



DEPARTMENT OF VETERANS AFFAIRS OFFICE OF INSPECTOR GENERAL

STATEMENT FOR THE RECORD
OFFICE OF INSPECTOR GENERAL
U.S. DEPARTMENT OF VETERANS AFFAIRS
TO THE
SUBCOMMITTEE ON HEALTH AND
SUBCOMMITTEE ON TECHNOLOGY MODERNIZATION
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
HEARING ON
MISSION CRITICAL: CARING FOR OUR HEROES
MAY 22, 2019

Chairwomen Brownley and Lee, Ranking Members Dunn and Banks, and members of the subcommittees, thank you for the opportunity to provide information on the work of the Office of the Inspector General (OIG) regarding the Program of Comprehensive Assistance for Family Caregivers (the Caregiver Support Program). In August 2018, the OIG published a report, *Program of Comprehensive Assistance for Family Caregivers: Management Improvements Needed*, that looked at VA's Caregiver Program and identified several deficiencies.¹

BACKGROUND

VA launched the Caregiver Support Program in 2011. The program provides caregivers of eligible veterans with a monthly stipend payment and health insurance. Currently, veterans are eligible if they sustained or aggravated a serious injury in the line of duty on or after 9/11 and need personal care services for their conditions. These include assistance performing one or more activities of daily living such as bathing, grooming and eating, or supervision or protection because of neurological impairment or injury. VHA operates the program across all 140 medical facilities. The program is administered by caregiver support coordinators (CSCs) at the medical facility level. At the national level, the program is led by the National Caregiver Support Program Director. The program has grown significantly, far exceeding original estimates. In fiscal year (FY) 2012, VHA spent about \$110 million to operate the program. For FY 2019, VHA is operating the program with a budget of almost \$500 million. VHA's FY 2020 budget is expected to increase even more dramatically to over \$700 million. This increase is largely due to program expansion under the MISSION Act of 2018, which expands the program from

¹ [*Program of Comprehensive Assistance for Family Caregivers: Management Improvements Needed*](#), August 16, 2018.

eligible 9/11 veterans to eligible veterans from all eras.² VHA reported that it expects to expand eligibility to all pre-9/11 veterans and their caregivers in two stages: (1) veterans injured on or before May 7, 1975, and (2) veterans injured after May 7, 1975, and before September 11, 2001. To date, VHA has not begun accepting applications from pre-9/11 veterans.

Application Process

A multistep application process that veterans and their caregivers must navigate is governed by VHA Directive 1152, *Caregiver Support Program* (the directive). Medical facilities have 45 days after receiving an application to complete the review process. This application review timeline can be extended an additional 45 days by facility CSCs under two circumstances: (1) if the caregiver has not completed the required training or (2) the veteran is hospitalized during the application process. Medical facility CSCs determine if a veteran is eligible, and if so, approve the application. CSCs also determine how much care the veteran requires—40, 25, or 10 hours of care per week. Caregiver stipend payments are calculated based on the veteran’s care needs. In FY 2017, caregiver stipends ranged from about \$400 to \$4,300 a month.

Caregiver Support Program Monitoring Requirements

Enrollment in the program requires ongoing evaluation to monitor each veteran’s well-being, adequacy of care, and the supervision being provided. Clinicians must conduct monitoring sessions every 90 days and annually.³ If the CSCs or clinicians identify any changes in a veteran’s condition, these monitoring sessions can lead to a reassessment of eligibility, including possible discharge from the program.⁴ The reassessment could also lead to an increase or decrease in the level of care. These monitoring sessions are an opportunity for CSCs to provide caregivers with information and services such as respite care and mental health self-care as well.

CSCs use the Caregiver Application Tracker (CAT) to process and capture data on veteran and caregiver applications, eligibility, monitoring, program administration and discharges. The database also captures medical facility information on participant approvals and denials.

OIG REPORT ON MANAGEMENT IMPROVEMENTS NEEDED TO CAREGIVER SUPPORT PROGRAM

The OIG conducted work to determine if the Caregiver Support Program effectively provided service and support to qualified veterans and their caregivers. The audit team reported these findings:

² John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson, VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018, P.L. 115-182, June 6, 2018.

³ Caregivers and Veterans Omnibus Health Services Act of 2010, P.L. 111-163, May 5, 2010.

⁴ Caregiver Support Program Standard Operating Procedure, Tier Reductions and Discharge Procedures - Veteran No Longer Clinically Eligible Based on Clinical Reassessment, July 24, 2017.

- VHA did not always provide eligible veterans and their caregivers with consistent and appropriate access to the program.
- VHA enrolled ineligible veterans and took too long to identify and resolve errors.
- VHA did not consistently monitor enrolled veterans.
- VHA lacked effective governance for program operations.

Veterans' Consistent Access Was Undermined by Delays in Program Enrollment

CSC took too long to determine if veterans were eligible for the Caregiver Support Program. The OIG team examined the outcomes for a random sample of 250 veteran applications that CSCs approved from January through September 2017. After excluding veterans whose application review timeline was extended to 90 days, consistent with the regulations and the directive, the OIG identified these trends:

- About 65 percent of the 1,822 veterans approved to participate in the program were not processed within VHA's 45-day application processing standard.
 - When VHA did not meet its timeliness standard, most veterans (55 percent) waited from three to six months for CSCs to approve their overdue applications.
 - About 14 percent of veterans waited more than six months for their application to be processed to take part in the program.

It should be noted that VHA pays approved caregivers retroactive to the date when the medical facility received the veterans' application. Veterans and their caregivers also may take advantage of VHA-provided training and other support services, such as counseling and respite care, while their application to participate in the Caregiver Support Program is being reviewed.

VHA Enrolled Ineligible Veterans and Took Too Long to Resolve Errors

CSCs determined that about four percent of the 1,604 veterans discharged from the program from January through September 2017 were erroneously enrolled in the program.

- On average, these veterans were in the program for about four years before CSCs identified that they were not eligible.
- As a result, VHA made improper payments of about \$4.8 million.

VHA does not require medical facilities to reassess veterans' initial eligibility determinations, putting medical facilities at risk for keeping ineligible veterans and their caregivers in the program. These errors may have occurred because most CSCs reported not using the draft *Caregiver Support Program Guidebook* or the directive when making initial eligibility determinations. Medical facility CSCs more frequently reported using other inconsistent information sources, such as the *Caregivers and Veterans Omnibus Health Services Act of 2010*, regulations, local policies, and peer support when determining veterans' program eligibility.

Enrolled Veterans Were Not Consistently Monitored

VHA discharged an estimated 50 percent of the 1,604 veterans from the program from January through September 2017 whose health condition had not been monitored every 90 days as required. Forty percent of CSCs reported on an OIG survey that they did not monitor veterans and their caregivers every 90 days. When clinicians and CSCs fail to routinely monitor or fail to adequately document the extent to which veterans' health conditions change, both veterans and VHA are at risk. Inadequate monitoring creates missed opportunities to

- Promptly identify when a veteran needed more or less care;
- Increase or decrease a caregiver's stipend accordingly; and
- Discharge a veteran who is no longer eligible for the program and their caregiver.

The OIG found that CSCs did not consistently reduce veterans' care hours gradually before being discharged from the program as conditions improved, as required after July 2017.⁵ There were, however, no instances identified in which CSCs failed to take appropriate action when veterans' health condition declined, and they needed more care.

Lack of Effective Governance Affected Program Operations

VHA lacked governance that ensured accountability for program management. Medical facility directors ran the Caregiver Support Program without performance goals to evaluate application processing timeliness, the accuracy of initial program eligibility determinations, and the consistency of monitoring enrolled veterans and their caregivers. There is a potential conflict of interest when Veteran Integrated Service Network (VISN) directors assigned the Caregiver Support Program oversight and monitoring duties to facility CSCs. The VHA Executive in Charge needs to establish a governance environment for the Caregiver Support Program to make certain medical facilities comply with program requirements. The Executive in Charge also needs to make sure that VISN directors designate program leads at the network level, with responsibility for Caregiver Support Program oversight.

The OIG also found that VHA did not establish a staffing model or have adequate and reliable data to ensure medical facilities were equipped to manage the program's workload, including program application processing and monitoring. The directive requires medical facility directors operate the Caregiver Support Program with a minimum of one full-time CSC staff person. The VHA Executive in Charge needs to assess the extent to which current staffing levels at medical facilities are adequate to implement the program as intended.

⁵ Caregiver Support Program Standard Operating Procedure, Tier Reductions and Discharge Procedures - Veteran No Longer Clinically Eligible Based on Clinical Reassessment, July 24, 2017.

Recommendations

The OIG made six recommendations to the Executive in Charge for VHA:

1. Establish a governance environment for the Family Caregiver Program to ensure medical facilities process veteran applications within the required 45-day timeliness standard, consistently monitor veterans and their caregivers, adequately document the results and changes in veterans' health status and adjust the level of support provided or discharge veterans and their caregivers, as appropriate.
2. Take steps to ensure caregiver support coordinators are properly applying eligibility criteria with processes, such as pre- or post-approval reviews, to ensure the accuracy of all veteran eligibility determinations.
3. Update Directive 1152, *Caregiver Support Program*, to include a well-defined process for documenting changes in veterans' health conditions during monitoring sessions to determine if those changes warrant a reassessment of the need for care or the level of care.
4. Establish assessment guidelines that caregiver support coordinators should follow when a veteran's need for care changes.
5. Ensure that VISN directors designate program leads at the network level with responsibility for oversight over the Family Caregiver Program.
6. Assess the extent to which current staffing levels at medical facilities are adequate to implement the Family Caregiver Program as intended.

The Executive in Charge for VHA concurred with recommendations 1, 2, and 4, and concurred in principle with recommendations 3, 5, and 6. Since the report's publication, VHA has taken actions to satisfy the intent of recommendations 1 and 5 and those recommendations are closed. VHA continues to work on implementing the remaining four recommendations.⁶

FORTHCOMING WORK ON THE CAREGIVER SUPPORT PROGRAM

The OIG is completing follow-on work on the Caregiver Support Program to examine the extent to which VHA took timely and consistent action to discharge veterans and their caregivers. This includes actions to subsequently cancel caregiver stipend payments following a veteran's or caregiver's death, or

⁶ For recommendation 3, the Executive in Charge noted that revising Directive 1152 is unlikely to ensure that facilities have enough information to effectively implement a process and will develop Standard Operating Procedures to further define the process for monitoring and documenting changes in veterans' functional status to ensure timely reassessment of clinical eligibility. For recommendation 5, the Executive in Charge reported that an implementation team will be created to develop a plan to identify VISN support necessary for appropriate oversight of the Caregiver Support Program. This plan will be presented to the Deputy Under Secretary for Health for Operations and Management for review and consideration for implementation. For recommendation 6, the Executive in Charge reported that staffing is one aspect of ensuring that the Caregiver Support Program is functioning as intended and the Caregiver Support Program Office will identify key performance indicators to ensure services and supports are provided to family caregivers in a timely manner and that medical facilities are compliant with policy expectations.

the veteran's incarceration or hospitalization. With the expansion of the program under the MISSION Act of 2018, there will be additional stresses on VHA to ensure that it avoids (to the extent possible), identifies, and promptly resolves improper payments to caregivers due to relevant deaths, incarcerations, or hospitalizations of veterans. The scope of this work includes the population of about 19,800 veterans enrolled in or discharged from the Caregiver Support Program at some time between May 2011 and April 2018.

CONCLUSION

The Caregiver Support Program helps to support family members dedicated to improving the delivery of care to veterans. With the expansion of the program, it is essential that VHA have the proper procedures and controls in place to ensure that the program operates effectively and delivers the correct and appropriate benefits to veterans and their caregivers. The OIG will continue to monitor progress on the recommendations made to date and will publish the results of its latest review this summer.