DISCHARGED AND DENIED:

How the VA's Caregiver program may have wrongfully discharged or downgraded the care of thousands of Veterans.

May 2019

Senator Robert P. Casey, Jr. (D-PA), Ranking Member

United States Senate
Special Committee on Aging

KEY FINDINGS

- The Department of Veterans Affairs (VA) failed to anticipate the need among Veterans for the Comprehensive Assistance for Family Caregivers program, which left staff and local offices overwhelmed.

- The VA abruptly discharged thousands of Veterans from the Comprehensive Assistance for Family Caregivers program.

- A lack of clear guidance and transparency resulted in local VA offices moving ahead with discharges without oversight or a clear appeals process for Veterans.

OVERVIEW

We rely on the individuals in our Armed Forces to keep our county safe and free for all. As these brave men and women return home with the wounds of war – visible and invisible – family, friends and neighbors step in with care and support. There are 5.5 million of these hidden heroes – military caregivers who make tremendous personal sacrifices to care for their loved ones.[1] Caregivers do this vital work because they are committed to their loved ones, but the stress of providing care can cause caregivers to miss work, strain family budgets and threaten the health and well-being of the caregiver and the veteran alike.

In recognition of the service that caregivers provide, in 2010 Congress created the Comprehensive Assistance for Family Caregivers program (Caregivers program).[2] The Caregivers program provides relative caregivers additional resources to help them support the Veteran that they care for every day. One of these resources is a stipend that can be used to offset the costs of caring for a Veteran with a disability who requires assistance with activities of daily living. Each caregiver's stipend is based on the severity of the Veteran's condition, and the VA uses a three tier level system to determine the level of care assistance with three being the highest level of care needed and one being the lowest.

The demand for this program is sky high. At its outset, Veterans and their caregivers signed up for the program in unanticipated numbers.[3] The program was designed to accommodate 4,000 to 5,000 caregivers, but grew to nearly 23,000.[4] While Congress has recently taken action to provide the VA with additional funding for the program, at the

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[1] Ramchand, Rajeev, et. al. *Hidden Heroes, America's Military Caregivers,* RAND Corporation (2014) (https://www.rand.org/pubs/research_reports/RR499.html).
[2] Pub. Law 111-163.
[3] *Some VAs Are Dropping Veteran Caregivers From Their Rolls*, NPR (April 5, 2017) (https://www.npr.org/2017/04/05/522690583/caregivers-for-veterans-dropped-from-va-plan); Department of Veterans Affairs, Briefing with Senate Staff (March 21, 2019).
[4] *Some VAs Are Dropping Veteran Caregivers From Their Rolls*, NPR (April 5, 2017) (https://www.npr.org/2017/04/05/522690583/caregivers-for-veterans-dropped-from-va-plan).

time, the VA did not have the resources necessary to support the ever growing number of Veteran caregivers interested in admittance to the program.[5] In the years following the creation of the program, local VA medical centers began discharging Veterans and their caregivers from the program at varying rates and for reasons that were not always adequately conveyed to Veterans or their caregivers. While it is not clear whether these discharges were made due to constraints on resources, what is clear is that individual VA centers made widely different decisions on eligibility for the program.

This report examines how the VA determines eligibility for the Caregiver program and how it failed to establish standard processes for eligibility redeterminations and program discharges, which has resulted in thousands of Veterans and their caregivers being abruptly discharged from the program or receiving reduced support. The report is accompanied by data provided by the VA detailing discharges that occurred between January 2017 and March 2019.

RENEWED PROBLEMS IN VA'S ADMINISTRATION OF THE CAREGIVERS PROGRAM

The Caregiver program is critical to supporting the needs of Veterans who bravely served, and whose service left them in need of daily assistance. Despite two years of repeated calls from Congress to improve the administration of the Caregivers program, there are renewed allegations that Veterans and their caregivers continue to be inappropriately discharged or have their eligibility re-determined with inadequate, unclear, and inconsistent explanation, potentially undermining the health and well-being of Veterans and their families.[6]

In August 2018, the Inspector General for Veterans Affairs (VA OIG) examined discharges that were made from the Caregivers program in 2017 and found significant and pervasive problems with the VA's administration of the Caregivers program.[7] In addition to finding that eligible Veterans and their caregivers "did not always receive consistent and appropriate access to the Family Caregiver Program," it found that the VA failed to consistently monitor Veterans' care and level of need, such that it was impossible to tell whether 50 percent of discharges from the program were properly made.[8]

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[5] Department of Veterans Affairs, Briefing with Senate Staff (March 21, 2019).

[6] Letter to David Shulkin, Secretary, Department of Veterans Affairs from Senator Robert P. Casey, Jr. (June 13, 2017); Letter to Robert Wilkie, Secretary, Department of Veterans Affairs from Senator Robert P. Casey, Jr. and Senator Dean Heller (April 24, 2018); Letter to David Shulkin, Secretary, Department of Veterans Affairs from Senator Patty Murray and Senator Jon Tester (April 13, 2017); *VA Still Arbitrarily Cutting Caregivers From Program, Even As It Aims To Expand*, NPR (Dec. 18, 2018) (https://www.npr.org/2018/12/18/677346997/va-still- arbitrarily-cutting-caregivers-from-program-even-as-it-aims-to-expand).

[7] Department of Veterans Affairs, Office of Inspector General, *Program of Comprehensive Assistance for Family Caregivers*: *Management Improvements Needed* (Aug. 16, 2018) (17-04003-222).

[8] Department of Veterans Affairs, Office of Inspector General, *Program of Comprehensive Assistance for Family Caregivers: Management Improvements Needed* (Aug. 16, 2018) (17-04003-222).

On December 20, 2018, the VA placed a moratorium on all discharges based on eligibility.[9] That moratorium remains in place today.[10] When the moratorium was announced, the VA explained that it would also be conducting an internal review to determine how to reform the eligibility determination process in an effort to prevent improper discharges and create a uniform process for evaluating participation in the program.[11]

FINDINGS

Based on new data provided to Senator Casey, Ranking Member of Special Committee on Aging, Senator Tester, Ranking Member of the Committee on Veteran Affairs, and Senator Murray, Ranking Member of the Health, Education, Labor, and Pensions Committee, the following findings demonstrate that the VA has failed to correct for the abrupt and arbitrary discharges of caregivers that occurred before the moratorium was enacted and that more needs to be done to improve the Caregivers program so that it can adequately and equally meet the needs of Veterans.

- **From October 2016 to December 2018, almost 10,000 Veterans were discharged from the Caregivers program. During this period, there was a 24% increase in the number of Veterans who had their level of assistance changed.** According to VA documents, over 9,600 Veterans were discharged from the Caregivers program between October 2016 and December 2018.[12] At the same time, the VA changed the level of care assistance received by over 2,300 Veterans which represents a 24% increase in changes to the level of care assistance received by Veteran families over two years.[13] During this two year period, over 4,600 of the discharges were based on the VA finding that the "Veteran [was] No Longer Clinically Eligible."[14] This finding is based on a review by the VA of the Veteran's medical records and the care that they are receiving from their caregiver.[15] In light of the Inspector General's finding that the VA did not keep adequate records monitoring the health and care of Veterans in the Caregivers program, it is possible that many of these discharges could have been made in error.[16]

[9] Letter to Senators Lamar Alexander, Bob Casey, Susan Collins, Johnny Isakson, Patty Murray and Jon Tester from Robert Wilkie, Secretary, Department of Veterans Affairs (May 6, 2019).
[10] Letter to Senators Lamar Alexander, Bob Casey, Susan Collins, Johnny Isakson, Patty Murray and Jon Tester from Robert Wilkie, Secretary, Department of Veterans Affairs (May 6, 2019).
[11] Email from Department of Veterans Affairs to Senate Special Committee on Aging Staff (April 17, 2019).
[12] Letter to Senators Lamar Alexander, Bob Casey, Susan Collins, Johnny Isakson, Patty Murray and Jon Tester from Robert Wilkie, Secretary, Department of Veterans Affairs (May 6, 2019).
[13] Between January 2017 and December 2018, 2,342 Veterans enrolled in the Caregivers program had their tie level changed. These changes could be upgrades or downgrades in the level of care assistance. Letter to Senators Lamar Alexander, Bob Casey, Susan Collins, Johnny Isakson, Patty Murray and Jon Tester from Robert Wilkie, Secretary, Department of Veterans Affairs (May 6, 2019).
[14] Letter to Senators Lamar Alexander, Bob Casey, Susan Collins, Johnny Isakson, Patty Murray and Jon Tester from Robert Wilkie, Secretary, Department of Veterans Affairs (May 6, 2019).
[15] Letter to Senators Lamar Alexander, Bob Casey, Susan Collins, Johnny Isakson, Patty Murray and Jon Tester from Robert Wilkie, Secretary, Department of Veterans Affairs (May 6, 2019).
[16] Department of Veterans Affairs, Office of Inspector General, *Program of Comprehensive Assistance for Family Caregivers: Management Improvements Needed* (Aug. 16, 2018) (17-04003-222).

- **The VA has not reevaluated the cases of caregivers that were discharged since problems were identified in 2017.** While the VA conducted a limited review of discharges in the wake of the 2017 moratorium, that review represented only a fraction of the caregivers that were discharged at the time.[17] Despite calls from Congress, to date, the VA has not proactively reviewed the cases of the vast majority of caregivers who were discharged or had their level of assistance changed since problems with the program were identified in 2017.[18]

- **Certain facilities had disproportionally high levels of discharges despite the implementation of the VA's 2017 moratorium.** Across the United States, some VA Medical Centers had disproportionately high rates of caregiver discharges between FY 2017 and FY 2018 that do not correlate with the size of the VA Medical Center or the number of Veterans that the facility serves.[19] Additionally, between FY 2017 and FY 2018, some facilities experienced fluctuations in the number of caregiver discharges.[20] One facility even saw a 377% increase in discharges between 2017 and 2018.[21]

- **VA does not adequately track Veteran appeals and denials such that they can consistently evaluate whether they made a discharge in error.** The VA currently employs a decentralized eligibility determination process for the Caregiver program with limited oversight from VA headquarters. While the VA is trying to implement changes to better streamline the eligibility process, these changes have not fully implemented.[22] Because "local facilities are responsible for determining initial and ongoing eligibility for the Caregiver program," and the VA "does not currently track [the] outcome of appeals,"[23] it is possible that some VA centers are consistently making improper eligibility determinations without VA's knowledge or ability to correct the situation. This lack of appeals data also leaves the VA without the information necessary to determine if an initial eligibility discharge was properly implemented, and how many decisions to discharge are appealed (successfully or unsuccessfully).

[17] Department of Veterans Affairs, Briefing with Senate Staff (March 21, 2019); Email from Department of Veterans Affairs to Senate Special Committee on Aging Staff (April 17, 2019).
[18] Department of Veterans Affairs, Briefing with Senate Staff (March 21, 2019); Letter to Robert Wilkie, Secretary, Department of Veterans Affairs from Senator Robert P. Casey, Jr. and Senator Dean Heller (April 24, 2018).
[19] Letter to Senators Lamar Alexander, Bob Casey, Susan Collins, Johnny Isakson, Patty Murray and Jon Tester from Robert Wilkie, Secretary, Department of Veterans Affairs (May 6, 2019).
[20] Letter to Senators Lamar Alexander, Bob Casey, Susan Collins, Johnny Isakson, Patty Murray and Jon Tester from Robert Wilkie, Secretary, Department of Veterans Affairs (May 6, 2019).
[21] Letter to Senators Lamar Alexander, Bob Casey, Susan Collins, Johnny Isakson, Patty Murray and Jon Tester from Robert Wilkie, Secretary, Department of Veterans Affairs (May 6, 2019).
[22] Letter to Senators Lamar Alexander, Bob Casey, Susan Collins, Johnny Isakson, Patty Murray and Jon Tester from Robert Wilkie, Secretary, Department of Veterans Affairs (May 6, 2019); Department of Veterans Affairs, Briefing with Senate Staff (March 21, 2019).
[23] Letter to Senators Lamar Alexander, Bob Casey, Susan Collins, Johnny Isakson, Patty Murray and Jon Tester from Robert Wilkie, Secretary, Department of Veterans Affairs (May 6, 2019).

- **Only 465 employees at the VA oversee the care of 23,000 Veterans in the Caregivers program.** Some VA Medical Centers employ one or two individuals to evaluate the care of Veterans in the Caregivers program. Without intervention to provide additional staffing, this imbalance will only be exacerbated when the program expands to cover additional Veterans and their caregivers.

CONCLUSION AND RECOMMENDATIONS

Following the implementation of the MISSION ACT, a new generation of Veterans will become eligible for the Caregivers program.[24] This necessary expansion represents an important step in providing assistance to Veterans, regardless of when they served, and families. In addition to the numerous steps that the VA must take to ensure that the expansion of the Caregivers program is successful, more needs to be done by the VA to review the decisions already made to discharge or change the tier level of Veterans before the moratorium was enacted in December 2018. The VA's failure to re-evaluate these cases has created an unfair situation for Veterans, and creates a dangerous precedent as the program is set to expand.

Our service members put their lives on the line to ensure that America remains the home of the free for all of us. We have a sacred responsibility to ensure that the brave individuals who serve our country, and their families, receive the care and support they deserve. The VA should immediately take the following steps to ensure it is meeting the needs of the Veterans who sacrificed for our country, and their caregivers who sacrificed for their family.

- Establish a standard, transparent, nation-wide eligibility determination process.
- Commit to reevaluate the eligibility of Veterans who were discharged from the program or had a tier change under the new determination process.

[24] S. 2372 (115th Cong.).

APPENDIX:

THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

May 6, 2019

The Honorable Robert P. Casey, Jr.
Ranking Member
U.S. Special Committee on Aging
United States Senate
Washington, DC 20510

Dear Senator Casey:

Thank you for your February 27, 2019, co-signed letter to the Department of Veterans Affairs (VA) regarding VA's Program of Comprehensive Assistance for Family Caregivers. I would like to take this opportunity to address your concerns and provide the enclosures that address the specific requests in your letter.

In addition, on March 21, 2019, my staff met with your staff as well as representatives for Senator Tester, Senator Murray, and Senator Collins to discuss the concerns that you have expressed in your letter. I was pleased to hear that it was a productive meeting where VA heard your staffs' apprehension about stabilization of the current program, as well as the expansion under the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 to reach aging Veteran populations. While this meeting was productive, I understand that we will need to engage on our way forward in the near future.

Should you have further questions, please have a member of your staff contact Ms. Meghan Raftery, Congressional Relations Officer, at (202) 461-6480 or by email at Meghan.Raftery@va.gov. The cosigners of your letter as well as the Committee Chairwoman and Chairmen will receive similar responses.

Thank you for your continued support of our mission.

Sincerely,

Robert L. Wilkie

Enclosures

Enclosure

Department of Veterans Affairs (VA) Response
Regarding the Program of Comprehensive Assistance for Family Caregivers

Question 1. The number of Veterans discharged from the Comprehensive Assistance for Family Caregivers program by tier level each month from July 1, 2017 to January 31, 2019.

VA Response: The number of discharges from the Program of Comprehensive Assistance for Family Caregivers (PCAFC) is provided in the attached document, *PCAFC Discharges by Tier.* Data are inclusive of Fiscal Year (FY) 2017 – March 4, 2019.

- Note:
  - Counts reflect the number of occurrences and are not indicative of unique caregivers nor Veterans. The same Veteran/caregiver dyad (i.e., Veteran and approved primary family caregiver) could have been approved, denied, and/or discharged multiple times.
  - Data are agile due to appeal outcomes, reinstatements, delayed data entry, and data corrections; therefore, monthly updates result in updates to previously reported data points.

Question 2. The number of Veterans discharged based on Veteran clinical eligibility for the Comprehensive Assistance for Family Caregivers program each month from July 1, 2017 to January 31, 2019.

VA Response: There are multiple reasons a PCAFC participant may be discharged from the Program. Reasons for discharge from PCAFC include: Veteran or caregiver request; death of the Veteran or caregiver; Veteran institutionalization (admitted to a nursing home, assisted living, incarceration, etc. and this institutionalization is expected to exceed 6 months); Veteran no longer clinically eligible (clinical eligibility criteria are no longer met such as in the case of an improvement in the Veteran's condition); for cause (to include abuse, neglect, exploitation of the Veteran, caregiver unwilling to provide appropriate care, fraudulent reporting of meeting Program requirements); or noncompliance (to include failing to meet Program requirements such as Veteran no longer receiving care through VA or failure to participate in monitoring visits). The attached document *PCAFC Discharges by Reason* is provided to respond to this request. Data are inclusive of FY 2017 – March 4, 2019.

On December 20, 2018, VA temporarily suspended tier reductions and discharges from PCAFC based on Veteran eligibility assessments. The suspension remains in effect at this time. Reviewers will note in the attached document that three discharges during January and February have been attributed to "Veteran No Longer Clinically Eligible." It is important to note that in each of these three instances, the National Program office reviewed the cases and concurred with the clinical decisions made in these instances, due to the safety of the Veteran and/or caregiver involved.

- Note:
  - Counts reflect the number of occurrences and are not indicative of unique caregivers nor Veterans. The same Veteran/caregiver dyad (i.e., Veteran and approved primary family caregiver) could have been approved, denied, and/or discharged multiple times.
  - Data are agile due to appeal outcomes, reinstatements, delayed data entry, and data corrections; therefore, monthly updates result in updates to previously reported data points.

Question 3. The number of discharges from the program of Comprehensive Assistance for Family Caregivers by facility each year from January 1, 2017 to January 31, 2019.

VA Response: The number of PCAFC discharges by facility is provided in the attached document, *PCAFC Discharges by Facility.* Data are inclusive of FY 2017 – March 4, 2019.

- Note:
  - Counts reflect the number of occurrences and are not indicative of unique caregivers nor Veterans. The same Veteran/caregiver dyad (i.e., Veteran and approved primary family caregiver) could have been approved, denied, and/or discharged multiple times.
  - Data are agile due to appeal outcomes, reinstatements, delayed data entry, and data corrections; therefore, monthly updates result in updates to previously reported data points.
  - The facility listed is the facility where the Veteran/caregiver most recently participated in PCAFC or the Program of General Caregiver Support Services. It is not necessarily the site of application submission, approval, or discharge from the PCAFC.

Question 4. The number of Veterans who had a change in their tier level based on clinical eligibility each month between January 1, 2017 and January 31, 2019.

VA Response: Please see the chart on the next page that depicts tier change counts per month between January 1, 2017, and January 31, 2019. Note the tier change may have been either an increase or a decrease:

Tier Change #	Month	Year
155	1	2017
152	2	2017
148	3	2017
119	4	2017
60	5	2017
30	6	2017
17	7	2017
58	8	2017
62	9	2017
78	10	2017
97	11	2017
71	12	2017
92	1	2018
89	2	2018
101	3	2018
105	4	2018
109	5	2018
132	6	2018
95	7	2018
135	8	2018
106	9	2018
128	10	2018
122	11	2018
81	12	2018
16	1	2019
20	2	2019
18	3	2019

Question 5. The number of discharged Veterans who appealed their discharge from the program between January 1, 2017 and January 31, 2019 and the number of those appeals that were granted.

VA Response: Appeals for PCAFC adhere to the Veterans Health Administration (VHA) clinical appeals process set forth in VHA Directive 1041, *Appeal of VHA Clinical Decisions* (October 24, 2016). As such, all appeal information is entered and maintained within the Patient Advocate Tracking System (PATS). Approximately 1,276 appeals based on discharge from PCAFC are noted as having been received between January 1, 2017, and March 18, 2019. PATS does not currently track outcome of appeals.

Question 6. A description of the appeals process including what evidence must be supplied by the caregiver.

VA Response: Appeals for PCAFC adhere to the VHA clinical appeal process set forth in VHA Directive 1041, *Appeal of VHA Clinical Decisions* (October 24, 2016), and the Deputy Under Secretary for Health for Operations and Management Memorandum, *Appeal of Clinical Decisions in the Program of Comprehensive Assistance for Family Caregivers,* dated July 31, 2017.

As part of the appeal process, caregivers and/or Veterans need to notify their VA facility of interest in filing an appeal and submit any new evidence, either from VA or community providers, for consideration in their appeal. For Veterans who receive treatment from community providers, due diligence should be given to assist in obtaining information from outside medical providers as applicable to aid in decision making that supports the best interests of Veterans. If community provider records are necessary for review, a release of information is required by the Veteran. Caregiver Support Coordinators are available to assist Veterans and caregivers through the VHA Clinical Appeal Process, including assistance identifying and obtaining any sources of information that may not have been considered at the time the decision was made.

The VHA Directive process requires that clinical disputes should be resolved at the point of service with the clinical care team. When it is not feasible to resolve a dispute at the lowest clinical level, the dispute should be elevated. The Chief of Staff or their designee may review or establish a multi-disciplinary team to review these clinical disputes. This guidance is an update to VHA Directive Appeal of VHA Clinical Decisions 1041. The Patient Advocate Office should be part of the local process, to be the voice of the Veteran, keeping the Veteran informed and to document the appeal decision.

Clinical disputes that are not able to be resolved at the medical center level can be elevated at request of the Veteran or representative for dispute resolution at the Veterans Integrated Service Network (VISN). This is initiated by the Veteran or representative directly to the VISN Director. The VISN Director will either independently review the documentation or convene an impartial VISN Appeal of Clinical Decisions in the PCAFC clinical panel to review the documentation.

The VISN Director, not the Veteran or representative, may initiate an external review by elevating to the Office of Quality, Safety, and Value if this is desired. The Chief of Staff and the Chief Medical Officer should keep the patient informed throughout the appeals process to include informing the patient of their appeal rights.

Question 7. For each of the Veterans discharged from the Caregivers program who were in tier 3 between January 1, 2017 and January 31, 2019, please provide the Veteran's medical condition, the reason for discharge, the date of discharge and whether there was an appeal for the discharge.

VA Response: The Information Technology (IT) system currently used by the Program, termed the Caregiver Application Tracker, does not have the integrations to other VA systems required to obtain this information.

Question 8. The number of Veterans who were discharged from the program between January 1, 2017 and January 31, 2019, who have had their case reviewed by the VA to determine if the revocation was justified.

VA Response: Local facilities are responsible for determining initial and ongoing eligibility for PCAFC. If a Veteran/caregiver dyad is discharged from PCAFC and disagrees with VA's decision, they have the right to file an appeal. As noted above, approximately 1,276 appeals based on discharge from PCAFC are noted as having been received between January 1, 2017, and March 18, 2019. Appeals for PCFAC adhere to the VHA clinical appeals process set forth in VHA Directive 1041, *Appeal of VHA Clinical Decisions* (October 24, 2016).

Question 9. The number of staff at each VA facility that are dedicated to the administration of the Caregivers program.

VA Response: The attached document, *QTR1 Master*, provides a listing of current staffed positions supporting local Caregiver Support Programs, by facility. This includes Caregiver Support Coordinators, administrative personnel, and eligibility team members. Data are current as of January 2019, as reported by Veterans Integrated Service Network leads.

Question 10. The number of Veterans that the VA anticipates will be eligible for the Caregivers program once the expansion is complete.

VA Response: VA estimates that approximately 32,000 Veterans will be eligible by FY 2023. VA will keep Congress up to date on any changes to this estimate.

Question 11. A timeline of the VA's planned expansion of the Caregivers program.

VA Response: In order to expand the PCAFC as required by the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018, VA must have an IT system in place that supports the administrative and oversight needs of PCAFC, as well as adequate funding and regulations to govern implementation. All three

components will be required for VA to successfully expand PCAFC. VA continues to work on a timeline to fully implement PCAFC as directed by the MISSION Act of 2018.

Program of Comprehensive Assistance for Family Caregivers (PCAFC)
(Data Source: Extract 3/4/2019)

PCAFC Discharges by Tier Level

Fiscal Year (FY)/Month	Tier 1	Tier 2	Tier 3	Total
FY 2017				
Oct	170	124	96	390
Nov	154	142	103	399
Dec	174	147	93	414
Jan	198	150	117	465
Feb	194	179	89	462
Mar	212	167	106	485
Apr	103	101	80	284
May	62	54	42	158
Jun	66	70	35	171
Jul	81	60	53	194
Aug	119	88	52	259
Sep	119	104	53	276
FY 2018				
Oct	175	115	57	347
Nov	168	116	72	356
Dec	140	103	63	306
Jan	180	139	104	423
Feb	177	125	63	365
Mar	174	139	95	408
Apr	169	144	93	406
May	184	133	88	405
Jun	216	142	98	456
Jul	176	132	78	386
Aug	217	142	82	441
Sep	192	107	65	364
FY 2019				
Oct	178	147	80	405
Nov	170	157	78	405
Dec	111	76	44	231
Jan	40	42	17	99
Feb	58	36	26	120
Mar	2	1		3

Program of Comprehensive Assistance for Family Caregivers (PCAFC)
(Date Source: Extract 3/4/2019)

	A	B	C	D	E	F	G	H	I
1									
2									
3	**PCAFC Discharges by Reason**								
4	Fiscal Year (FY)/ Month	Veteran No Longer Clinically Eligible	Veteran Request	Caregiver Request	For Cause	Non-compliance	Veteran Deceased	Caregiver Deceased	Veteran Institutional-ization
5	FY 2017								
6	Oct	228	59	28	37	23	8	2	5
7	Nov	224	61	39	29	28	10	2	6
8	Dec	244	42	32	37	41	11	3	4
9	Jan	275	61	32	38	43	7	4	5
10	Feb	265	69	26	44	43	8	3	4
11	Mar	296	68	35	40	33	8	1	4
12	Apr	122	66	28	29	22	12	1	4
13	May	2	55	17	54	21	6	2	1
14	Jun		51	29	59	21	4	3	4
15	Jul	6	66	29	57	25	6	4	1
16	Aug	80	67	26	34	34	10	4	4
17	Sep	121	64	25	30	20	10	2	4
18	FY 2018								
19	Oct	174	53	46	39	30	3	1	1
20	Nov	183	49	38	42	32	3	6	3
21	Dec	171	47	23	28	21	6	5	5
22	Jan	252	53	33	32	35	8	7	3
23	Feb	206	64	23	36	23	7	2	4
24	Mar	247	70	23	27	27	6	4	4
25	Apr	249	47	27	33	29	13	4	4
26	May	267	59	20	20	28	9		2
27	Jun	290	48	36	40	33	5	1	3
28	Jul	243	53	22	27	26	9	3	3
29	Aug	283	53	27	43	23	9		3
30	Sep	234	35	31	39	21	3	1	
31	FY 2019								
32	Oct	286	42	24	22	23	6	1	1
33	Nov	266	43	32	29	24	4	2	5
34	Dec	130	31	14	29	18	6	1	2
35	Jan	2	40	20	23	8	3	3	
36	Feb	1	49	24	22	16	5	1	2
37	Mar		2	1					

Program of Comprehensive Assistance for Family Caregivers (PCAFC)
(Data Source: 3/4/2019 Extract)

PCAFC Discharges by Facility

Facility	FY 2017	FY 2018	FY 2019
589A5 - Eastern Kansas HCS Topeka	14	19	10
589A6 - Eastern Kansas HCS Leavenworth	5	5	1
Alaska VA Healthcare System, Anchorage, AK	3		
Albany VA Medical Center, Albany, NY	3	4	
Aleda E. Lutz VA Medical Center, Saginaw, MI	17	13	4
Alexandria VA Medical Center, Alexandria, LA	7	5	1
Amarillo VA Healthcare System, Amarillo, TX	18	25	15
Ann Arbor VA Medical Center, Ann Arbor, MI	46	49	6
Asheville VA Medical Center, Asheville, NC	17	21	4
Atlanta VA Medical Center, Atlanta, GA	36	83	16
Baltimore VA Medical Center, Baltimore, MD	82	24	4
Bath VA Medical Center, Bath, NY	5	5	
Battle Creek VA Medical Center , Battle Creek, MI	22	88	9
Bay Pines VA Medical Center, Bay Pines, FL	45	58	15
Beckley VA Medical Center, Beckley, WV	22	17	3
Birmingham VA Medical Center, Birmingham, AL	15	21	1
Black Hills - Hot Springs VAMC	4	2	1
Boise VA Medical Center, Boise, ID	22	26	6
Butler VA Medical Center, Butler, PA	5	7	5
Canandaigua VA Medical Center, Canandaigua, NY	4	13	2
Captain James A. Lovell Federal Health Care Center, North Cl	4	12	3
Carl Vinson VA Medical Center, Dublin, GA	19	8	3
Central Alabama VHCS, Montgomery, AL	83	9	2
Central California VA Medical Center, Fresno, CA	51	76	8
Central Iowa VA Medical Center, Des Moines, IA	12	20	4
Central Texas VA Medical Center, Temple, TX	52	87	27
Central Western Massachusetts VAMC (Northampton)	4	11	4
Chalmers P. Wylie Ambulatory Care Center, Columbus, OH	14	13	3
Charlie Norwood VA Medical Center, Augusta, GA	18	9	4
Cheyenne VA Medical Center, Cheyenne, WY	3	9	2
Chillicothe VA Medical Center, Chillicothe, OH	3	5	
Cincinnati VA Medical Center, Cincinnati, OH	8	19	2
Clement J. Zablocki VA Medical Center, Milwaukee, WI	20	10	1
Coatesville VA Medical Center, Coatesville, PA	5	6	
Dayton VA Medical Center, Dayton, OH	16	22	11
Durham VA Medical Center, Durham, NC	48	25	3
East Orange Campus VA Medical Center, East Orange, NJ	22	31	12
Edith Nourse Rogers Memorial Veterans Hospital, Bedford, M	15	8	2
Edward Hines Jr VA Hospital, Hines, IL	22	22	6
El Paso VA Outpatient Clinic, El Paso, TX	41	53	6
Erie VA Medical Center, Erie, PA	10	22	7
Eugene J. Towbin VA Medical Center, North Little Rock, AR	9	8	2
Fargo VA Medical Center, Fargo, ND	5	6	4

Program of Comprehensive Assistance for Family Caregivers (PCAFC)
(Data Source: 3/4/2019 Extract)

Fayetteville VA Medical Center, Fayetteville, AR	8	3	1
Fayetteville VA Medical Center, Fayetteville, NC	140	49	23
FDR VA Medical Center, Caslt Point/Montrose, NY	7	9	7
Fort Harrison VA Medical Center, Fort Harrison, MT	38	11	6
Fort Meade VA Medical Center, Fort Meade, SD	2	1	
G. V. (Sonny) Montgomery VA Medical Center, Jackson, MS	16	3	2
Grand Junction VA Medical Center, Grand Juntion, CO		2	
Greater Los Angeles VA Medical Center, Los Angeles, CA	45	35	10
Gulf Coast Veterans VA Medical Center, Biloxi, MS	22	24	8
Hampton VA Medical Center, Hampton, VA	63	67	16
Harry S. Truman Memorial VA Medical Center, Columbia, MC	32	32	3
Haven Campus VA Medical Center, West Haven, CT	25	26	8
Hunter Holmes McGuire VA Medical Center, Richmond, VA	20	42	9
Huntington VA Medical Center, Huntington, WV	15	29	17
Illiana VA Medical Center, Danville, IL	26	20	3
Iowa City VA Medical Center, Iowa City, IA	6	4	2
Jack C. Montgomery VA Medical Center, Muskogee, OK	21	13	3
James A. Haley Veteran's Hospital, Tampa, FL	50	101	18
James E. Zandt VA Medical Center, Altoona, PA	10	14	5
James J. Peters VA Medical Center, Bronx, NY	29	28	6
Jesse Brown VA Medical Center, Chicago, IL	10	10	5
John Cochran Division VA Medical Center, St. Louis, MO	4	6	2
John D. Dingell VA Medical Center, Detroit, MI	8	2	7
John J. Pershing VA Medical Center, Poplar Bluff, MO	8	7	4
Jonathan M. Wainwright Memorial VA Medical Center, Walla	24	9	2
Kansas City VA Medical Center, Kansas City, MO	8	18	5
Lebanon VA Medical Center, Lebanon, PA	12	6	2
Lexington VA Medical Center, Lexington, KY	25	19	5
Loma Linda VA Medical Center, Loma Linda, CA	211	159	35
Long Beach VA Medical Center, Long Beach, CA	122	126	20
Louis A. Johnson VA Medical Center, Clarksburg, WV	8	8	2
Louis Stokes VA Medical Center, Cleveland, OH	20	16	1
Manchester VA Medical Center, Manchester, NH	13	19	6
Manhattan Campus VA Medical Center, New York, NY	13	14	11
Mann-Grandstaff VA Medical Center, Spokane, WA	14	13	1
Marion VA Medical Center, Marion, IL	13	16	
Martinsburg VA Medical Center, Martinsburg, WV	8	5	3
Memphis VA Medical Center, Memphis, TN	57	84	133
Miami VA Medical Center, Miami, FL	40	72	30
Michael E. DeBakey VA Medical Center, Houston, TX	19	21	6
Minneapolis VA Medical Center, Minneapolis, MN	13	18	2
Mountain Home VA Medical Center, Mountain Home, TN	39	47	14
N. California HCS-Sacramento, CA	62	69	30
Nebraska/Western Iowa HCS, Omaha, NE	16	37	5
New Mexico VA Healthcare System, Albuquerque, NM	81	113	13
New Orleans VA Medical Center, New Orleans, LA	11	14	5
North Florida/South Georgia VA Medical Center, Gainesville,	23	30	11

Program of Comprehensive Assistance for Family Caregivers (PCAFC)
(Data Source: 3/4/2019 Extract)

Northern Arizona VA Medical Center, Prescott, AZ	12	18	1
Northern Indiana Health Care System (Ft. Wayne, IN)	39	53	17
Northport VA Medical Center, Northport, NY	33	43	9
Oklahoma City VA Medical Center, Oklahoma City, OK	5	12	1
Orlando VA Medical Center, Orlando, FL	39	42	14
Oscar G Johnson VA Medical Center, Iron Mountain, MI	9	6	3
Overton Brooks VA Medical Center, Shreveport, LA	13	9	5
Palo Alto VA Medical Center, Palo Alto, CA	46	59	29
Philadelphia VA Medical Center, Philadelphia, PA	9	17	4
Phoenix VA Medical Center, Phoenix, AZ	153	138	36
Pittsburgh VA Medical Center, Pittsburgh, PA	11	13	4
Portland VA Medical Center, Portland, OR	29	29	6
Providence VA Medical Center, Providence, RI	4	3	1
Puget Sound VA Medical Center, Puget Sound, WA	38	38	7
Ralph H. Johnson VA Medical Center, Charleston, SC	16	24	5
Richard L. Roudebush VA Medical Center, Indianapolis, IN	26	46	7
Robert J. Dole VA Medical Center, Wichita, KS	4	3	2
Robley Rex VA Medical Center, Louisville, KY	82	160	32
Roseburg VA Medical Center, Roseburg, OR	34	29	18
Salem VA Medical Center, Salem, VA	21	33	5
Salt Lake City VA Medical Center, Salt Lake City, UT	20	10	5
San Diego VA Medical Center, San Diego, CA	46	99	27
San Francisco VA Medical Center, San Francisco, CA	17	18	1
San Juan VA Medical Center, San Juan, PR	78	52	20
Sheridan VA Medical Center, Sheridan, WY	10	6	1
Sierra Nevada VA Medical Center, Reno, NV	10	21	7
Sioux Falls VA Medical Center, Sioux Falls, SD	4	2	3
South Texas VA Medical Center, San Antonio, TX	161	69	4
Southern Arizona VA Medical Center, Tucson, AZ	13	20	7
Southern Nevada VA Medical Center, Las Vegas, NV	110	146	15
Southern Oregon Rehabilitation Center & Clinics, White City,	42	43	7
St. Cloud VA Health Care System, St. Cloud, MN	8	13	
Syracuse VA Medical Center, Syracuse, NY	22	63	15
Tennessee Valley VA Medical Center, Nashville, TN	66	315	81
Texas Valley Coastal Bend VA Medical Center, Texas Valley, T	9	8	4
Togus VA Medical Center, Togus, ME	8	14	1
Tomah VA Medical Center, Tomah, WI	8	37	7
Tuscaloosa VA Medical Center, Tuscaloosa, AL	8	12	2
VA Boston Healthcare System, Jamaica Plain Campus, MA	15	21	7
VA EASTERN COLORADO HEALTH CARE SYSTEMS	27	46	20
VA North Texas VA Medical Center, Dallas, TX	60	56	16
VA Pacific Islands VA Medical Center, Honolulu, HI	82	83	20
VA Western New York Healthcare System, Buffalo, NY	13	5	3
W. G. (Bill) Hefner VA Medical Center, Salisbury, NC	39	75	20
Washington, D.C. VA Medical Center	21	13	11
West Palm Beach VA Medical Center, West Palm Beach, FL	20	30	9
West Texas VA Medical Center, Big Spring, TX	9	5	2

Program of Comprehensive Assistance for Family Caregivers (PCAFC)
(Data Source: 3/4/2019 Extract)

White River Junction VA Medical Center, White River Junctio	15	67	2
Wilkes-Barre VA Medical Center, Wilkes-Barre, PA	12	35	3
William S. Middleton Memorial Veterans Hospital, Madison,	11	4	2
Wilmington VA Medical Center, Wilmington, DE	17	27	1
Wm. Jennings Bryan Dorn VA Medical Center, Columbia, SC	20	26	8

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1		Sum of FTE	Column Labels												
2		Row Labels	Admin (Pgm Spec)	Admin (PSA)	Administrative Officer	MD	NP	OT	PsyD	RN I	RN II	RN III	SW	RN IV	Grand Total
3	VISN	4													
4		460 - Wilmington VAMC											2		2
5		503 - James E. Van Zandt Altoona VA Medical Center		1									3		4
6		529 - VA Butler Healthcare											1		1
7		542 - Coatesville											2		2
8		562 - Erie VAMC											2		2
9		595 - Lebanon											1		1
10		642 - Philadelphia									1		1		2
11		646 - VA Pittsburgh Healthcare System											1		1
12		693 - Wilkes-Barre											1.75		1.75
13		**4 Total**		**1**							**1**		**14.75**		**16.75**
14	VISN	5													
15		512 - VA Maryland Health Care System		1									3		4
16		517 - Beckley VAMC								2					2
17		540 - Clarksburg										2			2
18		581 - Huntington VAMC											3		3
19		613 - Martinsburg										1	1		2
20		688 - Washington DC		1							1		3		5
21		**5 Total**		**2**						**2**	**1**	**3**	**10**		**18**
22	VISN	6													
23		558 - Durham		0.25								1	2.6		3.85
24		565 - Fayetteville North Carolina VAMC					0.5			1			6		7.5
25		590 - Hampton				1							5		6
26		637 - Charles George VAMC											2		2
27		652 - Hunter Holmes McGuire VAMC								1			2		3
28		658 - Salem										1	1		2
29		659 - W. G. Hefner VAMC - Salisbury											3		3
30		**6 Total**		**0.25**		**1**	**0.5**			**2**		**2**	**21.6**		**27.35**
31	VISN	7													
32		508 - Atlanta VAMC		1									5		6
33		509 - Charlie Norwood VAMC											2		2
34		521 - Birmingham									1		2		3
35		534 - Ralph H. Johnson VAMC											2		2
36		544 - Dorn VAMC											2		2
37		557 - Dublin								1		1	1		3
38		619 - Central Alabama Veteran's Health Care System (CAVHCS)								1	1		4		6
39		679 - Tuscaloosa											1		1
40		**7 Total**		**1**						**2**	**2**	**1**	**19**		**25**
41	VISN	8													
42		516 - Bay Pines VA Healthcare System						0.25					4.75		5
43		546 - Miami VAHS										1	3		4
44		548 - West Palm Beach VAMC		1								1	1		3
45		573 - NF/SG VHS		1						1		2	3.5		7.5
46		672 - VA Caribbean Healthcare System	1			0.2		0.2		1			6.5		8.9
47		673 - James A. Haley VA Hospital			0.25							1	3		4.25
48		675 - Orlando VAMC									3		3		6

		Sum of FTE Row Labels	Column Labels Admin (Pgm Spec)	Admin (PSA)	Administrative Officer	MD	NP	OT	PsyD	RN I	RN II	RN III	SW	RN IV	Grand Total
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
49		**8 Total**	**1**	**2**	**0.25**	**0.2**		**0.45**		**2**	**3**	**5**	**24.75**		**38.65**
50	VISN	**9**													
51		596 - Lexington VAMC											1		1
52		603 - Robley Rex VAMC				0.8		0.25	0.25				4		5.3
53		614 - Memphis VAMC											6		6
54		621 - Mountain Home VA Healthcare System					0.25	0.25	0.25				3.25		4
55		626 - VA Tennessee Valley Healthcare System											6		6
56		**9 Total**				**0.8**	**0.25**	**0.5**	**0.5**				**20.25**		**22.3**
57	VISN	**10**													
58		506 - VA Ann Arbor HCS								1			3		4
59		515 - Battle Creek VAMC											2		2
60		538 - Chillicothe VAMC											1		1
61		539 - VAMC Cincinnati											2		2
62		541 - Louis Stokes Cleveland VA											4		4
63		552 - Dayton VAMC										1	2		3
64		553 - John D. Dingell VAMC											1		1
65		583 - Richard L. Roudebush VAMC											2		2
66		610 - VA Northern Indiana HCS										0.75	3		3.75
67		655 - Aleda E. Lutz VAMC								1			1		2
68		757 - Columbus VAMC											2		2
69		**10 Total**								**2**		**1.75**	**23**		**26.75**
70	VISN	**12**													
71		537 - Jesse Brown								1			4		5
72		550 - VA Illiana HCS						0.5	0.5	1	1		1		4
73		556 - James Lovell FHCC								1	1		1		3
74		578 - Hines								1			7		8
75		585 Iron Mountain									0.5	1			1.5
76		607 - Madison											2		2
77		676 - Tomah										1	3		4
78		695 - Milwaukee											1		1
79		695 Milwaukee									1		1		2
80		**12 Total**						**0.5**	**0.5**	**4**	**3.5**	**2**	**20**		**30.5**
81	VISN	**15**													
82		589A5 and 589A6 - VAEKHCS									1		1		2
83		589 - Kansas City VA											2	1	3
84		589A4 - Harry S. Truman Memorial Veterans' Hospital											3		3
85		589A7 - Robert J Dole VAMC											1		1
86		657 - St. Louis		0.25									2		2.25
87		657A4 - John J Pershing VAMC									2		1		3
88		657A5 - Marion VA Medical Center											3		3
89		**15 Total**		**0.25**							**3**		**13**	**1**	**17.25**
90	VISN	**16**													
91		502 - Alexandria									1.5		1		2.5
92		520 - Gulf Coast Veterans HCS									1		4		5
93		564 - Fayetteville, AR											1		1
94		580 - Michael E. DeBakey Medical Center		0.75				0.25				1	1		3
95		586 - Jackson											2		2
96		598 - Central Arkansas Veterans Healthcare System										1	1		2

		Sum of FTE Row Labels	Column Labels Admin (Pgm Spec)	Admin (PSA)	Administrative Officer	MD	NP	OT	PsyD	RN I	RN II	RN III	SW	RN IV	Grand Total
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
97		629 - SLVHCS								0.4			2		2.4
98		667 - Overton Brooks VAMC									1		2		3
99		**16 Total**		**0.75**				**0.25**		**0.4**	**3.5**	**2**	**14**		**20.9**
100	VISN	**17**													
101		504 - Amarillo VAMC									1	1	1		3
102		519 - West Texas VA Health Care System											2		2
103		549 - VA North Texas HCS										3	4		7
104		671 - South Texas Veterans Health Care System											5		5
105		674 - CTVHCS									1.6	1	5		7.6
106		692-VA Southern Oregon Rehab Center and Clinics											1		1
107		740 Texas Valley Coastal Bend											3		3
108		756 - El Paso VA Health Care System		1						1.5	1		1.5		5
109		**17 Total**		**1**						**1.5**	**3.6**	**5**	**22.5**		**33.6**
110	VISN	**19**													
111		436 - VA Montana Health Care System									2		1		3
112		442 - Cheyenne VAMC								1			2		3
113		554 - ECHCS											4		4
114		575 - Grand Junction, CO											1.5		1.5
115		623 - JCMVAMC Muskogee						1				1	1		3
116		635 - OKC/VAMC								1			2		3
117		660 - VA Salt Lake City HCS								0.8			1.5		2.3
118		666 - Sheridan VA Healthcare System										1			1
119		**19 Total**						**1**		**2.8**	**2**	**2**	**13**		**20.8**
120	VISN	**20**													
121		463 - Alaska VA Healthcare System		0.5		0.125			0.125	0.125		1	0.125		2
122		531 - Boise VAMC										1	2		3
123		648 - Portland VA Health Care System				0.75							3		3.75
124		653 - Roseburg VA Health System		0.5			0.25	0.2	0.3		1		1.25		3.5
125		663 - Puget Sound											4		4
126		668 - Mann-Grandstaff VAMC											2		2
127		687 - Jonathan M. Wainwright Memorial VA Medical Center											1		1
128		687- Jonathon M Wainwright Memorial VA Medical Center								1					1
129		692-VA Southern Oregon Rehab Center and Clinics		0.25				0.5	0.5			2	2.5		5.75
130		**20 Total**		**1.25**		**0.875**	**0.25**	**0.7**	**0.925**	**1.125**	**1**	**4**	**15.875**		**26**
131	VISN	**21**													
132		459 - VA Pacific Islands Health Care System									2		3		5
133		570 - Fresno									1		1		2
134		593 - Southern Nevada											5		5
135		612 - VA NCHCS									1		5		6
136		640 - VA Palo Alto Health Care System		1								1	3		5
137		654 - VA Sierra Nevada Health Care System									1		1		2
138		662 - SF VA HCS					0.5		0.5				2		3
139		**21 Total**		**1**			**0.5**		**0.5**		**5**	**1**	**20**		**28**
140	VISN	**22**													
141		501 - New Mexico VA Health Care System									1		4		5
142		600 - Long Beach		0.5									3		3.5
143		605 - Loma Linda		1									5		6
144		644 - Phoenix VAHCS		1									7		8

		Sum of FTE	Column Labels													
		Row Labels	Admin (Pgm Spec)	Admin (PSA)	Administrative Officer	MD	NP	OT	PsyD	RN I	RN II	RN III	SW	RN IV	Grand Total
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
145		649 - Northern Arizona VA Health Care System										1	1		2
146		664 - San Diego	1				0.5	0.5			3		3		8
147		678 - Southern Arizona VA Health Care System										1	1		2
148		691 - Greater Los Angeles									1		3		4
149		**22 Total**	**1**	**2.5**			**0.5**	**0.5**			**5**	**2**	**27**		**38.5**
150	VISN	**23**													
151		437 - Fargo		1									2		3
152		438 - Sioux Falls											1		1
153		568 - Black Hills HCS (Ft Meade)											1.3		1.3
154		618 - Minneapolis										1	2		3
155		636 - NWI HCS											3		3
156		636A6 - Central Iowa HCS (Des Moines)									1		3		4
157		636A8 - Iowa City HCS										2	2		4
158		656 - St Cloud											2		2
159		**23 Total**		**1**							**1**	**3**	**16.3**		**21.3**
160	VISN	**1**													
161		402 - Maine Health Care System											1		1
162		405 - White River Junction									0.5	1	1		2.5
163		518 - ENRM Veterans Hospital											1.5		1.5
164		523 - Boston Healthcare System									1		3		4
165		608 - Manchester VAMC								1	1		1		3
166		631 - Central Western Massachusetts VAMC											3		3
167		650 - Providence VAMC									1		2		3
168		689 - Connecticut Health Care System							1		1		2		4
169		**1 Total**							**1**	**1**	**4.5**	**1**	**14.5**		**22**
170	VISN	**2**													
171		526 - Bronx		1									5		6
172		528 - Western New York Health Care System											1		1
173		528A5 - Canandaigua Medical Center											2		2
174		528A6 - Bath VAMC		0.5									1.5		2
175		528A7 - Syracuse VAMC							0.2				3		3.2
176		528A8 - Albany/Stratton VA Medical Center											2		2
177		561 - VA NJ HCS		1							1		2		4
178		620A4 - Castle Point VA Medical Center										1	2		3
179		630 - NY Harbor Health Care System									1		4.5		5.5
180		632 - Northport Veterans Affairs Medical Center											2		2
181		**2 Total**		**2.5**					**0.2**		**2**	**1**	**25**		**30.7**
182		**Grand Total**	**2**	**16.5**	**0.25**	**2.875**	**2**	**3.9**	**3.625**	**20.825**	**41.1**	**35.75**	**334.525**	**1**	**464.35**
183			**Acronyms**												
184			Registered Nurse			**RN I, II, III or IV**									
185			Medical Doctor			**MD**									
186			Occupational Therapist			**OT**									
187			Social Worker			**SW**									
188			Psychologist			**PsyD**									
189			Program Specialist			**Pgm Spec**									
190			Program Support Assistant			**PSA**									

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 1041
Transmittal Sheet
October 24, 2016

APPEAL OF VHA CLINICAL DECISIONS

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive communicates the policy and responsibilities for handling clinical disputes. ***NOTE:*** *As a result of a recommendation by the Commission on Care (see https://commissiononcare.sites.usa.gov/files/2016/07/Commission-on-Care_Final-Report_063016_FOR-WEB.pdf, Recommendation #3), a workgroup is being convened to further review these processes and to develop a regulation on clinical appeals.* This directive will be updated accordingly.

2. SUMMARY OF MAJOR CHANGES: This VHA directive updates the processes for internal and external appeals of clinical decisions.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The Office of the Deputy Under Secretary for Health for Operations and Management (10N) is responsible for the contents of this directive. Questions may be referred to the Office of Patient Centered Care and Cultural Transformation at 202-461-0410.

5. RESCISSIONS: VHA Directive 2006-057, dated October 16, 2006, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of October 2021. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

David J. Shulkin, M.D.
Under Secretary for Health

DISTRIBUTION: Emailed to the VHA Publications Distribution List on October 25, 2016.

APPEAL OF VHA CLINICAL DECISIONS

1. PURPOSE

This Veterans Health Administration (VHA) directive communicates the policy and responsibilities for handling clinical disputes. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b). ***NOTE:*** *This directive does not apply to VHA's reconsideration process set forth in Title 38 Code of Federal Regulations (CFR) §17.133 or to appeals filed with the Board of Veterans' Appeals (which are governed by 38 CFR part 20).*

2. BACKGROUND

In Fiscal Year (FY) 1999, VHA initiated an internal review of its clinical dispute process in response to VHA health care eligibility reform and the implementation of an enrollment system with the provision of a defined medical benefits package. In FY 2000, VHA instituted an external appeals system, which allows Veterans Integrated Service Networks (VISN) to request prompt, impartial review of disputed clinical decisions by a non-VHA, external reviewer. In 2006, VHA created a more efficient and consistent system of review that incorporates internal and external review, VISN-based management, and Veteran customer-service improvement activities.

3. DEFINITION

Clinical Dispute. A clinical dispute is an impasse that occurs between a patient, or the patient's representative, and a VHA medical facility over the provision or denial of clinical care that potentially could result in a different and/or improved clinical outcome for the Veteran. Clinical disputes generally arise when a patient and a provider disagree with medical determinations of the need for and appropriateness of specific types of medical care and treatment for an individual. Typical examples of these issues are whether a particular drug should be prescribed, whether a specific type of physiotherapy should be ordered, and similar judgmental treatment decisions with which an attending physician may be faced.

4. POLICY

It is VHA policy that patients and their representatives have access to a fair and impartial review of disputes regarding clinical decisions. Appeals of clinical decisions must be filed in writing, by the patient or by their representative and submitted to the medical facility, and if not resolved, directly to the VISN.

5. RESPONSIBILITIES

a. **VISN Director.** The VISN Director, or designee, is responsible for:

(1) Administering an internal clinical decision appeals process to resolve disputes of clinical decisions that are not resolved at the medical facility level. The VISN Director must ensure that the process at each level provides for a fair and impartial review.

NOTE: *If the VISN Director has requested an external review from QSV, the time frame for final decision will be extended to 45 days to obtain the external review.*

(8) Ensuring the patient, or the patient's representative, understands that they always have the right to accept or reject any solution offered.

b. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Instituting a local clinical appeals process based on this policy that establishes procedures for handling internal appeals of clinical decisions, including identification of roles and responsibilities, time-frames, and requirements for data entry into the national Patient Advocate Tracking System (PATS). See Appendix A for guidance.

(2) Ensuring that patients and their representatives are aware of their right to dispute a clinical decision and the process involved in appealing that decision.

(3) Ensuring staff are aware of the appeals process when a patient or patient's representative expresses disagreement with clinical decisions.

(4) Local processes to resolve disputes of clinical decisions, must be based on the following:

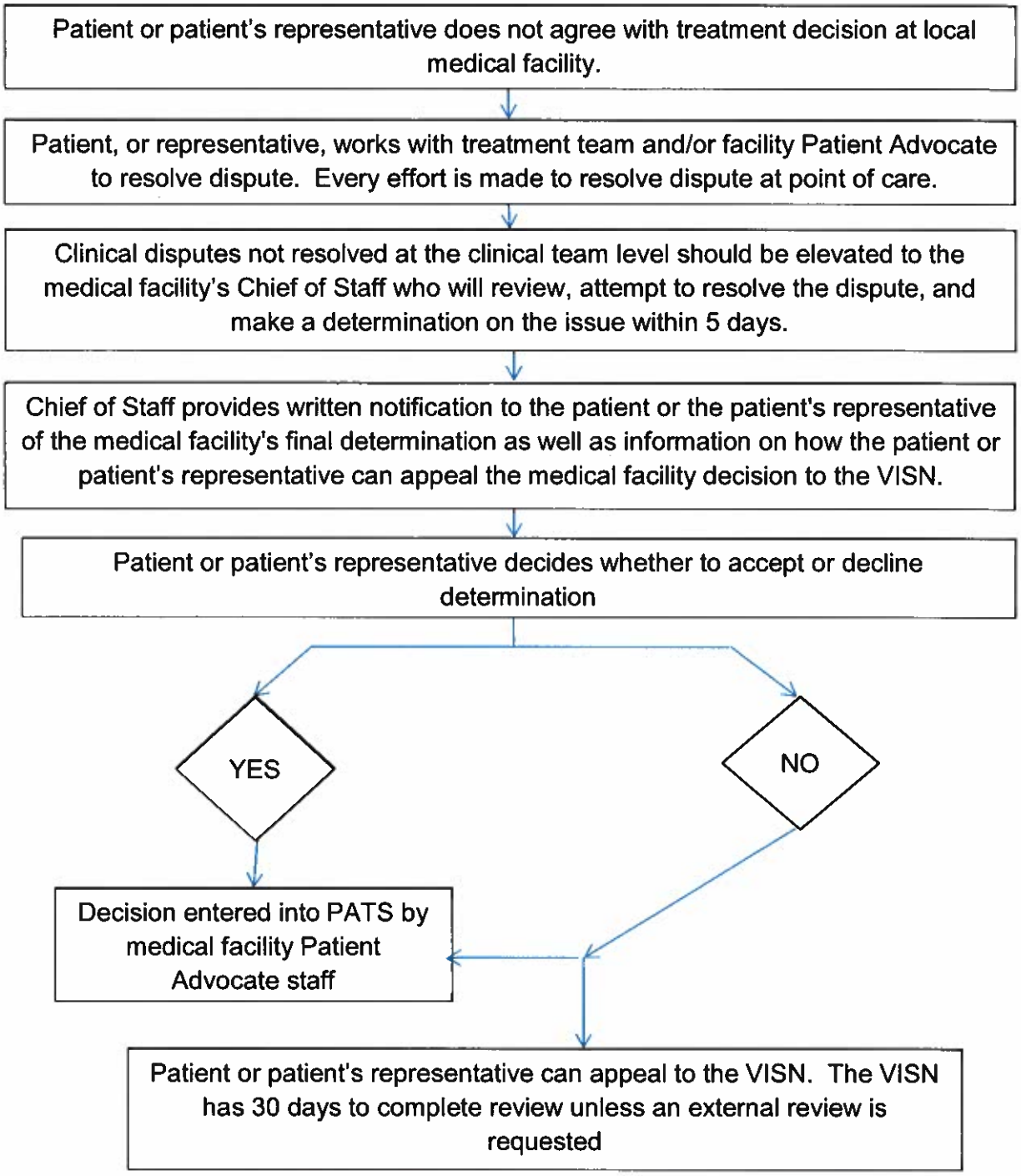
(a) Clinical decisions are founded on national evidence-based standards where they exist.

(b) Attempting to resolve clinical disputes at the patient's clinical team level, which includes assistance from facility or medical center patient advocates. The patient's clinical team and the medical facility patient advocates are the first points of contact to resolve clinical disputes. ***NOTE:*** *The clinical team should be made aware of any resources available at the facility level that may assist them in facilitating informal resolution of the clinical dispute (e.g., family conferences, ethics consultation, mediation, etc.).*

(c) Clinical disputes not resolved at the clinical team level should be elevated to the medical facility's Chief of Staff who will review, attempt to resolve the dispute, and make a determination on the issue. The Chief of Staff should also determine whether the patient can be maintained safely in the current environment of care while the dispute is pending. If it is determined that the patient cannot be safely maintained in the current environment of care, the Chief of Staff must ensure that arrangements necessary to maintain safety are implemented (e.g., immediate transfer of the patient to an appropriate setting).

(5) Providing written notification to the patient or the patient's representative of the medical facility's final determination. This notification must describe the process and rationale that was used to reach the decision, as well as information on how the patient or patient's representative can appeal the medical facility decision to the VISN.

GUIDANCE FOR DEVELOPING A FACILITY CLINICAL APPEAL PROCESS



SAMPLE EXECUTIVE DECISION MEMORANDUM

FACILITY:

TO: Veterans Integrated Service Network (VISN) Director (10N_)

THRU:

FROM: Chief Medical Officer (10N-)

SUBJ: PREPARED BY:

1. For Further Information Contact:

2. Action Requested:

____ Approval

____ Discussion or further review

____ None; For your Information

____ Other (specify)

3. Statement Of Issue: A concise statement of the issue, circumstance, or situation that needs to be addressed or resolved.

4. RECOMMENDATION: A succinct statement of what action is being recommended to address or resolve the issue.

_____ _____
Name of Chief Medical Officer Date

APPROVED/DISAPPROVED

_____ _____
Name of Network Director Date

10. LEGAL CONSIDERATIONS OF THE RECOMMENDED OPTION: Is the recommended option included in the VA medical benefits package, and is the Veteran eligible to receive it?

11. ETHICAL CONSIDERATIONS OF THE RECOMMENDED OPTION: A brief discussion of the values underlying the issue as well as any ethical issues, concerns, or considerations stemming from the recommended action. (See VHA Handbook 1004.06, INTEGRATEDETHICS®, dated August 29, 2013.

12. IMPLEMENTATION: A brief discussion of the timing, sequence, and implementation of the recommended action, including major implementation milestones. The proposed lead office or lead person and support office need to be clearly identified. Likewise, any anticipated obstacles must be noted.

13. LESSONS LEARNED: A brief discussion of any lessons learned stemming from either the issue, or the way the issue was handled at any point along the continuum.