



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,

A handwritten signature in dark ink, appearing to read "Robert L. Wilkie".

Robert L. Wilkie

Enclosures

**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 PCAFC 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	PCAFC Discharges by Reason								
2									
3									
	Veteran No								
	Fiscal Year	Longer							
	(FY)/	Clinically	Veteran	Caregiver	For	Non-	Veteran	Caregiver	Veteran
4	Month	Eligible	Request	Request	Cause	compliance	Deceased	Deceased	Institutional-
5	FY 2017								ization
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 CI	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, N	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, TX	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
Sum of FTE		Column Labels													
Row Labels	Admin (Pgm Spec)	Admin (PSA)	Administrative Officer	MD	NP	OT	PsyD	RNI	RN II	RN III	SW	RN IV			Grand Total
4															
VISN															
460 - Wilmington VAMC													2		2
503 - James E. Van Zandt Altoona VA Medical Center		1											3		4
529 - VA Butler Healthcare													1		1
542 - Coatesville													2		2
562 - Erie VAMC													2		2
595 - Lebanon													1		1
642 - Philadelphia									1				1		2
646 - VA Pittsburgh Healthcare System													1		1
693 - Wilkes-Barre													1.75		1.75
4 Total		1							1				14.75		16.75
5															
VISN															
512 - VA Maryland Health Care System		1											3		4
517 - Beckley VAMC								2							2
540 - Clarksburg										2					2
581 - Huntington VAMC											3				3
613 - Martinsburg										1			1		2
688 - Washington DC		1								1			3		5
5 Total		2						2	1	3			10		18
6															
VISN															
558 - Durham		0.25													3.85
565 - Fayetteville North Carolina VAMC									1				2.6		6
590 - Hampton													5		7.5
637 - Charles George VAMC													2		2
652 - Hunter Holmes McGuire VAMC								1					2		3
658 - Salem										1			1		2
659 - W. G. Hefner VAMC - Salisbury													3		3
6 Total		0.25						2		2			21.6		27.35
7															
VISN															
508 - Atlanta VAMC													5		6
509 - Charlie Norwood VAMC		1											2		2
521 - Birmingham									1				3		3
534 - Ralph H. Johnson VAMC													2		2
544 - Dorn VAMC													2		2
557 - Dublin								1		1			1		3
619 - Central Alabama Veteran's Health Care System (CAVHCS)								1	1				4		6
679 - Tuscaloosa													1		1
7 Total		1						2	2	1			19		25
8															
VISN															
516 - Bay Pines VA Healthcare System															5
546 - Miami VAHS													4.75		4
548 - West Palm Beach VAMC		1								1			3		3
573 - NF/SG VHS		1											1		7.5
672 - VA Caribbean Healthcare System			1										6.5		8.9
673 - James A. Haley VA Hospital													3		4.25
675 - Orlando VAMC													3		6

Sum of FTE		Column Labels																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
Row Labels		Admin (Pgm Spec)												Admin (PSA)				Administrative Officer				MID		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	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
49	8 Total	1	2	2	0.25	0.2	0.45																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													</

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					
97	629 - SILVHCS								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	17																		
101	504 - Amarillo VAMC									1	1	1			3				
102	519 - West Texas VA Health Care System														2				
103	549 - VA North Texas HCS										3	4			7				
104	671 - South Texas Veterans Health Care System														5				
105	674 - CTVHCS									1.6	1	5			7.6				
106	692-VA Southern Oregon Rehab Center and Clinics														1				
107	740 Texas Valley Coastal Bend														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	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	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			1				
128	687- Jonathan M Wainwright Memorial VA Medical Center																		
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	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	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																Grand Total	
Row Labels		- Admin (Pgm Spec) Admin (PSA) Administrative Officer MD NP OT PsyD RN I RN D 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	2				
146	664 - San Diego	1					0.5	0.5		3			3	8					
147	678 - Southern Arizona VA Health Care System										1		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																		
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																		
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																		
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												1.5	2					
175	528A7 - Syracuse VAMC		0.5											3.2					
176	528A8 - Albany/Stratton VA Medical Center												2	2					
177	561 - VA NJ HCS												2	4					
178	620A4 - Castle Point VA Medical Center		1							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		

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:

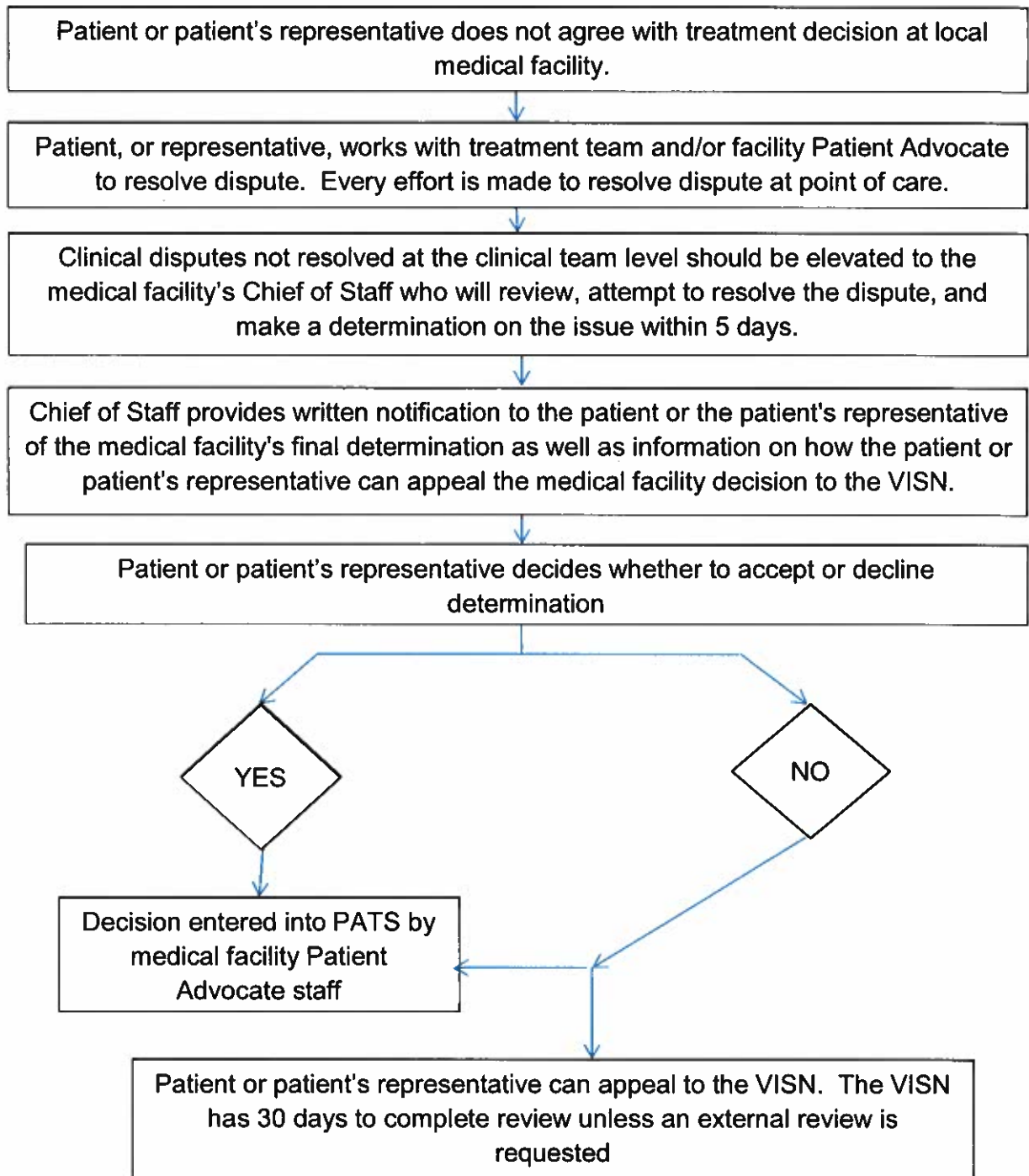
(a) Clinical decisions are founded on national evidence-based standards where they exist.

(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



October 24, 2016

VHA DIRECTIVE 1041
APPENDIX B

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, INTEGRATED ETHICS®, 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.