patient Centered Medical Home survey and the Specialty Care Consumer Assessment of Health Providers and Systems Survey (#681)	81%	81%	82%	82.0%	83.0%	84%	On Track
NCA	Percent of Veterans served by a burial option within a reasonable (75 miles) of their residence (#234)	92.40%	92.2%	92.2%	93%	93%		On Track
VEO	It was easy to get the services I need (#746)	71%	N/A	90%	90%	90%		Off Track
VEO	I feel like a valued customer (#752)	73%	N/A	90%	90%	90%		Off Track
VEO	I got the services I need (#761)	76%	N/A	90%	90%	90%		Off Track
VEO	Trust in VA among America's Veterans (#692)	72%	90%	90%	90%	90%		Off Track
OPIA	Increase the number of Veterans who are aware of using benefits, reached through advertising and marketing efforts (#536)	11%	11%	12%	12%	12%		On Track
OPIA	Increase traffic to and from the content delivery platform (#659)	40.30%	N/A	20%	20%	20%		On Track
<b>Strategic Goal 2: Veterans Receive Timely and Integrated Care and Support that Emphasizes their Well-being and Independence throughout their Life Journey</b>								
<i>Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence</i>								
BVA	Cases decided/appeals adjudicated (#65)	95,089	81,033	90,050	91,500	91,500		On Track
BVA	Pending inventory (Board - Legacy Appeals) (#561)	98,549	Baseline	Baseline	N/Av	N/Av		Baseline
BVA	Hearings held (#712)	22,743	Baseline	Baseline	24,300	24,300		Baseline
BVA	Number of issues decided (dispatched) (#778)	305,078	Baseline	Baseline	299,205	299,205		Baseline
BVA	Appeals decisions per FTE (#780)	88.3	Baseline	Baseline	77	77		Baseline
BVA	Percent of appeals decided with at least one remanded issue (#709)	56.10%		Baseline				Baseline
VHA	Overall satisfaction rating of community care (#760)	78.18%	N/A	79%	79%	80%	80%	On Track
VHA	Percentage of community care claims processed timely (#635)	54.60%	N/A	90%	90%	90%	90%	Off Track
VHA	Overall rating of hospital (#747)	67.46%	N/A	66.5%	68	69	70%	On Track
VHA	Overall rating of primary care provider (#741)	70.50%	N/A	70%	71%	72%	72%	On Track
VHA	Overall rating of specialty care provider (#750)	69.78%	N/A	67.5%	70.50%	71.50%	72%	On Track
VHA	Percentage of Veterans receiving a portion of care via telehealth modalities (#742)	15.24%	N/A	14%	16%	18%	19%	On Track
VHA	Percent of unique Veterans accessing Whole Health services (#790)	171,522	N/A	Baseline	TBD	TBD	TBD	Baseline
VHA	Number of Whole Health encounters (#791)	1,151,311	N/A	Baseline	TBD	TBD	TBD	Baseline
VHA	Number of unique Veterans receiving Whole Health peer visits (#792)	8,644		Baseline				Baseline
VHA	Number of peer-based, Whole Health Pathway encounters (#793)	18,420		Baseline				Baseline
VHA	Percentage of Veterans receiving telehealth at home or on a mobile device (#753)	1.67%	N/A	1.5%	2.5%	4%	5%	On Track
VBA	Average days to complete original education claims (#218)	24.1	28	28	28	28		On Track
VBA	Average days to complete supplemental education claims (#219)	13.4	14	14	14	14		On Track
VBA	Default resolution rate for VA-backed home loans (#226)	87.40%	81	80	80	80		On Track
VBA	Appeals processing - Notices of Disagreement (NODs) pending inventory (thousands) (#514)	164	187	187				On Track
VBA	Appeals processing - Notices of Disagreement (NODs) average days pending (#545)	389	413	413				On Track
VBA	Appeals processing - substantive appeals to the Board (Form 9) pending inventory (thousands) (#607)	17	32	32				On Track
VBA	Percent of Dependents Indemnity Compensation (DIC) rating claims processed within 125 days (#649)	69.9%		84%				Off Track
VBA	Appeals processing - substantive appeals to the Board (Form 9) average days pending (#655)	386	389	389				On Track
VBA	Appeals processing - substantive appeals to the Board (Form 9) average days to complete (#685)	264	425	425				On Track
VBA	Percent of calls answered by the VBA National Call Center within 2 minutes (#840)	32%	N/A	67%	67%	69%		Off Track

Department of Veterans Affairs FY 2021 Annual Performance Plan								
Administrations & Organizations	Performance Measures	Results		Strategic Targets				FY 2019 Performance Results
		2019	2018	2019	2020	2021	2022 (VHA only)	
VBA	Percent of calls blocked by the VBA National Call Center (#841)	0.01%	N/A	0.05%	0.04%	0.04%		On Track
VBA	Percentage of interactions correctly managed by the National Call Center (OFO BAS) (#842)	92.30%	N/A	89%	90%	90%		On Track
VBA	Average days to complete higher-level reviews (AMO) (#843)	37	N/A	125	125	125		On Track
VBA	Percent of life insurance clients highly satisfied with the program (INS) (#846)	93%	N/A	95%	95%	95%		On Track
VBA	Percent of Survivors Pension entitlement determinations processed within 60 days (#847)	11%		55%	60%			Off Track
VBA	National claim-based quality for pension claims (rating)(P&F) (#848)	92.6%	N/A	93.5%	93.5%	93.0%		On Track
VBA	Percent of Veterans pension rating claims processed within 125 days (#849)	66.4%		90%	80%			Off Track
<b>Strategic Objective 2.2 : VA Ensures At-Risk and Underserved Veterans Receive What They Need to Eliminate Veteran Suicide, Homelessness, and Poverty</b>								
VHA	Average improvement in mental health symptoms in the 3-4 months after start of mental health treatment as measured by the mental health component of the Short Form-12 (#788)	2.6	N/A	2.3	2.3	2.3	2.3	On Track
VHA	Average improvement in mental health symptoms in the 3-4 months after start of mental health treatment as measured by scores on the World Health Organization Disability Assessment Scale (WHO-DAS) (#789)	0.7		1.3				Off Track
VHA	Percentage of Veterans flagged as high risk for suicide who have ALL received recommended interventions and follow-up (#756)	80.9%	N/A	65%	70%	75%	80%	On Track
VHA	Geriatrics: Percent of total Long-Term Service and Support obligations and/or expenditures devoted to purchased Personal Care Services for frail elderly and disabled Veterans who want to remain at home (#804)	10.4%	N/A	Baseline	12%	14%	TBD	Baseline
VHA	Percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless (#606)	91%	85%	85%	90%	90%	90%	On Track
VHA	Percent of HUD-VASH vouchers allocated that have resulted in homeless Veterans obtaining permanent housing (#535)	85%	94%	92%	92%	92%	92%	Off Track
VBA	Fiduciary Program: average days to complete initial appointment exam (P&F)(#647)	68.6	88	76	76	85		On Track
VBA	Vocational Rehabilitation and Employment class achievement rate (#601)	63.05%		68%	68%			Off Track
VBA	Fiduciary Program: percentage of follow-up field exams for which Veterans well-being is confirmed (#851)	99%		99%	99%			On Track
VBA	Accuracy of requirements in closing a Veteran's case or declaring the Veteran rehabilitated or discontinued (#853)	98.8%	N/A	98%	98%	98%		On Track
<b>Strategic Goal 3: Veterans Trust VA to be Consistently Accountable and Transparent</b>								
<b>Strategic Objective 3.1 : VA is always transparent to enhance Veterans' choices, to maintain trust, and to be openly accountable for its actions</b>								
NCA	Percent of respondents who would recommend the national cemetery to Veteran families during their time of need (#582)	98.8%	99%	99%	99%	99%		On Track
<b>Strategic Objective 3.2 : VA holds its personnel and external service providers accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse</b>								
VBA	Quality of higher-level review decisions (AMO) (#844)	96.3%	N/A	96%	96%	96%		On Track
VBA	Education claim quality (based on QA) (EDU) (#845)	97.6%	N/A	98%	95%	95%		On Track
VBA	Percentage of follow-up field exams completed within 175 days (#850)	74.9%	N/A	70%	75%	75%		On Track
OIG	Number of reports (audits, inspections, investigations, and other reviews issued that identified opportunities for improvement and provide recommendations for corrective action (#585)	236	330	330	TBD	TBD		Off Track
OIG	Percentage of recommendations implemented within one year to improve efficiencies in operations through legislative, regulatory, policy, practice, and procedural changes in VA (#590)	83%	85%	85%	85%	TBD		On Track
OIG	Monetary benefits (\$ in millions) from audits, inspections, investigations, and other reviews (#587)	\$5,666	\$3,100	\$3,400	\$3,700	TBD		On Track
OIG	Return on investment (monetary benefits divided by cost of operations in dollars) (#588)	37 to 1	22 to 1	22 to 1	22 to 1	TBD		On Track
OIG	Percentage of recommended recoveries achieved from post award contract reviews (#591)	100%	98%	98%	98%	TBD		On Track
OIG	Number of arrests, indictments, convictions, criminal complaints, pretrial diversions, and administrative sanctions (#586)	2,372	2,400	2,100	2,100	TBD		On Track
OIG	Percentage of investigative cases that resulted in criminal, civil, or administrative actions (#694)	65%	72%	74%	74%	TBD		Off Track
VBA	National accuracy rate - percent of disability compensation rating issues processed accurately (#304)	95.7%	96%	96%	96%	96%		On Track

Department of Veterans Affairs FY 2021 Annual Performance Plan								
Administrations & Organizations	Performance Measures	Results	Strategic Targets					FY 2019 Performance Results
		2019	2018	2019	2020	2021	2022 (VHA only)	
<b>Strategic Goal 4: VA Will Modernize Systems and Focus Resources More Efficiently to be Competitive and to Provide World Class Capabilities to Veterans</b>								
<i>Management Objective 4.1 : VA's infrastructure improvements, improved decision-making protocols, and streamlined services enable VA to agilely adapt to changing business environments and Veteran needs</i>								
OALC	Percentage of VA customers that are satisfied with facilities services being provided (#253)	79.8%	N/A	70%	70%	70%		On Track
OALC	Percentage of leasing projects accepted by VA as substantially complete in the quarter identified (#825)	100%	N/A	75%	75%	75%		On Track
OALC	Percentage of construction projects accepted by VA as substantially complete in the quarter identified (#400)	60%	N/A	70%	70%	70%		Off Track
OALC	Average rating of procurement customers receiving services (based on a 5-point scale)(#838)	4.88	N/A	4	4	4		On Track
OALC	The time it takes to get a contract awarded after it is accepted by the contracting office (#910)	92%	N/A	90%	TBD	TBD		On Track
OSP	Percent of continuity assessment criteria completed at the "Performed without Challenges" rating during the annual Eagle Horizon Exercise (#805)	100%	N/A	70%	70%	70%		On Track
OSP	Number of on-site inspections of VA police programs conducted across the Department during the fiscal year (#806)	87	N/A	66	60	64		On Track
OSP	Percent of cleared employees who receive insider threat training during the calendar year (#865)	82%	N/A	100%	100%	100%		On Track
OSP	Comprehensive continuity capability score on the Federal Continuity Assessment Tool (#900)	9.1	N/A	7	7	7		On Track
<i>Management Objective 4.2 : VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families</i>								
HRA	OPM FEVS Employee Engagement Index Score (#608)	70.3%	N/A	65.0%	65%	65%		On Track
HRA	Percentage of VA employees who are Veterans (#278)	32.4%	35%	33%	33%	33%		On Track
HRA	Retention of VA Veteran workforce compared with non-Veterans (#713)	65.20%	N/A	66.7%	5% or less below non-vets	5% or less below non-vets		On Track
HRA	Executive fill rate, medical center directors (#86)	90.60%	N/A	90%	90%	90%		On Track
HRA	Mission critical occupation quit rate - physician (primary care) (#796)	4.13%	N/A	below 5.53%	below 5.53%	below 5.53%		On Track
HRA	Mission critical occupation quit rate - psychologist (#797)	3.55%	N/A	below 3.9%	below 3.9%	below 3.9%		On Track
HRA	Mission critical occupation quit rate - psychiatrist (#798)	4.68%	N/A	below 5.76%	below 5.76%	below 5.76%		On Track
HRA	FEVS-AES Best Places to Work index score (#795)	65.3%	N/A	60%	62%	63%		On Track

## Department of Veterans Affairs FY 2021 Annual Performance Plan

Administrations & Organizations	Performance Measures	Results	Strategic Targets					FY 2019 Performance Results
		2019	2018	2019	2020	2021	2022 (N/A only)	
<b>Management Objective 4.3:</b> VA IT modernization will quickly deliver effective solutions that will enable VA to provide improved customer service and provide a secure and seamless experience while decreasing its rate of spend								
OIT	FITARA implementation met (#854)	100%	N/A	100%	100%	100%		On Track
OIT	Intrusion detection & prevention (#855) (4 of 7 metrics at least 90%)	96%	N/A	100%	100%	100%		Off Track
OIT	Exfiltration & enhanced defenses (#856) (4 OF 7 METRICS AT LEAST 90%)	53%	N/A	90%	90%	90%		Off Track
OIT	Data protection (#857) (4 OF 6 METRICS AT LEAST 90%)	90%	N/A	90%	90%	90%		On Track
OIT	Hardware asset management (#858)	50%	N/A	95%	95%	95%		Off Track
OIT	Software asset management (#859)	100%	N/A	95%	95%	95%		On Track
OIT	Authorization management (#860)	100%	N/A	100%	100%	100%		On Track
OIT	Mobile device management (#861)	100%	N/A	95%	95%	95%		On Track
OIT	Privileged network access management (#862)	100%	N/A	100%	100%	100%		On Track
OIT	High value asset access management (#863)	100%	N/A	90%	90%	90%		On Track
OIT	Automated access management (#864)	100%	N/A	95%	95%	95%		On Track
<b>Management Objective 4.4:</b> VA will institutionalize data supported and performance focused decision making that will improve the quality of outcomes								
NCA	Percent of respondents who rate the quality of service provided by the national cemeteries as excellent (#950)	96.8%	97%	97%	97%	98%		On Track
BVA	Accuracy rate: legacy decisions (#959)	91.4%		baseline	92%	92%		Base line
OSVA	Number of EO 13771 regulatory actions issued (#961)	6	N/A	6	5	5		On Track
OSVA	Number of EO 13771 deregulatory actions issued (#962)	5	N/A	5	2	2		On Track
OSVA	Total incremental cost of all EO 13771 regulatory actions and EO 13771 deregulatory actions (#963)	\$0.00	N/A	\$0.00	\$0.00	\$0.00		On Track



## *Selected Facilities by Type*

<b>Type of Facility</b> (As of September 30, 2019)	<b>Number</b>
Residential Rehabilitation Treatment Programs	114
Geriatric Research, Education, and Clinical Centers	20
Health Administration Management Center	1
Independent Outpatient Clinics*	N/A
Insurance Center	1
National Cemetery Districts	5
Mobile Clinics*	N/A
Extended Care (Community Living Centers)	134
Orthotic and Prosthetic Services on-site stations	83
Prosthetic and Sensory Aids Restoration Clinics	4
Regional Loan Centers	9
Records Management Center	1
Regional Offices	56
Regional Pension Management Centers	3
Regional Education Processing Offices	4
Fiduciary Hubs	6
VA Hospitals	148
VA National Cemeteries	138
VA Outpatient Clinics	755
Vet Centers	300
Mobile Vet Centers	80
Veterans Benefits Administration District Offices	5
Veterans Integrated Service Networks (VISNS)	18

\*These types of facilities are no longer counted as a result of implementing the new VHA Site Classification and Definitions Handbook (effective December 30, 2013)

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