

No. 2022-1264

IN THE UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT

JEREMY BEAUDETTE, MAYA BEAUDETTE
Claimants-Appellees,

v.

DENIS MCDONOUGH,
Secretary of Veterans Affairs,
Respondent-Appellant.

Appeal from the United States Court of Appeals for Veterans Claims in
Case No. 20-4961, Judge Allen, Judge Toth, and Judge Falvey

BRIEF FOR RESPONDENT-APPELLANT

BRIAN M. BOYNTON
Principal Deputy Assistant Attorney General

PATRICIA M. McCARTHY
Director

CLAUDIA BURKE
Assistant Director

BRYAN THOMPSON
Deputy Chief Counsel
Health Care Law Group
Office of General Counsel
Department of Veterans Affairs
810 Vermont Ave., NW
Washington, DC 20420

SOSUN BAE
Senior Trial Counsel
Commercial Litigation Branch
Civil Division, Department of Justice
P.O. Box 480, Ben Franklin Station
Washington, DC 20044
Telephone: (202) 305-7568

July 1, 2022

Attorneys for Respondent-Appellant

TABLE OF CONTENTS

STATEMENT OF THE ISSUES.....	1
STATEMENT OF THE CASE SETTING FORTH RELEVANT FACTS	2
I. Nature Of The Case	2
II. Statement Of Facts And Course Of Proceedings Below	2
A. Relevant Statutory And Regulatory Background.....	2
1. VA’s Regulation Excepts Medical Determinations From Board Review	2
2. Congress Passes The Caregiver Act.....	4
3. VA Makes Clear Its Interpretation That, Pursuant To Section 1720G(c)(1), PCAFC Determinations Are Not Eligible For Board Review	5
4. Congress Passes VA MISSION Act, Which Significantly Amends The PCAFC, But Does Not Alter The “Medical Determination” Language	6
B. The Clinical Appeals Process For PCAFC Determinations.....	8
C. The Beaudettes’ PCAFC History And Mandamus Petition.....	11
D. The Veterans Court Grants Mandamus Petition And Certifies Class.....	13
1. Majority Opinion.....	13
2. Dissenting Opinion.....	16
SUMMARY OF THE ARGUMENT	17
ARGUMENT	20

I.	Standard Of Review	20
II.	The Writ Did Not Properly Aid The Court’s Exercise Of Jurisdiction.....	20
A.	Congress Intended PCAFC Decisions To Be Exempt From Board Jurisdiction, And, Ensuingly, Veterans Court Jurisdiction	21
1.	VA’s Interpretation Is The Only Reasonable One Not Rendering The Term “Medical Determination” Surplusage	25
2.	Congress Was Presumptively Aware Of VA’s Regulation And The Meaning Of The Term “Medical Determination” When It Passed The Caregiver Act, And No Evidence Demonstrates Otherwise	28
3.	The Veterans Court’s Reliance On Cherry-Picked Canons Is Shaky, At Best.....	36
a.	Discernible Congressional Intent Rebutts The Presumption Of Judicial Review	36
b.	The VJRA And VA’s Interpretation Of 1720G Can Be Read Harmoniously And Without Assuming Repeal By Implication.....	37
B.	If The Statutory Provision Is Ambiguous, VA’s Interpretation Is Owed Deference And Should Be Upheld	39
1.	VA’s Interpretation Was Both Reasoned And Sufficiently Explained.....	40
C.	The Writ Impermissibly Expanded The Veterans Court’s Jurisdiction By Intruding On This Court’s Exclusive Jurisdiction To Hear Direct Challenges To VA Rules And Regulations	42
III.	The Veterans Court Erred In Holding That The Beaudettes Satisfied The Conditions For Entitlement To Mandamus.....	45

A. The Beaudettes Had Or Could Have Had Adequate Alternative Means To Obtain Their Desired Relief.....	46
B. The Beaudettes Did Not Have A Clear Indisputable Right To Mandamus.....	48
CONCLUSION	49

TABLE OF AUTHORITIES

Cases

<i>Am. Legion v. Nicholson</i> , <u>21 Vet. App. 1</u> (2007).....	42
<i>Arctic Corner, Inc. v. United States</i> , <u>845 F.2d 999</u> (Fed. Cir. 1988)	45
<i>Baker Perkins, Inc. v. Werner & Pfleiderer Corp.</i> , <u>710 F.2d 1561</u> (Fed. Cir. 1983)	21
<i>Beasley v. Shinseki</i> , <u>709 F.3d 1154</u> (Fed. Cir. 2013)	20
<i>Block v. Comm. Nutrition Institute</i> , <u>467 U.S. 340</u> (1984)	36
<i>Bristol-Myers Squibb Co. v. Royce</i> , <i>Lab</i> , <u>69 F.3d 1130</u> (Fed. Cir. 1995).....	28, 32
<i>California Industrial Products, Inc. v. United States</i> , <u>436 F.3d 1341</u> (Fed. Cir. 2006)	28
<i>Candle Corp. of Am. v. U.S. Int’l Trade Comm’n</i> , <u>374 F.3d 1087</u> (Fed. Cir. 2004)	22
<i>Cannon v. Univ. of Chi.</i> , <u>441 U.S. 667</u> (1979)	29
<i>Cheney v. U.S. Dist. Ct. for D.C.</i> , <u>542 U.S. 367</u> (2001)	46, 48
<i>Chevron, U.S.A., Inc. v. Natural Resources Defense Council, Inc.</i> , <u>467 U.S. 837</u> (1984)	22, 23, 39

<i>Clinton v. Goldsmith</i> , <u>526 U.S. 529</u> (1999)	21
<i>Colvin v. Derwinski</i> , <u>1 Vet. App. 171</u> (1991)	26, 27
<i>Cox v. West</i> , <u>149 F.3d 1360</u> (Fed. Cir. 1998)	21
<i>Encino Motorcars, LLC v. Navarro</i> , <u>136 S. Ct. 2117</u> (2016)	23
<i>Epic Sys. Corp. v. Lewis</i> , <u>138 S. Ct. 1612</u> (2018)	15
<i>Fed. Crop Ins. Corp. v. Merrill</i> , <u>332 U.S. 380</u> (1947)	31
<i>Gazelle v. Shulkin</i> , <u>868 F.3d 1006</u> (Fed. Cir. 2017)	29
<i>Gen. Dynamics Land Sys., Inc. v. Cline</i> , <u>540 U.S. 581</u> (2004)	22
<i>George v. McDonough</i> , -- U.S. --, <u>142 S. Ct. 1953</u> (2022)	33
<i>In re Newman</i> , <u>763 F.2d 407</u> (Fed. Cir. 1985)	46
<i>Kerr v. U.S. Dist. Ct. for Northern Dist. of Cal.</i> , <u>426 U.S. 394</u> (1976)	45
<i>Lamb v. Principi</i> , <u>284 F.3d 1378</u> (Fed. Cir. 2002)	20, 45

<i>Lorillard v. Pons</i> , <u>434 U.S. 575</u> (1978)	28
<i>Matter of Wick</i> , <u>40 F.3d 367</u> (Fed. Cir. 1994)	21
<i>Montclair v. Ramsdell</i> , <u>107 U.S. 147</u> (1883)	25
<i>Morton v. Mancari</i> , <u>417 U.S. 535</u> (1974)	38
<i>Motor Vehicle Mfrs. Ass’n v. State Farm Mut. Auto. Ins. Co.</i> , <u>463 U.S. 29</u> (1983)	40
<i>Mudge v. United States</i> , <u>308 F.3d 1220</u> (Fed. Cir. 2002)	28
<i>Noll v. Brown</i> , <u>5 Vet. App. 80</u> (1993)	45
<i>Pa. Bureau of Corr. v. U.S. Marshals Service</i> , <u>474 U.S. 34</u> (1985)	46
<i>Preminger v. Sec’y of Veterans Affairs</i> , <u>632 F.3d 1345</u> (Fed. Cir. 2011)	42,47
<i>Roche v. Evaporated Milk Ass’n</i> , <u>319 U.S. 21</u> (1943)	45, 46
<i>Salinas v. U.S. R.R. Ret. Bd.</i> , <u>141 S. Ct. 691</u> (2021)	36
<i>Sharp v. United States</i> , <u>580 F.3d 1234</u> (Fed. Cir. 2009)	26

<i>Star-Glo Assocs., LP v. United States</i> , 414 F.3d 1349 (Fed. Cir. 2005)	21
<i>Syngenta Crop Prot., Inc. v. Henson</i> , 537 U.S. 28 (2002)	46
<i>Taggart v. Lorenzen</i> , 587 U. S. --, 139 S. Ct. 1795 (2019).....	38
<i>Tapia v. United States</i> , 146 Fed. Cl. 114 (2019).....	24
<i>Traynor v. Turnage</i> , 485 U.S. 535 (1988)	28
<i>Wingard v. McDonald</i> , 779 F.3d 1354 (Fed. Cir. 2015)	42
<i>Wolfe v. McDonough</i> , 28 F.4th 1348 (2022)	20, 46, 47
<i>Young v. UPS</i> , 575 U.S. 206 (2015)	25

Statutes

28 U.S.C. § 1651	13
38 U.S.C. 1720G(c)(1).....	<i>passim</i>
38 U.S.C. § 502	<i>passim</i>
38 U.S.C. § 1703	34
38 U.S.C. § 4004(a) (1988).....	2
38 U.S.C. § 7104(a)	2, 14
38 U.S.C. § 7292(a)	20

Regulations

<u>38 C.F.R. § 19.3(b)</u> (1983).....	3, 21
<u>38 C.F.R. § 20.101</u> (1992)	21
<u>38 C.F.R. § 20.101(b)</u>	5, 6
<u>38 C.F.R. § 20.104(b)</u>	<i>passim</i>

Federal Register

<u>76 Fed. Reg. 26,148</u> (May 5, 2011)	4
<u>80 Fed. Reg. 1,357</u> (Jan. 9, 2015)	<i>passim</i>
<u>84 Fed. Reg. 138</u> (Jan. 18, 2019)	3
<u>85 Fed. Reg. 46,226</u> (July 31, 2020).....	7, 32, 40

Other Authorities

Pub. L. No. 111-163, <u>124 Stat. 1130</u> (2010).....	4
Pub. L. No. 115-182, <u>132 Stat. 1393</u> (2018).....	7, 31
<i>Implementation of Caregiver Assistance: Moving Forward: Hearing Before the Subcommittee on Health of the U.S. House of Representatives Committee on Veterans' Affairs, 112 Cong. 1 (2011).....</i>	
<i>Legislative Hearing on H.R. 2460; H.R. 3956/H.R. 3974, H.R. 3989, 114 Cong. 2, Serial No. 114-66 (2016).....</i>	
	31

STATEMENT OF RELATED CASES

Pursuant to Rule 47.5 of this Court's Rules, counsel for respondent-appellant states that she is unaware of any other appeal from this civil action that previously has been before this Court or any other appellate court under the same or similar title. Counsel is aware of one other case pending in this court that may directly affect or be affected by the Court's decision in this appeal: *Sullivan v. Sec'y of Veterans Affairs*, No. 2020-2193 (Fed. Cir.).

STATEMENT OF JURISDICTION

On April 19, 2021, the United States Court of Appeals for Veterans Claims (Veterans Court) issued an order granting a petition for a writ of mandamus on behalf of a class to require appeals of adverse decisions pertaining to the Department of Veterans Affairs' (VA) Program of Comprehensive Assistance for Family Caregivers (PCAFC) to be entertained by the Board of Veterans' Appeals (board). [Appx2-14](#). The Veterans Court entered judgment in this case on October 6, 2021. [Appx1](#). This Court has jurisdiction over this appeal of a Veterans Court decision granting a petition for a writ of mandamus under [38 U.S.C. § 7292\(a\), \(c\)](#).

IN THE UNITED STATES COURT OF APPEALS
FOR THE FEDERAL CIRCUIT

JEREMY BEAUDETTE)	
MAYA BEAUDETTE,)	
)	
Claimants-Appellees,)	
)	
v.)	No. 2022-1264
)	
DENIS MCDONOUGH,)	
Secretary of Veterans Affairs,)	
)	
Respondent-Appellant.)	

BRIEF FOR RESPONDENT-APPELLANT

STATEMENT OF THE ISSUES

1. Whether the United States Court of Appeals for Veterans Claims (Veterans Court) erred in issuing a writ of mandamus that did not aid its exercise of actual or prospective jurisdiction, but rather expanded it.

2. Whether the Veterans Court erred when it held that claimants-appellees Jeremy and Maya Beaudette, acting on behalf of a class, were entitled to a writ of mandamus because they: 1) did not have adequate alternative means to obtain their desired relief; and 2) had a clear and indisputable right to the writ.

STATEMENT OF THE CASE SETTING FORTH RELEVANT FACTS

I. Nature Of The Case

Respondent-appellant Denis McDonough, Secretary of Veterans Affairs, appeals the April 19, 2021 decision of the Veterans Court in *Beaudette v. McDonough*, No. 20-4961, in which that court granted a petition for writ of mandamus filed by the Beaudettes on behalf of a class of claimants to allow the Board of Veterans' Appeals (board) to hear appeals of adverse decisions pertaining to the Department of Veterans Affairs' (VA) Program of Comprehensive Assistance for Family Caregivers (PCAFC). [Appx2-14](#). The Veterans Court entered judgment in the case on October 6, 2021. [Appx1](#).

II. Statement Of Facts And Course Of Proceedings Below

A. Relevant Statutory And Regulatory Background

1. VA's Regulation Exempts Medical Determinations From Board Review

As a general matter, VA benefits decisions are subject to board review pursuant to section 7104(a) of the Veterans Judicial Review Act (VJRA), enacted in 1988.¹ See [38 U.S.C. § 7104\(a\)](#). But in 1983, VA issued a regulation which stated that "medical determinations" of the VA Department of Medicine and

¹ Board review of benefits decisions was available prior to the VJRA as well. See [38 U.S.C. § 4004\(a\)](#) (1988).

Surgery² were not subject to board review. *See* [38 C.F.R. § 19.3\(b\)](#) (1983) (“[m]edical determinations, such as determinations of the need for and appropriateness of specific types of medical care and treatment for an individual, are not adjudicative matters and are beyond the Board’s jurisdiction.”).

This regulation predated the passage of the VJRA; however, in 1992 (post-VJRA), VA issued a revised version of the regulation, which continued the explicit prohibition on the board’s jurisdiction over medical determinations made by the Veterans Health Administration (VHA). *See* [38 C.F.R. § 20.101\(b\)](#) (1992). In 2019, the prohibition was redesignated as [38 C.F.R. § 20.104\(b\)](#). *See* [84 Fed. Reg. 138 \(Jan. 18, 2019\)](#), [38 C.F.R. § 20.104\(b\)](#) (“Medical determinations, such as determinations of the need for and appropriateness of specific types of medical care and treatment for an individual, are not adjudicative matters and are beyond the Board’s jurisdiction.”). Typical, though non-exclusive, examples of medical determinations 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.” *Id.* The regulation, and the prohibition on board review of medical determinations, exists to this day.

² The VA Department of Medicine and Surgery is now the Veterans Health Administration, which administers PCAFC (via the Caregiver Support Program). *See VA Caregiver Support Program*, U.S. Dep’t of Veterans Affairs, <https://www.caregiver.va.gov> (June 21, 2022).

2. Congress Passes The Caregiver Act

In 2010, against the backdrop of the longstanding VA regulation excepting medical determinations from board review and almost two decades after enactment of the VJRA, Congress enacted section 1720G of title 38 of the United States Code through the Caregivers and Veterans Omnibus Health Services Act of 2010 (Caregiver Act), which, among other things, required VA to establish a Program of Comprehensive Assistance for Family Caregivers (PCAFC) for family caregivers of eligible veterans who have a serious injury incurred or aggravated in the line of duty on or after September 11, 2001. *See* Pub. L. No. 111-163, [124 Stat. 1130](#) (2010).

Pursuant to the Caregiver Act, PCAFC provides family caregivers of eligible veterans certain benefits, such as training, respite care, counseling, technical support, certain beneficiary travel, a monthly personal caregiver stipend, and access to health care (if qualified) through the Civilian Health and Medical Program of the Department of Veterans Affairs. *See* [38 U.S.C. § 1720G\(a\)\(3\)](#). Section 1720G(a)(2) of the Act sets forth the eligibility requirements, further elaborated by VA through its regulations at part 71 of title 38 of the Code of Federal Regulations (2011). *See* [76 Fed. Reg. 26,148](#) (May 5, 2011), *as amended by* [80 Fed. Reg. 1,357](#) (Jan. 9, 2015).

Importantly, section 1720G(c)(1), titled “Construction,” specifies that “[a]

decision by [VA] under this section affecting the furnishing of assistance or support shall be considered a ***medical determination***.” (emphasis added).

3. VA Makes Clear Its Interpretation That, Pursuant To Section 1720G(c)(1), PCAFC Determinations Are Not Eligible For Board Review

In 2011, shortly after passage of the Caregiver Act, Congress, as part of a hearing regarding implementation of 38 U.S.C. § 1720G, posed the question to VA: “How can a veteran or caregiver appeal an adverse medical or legal decision?” *Implementation of Caregiver Assistance: Moving Forward: Hearing before the Subcommittee on Health of the U.S. House of Representatives Committee on Veterans’ Affairs*, 112 Cong. 1 (2011).³

By written response to Congress, VA explained that:

A veteran can appeal an adverse decision through VA’s clinical appeals process. 38 U.S.C. 1720G(c)(1) specifies that, “[a] decision by the Secretary under this section affecting the furnishing of assistance or support shall be considered a medical determination.” Consequently, all decisions regarding eligibility for, and the provision of benefits under, the Caregiver program will be considered medical determinations, appealable through the clinical appeals process, as defined by the Veterans Health Administration (VHA) Directive 2006-057. . . .

In accordance with 38 CFR Sec. 20.101(b), which discusses the Board of Veterans’ Appeals as they relate to determinations made by VHA, ***clinical decisions concerning a veteran’s need for medical care or the type***

³ Available at <https://www.govinfo.gov/content/pkg/CHRG-112hhrg68452/html/CHRG-112hhrg68452.htm>.

of medical treatment needed in a particular patient case are not within the Board's jurisdiction; as a result, such clinical decisions may not be appealed to the Board of Veterans' Appeals.

Id. (emphasis added).

In 2015, VA issued a final rule implementing regulations to govern PCAFC. *See* [80 Fed. Reg. 1,357 \(Jan. 9, 2015\)](#). In its final rule, and in response to comments requesting further information addressing a veteran's or caregiver's right to appeal PCAFC decisions, VA reiterated its interpretation of section 1720G(c)(1) as exempting PCAFC decisions from board review, citing both the VA regulation and the "medical determination" language of section 1720G(c)(1).

As VA explained, "all determinations that affect the furnishing of assistance or support through the through the programs under 38 U.S.C. 1720G are medical determinations as a matter of law, and as such may not be adjudicated in the standard manner as claims associated with veterans' benefits." [80 Fed. Reg. at 1,366](#). VA further stated that "it is reasonable to infer that Congress knew that medical determinations were not appealable under [section] 20.101, and subsequently used that precise phrase in the statute to limit appeals of decisions in the [PCAFC]." *Id.*

4. Congress Passes VA MISSION Act, Which Significantly Amends The PCAFC, But Does Not Alter The "Medical Determination" Language

In 2018, subsequent to VA's clear statements interpreting section

1720G(c)(1) as excluding PCAFC decisions from board review, Congress passed the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (VA MISSION Act). *See* Pub. L. No. 115-182, [132 Stat. 1393](#) (2018). The VA MISSION Act extensively amended [38 U.S.C. § 1720G](#) by expanding eligibility for PCAFC to family caregivers of eligible veterans who incurred or aggravated a serious injury in the line of duty before September 11, 2001, establishing new benefits for designated primary family caregivers of eligible veterans, and making other changes affecting PCAFC eligibility and VA’s evaluation of PCAFC applications. *Id.*

The VA MISSION Act did not, however, alter section 1720G(c)(1), which construes PCAFC decisions “affecting the furnishing of assistance or support” as “medical determination[s].” [38 U.S.C. § 1720G\(c\)\(1\)](#).

In 2020, VA issued a final rule implementing the changes made to the PCAFC by the VA MISSION Act. *See* [85 Fed. Reg. 46,226](#) (July 31, 2020). In response to comments arguing for board review of some or all PCAFC decisions, VA reiterated its position that “Congress specifically intended to further limit review of PCAFC determinations” through the “medical determination” language set forth in [38 U.S.C. § 1720G\(c\)\(1\)](#). [85 Fed. Reg. at 46,286](#). In addition, VA repeated that “[t]he plain language of section 1720G(c)(1) removes any doubt that

Congress intended to insulate even decisions of eligibility from appellate review under [PCAFC.]” *Id.* (citing 80 Fed Reg. at 1,366). VA also pointed to VHA Directive 1041, which governs the appeal of VHA clinical decisions, including PCAFC determinations. *Id.* at 46,287.

In late 2020, after VA published its final rule in the Federal Register, Congress passed the Transparency and Effective Accountability Measures for Veteran Caregivers Act (TEAM Veteran Caregivers Act), which further amended 38 U.S.C. § 1720G by requiring VA to notify individuals regarding PCAFC decisions with standardized letters and to prescribe requirements related to the discharge of veterans from the program, but which, again, did not change the “medical determinations” language present in section 1720G(c)(1).

B. The Clinical Appeals Process For PCAFC Determinations

VHA Directive 1041, the most current version of which issued in 2020, outlines the appeals process for VHA clinical decisions, including those deemed “medical determinations.” See VHA Publications: Appeal of Veterans Health Administration Clinical Decisions, 11 - AUSH for Clinical Services, available at <https://www.va.gov/vhapublications/publications.cfm?pub=1>; see also Appx23-33 (the 2016 version which was in effect at the time the Beaudettes pursued the Clinical Appeals Process). As described in the current directive, as well as its preceding versions, the Clinical Appeals Process consists of two levels of review.

Id. While the 2020 version includes a unique and tailored process for PCAFC decisions, before that (including during the Beaudettes' appeal process), appeals of PCAFC decisions not resolved at the facility level could be appealed to the Veterans Integrated Service Network (VISN), which might also allow for prompt, impartial review of disputed medical determinations by a non-VHA, external reviewer. [Appx23-33](#).

VA explained this process to Congress in 2011 when answering its questions regarding appeals of adverse PCAFC decisions:

In the context of the Program of Comprehensive Assistance for Family Caregivers, the veteran (or designated representative) can appeal a medical decision by requesting a facility-level document review. If the veteran is not satisfied with the decision, he or she may appeal to the Veterans Integrated Service Network (VISN).

The VISN's clinical panel will review the veteran's record along with other documentation and make a recommendation to the VISN Director. The VISN panel can also request an independent external review at any time during the process.

Implementation of Caregiver Assistance: Moving Forward: Hearing Before the Subcommittee on Health of the U.S. House of Representatives Committee on Veterans' Affairs, 112 Cong. 1 (2011).

In 2020, the VHA Clinical Appeals Process was updated to ensure that appeals of PCAFC decisions are considered by a standardized group of at least

three inter-professional licensed practitioners within each VISN who have specific expertise and training in the eligibility requirements for the PCAFC, but who were not involved in the decision being disputed. *See* VHA Publications: Appeal of Veterans Health Administration Clinical Decisions, Appendix G, *available at* <https://www.va.gov/vhapublications/publications.cfm?pub=1>. A second-level appeal may be pursued if the individual is not satisfied with the decision resulting from the first appeal; that review would include a review of the PCAFC decision by yet another team of at least three medical professionals. *Id.* At each review level, additional information or new medical assessments may be sought, if needed, and, during the second-level appeal, VA may further seek an external (non-VA) review, if needed. *Id.*

In contrast to the lengthier timelines for resolution associated with board review of VA appeals, PCAFC clinical appeals must be adjudicated, and a final decision communicated, within 45 business days (or up to 60 days in certain circumstances related to external review) of the appeal being received by the Patient Advocate or VISN Patient Advocate Coordinator. *Id.* The VHA Clinical Appeals Process ensures that appeals concerning PCAFC decisions receive timely resolution so that VA can provide appropriate medical interventions and additional support as quickly as possible, which is critical in providing necessary care and medical treatment to seriously injured veterans.

C. The Beaudettes' PCAFC History And Mandamus Petition

Mr. Beaudette served in the Marine Corps from 2002-2012, completing multiple deployments. [Appx2](#), [Appx46](#). He incurred various service-connected medical conditions, including legal blindness, degenerative disk disease, and migraines. *Id.*

In 2013, the Beaudettes applied for PCAFC benefits, and were deemed eligible by VHA. [Appx3](#), [Appx46](#). In October 2017, the Caregiver Support Program's eligibility assessment team reviewed the Beaudettes' eligibility for the program, and, in February 2018, informed the Beaudettes that they no longer met the eligibility requirements. [Appx34](#). Specifically, the Caregiver Support Program deemed that Mr. Beaudette was generally independent with activities of daily living, was not a danger to himself or others, and did not require continuous supervision and protection due to a mental health or neurological injury. *Id.* The notification to the Beaudettes stated that they could initiate a first-level appeal to the VA facility where Mr. Beaudette received care, and that Mrs. Beaudette might still qualify for non-PCAFC caregiver services and benefits.⁴ *Id.*

The Beaudettes submitted a first-level clinical appeal to VA's Southern

⁴ The Program of General Caregiver Support Services (PGCSS), which provides certain support services, such as respite care and mental health services, to caregivers of covered veterans, is but one example of non-PCAFC caregiver services that VA provides to caregivers who do not qualify for PCAFC. *See* [38 U.S.C. § 1720G\(b\)](#).

Nevada Healthcare System (SNHS). [Appx44](#). On July 23, 2018, SNHS issued a decision upholding the determination that the Beaudettes were not eligible for PCAFC benefits. *Id.* Upon reviewing Mr. Beaudette's medical record and other submitted materials, SNHS agreed with the Caregiver Support Program team that Mr. Beaudette was independent with activities of daily living and did not have a continuous need for daily supervision or protection due to brain injury, psychological trauma, or other mental illness. *Id.* It acknowledged that Mr. Beaudette might have some caregiving needs, but found that those needs did not rise to the level of meeting the requirements for PCAFC. *Id.* SNHS informed the Beaudettes that they could appeal the decision to the appropriate VISN director. [Appx45](#).

The Beaudettes submitted a second-level appeal to the VISN, and, on November 21, 2018, the VISN issued a decision upholding the first-level appeal. [Appx49](#). The VISN noted that it had reviewed Mr. Beaudette's medical records, but that Mr. Beaudette did not appear for a scheduled in-person clinical evaluation and, thus, the VISN was unable to conduct a live assessment of his physical condition and needs. [Appx48](#). Accordingly, based on a review of records, the VISN agreed with SNHS's denial of the first-level appeal. [Appx49](#). While noting that the decision could not be appealed, the VISN informed the Beaudettes they could reapply for PCAFC. *Id.*

The Beaudettes then sought to appeal to the board, but received no response.⁵ [Appx3](#).

D. The Veterans Court Grants Mandamus Petition And Certifies Class

In 2020, the Beaudettes filed a petition for writ of mandamus at the Veterans Court, pursuant to the All Writs Act (AWA), [28 U.S.C. § 1651](#), requesting that the court compel VA to allow board review of PCAFC decisions (consequently enabling review of PCAFC decisions by the Veterans Court and this Court). [Appx2](#), [Appx18](#). The Beaudettes also requested that the court certify a class of similarly situated veterans and caregivers. *Id.*

1. Majority Opinion

On April 19, 2021, a majority of a three-judge panel issued an order granting the petition for writ of mandamus and certifying a class of claimants who had exhausted the VHA Clinical Appeals Process and had not been afforded the right to appeal to the board. [Appx2-11](#).

The court began its analysis by stating that it had the power to issue a writ of mandamus under the AWA, [28 U.S.C. § 1651](#), in aid of its prospective jurisdiction. [Appx4](#). It then pointed out that the court's jurisdiction was governed by the VJRA,

⁵ On May 5, 2022, the Caregiver Support Program issued the Beaudettes a favorable decision in response to their notice of disagreement to the board.

that [38 U.S.C. § 7104\(a\)](#) normally permits veterans to appeal adverse VA benefits decisions to the board, and that PCAFC decisions were “benefits” decisions.⁶ *Id.*

The court noted VA’s position that PCAFC decisions are not subject to board review, given that [38 U.S.C. § 1720G\(c\)\(1\)](#) explicitly refers to these decisions as “medical determinations,” and that [38 C.F.R. § 20.104\(b\)](#) specifically excepts medical determinations from board jurisdiction. *Id.* However, it disagreed with VA, holding that the “plain language of section 1720G(c)(1) does not insulate the Caregiver Program from judicial review.” [Appx5](#). The court stated that Congress knew how to limit the court’s jurisdiction when it passed the Caregiver Act, but did not explicitly do so with regard to PCAFC determinations. *Id.*

The court then determined that two canons of construction weighed against VA’s position that PCAFC decisions are medical determinations exempt from board review. *Id.* It first noted the presumption favoring judicial review of administrative action, stating that the statute must facially give clear and convincing evidence of the intent to withhold such review. *Id.* The court held that VA did not meet this burden, as section 1720G(c)(1) did not mention the regulatory carve-out for board review on its face, and that an implied reference was not clear and convincing evidence of an intent to withhold judicial review. [Appx6](#).

⁶ VA did not contest that assistance and support services provided under the PCAFC can be construed as “benefits,” nor do we contest the issue here.

The court then observed that repeals by implication are disfavored, stating that the party claiming that one law displaces another has the burden to show clearly expressed congressional intent. *Id.* (citing *Epic Sys. Corp. v. Lewis*, [138 S. Ct. 1612, 1624](#) (2018)). The court held that there was insufficient proof of congressional intent to displace the “ordinary” scope of the VJRA, because Congress did not mention the VJRA in the Caregiver Act, or specifically define the phrase “medical determination.” *Id.*

In response to VA’s argument that Congress should be presumed to have known of the existing regulation exempting medical determinations from board review when it enacted the Caregiver Act, the court held that, if Congress had wanted to curtail board review, it would have done so explicitly, rather than referencing the VA regulation. *Id.* The court also gave little credence to VA’s contention that Congress implicitly ratified VA’s construction of section 1720G(c)(1) by not altering the section or disavowing VA’s interpretation of it when passing the VA MISSION Act in 2018, stating that courts have construed implied ratification narrowly where only isolated amendments have been made to a statute. [Appx7](#). The court also noted that, despite VA’s direct written statement to Congress, there was no indication that Congress had widespread awareness of the VA regulation. *Id.*

While conceding that it did not know what section 1720G(c)(1) “actually means,” and that it did “not have to settle on a definitive reading” of the statutory language, the court nonetheless concluded that the Beaudettes had established an “indisputable” right to board review. [Appx8](#). And, despite not engaging with the issue, the court also held that the Beaudettes had established a lack of adequate means of securing that right. *Id.*

The court then turned to the issue of class certification, reciting the prerequisites and holding that the Beaudettes had satisfied each requirement.⁷ [Appx8-11](#).

2. Dissenting Opinion

Judge Falvey dissented, stating that he would deny the mandamus petition and the motion for class certification because Congress had excluded PCAFC decisions from board jurisdiction, and, consequently, from the court’s own jurisdiction. Thus, as the dissent reasoned, the petition was not in aid of the court’s prospective jurisdiction. [Appx11](#).

The dissent relied on the presumption that Congress legislates against the background of existing law and is aware of the meaning and effect of its words. [Appx12](#). It noted that VA informed Congress shortly after creation of PCAFC that

⁷ We do not challenge the Veterans Court’s class certification decision as part of the present appeal; however, we note that if the court’s decision granting the mandamus petition is reversed, a class would cease to exist.

all decisions regarding eligibility for, and the provision of benefits under, PCAFC will be considered medical determinations not within the board's jurisdiction, and yet Congress did not amend or clarify the statute in passing the VA MISSION Act in 2018. *Id.* The dissent further explained that neither the Beaudettes nor the majority presented a construction of section 1720G(c)(1) that otherwise made sense, and that VA's construction of the statute was the only interpretation giving effect to all of its provisions. *Id.*

After denying full court review of the order and requiring the parties to submit a joint class notice plan, the Veterans Court entered judgment on October 6, 2021. [Appx1](#). We timely appealed to this Court.

SUMMARY OF THE ARGUMENT

Because PCAFC decisions are statutorily excluded from board jurisdiction, and, consequently, from the Veterans Court's jurisdiction, the petition was not in aid of the court's prospective jurisdiction; thus, the court erred in granting mandamus.

The plain language of section 1720G(c)(1) referring to "medical determinations," coupled with the longstanding VA regulation that predates the Caregiver Act and exempts medical determinations from board review, makes clear that Congress intended PCAFC decisions, *as medical determinations*, to fall

outside the scope of the board’s jurisdiction. The canons of statutory construction, taken in total, support this interpretation.

First, VA’s interpretation is the only plausible one that gives full effect to the statute’s provisions and does not render the term “medical determination” mere surplusage. Neither the Beaudettes nor the Veterans Court have presented any other reasonable construction of section 1720G(c)(1) that harmonizes the entirety of the statute and gives meaning to this phrase. Indeed, the Veterans Court failed to engage with the issue altogether, declining to settle on a plausible alternative interpretation.

Second, Congress is presumed to be aware of administrative interpretations and regulations when it legislates. Accordingly, we can assume Congress knew of the VA regulation on medical determinations at the time it passed the Caregiver Act, and that it was aware of the implications of including the term “medical determinations” in the statute. The presumption of Congressional awareness is only bolstered by the chronology of events subsequent to the initial passage of the Caregiver Act—VA directly conveyed to Congress its interpretation of section 1720G(c)(1) as exempting PCAFC decisions from board review, and then reiterated this interpretation in a final rule published in the Federal Register. Armed with this knowledge, Congress could have, but chose not to, disavow VA’s

interpretation by amending subsection (c)(1) when it enacted extensive amendments to the statute in 2018, or when it amended the statute again in 2020.

Third, the two canons of construction relied on by the Veterans Court do not actually support its interpretation. The presumption in favor of judicial review is easily rebutted by evidence of Congressional intent to exempt PCAFC decisions from board (and judicial) review. And the court's reliance on the presumption disfavoring repeals by implication is misplaced, as the VJRA and VA's interpretation of [38 U.S.C. § 1720G\(c\)\(1\)](#) are capable of co-existence; there was simply no need to read an implied repeal into VA's interpretation.

The writ also impermissibly expanded the Veterans Court's jurisdiction. Congress vested exclusive jurisdiction over direct challenges to VA rules and regulations in *this* Court, not the Veterans Court. Despite this clear jurisdictional delineation of authority, the Veterans Court failed to grapple with the issue and instead presumed it had jurisdiction to the direct challenge presented in the mandamus petition.

Finally, the Veterans Court erred in holding that the Beaudettes satisfied the criteria required for a writ to permissibly issue. The Beaudettes failed to meet the requirement that they lacked adequate alternative means to obtain relief, as they could have brought a direct challenge to this Court pursuant to [38 U.S.C. § 502](#). And, for the same reasons the petition was not in aid of the Veterans Court's

jurisdiction, the Beaudettes also failed to satisfy the criteria that their petition establish a clear and indisputable right to the writ.

ARGUMENT

I. Standard Of Review

In reviewing decisions from the Veterans Court, this Court “shall ... decide all relevant questions of law, including interpreting constitutional and statutory provisions” but “may not review [] a challenge to a factual determination, or [] a challenge to a law or regulation as applied to the facts of a particular case.” *Wolfe v. McDonough*, 28 4th 1348, 1355 (Fed. Cir. 2022) (quoting [38 U.S.C. § 7292\(d\)](#)). This Court may review the Veterans Court’s “ruling[s] on mandamus petitions.” *Lamb v. Principi*, [284 F.3d 1378, 1382](#) (Fed. Cir. 2002); *see Beasley v. Shinseki*, [709 F.3d 1154, 1157](#) (Fed. Cir. 2013). The Court may not review the factual merits of the veteran’s claim, but may “‘review the [Veteran Court’s] decision whether to grant a mandamus petition that raises a non-frivolous legal question,’ and to determine ‘whether the petitioner has satisfied the legal standard for issuing the writ.’” *Wolfe*, 28 4th at 1355 (quoting *Beasley* [709 F.3d at 1158](#))).

II. The Writ Did Not Properly Aid The Court’s Exercise Of Jurisdiction

As Judge Falvey correctly stated in dissent, “Congress has excluded [PCAFC] decisions from Board jurisdiction, and consequently from our jurisdiction. The petition thus *is not in aid of our prospective jurisdiction*.”

Appx11 (emphasis added). The court, lacking subject-matter jurisdiction, thus erred in ordering a writ to compel board review of PCAFC decisions.

“It is well established that the AWA does not expand a court’s jurisdiction”; it instead “provides for the issuance of writs ‘in aid of’ the jurisdiction already possessed by a court.” *Cox v. West*, 149 F.3d 1360, 1363 (Fed. Cir. 1998); *see also Clinton v. Goldsmith*, 526 U.S. 529, 534-35 (1999). Petitioners thus have “the burden of showing . . . that the action sought by mandamus is within the court’s statutorily defined subject matter jurisdiction.” *Matter of Wick*, 40 F.3d 367, 372-73 (Fed. Cir. 1994) (citations omitted); *see also Baker Perkins, Inc. v. Werner & Pfleiderer Corp.*, 710 F.2d 1561, 1565 (Fed. Cir. 1983). The Beaudettes did not, and could not, sufficiently demonstrate that review of PCAFC decisions falls within the Veterans Court’s jurisdiction, and the court erred in more than one respect by determining that the issuance of a writ compelling the board to entertain appeals of adverse PCAFC decisions was in aid of jurisdiction the court already possessed.

A. Congress Intended PCAFC Decisions To Be Exempt From Board Jurisdiction, And, Ensuingly, Veterans Court Jurisdiction

VA’s regulation rendering “[m]edical determinations” unappealable to the board has stood undisturbed since 1983. *See* 38 C.F.R. § 19.3(b) (1983), 38 C.F.R. § 20.101 (1992), 38 C.F.R. § 20.104(b). In the face of that longstanding regulation, Congress enacted 38 U.S.C. § 1720G, and specifically chose to include

language that a “decision by the Secretary under this section affecting the furnishing of assistance or support shall be considered a *medical determination*.” [38 U.S.C. § 1720G\(c\)\(1\)](#) (emphasis added). Given this history, and the lack of other plausible explanation for the inclusion of the term “medical determinations,” the only rational conclusion is that Congress intended the term “medical determination” to refer to the VA regulation, and that it meant PCAFC decisions to be exempt from board review (and judicial) review.

Pursuant to the framework set forth in *Chevron, U.S.A., Inc. v. Natural Resources Defense Council, Inc.*, [467 U.S. 837](#) (1984), if the text of a statute speaks directly “to the precise question at issue,” the Court's inquiry ends. *Id.* at 842-43. But even if the statute appears to be silent, “this does not lead us immediately to step two”; instead, the Court “must first use all ‘traditional tools of statutory construction’ to determine whether ‘Congress had an intention on the precise question at issue’ before we consider deference to an agency interpretation.” *Candle Corp. of Am. v. U.S. Int’l Trade Comm’n*, [374 F.3d 1087, 1093](#) (Fed. Cir. 2004) (quoting *Chevron*, [467 U.S. at 843 n.9](#)); accord *Gen. Dynamics Land Sys., Inc. v. Cline*, [540 U.S. 581, 600](#) (2004) (“Even for an agency able to claim all the authority possible under *Chevron*, deference to its statutory interpretation is called for only when the devices of judicial construction have been

tried and found to yield no clear sense of congressional intent.”); *Star-Glo Assocs., LP v. United States*, [414 F.3d 1349, 1356](#) (Fed. Cir. 2005).

If a statute is silent or ambiguous, then the analysis moves to a second step, where a court “must defer to the agency’s interpretation if it is reasonable.” *Encino Motorcars, LLC v. Navarro*, [579 U.S. 211, 220](#) (2016) (internal quotation marks and citation omitted). “The power of an administrative agency to administer a congressionally created . . . program necessarily requires the formulation of policy and the making of rules to fill any gap left, implicitly or explicitly, by Congress.” *Chevron*, [467 U.S. at 843](#) (citations omitted).

Here, if the Court determines the language to be ambiguous, reading the plain language of the statute in the context of the preexisting VA regulation makes evident Congress’s intent that PCAFC decisions are medical determinations outside the scope of board review. And employing the rest of the statutory toolkit only furthers the conclusion that Congress clearly intended PCAFC decisions, which it explicitly construed as “medical determinations,” to fall outside the purview of the board’s jurisdiction.

First, as noted above and by Judge Falvey in dissent, VA’s construction of section 1720G(c)(1) is the only interpretation giving meaningful effect to the term “medical determinations.” Second, Congress should be presumed to have known of the VA regulation on medical determinations when it passed the Caregiver Act,

and certainly when it passed the 2018 and 2020 amendments, particularly given VA's statements directly to it. Third, in placing undue reliance on the canons favoring judicial review and disfavoring repeals by implication, the court misinterpreted both the prevailing standards and the practical effect of the language in section 1720G(c)(1).

In addition, although not binding on this Court, the Court of Federal Claims, in addressing a claim for compensation related to alleged wrongful PCAFC determinations brought by six caregivers of injured veterans, appeared to find the language in 38 U.S.C. § 1720G(c)(1) unambiguous and agree with the Government that Congress had intended PCAFC decisions to be exempt from board review. *See Tapia v. United States*, 146 Fed. Cl. 114, 117 (2019). In *Tapia*, the court concurred with VA's statutory interpretation, holding, in stark contrast to the decision of the Veterans Court, that the typical review path for veterans benefits claims "is not available for plaintiffs' claims, because, pursuant to 38 U.S.C. § 1720G(c), a determination by the Secretary under the Family Caregivers Program 'shall be considered a medical determination,' and according to the VA regulation at 38 C.F.R. § 20.104(b), titled 'Jurisdiction of the Board,' '[m]edical determinations . . . are not adjudicative matters and are beyond the Board's jurisdiction.'" *Id.* at 133. The court further explained that "decisions by the Secretary under the Family Caregivers Program are not reviewable by the [board],

or subsequent, independent review by the CAVC. The VHA Clinical Appeals Process is the *sole review process* for claims under the Family Caregivers Program.” *Id.* at 135 (emphasis added).

1. VA’s Interpretation Is The Only Reasonable One Not Rendering The Term “Medical Determination” Surplusage

As Judge Falvey noted in dissent, “[n]either the petitioners nor the majority presents a construction of section 1720G that interprets subsection (c)(1) in a way that makes sense with the rest of the statute.” [Appx12](#). The interpretation by the majority of the Veterans Court, without further explanation as to the purpose of subsection (c)(1), essentially renders the provision regarding PCAFC decisions as medical determinations superfluous, going against the fundamental tenet that a statute be construed in a manner where no part is rendered superfluous, void, or insignificant. *See Young v. UPS*, [575 U.S. 206, 226](#) (2015).

There is simply no point to subsection (c)(1) *unless* it is read to refer to, and endorse, the VA regulation exempting medical determinations from judicial review. VA’s longstanding interpretation of section 1720G(c)(1) fulfills the requirement to give “effect, if possible, to every clause and word of [the] statute, avoiding, if it may be, any construction which implies that the legislature was ignorant of the meaning of the language it employed.” [Appx12](#) (quoting *Montclair v. Ramsdell*, [107 U.S. 147, 152](#) (1883)). Meanwhile, as Judge Falvey stated, “the petitioners’ interpretation of section 1720G either disregards the language of

subsection (c)(1) or assumes that Congress did not know the regulatory meaning of ‘medical determination’ when enacting section 1720G.” [Appx12](#). Between the two options, only VA’s interpretation is consistent with clear Congressional intent and the overriding aversion to rendering words meaningless. *See Sharp v. United States*, [580 F.3d 1234, 1238](#) (Fed. Cir. 2009).

The court not only failed to identify an alternative purpose for the designation of PCAFC decisions as “medical determinations,” it declined entirely to engage in substantive discussion about the potential purpose of the term “medical determination” in the face of its rejection of VA’s interpretation, admitting that its decision “does not tell us what section 1720G(c)(1) actually means,” and cavalierly asserting that “we do not have to settle on a definitive reading of section 1720G(c)(1) for purposes of this appeal.” [Appx7](#).

While the Veterans Court did not proffer an alternative purpose for the term “medical determination,” the Beaudettes and certain amici posited before the court that the “medical determination” language could have been a reference to the “*Colvin* rule,” which places procedural limitations on the board’s ability to render a medical ruling. [Appx7](#) (citing *Colvin v. Derwinski*, [1 Vet. App. 171, 175](#) (1991), *overruled by Hodge v. West*, [155 F.3d 1356](#) (Fed. Cir. 1998)). In *Colvin*, the Veterans Court found the board erred by “refuting the expert medical conclusions in the record with its own unsubstantiated medical conclusions,” and required the

board to “point to a medical basis other than the [board’s] own unsubstantiated opinion.” *Colvin*, [1 Vet. App. at 175](#).

But, while certain cases following *Colvin* employ the term “medical determination,” *Colvin* itself nowhere uses that term. Furthermore, if the Beaudettes believe the language is intended to trigger the board to apply the “*Colvin* rule,” such a statutory provision would serve no purpose. The precedent set forth in *Colvin* already applies to all board determinations of matters requiring medical evidence to decide. Therefore, if we presume that PCAFC determinations are subject to board review, there would be no need for a statutory provision mandating application of *Colvin*.

Accordingly, the “*Colvin* rule” is not a plausible alternative interpretation of the phrase “medical determination” in section 1720G(c)(1). This is especially so when compared with VA’s interpretation, which is based on presumed Congressional awareness of a longstanding and properly promulgated regulation, not a Veterans Court case that happens to touch on the *concept* of medical determinations.

Because VA’s “construction of section 1720G is the only credible interpretation that gives effect to all the statute’s provisions and presumes that Congress understands the implications of its words,” [Appx12](#), this Court should reverse the writ of mandamus issued by the Veterans Court.

2. Congress Was Presumptively Aware Of VA's Regulation And The Meaning Of The Term "Medical Determination" When It Passed The Caregiver Act, And No Evidence Demonstrates Otherwise

Two other significant factors buttress the conclusion that Congress intended to exclude PCAFC determinations from the jurisdiction of the board and Veterans Court: 1) Congress's awareness of existing law and the meaning and effect of its words; and 2) the fact that Congress had multiple opportunities to disavow VA's interpretation yet elected not to do so.

It is bedrock principle that Congress is presumed to be aware of administrative interpretations of terms of statutes, including any existing relevant regulations. *See, e.g., Traynor v. Turnage*, [485 U.S. 535, 545-46](#) (1988) (assuming Congressional awareness of VA's interpretation of "willful misconduct" when it enacted a new law using that term); *Lorillard v. Pons*, [434 U.S. 575, 580](#) (1978) ("Congress is presumed to be aware of an administrative or judicial interpretation of a statute"); *California Industrial Products, Inc. v. United States*, [436 F.3d 1341, 1354](#) (Fed. Cir. 2006) ("These regulations are appropriately considered in the construction of [the statute] because Congress is presumed to be aware of pertinent existing law."); *Mudge v. United States*, [308 F.3d 1220, 1232](#) (Fed. Cir. 2002) ("In interpreting [the statute] as amended, we presume that Congress was aware of any administrative or judicial interpretations of the statute."); *Bristol-Myers Squibb Co.*

v. Royce Labs., [69 F.3d 1130, 1136-37](#) (Fed. Cir. 1995) (Congress presumed to be aware of existing regulations even without evidence of direct knowledge).

Judge Falvey agreed with this line of reasoning, stating that “[w]e presume that Congress has legislated against the background of existing law and is aware of the meaning and effect of its words.” [Appx12](#) (citing *Cannon v. Univ. of Chi.*, [441 U.S. 667, 698-99](#) (1979); *Gazelle v. Shulkin*, [868 F.3d 1006, 1011](#) (Fed. Cir. 2017)).

In the face of this precedent, and in light of the complete lack of evidence indicating that Congress was unaware of the VA regulation, the Veterans Court erred by largely ignoring this canon of statutory construction and just assuming that Congress lacked “widespread awareness” of VA’s regulation and interpretation.⁸ [Appx7](#). The court’s dismissal of VA’s arguments is particularly egregious in light of the fact that, subsequent to the original passage of the

⁸ The court also attempted to undercut the presumption of Congressional knowledge by claiming that it “cuts both ways” and that Congress was presumed to know that the VJRA generally grants board review of all benefits decisions. [Appx6](#). But this assertion makes little sense. Congress’s presumed awareness of the VJRA’s grant of board review over benefits decisions would explain why it incorporated the “medical determination” language into the statute. Had Congress not been aware that the VJRA grants board review of benefits decisions, there would be no reason for it to have mandated in section 1720G(c)(1) that PCAFC decisions are medical determinations and thus, beyond the board’s jurisdiction. Accordingly, we can presume Congress took into account the VJRA when incorporating that language. Moreover, the court offers no explanation as to how Congressional awareness of the VJRA implies either a lack of awareness of or a disregard for the VA regulation regarding medical determinations.

Caregiver Act, VA clearly articulated its interpretation of section 1720G(c)(1) as excluding PCAFC decisions from board review, yet Congress took no action in two later amendments to the Caregiver Act to disavow VA's interpretation or otherwise amend the "medical determination" language.

Since the creation of the PCAFC, VA has consistently, and publicly, excluded PCAFC decisions from board review. Indeed, VA directly informed Congress of its position and interpretation of [38 U.S.C. § 1720G\(c\)\(1\)](#), stating in 2011 in response to Congress's query regarding appeal rights under the program that PCAFC decisions are not within the board's jurisdiction and may not be appealed to the board.⁹ *See Implementation of Caregiver Assistance: Moving Forward: Hearing before the Subcommittee on Health of the U.S. House of Representatives Committee on Veterans' Affairs*, 112 Cong. 1 (2011).

VA also publicly declared its interpretation of [38 U.S.C. § 1720G\(c\)\(1\)](#) in its final rule, published in the Federal Register in 2015.¹⁰ *See* [80 Fed. Reg. at 1,366](#)

⁹ The statutory notes to [38 U.S.C. § 1720G](#) also require VA to submit an annual evaluation report to Congress comprehensively explaining the implementation of the statute. *See* Pub. L. 111–163, title I, § 101(c) (May 5, 2010), [124 Stat. 1138](#), *as amended by* Pub. L. 115–182, title I, § 163 (June 6, 2018), [132 Stat. 1442](#). In these annual reports, VA, for several years' running, has stated that PCAFC decisions are appealed in accordance with the VHA Clinical Appeals Process. *See* Exhibit A.

¹⁰ VA also notified Congress of the mechanism for appealing PCAFC "medical determinations" in 2016, when it stated in a legislative hearing that all PCAFC decisions "affecting the furnishing of assistance or support shall be

(“all determinations that affect the furnishing of assistance or support through the programs under 38 U.S.C. § 1720G are medical determinations as a matter of law, and as such may not be adjudicated in the standard manner as claims associated with veterans’ benefits.”). This publication constituted legal notice to Congress, as well as the public, regarding VA’s interpretation. *See Fed. Crop Ins. Corp. v. Merrill*, 332 U.S. 380, 384-85 (1947) (“Congress has provided that the appearance of rules and regulations in the Federal Register gives legal notice of their contents.”).

In 2018, with not only the contextual background of the VA regulation, but VA’s direct statement to Congress that it considered PCAFC decisions to be medical determinations not subject to board review and the explanation given in the 2015 final rule, Congress passed the VA MISSION Act, which amended 38 U.S.C. § 1720G by changing certain eligibility requirements, establishing new benefits for certain caregivers, and making other changes affecting eligibility and VA’s evaluation of applications. *See* Pub. L. No. 115-182, section 161. Tellingly, Congress made no clarifications or alterations to the statement in section

considered medical determinations” and that, when there are disagreements or disputes over those decisions, “VHA follows the VHA Clinical Appeals policy and procedures that govern the appeals process for all VHA clinical programming.” *Legislative Hearing on H.R. 2460; H.R. 3956; H.R. 3974; H.R. 3989*, 114 Cong. 2, Serial No. 114-66 (2016) (prepared statement of Maureen McCarthy).

1720G(c)(1) that PCAFC decisions were to be construed as medical determinations.

Notably, after the passage of the VA MISSION Act, VA once again publicly reiterated its understanding that PCAFC decisions are not subject to the board's jurisdiction when it published another final rule in 2020 to promulgate regulatory revisions based on the 2018 VA MISSION Act amendments. *See* [85 Fed. Reg. at 46,286-87](#). Thus, Congress had another instance of notice when, in 2020, it once more amended [38 U.S.C. § 1720G](#) with the passage of the TEAM Veteran Caregivers Act. Again, with a nearly 40-year old regulation on the books and multiple public instances (including a notification directly to Congress) documenting VA's interpretation, Congress did not disavow VA's interpretation or otherwise amend section 1720G(c)(1).

Congress is presumed to be aware of existing administrative interpretations and regulations even *without* any evidence of its knowledge. *See, e.g. Bristol-Myers Squibb*, [69 F.3d at 1136-37](#). Here, there is actual evidence to buttress the presumption and none to detract from it. The chronology of events, from the 1983 promulgation of the VA regulation to the 2020 passage of the TEAM Veteran Caregivers Act, makes abundantly obvious Congress's presumed (and likely actual) awareness of VA's interpretation of section 1720G(c)(1) as excluding

PCAFC decisions from board review, and renders the Veterans Court's decision irrevocably flawed.

The Supreme Court's recent decision in *George v. McDonough*, -- U.S. --, [142 S.Ct. 1953](#), Slip Op. (June 15, 2022), is illuminating. As the Supreme Court held, "[w]here Congress employs a term of art 'obviously transplanted from another legal source,' it 'brings the old soil with it.'" *George*, Slip Op. at 5 (June 15, 2022) (quoting *Taggart v. Lorenzen*, 587 U. S. --, [139 S.Ct. 1795, 1801](#) (2019)) (cleaned up). In applying this principle to the term at issue in *George* ("clear and unmistakable error"), the Court explained that, "[i]n 1997, Congress used an unusual term that had a long regulatory history in this very context. It enacted no new definition or other provision indicating any departure from the same meaning that the VA had long applied. We therefore agree with the Federal Circuit that Congress codified and adopted the clear-and-unmistakable-error doctrine as it had developed under prior agency practice." *Id.* (cleaned up). As in *George*, Congress, through the inclusion of the term "medical determination" in the Caregiver Act (as well as its subsequent amendments), codified and adopted the meaning of "medical determination" set forth in VA's longstanding, oft-applied regulation.

As stated above, the court gave short shrift to Congress's presumed awareness of the VA regulation and VA's stated interpretation of section

1720G(c)(1), instead pointing out that Congress could have more clearly limited the jurisdiction of the board (and the court), as it did in legislation establishing the Veterans Community Care Program (VCCP). Appx5 (citing 38 U.S.C. § 1703(f) (“[t]he review of any decision under subsection (d) or (e) shall be subject to the Department’s clinical appeals process, and such decisions may not be appealed to the Board of Veterans’ Appeals.”)). But the court, in relying on the VCCP statute, overlooked important distinguishing factors.

First, the VCCP, which allows for certain non-VA medical facilities to provide care and services to veterans, does not require the same type of complex medical decision-making as PCAFC. A review of subsections (d) and (e) of 38 U.S.C. § 1703 reveals that the eligibility determinations called for by the statute are, by and large, **not** medical determinations that would be covered by the VA regulation exempting medical determinations from board review. For example, VA, in determining VCCP eligibility, assesses plainly non-medical issues such as whether VA operates a full-service medical facility in the same state as the veteran resides, whether the veteran resides in one of the five states with the lowest population density, and whether VA facilities offer the care or services needed by the veteran. Because VCCP decisions are for the most part not “medical determinations” in the same manner as some PCAFC decisions, it would seem that

a more explicit statement was necessary to exempt those decisions from board review.

Second, the large temporal gap between the enactment of the Caregiver Act (passed in 2010) and the Community Care Program statute (passed in 2018) renders the court's comparison less persuasive than if the statutes had been passed contemporaneously, or if the Community Care Program statute had preceded the Caregiver Act.

The court also took an improperly narrow view of the “presumption of acquiescence” and “silent ratification” with regard to Congress's decision not to alter section 1720G(c)(1) in the 2018 amendments to the statute, claiming that such presumptions have little probative value where Congress has made only isolated amendments to a statute. But a comparison of the 2018 and 2010 versions of the statute demonstrates that the amendments were not “isolated” or minor; rather, they were wide-ranging and comprehensive—expanding eligibility criteria, establishing new benefits for designated primary family caregivers, and making numerous other changes. *Compare* [38 U.S.C. § 1720G \(2010\)](#) with [38 U.S.C. § 1720G \(2018\)](#). Further, the fact that Congress did not amend section 1720G(c)(1) does not cut against implicit ratification of VA's interpretation; rather, an equally valid conclusion is that Congress did not alter that subsection because it agreed with VA's interpretation.

3. The Veterans Court's Reliance On Cherry-Picked Canons Is Shaky, At Best

The Veterans Court largely ignored or summarily dismissed the principles discussed above, instead cherry-picking two canons of construction more favorable to its desired outcome: the presumption in favor of judicial review and the disfavoring of repeals by implication. [Appx5-6](#). But even these two legal norms fail to adequately support the court's determination that Congress must have intended PCAFC decisions to be reviewable by the board.

a. Discernible Congressional Intent Rebuts The Presumption Of Judicial Review

The first canon relied on by the court was the “strong presumption” in favor of judicial review of administrative action. [Appx5](#) (citing *Salinas v. U.S. R.R. Ret. Bd.*, [141 S. Ct. 691, 698](#) (2021)). The court held that VA had not met the burden of demonstrating by clear and convincing evidence the statutory intent to withhold judicial review because the statute does not, on its face, mention the regulatory carve-out. *Id.* But the court failed to recognize that this presumption may be rebutted whenever congressional intent is “fairly discernible in the statutory scheme.” *Block v. Comm. Nutrition Institute*, [467 U.S. 340, 350-51](#) (1984) (citation omitted). Indeed, the Supreme Court has held that a determination of whether a statute precludes judicial review does not only involve an analysis of its express language, but also the structure of the statute and its legislative history. *Id.*

at 345-46. And it is only where substantial doubt about congressional intent exists that the presumption should control. *Id.* at 351.

Here, there should be no substantial doubt about the congressional intent to preclude PCAFC decisions from judicial (or, in this case board), review. As we have demonstrated, section 1720G(c)(1), in its subsection regarding ***construction***, explicitly states that PCAFC decisions are to be considered “medical determinations,” and the VA regulation, which predates the Caregiver Act by over 27 years, provides that medical determinations by VHA are not board-reviewable. Characterizing PCAFC decisions as “medical determinations” signaled Congress’s intent to create a category of decisions that would not be subject to board review. Congress was well aware of VA’s interpretation of section 1720G(c)(1), as demonstrated by VA’s direct statements in response to Congressional inquiry, and yet chose not to amend the subsection as part of the VA MISSION Act in 2018. Because Congressional intent is made clear by the statutory scheme and legislative history, the court erred in holding that VA did not rebut the presumption favoring judicial review.

b. The VJRA And VA’s Interpretation Of 1720G Can Be Read Harmoniously And Without Assuming Repeal By Implication

The Veterans Court also relied on the presumption disfavoring repeals by implication. [Appx6](#). To allow itself to use this presumption, though, the court

incorrectly reasoned that VA's interpretation resulted in repeal of the VJRA by implication by "displacing" its ordinary scope. *Id.* But VA never contended that section 1720G(c)(1) repealed part of the VJRA, and there is no reason to find section 1720G and the VJRA incapable of co-existence.¹¹ Rather, both the VJRA and section 1720G(c)(1) can be harmonized, and both given effect, through VA's longstanding interpretation. *See Morton v. Mancari*, [417 U.S. 535, 551](#) (1974) ("when two statutes are capable of co-existence, it is the duty of the courts, absent a clearly expressed congressional intention to the contrary, to regard each as effective.").

Moreover, the court's implication that section 1720G(c)(1) employs vague terms or ancillary provisions, [Appx6](#), is simply inaccurate; subsection (c)(1) explicitly states that PCAFC decisions are to be considered medical determinations in a section titled "Construction," making clear that PCAFC decisions must be construed as medical determinations in accordance with existing law, *i.e.*, the VA regulation. There is nothing ancillary or vague about this provision.

Instead of harmonizing the VJRA with section 1720G(c)(1), the court improperly chose the reading that most favored expansion of its own jurisdiction.

¹¹ Indeed, the VJRA is most reasonably read as already implicitly precluding board review of medical determinations, given the pre-existence of the VA regulation, which was issued in 1983, over five years before the VJRA passed.

VA's interpretation of 38 U.S.C. § 1720G(c)(1), on the other hand, harmonizes section 1720G(c)(1) and the VJRA so that the two are capable of coexisting, and gives effect to both. Accordingly, the court's reliance on the presumption against repeal by implication is misplaced, and that canon of construction does not support its ultimate conclusion.

B. If The Statutory Provision Is Ambiguous, VA's Interpretation Is Owed Deference And Should Be Upheld

In the event that this Court does not determine that Congress clearly intended for PCAFC decisions to be exempt from board review, the only other reasonable conclusion is that ambiguity exists as to Congress's intent in employing the term "medical determination."^{12 13} And, if the Court finds the statutory provision ambiguous, it must defer to the VA's reasonable interpretation. *See Chevron*, 467 U.S. at 844. Because Congress has made an express delegation of authority to VA to prescribe regulations to carry out the laws it administers, "[s]uch legislative regulations are given controlling weight unless they are

¹² Indeed, during oral argument at the Veterans Court, the Beaudettes conceded the ambiguity of section 1720G(c)(1). *See Beaudette v. Tran*, available at https://www.youtube.com/watch?v=_EWCLqJVv1Q (at 53:00 mark).

¹³ This is so notwithstanding the Veterans Court's erroneous determination that Congress unambiguously intended all benefits decisions, even those construed as medical determinations under 38 U.S.C. § 1720G, to be reviewable by the board. The court's conclusion cannot pass muster in face of the reasons established above.

arbitrary, capricious, or manifestly contrary to the statute.” *Id.* Here, VA articulated its reasoning for its interpretation of [38 U.S.C. § 1720G\(c\)\(1\)](#) in promulgating both its 2015 and 2020 final rules, and a rational connection clearly exists between that reasoning and VA’s conclusions. *See Motor Vehicle Mfrs. Ass’n v. State Farm Mut. Auto. Ins. Co.*, [463 U.S. 29, 43](#) (1983).

1. VA’s Interpretation Was Both Reasoned And Sufficiently Explained

As discussed above, VA exhaustively explained the reasoning behind its interpretation of [38 U.S.C. § 1720G\(c\)\(1\)](#) in its 2015 final rule. *See 80 Fed. Reg. at 1,366.* VA first noted the interplay between its regulation at [38 C.F.R. § 20.101\(b\)](#) (now codified at [38 C.F.R. § 20.104\(b\)](#)) and the language in [38 U.S.C. § 1720G\(c\)\(1\)](#). *Id.* It then addressed commenters’ assertions that only some PCAFC determinations were medical in nature and that the non-medical ones should be allowed to be appealed through the general benefits adjudication process. *Id.* VA responded that the plain language of section 1720G(c)(1) made clear that Congress intended to insulate all aspects of PCAFC decisions from board review. *Id.*

VA reiterated and further elaborated on its interpretation of [38 U.S.C. § 1720G\(c\)\(1\)](#) in the 2020 final rule. *See 85 Fed. Reg. at 46,286-87.* Specifically with regard to new issues raised by commenters, VA addressed assertions that applicants would be deprived of due process without appeal rights to the board. *Id.*

at 46,287. As VA stated, PCAFC, by its own specific terms, is not an entitlement, and its benefits are discretionary. *Id.* (citing [38 U.S.C. § 1720G\(c\)\(2\)\(B\)](#)).

Moreover, VA explained that it still provides veterans due process through the VHA Clinical Appeals Process. *Id.*

Nothing in VA's interpretation or explanations is arbitrary or capricious; accordingly, if the Court resorts to the second step of a *Chevron* analysis, it should defer to VA's reasonable interpretation. By contrast, the Veterans Court's reasoning suggests that the board's jurisdiction is essentially unlimited. This approach poses a potential threat to the "...primary function of the [Veterans Health] Administration...to provide a complete medical and hospital service for the medical care of Veterans...", 38 U.S.C. 7301, as the agency renders medical decisions constantly and daily for the millions of veterans that receive health care from VA each year. Non-medical personnel and judges could be asked to second guess treatment decisions and medical judgments of medical personnel on matters such as prescriptions and treatment options. This approach could also draw limited medical resources away from patient care and could overwhelm an already heavily-taxed adjudicatory system. These results could not reasonably have been intended by Congress.

C. The Writ Impermissibly Expanded The Veterans Court’s Jurisdiction By Intruding On This Court’s Exclusive Jurisdiction To Hear Direct Challenges To VA Rules And Regulations

The Veterans Court also erred by not considering whether its approach to mandamus petitions expanded its jurisdiction and in so failing, unlawfully seized this Court’s jurisdiction over direct challenges to VA rules and regulations.¹⁴

Congress gave *this Court*, not the Veterans Court, exclusive jurisdiction over direct (or facial) challenges to VA actions such as the one at issue in the present appeal. *See* [38 U.S.C. § 502](#) (judicial review of VA rules, regulations, and directives “may be sought only in the United States Court of Appeals for the Federal Circuit.”). As this Court has held, “in [38 U.S.C. § 502](#), Congress provided that this court, *without Veterans Court involvement*, could directly review Department actions in adopting, revising, or refusing to adopt or revise regulations.” *Wingard v. McDonald*, [779 F.3d 1354, 1358](#) (Fed. Cir. 2015) (emphasis added); *see also Preminger v. Sec’y of Veterans Affairs*, [632 F.3d 1345, 1352](#) (Fed. Cir. 2011) (“In § 502, Congress gave the Federal Circuit exclusive jurisdiction over challenges to VA actions involving [5 U.S.C. §§] 552(A)(1) and 553.”); *Am. Legion v. Nicholson*, [21 Vet. App. 1, 6](#) (2007) (“We also observe that,

¹⁴ Although we do not directly challenge the Veterans Court’s class certification decision, we note that its certification was particularly improper in light of the fact that the Beaudettes’ challenge should have been brought as a section 502 challenge, rather than as a mandamus petition.

at approximately the same time Congress established this Court's jurisdiction, it also considered and later explicitly provided to the Federal Circuit exclusive jurisdiction to hear challenges concerning VA rulemaking.”).

Given title 38's unambiguous jurisdictional boundaries and this Court's unanimous precedent, it is clear that the Veterans Court proceeding was not the way Congress intended a party to seek amendment or waiver of VA's rules and regulations.¹⁵ Rather, the Beaudettes should have timely filed a section 502 petition directly with this Court, as a veteran and his caregiver did when faced with a similar situation in *Sullivan v. Sec'y of Veterans Affairs*, No. 20-2193 (Fed. Cir.).¹⁶

In *Sullivan*, petitioners Blaine and Stacey Sullivan were originally deemed eligible for PCAFC, but were later found ineligible by VA and notified that they no longer qualified for the program. *Sullivan*, No. 20-2193 at ECF No. 15-1 ¶¶ 3-4 ([Jan. 27, 2021](#)). After appealing through the VHA Clinical Appeals Process

¹⁵ We do *not* read the Beaudettes' petition as challenging the validity of [38 C.F.R. § 20.104\(b\)](#), or the Veterans Court's decision as directly addressing the validity of that regulation. However, the mandamus petition necessarily challenges VA's 2015 and 2020 final rules interpreting section 1720G(c)(1) as prohibiting board review of PCAFC decisions, as well as a portion of VHA Directive 1041. Accordingly, a direct challenge pursuant to [38 U.S.C. § 502](#) was still the only appropriate avenue for contesting VA's interpretation.

¹⁶ Nothing stated in *this* appeal regarding *Sullivan* should be construed as foreclosing any defenses or other arguments we might assert in *that* appeal.

(during which the ineligibility determination was upheld), the Sullivans, through the same counsel that represent the Beaudettes in the instant appeal, filed a section 502 petition with this Court, alleging that “VA’s rules, regulations, and directives that preclude Board review of decisions relating to the Caregiver Program are contrary to law and must be invalidated.”¹⁷ *Id.* ¶¶ 4-5.

In doing so, counsel for the Sullivans and the Beaudettes admitted that “[t]his Court has exclusive jurisdiction to hear petitioners’ challenge to the VA’s regulations under [38 U.S.C. § 502](#),” *id.* ¶ 9, thus implicitly conceding that the only appropriate method for the type of direct challenge brought by the Sullivans and Beaudettes is via a section 502 petition to this Court.

The *Sullivan* petition, and counsel’s admission therein, illustrate that the Beaudettes proceeded improperly by bringing its Veterans Court action rather than filing a section 502 petition. Thus, that court should have declined to address the merits of the mandamus petition altogether, and simply dismissed the petition for lack of subject-matter jurisdiction. The court failed to grapple with this

¹⁷ The Sullivans moved to stay proceedings pending the judgment of the Veterans Court in the underlying *Beaudette* proceedings; we opposed, citing the Court’s exclusive jurisdiction under section 502. However, the Court stayed *Sullivan* pending Veterans Court judgment in *Beaudette*, then continued the stay pending issuance of a mandate in the present appeal. *See Sullivan*, No. 20-2193, ECF Nos. 22, 27. The Court did not elaborate on its reasoning for granting and continuing the stay request. *See id.*

jurisdictional issue at all,¹⁸ instead presuming that the writ was in aid of its existent jurisdiction, then holding that the Beaudettes had established an indisputable right to the writ and summarily concluding that they lacked adequate means of relief. Section 502 is controlling and does not permit concurrent jurisdiction; accordingly, the court's actions, or lack thereof, constitute reversible error.

III. The Veterans Court Erred In Holding That The Beaudettes Satisfied The Conditions For Entitlement To Mandamus

“The remedy of mandamus is a drastic one, to be invoked only in extraordinary circumstances.” *Kerr v. U.S. Dist. Ct. for the N. Dist. of Cal.*, 426 U.S. 394, 402 (1976). “Ordinarily mandamus may not be resorted to as a mode of review where a statutory method of appeal has been prescribed.” *Roche v. Evaporated Milk Ass’n*, 319 U.S. 21, 27-28 (1943); *see also Lamb*, 284 F.3d at 1384. Three conditions must accordingly be satisfied for a writ to issue: 1) the petitioner must establish a lack of adequate alternative means to obtain the desired relief; 2) the petitioner must establish a clear and indisputable right to the writ; and

¹⁸ To the extent claimants-appellees argue that VA did not argue below that 38 U.S.C. § 502 vested this Court with exclusive jurisdiction to hear direct challenges, it is axiomatic that a court has the obligation to determine its own jurisdiction *sua sponte* when it appears it may be lacking. *See, e.g., Arctic Corner, Inc. v. United States*, 845 F.2d 999, 1000 (Fed. Cir. 1988); *Noll v. Brown*, 5 Vet. App. 80, 82 (1993) (“Although the parties do not question the Court’s jurisdiction to consider this appeal, subject matter jurisdiction cannot be conferred on the court. A Court is obligated to determine, *sua sponte*, whether it has jurisdiction.”) (cleaned up).

3) the writ must be appropriate under the circumstances. *Wolfe*, 28 F.4th at 1354 (citing *Cheney v. U.S. Dist. Ct. for D.C.*, 542 U.S. 367, 380-81 (2004)). Because the Beaudettes did not establish a lack of adequate alternative means of relief or a clear and indisputable right to the writ, the Veterans Court erred in holding that the Beaudettes met the requisite conditions for mandamus. And, for the reasons discussed above, the Beaudettes have not demonstrated the propriety of a writ.

A. The Beaudettes Had Or Could Have Had Adequate Alternative Means To Obtain Their Desired Relief

To obtain mandamus, a petitioner must establish the lack of adequate alternative means to obtain relief. *Cheney*, 532 U.S. at 380-81. This requirement is “designed to ensure that the writ will not be used as a substitute for the regular appeals process.” *Id.* The AWA does not authorize writs “whenever compliance with statutory procedures appears inconvenient or less appropriate.” *Pa. Bureau of Corr. v. U.S. Marshals Service*, 474 U.S. 34, 43 (1985). This proscription against mandamus is even stronger when Congress, as here, has set forth a specific method of appeal. *See, e.g., Roche*, 319 U.S. at 30; *Syngenta Crop Prot., Inc. v. Henson*, 537 U.S. 28, 32-33 (2002) (“Petitioners may not, by resorting to the [AWA], avoid complying with the statutory requirements”); *In re Newman*, 763 F.2d 407, 409-10 (Fed. Cir. 1985) (“Writs of mandamus are to be used only . . . when no meaningful alternatives are available.”).

As demonstrated above, the Beaudettes indisputably had a statutorily-prescribed way to appeal VA’s exclusion of PCAFC decisions from board review—a petition directly to this Court pursuant to [38 U.S.C. § 502](#).¹⁹ Indeed, this Court recently indicated that the ability to petition this Court for review of a VA rule or regulation pursuant to [38 U.S.C. § 502](#) constituted grounds for determining an adequate alternative means to obtain relief was available. *See Wolfe*, [28 F.4th at 1358](#). As noted in *Wolfe*, “the mandamus proceeding itself appears to constitute the very kind of non-case-specific review of the regulations that is vested exclusively in this court under § 502.” *Id.* (citing *Preminger*, [632 F.3d at 1352](#)).

The very existence of the section 502 challenge in *Sullivan* is conclusive evidence that an alternative, appropriate means of challenging VA’s interpretation existed. And the Veterans Court, rather than addressing whether a section 502 petition could suffice as adequate alternative means of relief, bypassed this required analysis altogether, merely concluding that the Beaudettes had established a “lack of an adequate *administrative* means of securing” the right to board review. [Appx8](#) (emphasis added). The court’s analytical failure constitutes reversible

¹⁹ We do not speculate on whether the Beaudettes are presently within the statute of limitations to file a section 502 petition with this Court, nor should such an inquiry control, as the question should be whether petitioners had the ability to timely exercise the right to avail themselves of the statutorily-prescribed means of relief, therefore creating an adequate alternative means of obtaining relief.

error, particularly as its concentration on the availability of *administrative* means of relief inappropriately narrows the standard for the grant of a mandamus petition. The question is not whether adequate administrative means (*i.e.*, board review) were available to the Beaudettes, but whether they had any other adequate alternative means at all. *Sullivan*, taken together with the prevailing case law, illustrates that the Beaudettes certainly had another adequate remedy.

Furthermore, as noted above, the Beaudettes also had access to the VHA Clinical Appeals Process. And, finally, veterans deemed ineligible for PCAFC benefits are not prevented from reapplying to PCAFC at any time. [Appx49](#) (notifying Beaudettes they could reapply).

B. The Beaudettes Did Not Have A Clear And Indisputable Right To Mandamus

To obtain mandamus, petitioners must also establish they have a clear and indisputable right to a writ. *See Cheney*, [542 U.S. at 380-81](#). As amply illustrated above, the Beaudettes cannot demonstrate such a clear and indisputable right, and the Veterans Court erred in holding that they did so. [Appx8](#).

We recognize that this case presents an unusual circumstance where the issue of whether the Beaudettes established a clear and indisputable right to mandamus is inextricably entangled with whether the petition was in aid of the Veterans Court's jurisdiction. But the reasons supporting the conclusion that PCAFC decisions are excluded from board (and Veterans Court) jurisdiction also

lead to the conclusion that the Beaudettes do not have a clear and indisputable right to a writ of mandamus.

As demonstrated above, the plain language of the statute taken together with the preexisting VA regulation, as well as the traditional tools of statutory construction, clearly indicate Congress's intention to insulate PCAFC decisions from board review. At best for the Beaudettes, the canons of construction render the meaning of the phrase "medical determination" ambiguous, necessitating deference to VA's reasonable and well-explained interpretation. And, even if the Court ultimately prefers the Veterans Court's construction of section 1720G(c)(1) to VA's, Congress's delegation of authority to VA to prescribe regulations to carry out the laws it administers, coupled with the fact that VA's interpretation is clearly not arbitrary or capricious, fundamentally undermines the notion that VA's construal of section 1720G(c)(1) is so clearly and indisputably invalid that the Beaudettes were entitled to mandamus.

CONCLUSION

For these reasons, we respectfully request that the Court vacate the Veterans Court's April 19, 2021 decision and reverse the writ of mandamus issued by the court.

Respectfully submitted,

BRIAN M. BOYNTON
Principal Deputy Assistant Attorney
General

PATRICIA M. McCARTHY
Director

/s/Claudia Burke
CLAUDIA BURKE
Assistant Director

BRYAN THOMPSON
Deputy Chief Counsel
Health Care Law Group
Office of General Counsel
Department of Veterans Affairs
810 Vermont Ave., NW
Washington, DC 20420

/s/Sosun Bae
SOSUN BAE
Senior Trial Counsel
Commercial Litigation Branch
Civil Division, Department of Justice
P.O. Box 480, Ben Franklin Station
Washington, DC 20044
Telephone: (202) 305-7568

July 1, 2022

Attorneys for Respondent-Appellant

CERTIFICATE OF COMPLIANCE

Pursuant to Fed. R. App. P. 32(a) and Federal Circuit Rule 32(b), the undersigned certifies that the word processing software used to prepare this brief indicates there are a total of 11,119 words, excluding the portions of the brief identified in the rules. The brief complies with the typeface requirements and type style requirements of Fed. R. App. P. 32(a)(5) and has been prepared using Times New Roman 14 point font, proportionally spaced typeface.

/s/ Sosun Bae
SOSUN BAE

Not Published

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

No: 20-4961

JEREMY AND MAYA BEAUDETTE, PETITIONER,

v.

DENIS McDONOUGH,
SECRETARY OF VETERANS AFFAIRS, RESPONDENT.

JUDGMENT

The Court has issued a decision in this case, and has acted on a motion under Rule 35 of the Court's Rules of Practice and Procedure.

Under Rule 36, judgment is entered and effective this date.

Dated: October 6, 2021

FOR THE COURT:

GREGORY O. BLOCK
Clerk of the Court

By: /s/ Anthony R. Wilson
Deputy Clerk

Copies to:

Andrew M. LeGolván, Esq.

VA General Counsel (027)

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

No. 20-4961

JEREMY BEAUDETTE & MAYA BEAUDETTE, PETITIONERS,

v.

DENIS McDONOUGH,
SECRETARY OF VETERANS AFFAIRS, RESPONDENT.

Before ALLEN, TOTH, and FALVEY, *Judges*.

ORDER

TOTH, *Judge*, filed the opinion of the Court. FALVEY, *Judge*, filed a dissenting opinion.

In 2010, Congress established the Program of Comprehensive Assistance for Family Caregivers (Caregiver Program), to provide financial assistance to caregivers of seriously injured combat veterans. Caregivers and Veterans Omnibus Health Services Act of 2010, Pub. L. No. 111-163, Title I, [124 Stat. 1130, 1132-40](#) (codified principally at [38 U.S.C. § 1720G](#)). From the outset, VA has taken the position that Congress meant to insulate determinations under the Caregiver Program from review by the Board and, consequently, the judiciary. The key question presented here is whether a purported reference in section 1720G to VA's longstanding rule that a "medical determination" is not appealable is sufficient to overcome the broad reach of the Veterans' Judicial Review Act and the strong presumptions in favor of reviewability of agency action and against implicit repeals of statutes. We hold that it is not. The Court will therefore grant the petition for a writ of mandamus ordering the Secretary to begin notifying claimants of their right to appeal adverse Caregiver Program determinations to the Board of Veterans' Appeals (Board). We likewise conclude that it is appropriate to certify a class in this litigation.

I. PROCEDURAL AND FACTUAL BACKGROUND

Petitioner Jeremy Beaudette served in the Marine Corps for 10 years, from 2002 to 2012, completing five combat tours in Iraq and Afghanistan. During these tours, he suffered multiple concussions, which resulted in traumatic brain injury and rendered him legally blind. Upon medical discharge, VA rated him 100% disabled.

By that time, the Caregiver Program had been established, under which a veteran's caregiver may receive certain VA benefits. To qualify, the veteran being cared for must have served in the Armed Forces during specified periods and incurred or aggravated a serious injury, such as traumatic brain injury, psychological trauma, or other mental disorder. [38 U.S.C. § 1720G\(a\)\(2\)\(A\)-\(B\)](#). The veteran must need personal care services because of an inability to perform at least one or more activities of daily living, a need for supervision or protection because of neurological or other impairment or injury, or a need for regular or extensive instruction or

supervision to avoid serious impairment of daily functioning. [38 U.S.C. § 1720G\(a\)\(2\)\(C\)](#). *See generally* [38 C.F.R. § 71.20](#) (2020).

A family caregiver of an eligible veteran is entitled to instruction and training to provide personal care services, technical support, counseling, and lodging and subsistence; the *primary* family caregiver is entitled to the previous benefits, as well as appropriate mental health services, respite care, medical care, and a monthly stipend. [38 U.S.C. § 1720G\(a\)\(3\)](#). *See generally* [38 C.F.R. §§ 71.40, 71.50](#) (2020). The continued eligibility of both the veteran and the caregiver is determined by periodic reassessments, and failure to participate in a reassessment will result in revocation of Caregiver Program benefits. [38 C.F.R. § 71.30](#) (2020). Several additional bases for revoking benefits or discharging the family caregiver are provided at [38 C.F.R. § 71.45](#) (2020).

In March 2013, Mr. Beaudette and his wife, petitioner Maya Beaudette, applied for benefits under the Caregiver Program. VA found them eligible, and Mrs. Beaudette quit her job to care for her husband full time. VA initiated a reassessment of Mr. Beaudette in October 2017. However, he did not participate in the in-person examination because he was recovering at the time from two major surgeries. VA denied the veteran's request to delay the examination and proceeded with reassessment using his medical records. In February 2018, VA informed petitioners that they were no longer eligible for the Caregiver Program based on its reassessment.

Petitioners challenged the ruling through the Veterans Health Administration (VHA) appeals process. *See generally* VHA DIRECTIVE 1041, Appendix G (Sept. 28, 2020) (summarizing the administrative appeals process). The Caregiver Program manager at their VA medical center initially denied the appeal in July 2018. Next, petitioners sought review from the Director of the Sierra Pacific Veterans Integrated Service Network (VISN), but the appeal was denied, citing Mr. Beaudette's inability to attend an in-person examination.¹

In August 2019, the Beaudettes sought to appeal to the Board but to date have received no response. Petitioners assert that, had the Board responded, it would have disclaimed any jurisdiction to hear their appeal. The Secretary doesn't dispute this. VA has concluded that benefits decisions under the Caregiver Program may not be appealed to the Board. *See* Caregivers Program, [80 Fed. Reg. 1357, 1366 \(Jan. 9, 2015\)](#). Petitioners maintain that VA has revoked the benefits of nearly 20,000 recipients since the Caregiver Program began and that VA has withheld judicial review for all benefits decisions under the Caregiver program. Petition at 2-3.

In July 2020, the Beaudettes filed a petition with this Court for extraordinary relief in the form of a writ of mandamus. They seek an order permitting them to appeal to the Board and, if necessary, this Court. Petitioners also move the Court to certify a class of claimants who received an adverse decision under the Caregiver Program, exhausted available review under the VHA, and have not been afforded the right to appeal to the Board. There are two main issues in this case: first, whether VA has incorrectly limited the reviewability of Caregiver Program determinations,

¹ There are 18 regional VISNs, which manage the day-to-day functions and provide administrative and clinical oversight of VA medical centers within their purview. U.S. GOV'T ACCOUNTABILITY OFF., GAO-19-462, VETERANS HEALTH ADMINISTRATION: REGIONAL NETWORKS NEED IMPROVED OVERSIGHT AND CLEARLY DEFINED ROLES AND RESPONSIBILITIES 2, 5 (2019).

such that a writ of mandamus is proper; and second, whether petitioners have met the prerequisites for class certification.

II. ANALYSIS

A. Jurisdiction

The jurisdictional question starts our analysis. Petitioners assert that VA has curtailed the jurisdiction of this Court by wrongfully excluding the Caregiver Program from appellate review. The Court has the power to issue a writ of mandamus under the All Writs Act, 28 U.S.C. § 1651, in aid of its prospective jurisdiction under 38 U.S.C. § 7252. *See Monk v. Wilkie*, 30 Vet.App. 167, 170 (2018) (en banc). Three conditions must be satisfied before a writ of mandamus can issue: "(1) the petitioner must lack an adequate alternative means to attain relief; (2) the petitioner must demonstrate a clear and indisputable right to the writ; and (3) the court must be convinced, given the circumstances, that the issuance of the writ is warranted." *Hargrove v. Shinseki*, 629 F.3d 1377, 1378 (Fed. Cir. 2011).

The jurisdiction of this Court is governed by the Veterans' Judicial Review Act (VJRA) (codified in various sections of 38 U.S.C.). Enacted by Congress in 1988, the VJRA created a comprehensive judicial review process for veterans benefits decisions. Under 38 U.S.C. § 511(a), "[t]he Secretary shall decide all questions of law and fact necessary to a decision by the Secretary under a law that affects the provision of benefits." Matters decided under section 511(a) are "subject to one review on appeal by the Secretary" and "[f]inal decisions on such appeals shall be made by the Board." 38 U.S.C. § 7104(a). Thereafter, a veteran may appeal an adverse decision to this Court, which has "exclusive jurisdiction" over Board decisions. 38 U.S.C. § 7252(a). Petitioners assert, and the Secretary concedes, that benefits provided under the Caregiver Program are "benefits" within the scope of the VJRA. *See* Response at 3. Thus, they fall within the VJRA's general ambit.

Nevertheless, VA has taken the position that the Caregiver Program is excluded from the VJRA's Board-review mandate. In 2015, VA officially announced that Caregiver Program benefits "may not be adjudicated in the standard manner as claims associated with veterans' benefits." 80 Fed. Reg. at 1366. VA based this conclusion on an ancillary provision in the "Construction" portion of the enabling statute, section 1720G(c)(1), which states: "A decision by the Secretary under this section affecting the furnishing of assistance or support shall be considered a medical determination." VA read the phrase "medical determination" as a direct reference to a VA rule, codified at 38 C.F.R. § 20.104(b). The rule initially recognizes that "[t]he Board's appellate jurisdiction extends to questions of eligibility for hospitalization, outpatient treatment, and nursing home and domiciliary care; for devices such as prostheses, canes, wheelchairs, back braces, orthopedic shoes, and similar appliances; and for other benefits administered by the [VHA]." 38 C.F.R. § 20.104(b) (2020). However, the rule adds that "[m]edical determinations, such as determinations of the need for and appropriateness of specific types of medical care and treatment for an individual are not adjudicative matters and are beyond the Board's jurisdiction." *Id.* Accordingly, VA reasoned that *all* decisions under the Caregiver Program are "medical determinations as a matter of law," and thus, are exempt from VA's standard appeals process. 80

Fed. Reg. at 1366. VA further emphasized that even non-medical determinations, such as decisions regarding eligibility, are exempt from appellate review. *Id.*

The Beaudettes contend that VA's interpretation is unfounded.² They argue that it necessarily conflicts with the ordinary operation of the VJRA and that a purported reference in section 1720G(c)(1) to the VA regulatory carveout for medical determinations is insufficient to abrogate the VJRA's Board-review mandate. *See* Petition at 1.

Our analysis begins with the words of Congress. *Harbison v. Bell*, 556 U.S. 180, 198 (2009) (Thomas, J., concurring) ("Congress' intent is found in the words it has chosen to use."). We must first ask whether the language of the Caregiver Program statute clearly strips the Board of jurisdiction. If the court "ascertains that Congress had an intention on the precise question at issue, that intention is the law and must be given effect." *Chevron, U.S.A., Inc. v. NRDC, Inc.*, 467 U.S. 837, 843 n.9 (1984).

The Secretary argues that Congress has spoken unambiguously here. Section 1720G(c)(1) explicitly construes Caregiver Program benefits decisions as medical determinations, and under section 20.104(b), "medical determinations" are beyond the Board's jurisdiction. Thus, the Secretary argues, it is clear Congress intended to withhold Board review for Caregiver Program benefits.

We disagree. The plain language of section 1720G(c)(1) does not insulate the Caregiver Program from judicial review. Indeed, the provision does not mention jurisdiction at all. Congress certainly knew how to clearly limit the jurisdiction of this Court when it passed the Caregiver Program statute. *See, e.g.*, 38 U.S.C. §§ 511(a); 7252(a)-(b); 7263(d). In fact, Congress did so recently in a related context. In legislation establishing the Veterans Community Care Program—which incidentally amended portions of section 1720G—Congress instructed that "[t]he review of any decision under subsection (d) or (e) shall be subject to the Department's clinical appeals process, and such decisions may not be appealed to the Board of Veterans' Appeals." John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018, Pub. L. No. 115-182, § 101(a)(1), 132 Stat. 1393, 1399 (codified at 38 U.S.C. § 1703(f)) (VA Mission Act of 2018). The contrast between the language of section 1703(f) and section 1720G(c)(1) could hardly be starker, and thus, we reject the Secretary's argument that section 1720G(c)(1) unambiguously strips the Board, and consequently this Court, of jurisdiction.

Having determined that the plain language does not necessitate the Secretary's interpretation of section 1720G(c)(1), two canons of construction weigh heavily against the Secretary in this case. First, there is a "strong presumption favoring judicial review of administrative action." *Salinas v. U.S. R.R. Ret. Bd.*, 141 S. Ct. 691, 698 (2021). To overcome the presumption, a statute "must upon its face give clear and convincing evidence of an intent to withhold" judicial review." *Abbott Labs. v. Gardner*, 387 U.S. 136, 140 n.2 (1967). The party

² Four amicus briefs were filed in this case. The Court would like to thank the amici curiae for adding value to our evaluation of the issues presented herein.

seeking to rebut the presumption "bears a heavy burden of showing that the statute's language or structure forecloses judicial review." *Salinas*, 141 S. Ct. at 698 (quotation marks omitted).

Here, the Secretary has not met his burden. The Secretary argues that Congress intended to withhold judicial review from the Caregiver Program because section 1720G(c)(1) implicitly references VA's regulatory carveout for medical determinations. However, the Secretary's assertion is conclusory. Section 1720G(c)(1) makes no mention of the regulatory carveout "upon its face." *Abbott Labs*, 387 U.S. at 140 n.2. An implied reference cannot constitute "clear and convincing evidence of an intent to withhold" judicial review. *Id.*

Second, there is a "strong presumption that repeals by implication are disfavored and that Congress will specifically address preexisting law when it wishes to suspend its normal operations in a later statute." *Epic Sys. Corp. v. Lewis*, 138 S. Ct. 1612, 1624 (2018) (cleaned up). "When confronted with two Acts of Congress allegedly touching on the same topic, this Court is not at liberty to pick and choose among congressional enactments and must instead strive to give effect to both." *Id.* (quotation marks omitted). The party claiming that "one [law] displaces the other, bears the heavy burden of showing a clearly expressed congressional intention that such a result should follow. The intention must be clear and manifest." *Id.* (quotation marks omitted).

Again, the Secretary offers insufficient proof. He fails to demonstrate a clear congressional intention to displace the ordinary scope of the VJRA. Congress did not mention the VJRA in the Caregiver Program statute, nor did it define the phrase "medical determination" or indicate elsewhere what the term might mean. Ultimately, the Secretary's interpretation is one of possibility, not probability. There is no other instance we can find where Congress has, without a word of comment, wholly excluded a veterans program from judicial review. Such supposition by the Agency falls short of the "clear and manifest" intention required by *Epic*, 138 S. Ct. at 1624. It is well settled that Congress "does not alter the fundamental details of a regulatory scheme in vague terms or ancillary provisions—it does not, one might say, hide elephants in mouseholes." *Whitman v. Am. Trucking Ass'ns., Inc.*, 531 U.S. 457, 468 (2001).

Resisting this reasoning, the Secretary points to two other interpretive canons to support his position. First, Congress is presumed to know of existing laws and regulations when it enacts new legislation. *Cal. Indus. Prods., Inc. v. United States*, 436 F.3d 1341, 1354 (Fed. Cir. 2006). The Court can presume Congress understood the nonreviewable nature of medical determinations when it passed the Caregiver Program statute. Thus, the Secretary argues, it is reasonable to assume Congress intended the phrase "medical determination" to limit Board review.

However, this presumption cuts both ways. Congress is also presumed to know that the VJRA, passed in 1988, grants Board review of all decisions "affect[ing] the provision of benefits by the Secretary." 38 U.S.C. § 7104(a). As noted above, the Secretary readily concedes that Caregiver Program benefits are "benefits" within the scope of the VJRA. Congress also "knows to speak in plain terms when it wishes to circumscribe, and in capacious terms when it wishes to enlarge." *City of Arlington, v. FCC*, 569 U.S. 290, 296 (2013). Therefore, we can presume that if Congress desired to curtail Board review under the VJRA, Congress would have done so in plain terms and not by obliquely referencing a discrete agency regulation.

The Secretary argues that Congress silently ratified VA's construction of section 1720G(c)(1). Congress is presumed to assent to an agency's longstanding statutory construction when it reenacts a statute that fails to undo that interpretation. *See Lorillard v. Pons*, 434 U.S. 575, 580 (1978). Congress amended the Caregiver Program by passing the VA Mission Act of 2018, Pub. L. No. 115-182. The amendment did not alter the language of section 1720G(c)(1) or disavow VA's construction of it and thus the Secretary argues that Congress silently ratified VA's interpretation.

However, courts have construed the presumption of acquiescence narrowly where Congress "has made only isolated amendments" to a statute. *Alexander v. Sandoval*, 532 U.S. 275, 292-93 (2001). "The canon of ratification [and the presumption under *Lorillard* have] little probative value where . . . what is re-enacted is a different subsection of the statute." *Shalom Pentecostal Church v. Acting Sec'y U.S. DHS*, 783 F.3d 156, 167 (3d Cir. 2015). Here, Congress did not reenact, amend, or comment on section 1720G(c)(1).

The presumption of acquiescence also lacks teeth absent widespread congressional awareness of the interpretation at issue. *See Schism v. United States*, 316 F.3d 1259, 1294 (Fed. Cir. 2002) (en banc). "Extensive hearings, repeated efforts at legislative correction, and public controversy may be indicia of Congress's attention to the subject." *Butterbaugh v. DOJ*, 336 F.3d 1332, 1342 (Fed. Cir. 2003). Here, the record does not indicate that Congress had widespread awareness of VA's Board-review prohibition. The Secretary cites a single written statement submitted to the House Subcommittee on Health in 2011, which notified the Subcommittee that Caregiver Program benefits decisions may not be appealed to the Board. *See* Response at 6-7. However, the parties debate this. Petitioners contend that members of the Subcommittee may have read the statement to allow Board review *after* initial review by the VHA appeals process. *See* Petitioner's Reply at 10. Petitioners point out that VA did not officially articulate its interpretation of section 1720G(c)(1), at 80 Fed. Reg. at 1366, until approximately four years later. But even if the written testimony clearly foreclosed Board review, as the Secretary contends, it was submitted to the Subcommittee six years before Congress passed the VA Mission Act that made isolated amendments to section 1720G (but not to (c)(1)). Moreover, the statement did not enter the broader legislative history of the VA Mission Act. Thus, we find the single written statement is insufficient to invoke a presumption of "general congressional awareness." *See Schism*, 316 F.3d at 1294.

Of course, the previous analysis, in rejecting the Secretary's interpretation, does not tell us what section 1720G(c)(1) actually means. The Beaudettes argue that Congress may have intended the "medical determination" provision to refer to a procedural safeguard first articulated in *Colvin v. Derwinski*, 1 Vet.App. 171, 175 (1991), which holds that "[t]he Board cannot make a medical determination based on its own opinion." *Johnson v. Derwinski*, 3 Vet.App. 16, 18 (1991); *see also Kahana v. Shinseki*, 24 Vet.App. 428, 435 (2011) ("[W]hen a Board inference results in a 'medical determination' the basis for that inference must be independent and it must be cited.") However, the Secretary demurs, noting that *Colvin* itself never uses the phrase "medical determination."

With that said, we do not have to settle on a definitive reading of section 1720G(c)(1) for purposes of this appeal. For now, it is sufficient to say that Congress mandated judicial review of benefits decisions within the scope of the VJRA and has not clearly acted, as the law requires, to abrogate that express intent. Of the potentially correct readings of section 1720G(c)(1), the

Secretary's is not one. It would take the extraordinary step of limiting the regular operation of the VJRA and foreclosing judicial review despite the absence of a clearly expressed congressional intent to do so. We can say with confidence that VA's interpretation does not meet the high standard for wholly stripping the Board, and thus this Court, of jurisdiction over Caregiver Program determinations.

We conclude that Congress has spoken unambiguously in mandating Board review of all decisions "under a law that affects the provision of benefits by the Secretary." 38 U.S.C. § 7104(a). VA's interpretation of section 1720G(c)(1) is invalid to the extent it limits the ordinary scope and operation of the VJRA. The Beaudettes have established an indisputable right to Board review, the lack of an adequate administrative means of securing that right, and the propriety of extraordinary relief in these circumstances. Accordingly, a writ of mandamus shall issue.

B. Class Action

Having determined that VA wrongfully denied claimants the right to seek Board review of Caregiver Program determinations, the Court must determine the appropriate relief. Petitioners ask us to certify a class of individuals who (1) received an adverse decision under the Caregiver Program, (2) exhausted available review under the VHA, and (3) have not been afforded the right to appeal to the Board. Class Motion at 1. Notably, while petitioners sought appeal to the Board (and to date have received no response), they ask us to certify a class of people who have not sought Board review. In this respect, the Court discerns no failure to exhaust administrative remedies because any attempt by the proposed class members to obtain Board review "would amount to a useless act" and be "futile." *Wolfe v. Wilkie*, 32 Vet.App. 1, 39 (2019). The Secretary has stated that Caregiver Program benefits decisions are not reviewable by the Board, *see* 80 Fed. Reg. at 1366, and of course, the Board cannot disobey the Secretary's instructions. § 7104(c).

The Court has set forth the prerequisites for seeking class certification in Rule 23 of our Rules of Practice and Procedure.³ These are first, that the class is so numerous that consolidating individual actions in the Court is impracticable; second, that there are questions of law or fact common to the class; third, that the legal issue or issues being raised by the representative parties on the merits are typical of the legal issues that could be raised by the class; fourth, that the representative parties will fairly and adequately protect the interests of the class; and, fifth, that the Secretary or one (or more) official, agent, or employee of the Department of Veterans Affairs has acted or failed to act on grounds that apply generally to the class, so that final injunctive or other relief is appropriate respecting the class as a whole. U.S. VET. APP. R. 23(a). Further, the Court considers whether class-wide relief is "superior" insofar as it better serves the interests of justice than a precedential decision. U.S. VET. APP. R. 22(a)(3).

The Secretary does not dispute that the numerosity, commonality, and adequacy of representation factors are met in this case. Nor does the Secretary dispute that this action alleges that the Secretary has acted or failed to act on grounds that apply generally to the proposed class. After reviewing the record and the parties' briefs, we conclude that these four factors are satisfied.

³ The Court promulgated Rule 23 and its companion, Rule 22, shortly after the Beaudette's filed their motion for class certification. In re: Rules of Practice and Procedure, U.S. VET. APP. MISC. ORDER 12-20 (Nov. 10, 2020). Nevertheless, their motion and the Secretary's response fully address the requirements set forth in Rule 23(a).

First, the proposed class is likely to be far larger than 40 members. *See Skaar v. Wilkie*, 32 Vet.App. 156, 191 (2019) (en banc) ("[C]ourts generally find that the numerosity factor is satisfied if the class comprises 40 or more members."). Second, whether the Secretary's Board-review prohibition is contrary to 38 U.S.C. §§ 7104(a) and 511(a) is a legal question that is common to all members of the proposed class because it is "capable of class-wide resolution" and its resolution is "central to the validity of each one of the claims." *Id.* at 192. Third, the representative parties will adequately protect the interests of the proposed class because petitioners have an interest in vigorously pursuing the position that Caregiver Program claimants are entitled to Board review and petitioners have no antagonistic interests to other class members. *See Wolfe*, 32 Vet.App. at 30. Fourth, the relief that the petitioners request in this case—an injunction requiring the Secretary to permit Board review of Caregiver benefits decisions—"affect[s] the entire class at once" and thus, is the exact kind of relief contemplated by Rule 23(a)(5). *See Godsey v. Wilkie*, 31 Vet.App. 207, 223 (2019).

The Secretary does, however, contest the typicality factor. He points out that Rule 23(a)(3) contains the phrase "on the merits" and that this modifier is not present in the class certification standard of the Federal Rules of Civil Procedure, which the Court applied before it adopted its own class action rules. *See FED. R. CIV. P. 23*. The Secretary argues that the phrase "on the merits" should be interpreted as requiring typicality with respect to the underlying benefits claims. The factor is not met, he argues, because petitioners do not allege agency error in common when VA decided the merits of their initial claims.

We disagree. Almost all cases before this Court center on legal challenges that are, in some sense, collateral to an underlying claim for benefits. This is the nature of appellate law. Yet, the Secretary's interpretation of Rule 23 would all but preclude class certification whenever agency error happens to go beyond an initial benefits decision. To the contrary, we conclude that the typicality factor applies to the merits of *this petition*. For purposes of Rule 23, an issue is raised "on the merits" when it is the focus of the parties' briefs and is addressed by the Court in its final decision. *See BLACK'S LAW DICTIONARY* (11th ed. 2019) (defining "on the merits" as of a judgment "delivered after the court has heard and evaluated the evidence and the parties' substantive arguments"); *see also FED. R. APP. P. 31(a)(2)* (explaining that U.S. circuit courts decide cases "on the merits" after the parties file briefs); SUP. CT. R. 24 (referring to principal briefs submitted to the Supreme Court as "briefs on the merits"). Here, the main substantive issue raised by Petitioners on appeal, disputed by the parties in their briefs, and decided by the Court in its final decision, is whether Board review is available for the Caregiver Program. Accordingly, that issue is typical of all past claimants who were not permitted Board review.

Next, the Court considers whether class certification is superior to a precedential decision. U.S. VET. APP. R. 22(a)(3). Factors to consider, include but are not limited to whether: (i) "the challenge is collateral to a claim for benefits; (ii) litigation of the challenge involves compiling a complex factual record; (iii) the appellate record is sufficiently developed to permit judicial review of the challenged conduct; and (iv) the putative class has alleged sufficient facts suggesting a need for remedial enforcement." *Skaar*, 32 Vet.App. at 191. "No one of these factors is more or less important than the others, rather the Court must engage in a case-by-case balancing to determine whether class certification is appropriate." *Id.*

As for the second factor, this case presents a question of statutory interpretation and so a complex factual record is of limited use here. Petitioners point out that the record includes the legislative and regulatory history of the Caregiver Program and exhibits documenting VA's history of arbitrarily revoking Caregiver benefits, but this evidence, while appreciated, did not factor decisively into our analysis.

Nevertheless, the remaining factors support class certification. Petitioners' challenge is collateral to a claim for benefits. Petitioners only seek the *right* to appeal their case to the Board. Further, the record is sufficiently complete for adjudication. Petitioners have included an appendix of relevant documents that adequately addresses the legal and factual issues presented here. Finally, regarding the fourth factor, we find that there are unique circumstances in this case warranting class-wide relief "through an orderly and consistent process amenable to judicial supervision." *Id.* at 199. It is essential that Caregiver Program claims be resolved as efficiently as possible, considering that members of the proposed class have necessarily suffered a "serious injury... in the line of duty." § 1720G(a)(2)(B).

Most importantly, we conclude that a precedential decision would not effectively inform past program claimants of their appellate rights or ensure that VA honored them. Without centralized relief, individual program participants, who long ago exhausted the VHA appeals process and were prevented from seeking Board review, would be left to discover this opinion through extraordinary diligence or by chance. Indeed, were the Court to deny class certification, the Secretary notably—and with admirable candor—admitted he cannot guarantee VA will find *and* inform each past claimant of the right to appeal previous benefits decisions to the Board. Oral Argument at 49:12. The situation here fundamentally differs from *Skaar*. There, past claimants failed to exercise their appellate rights to appeal to this Court. 32 Vet.App. at 187-89. Whereas here, VA affirmatively prevented Caregiver Program claimants from exercising their appellate rights at all. VA erred in setting up this adjudicative blockade, and it bears some responsibility in advising claimants that it has been lifted. A precedential decision cannot guarantee that sort of remedial action, since it would bind VA only in pending or future claims. *Id.* at 198. Thus, the Court concludes that the Beaudettes have established by a preponderance of the evidence that class action is a superior method of resolving this controversy, thereby overcoming the presumption that a precedential decision is adequate.

Thus, we find that class-wide relief is the superior remedy. Petitioners have satisfied each of the prerequisites for class certification under Rule 22 and 23 and so we certify the class.

Additionally, the Court must appoint class counsel, unless a statute provides otherwise. U.S. VET. APP. R. 23(f)(1). In appointing class counsel, the Court must consider: (i) the work counsel has done in identifying or investigating potential claims in the action; (ii) counsel's experience in handling class actions, other complex litigation, and the types of claims asserted in the action; (iii) counsel's knowledge of the applicable law; and (iv) the resources that counsel will commit to representing the class. *Id.* Here, counsel for petitioners—Andy LeGolván of Paul Hastings LLP, and Amanda Pertusati of Public Counsel—have the motivation, experience, knowledge, and resources necessary to adequately represent the interests of the proposed class. Accordingly, the Court appoints Mr. LeGolván and Ms. Pertusati as class counsel.

Last, the Court must determine whether class notice is appropriate under the circumstances. *See* U.S. VET. APP. R. 23(c)(2) (emphasizing that the Court has the discretion to decide whether to direct notice to the class). Notice is appropriate to correct an incorrect statement of law. *See Wolfe v. Wilkie*, 32 Vet.App. 1, 40-41 (2019). Here, petitioners point out that VA has had a widespread practice of informing veterans, by mail, that Caregiver Program benefits decisions may not be appealed to the Board. Thus, we conclude that the Secretary should send members of the proposed class an updated benefits decision notice that, under 38 U.S.C. § 5104(a), "shall include an explanation of the procedure for obtaining review of the decision."

III. CONCLUSION

Upon consideration of the foregoing, it is

ORDERED that the Beaudette Class is certified as defined here: "All claimants who received an adverse benefits decision under the Caregiver Program, exhausted the administrative review process within the VHA, and have not been afforded the right to appeal to the Board of Veterans' Appeals." It is further

ORDERED that Andy LeGolvan, Esq., of Paul Hastings LLP, and Amanda Pertusati, Esq., of Public Counsel, are appointed as class counsel. It is further

ORDERED that the Secretary allow Board review of petitioners' claim. It is further

ORDERED the Secretary is enjoined from denying Board review of future benefits decisions under the Caregiver Program. It is further

ORDERED that within 45 days of the date of this order the parties jointly prepare and submit to the Court for approval a plan to provide notice to members of the proposed class of (1) their right to appeal Caregiver benefits decisions to the Board and (2) the procedure for obtaining Board review of the decision.

DATED: April 19, 2021

FALVEY, *Judge*, dissenting: I respectfully dissent. I would deny the petition for writ of mandamus, and the motion for class action, because Congress has excluded Caregiver Program decisions from Board jurisdiction, and consequently from our jurisdiction. The petition thus is not in aid of our prospective jurisdiction.

In 38 U.S.C. § 1720G(c)(1), Congress states that "[a] decision by the Secretary under [the Caregiver Program] affecting the furnishing of assistance or support shall be considered a medical determination." 38 U.S.C. § 1720G(c)(1). The Secretary persuasively argues that the term "medical determination" in subsection (c)(1) refers to the longstanding regulatory rule that medical determinations are not appealable to the Board. *See* 38 C.F.R. § 20.104(b) (2020) (stating that "medical determinations" are "beyond the Board's jurisdiction"); 38 C.F.R. § 19.3(b) (1983) (same). That rule was the law when Congress enacted section 1720G in 2010, and when it amended the statute in 2018.

We presume that Congress has legislated against the background of existing law and is aware of the meaning and effect of its words. *See Cannon v. Univ. of Chi.*, [441 U.S. 677, 698-99](#) (1979); *Gazelle v. Shulkin*, [868 F.3d 1006, 1011](#) (Fed. Cir. 2017). And, here, Congress knew the meaning of the term "medical determinations" because, shortly after creating the Caregiver Program, the Secretary told Congress that "all decisions regarding eligibility for, and the provision of benefits under, the Caregiver Program will be considered medical determinations "not within the Board's jurisdiction [and] as a result, such clinical decisions may not be appealed to the Board of Veterans' Appeals." Implementation of Caregiver Assistance: Moving Forward: Hearing before the Subcommittee on Health of the U.S. House of Representatives Committee on Veterans' Affairs, Serial No. 112-23 (July 2011), page 75. Yet, armed with this knowledge, Congress took no action to amend or clarify the statute.

"It is the duty of the court to give effect, if possible, to every clause and word of a statute, avoiding, if it may be, any construction which implies that the legislature was ignorant of the meaning of the language it employed." *Montclair v. Ramsdell*, [107 U.S. 147, 152](#) (1883).

Neither the petitioners nor the majority presents a construction of section 1720G that interprets subsection (c)(1) in a way that makes sense with the rest of the statute. The petitioners' interpretation of section 1720G either disregards the language of subsection (c)(1) or assumes that Congress did not know the regulatory meaning of "medical determination" when enacting section 1720G. *See* [38 U.S.C. § 1720G\(a\)\(2\)](#); [38 C.F.R. § 20.104\(b\)](#).

The Secretary's construction of section 1720G is the only interpretation that gives effect to all the statute's provisions and presumes that Congress understands the implications of its words. I therefore would find, consistent with the Secretary's arguments, that Caregiver Program decisions are outside the Board's jurisdiction and thus outside ours.

In short, although Congress mandated Board review of all decisions "under a law that affects the provision of benefits by the Secretary," [38 U.S.C. § 7104\(a\)](#), Congress also stripped the Board, and consequently this Court, of jurisdiction over Caregiver Program decisions. [38 U.S.C. § 1720G\(c\)\(1\)](#). For this reason, I would deny the petition for writ of mandamus as not in aid of our prospective jurisdiction. For the same reason, I would deny the motion for class action for lack of jurisdiction.

I also would not grant the motion for class certification because, given that any determination that a regulation is invalid would be binding on VA, petitioners must explain why a precedential decision would not be adequate here to overcome the presumption against certifying a class. *See Skaar v. Wilkie*, [32 Vet.App. 156, 196](#) (2019) (en banc order); U.S. VET. APP. R. 22(a)(3). Overcoming that presumption requires a "showing by a preponderance of the evidence that a class action is 'superior to other available methods for fairly and efficiently adjudicating the controversy.'" *Skaar*, [32 Vet.App. at 196](#) (quoting [FED. R. CIV. P. 23\(b\)\(3\)](#)); *see* U.S. VET. APP. R. 22(a)(3) (requiring parties to "explain the reasons why a decision granting relief on a class action basis would serve the interests of justice to a greater degree than would a precedential decision granting relief on a non-class action basis").

In *Skaar*, the Court enumerated four nonexhaustive factors for the Court to consider on a case-by-case basis when determining whether the presumption has been rebutted:

[W]hether (i) the challenge is collateral to a claim for benefits; (ii) litigation of the challenge involves compiling a complex factual record; (iii) the appellate record is sufficiently developed to permit judicial review of the challenged conduct; and (iv) the putative class has alleged sufficient facts suggesting a need for remedial enforcement.

32 Vet.App. at 197.

Although no factor holds more weight than another, the Court will, "as appropriate," "engage in a case-by-case balancing" to determine whether "a claimant has rebutted the presumption against aggregate action." *Id.*

Here, I would find that the petitioners have failed their burden of proving the superiority of a class action. Even if petitioners meet the first three enumerated factors, the fourth factor weighs heavily against aggregate action. The majority holds that the fourth—enforcement—favors certifying a class here because the "unique circumstances in this case" warrant class-wide relief "considering that members of the proposed class have necessarily suffered a 'serious injury . . . in the line of duty.'" *Ante* at 9. To the majority, it seems that what matters is that veterans had to suffer a serious injury in service and, if so, that means class certification. Yet all claimants in this system must have suffered an injury or disease as result of their service. Apparently, under the majority's rationale, it is only those that apply for benefits under a statute that says "serious" as worthy of a class. Or perhaps it is that the serious injury was incurred in service. Yet recently the Court considered a proposed class that included veterans with serious *in service* mental health problems and the Court found this did not warrant class treatment. *See Bowling v. McDonough*, __ Vet.App. __, No. 18-5263, 2021 WL 1249822 (Mar. 29, 2021) ("*Bowling/Appling*"). Exactly what "unique circumstances" justify class treatment here escapes me.

As another rationale for determining that class certification is appropriate here, the majority looks to whether a precedential decision would effectively inform past program claimants of their appellate rights. The majority notes that, if we were to deny class certification, the Secretary could not guarantee VA could "find and inform each past claimant of the right to appeal previous benefits decisions to the Board." *Id.* Yet, if VA cannot find them, certifying a class that includes them is of no consequence and does not justify certifying a class—no court order can render possible the impossible.

Finally, the certified class here includes past claimants who, unlike the petitioners, have not appealed to the Board. *Ante* at 10 (certifying a class of claimants "who received an adverse benefits decision under the Caregiver Program, exhausted the administrative review process within the VHA, and have not been afforded the right to appeal to the Board"). In *Skaar*, we held that notions of finality barred "past" or "expired" claimants, with unappealed and final Board decisions. 32 Vet.App. at 187-89; *see also Bowling/Appling*, 2021 WL 1249822 at *5-*6. I would not include past claimants in the proposed class here. Nor would I use them to help rebut the presumption that a precedential decision provides adequate relief. *See Bowling/Appling*, 2021 WL 1249822 at *5.

The majority distinguishes *Skaar* arguing that there past claimants failed to exercise their appellate rights, but that here past claimants faced VA's "adjudicative blockade." *Ante* at 9. And, because a precedential decision can "bind VA only in pending or future claims," the majority concludes that a class action is a superior method for resolving the controversy. *Id.* Yet, a precedential decision invalidating a regulation almost always binds VA in only pending and future claims—it does not reach past claims (or expired claims)—this is the very heart of finality. Under the majority's rationale, class actions become the default whenever we strike down a regulation because only then can past claimants benefit from the remedy provided.

In short, the past program claimant class members here, like the past or expired claimants in *Skaar*, fall outside our jurisdiction. And so, it is not in aid of our jurisdiction to issue a writ for them. In doing so, we are creating jurisdiction, not securing it.

The bottom line is that our jurisprudence on class certification, and in particular whether a class is superior to a precedential decision, is at risk of becoming incoherent and "the equivalent of 'because I say so.'" *Hood v. Brown*, 4 Vet.App. 301, 303 (1993), *vacated in part*, 7 Vet.App. 553 (1995). Thus, I respectfully dissent.

EXHIBIT A



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

September 4, 2013

The Honorable Richard M. Burr
Ranking Member
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Senator Burr:

In accordance with the requirements of Public Law 111-163, section 101(c), the Department of Veterans Affairs (VA) submits its first annual report on *Assistance and Support Services for Caregivers*, as well as the required statement of cost for preparing the report.

The Caregivers and Veterans Omnibus Health Services Act of 2010, which was signed into law on May 5, 2010, represents the largest increase and expansion of support and services for caregivers of Veterans in the history of VA. Since publishing the interim final rule on May 5, 2011, VA has continued to make great strides in providing these important benefits and services in support of caregivers and Veterans, particularly caregivers of seriously injured eligible Veterans who served on or after September 11, 2001.

Information in this report was gathered collaboratively from a variety of sources. The resulting report provides a comprehensive review of the accomplishments achieved for the Caregiver Support Program from its inception through fiscal year 2012.

A similar letter has been sent to the other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in blue ink, reading "Eric K. Shinseki".

Eric K. Shinseki

Enclosures



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

September 4, 2013

The Honorable Bernard Sanders
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

In accordance with the requirements of Public Law 111-163, section 101(c), the Department of Veterans Affairs (VA) submits its first annual report on *Assistance and Support Services for Caregivers*, as well as the required statement of cost for preparing the report.

The Caregivers and Veterans Omnibus Health Services Act of 2010, which was signed into law on May 5, 2010, represents the largest increase and expansion of support and services for caregivers of Veterans in the history of VA. Since publishing the interim final rule on May 5, 2011, VA has continued to make great strides in providing these important benefits and services in support of caregivers and Veterans, particularly caregivers of seriously injured eligible Veterans who served on or after September 11, 2001.

Information in this report was gathered collaboratively from a variety of sources. The resulting report provides a comprehensive review of the accomplishments achieved for the Caregiver Support Program from its inception through fiscal year 2012.

A similar letter has been sent to the other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in blue ink, reading "Eric K. Shinseki".

Eric K. Shinseki

Enclosures



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

September 4, 2013

The Honorable Michael H. Michaud
Ranking Member
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Congressman Michaud:

In accordance with the requirements of Public Law 111-163, section 101(c), the Department of Veterans Affairs (VA) submits its first annual report on *Assistance and Support Services for Caregivers*, as well as the required statement of cost for preparing the report.

The Caregivers and Veterans Omnibus Health Services Act of 2010, which was signed into law on May 5, 2010, represents the largest increase and expansion of support and services for caregivers of Veterans in the history of VA. Since publishing the interim final rule on May 5, 2011, VA has continued to make great strides in providing these important benefits and services in support of caregivers and Veterans, particularly caregivers of seriously injured eligible Veterans who served on or after September 11, 2001.

Information in this report was gathered collaboratively from a variety of sources. The resulting report provides a comprehensive review of the accomplishments achieved for the Caregiver Support Program from its inception through fiscal year 2012.

A similar letter has been sent to the other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in blue ink, reading "Eric K. Shinseki".

Eric K. Shinseki

Enclosures



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

September 4, 2013

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

In accordance with the requirements of Public Law 111-163, section 101(c), the Department of Veterans Affairs (VA) submits its first annual report on *Assistance and Support Services for Caregivers*, as well as the required statement of cost for preparing the report.

The Caregivers and Veterans Omnibus Health Services Act of 2010, which was signed into law on May 5, 2010, represents the largest increase and expansion of support and services for caregivers of Veterans in the history of VA. Since publishing the interim final rule on May 5, 2011, VA has continued to make great strides in providing these important benefits and services in support of caregivers and Veterans, particularly caregivers of seriously injured eligible Veterans who served on or after September 11, 2001.

Information in this report was gathered collaboratively from a variety of sources. The resulting report provides a comprehensive review of the accomplishments achieved for the Caregiver Support Program from its inception through fiscal year 2012.

A similar letter has been sent to the other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in blue ink, reading "Eric K. Shinseki", is positioned above the printed name.

Eric K. Shinseki

Enclosures

Assistance and Support Services for Caregivers Annual Report Fiscal Year 2012

Public Law (P.L.) 111-163

The Caregivers and Veterans Omnibus Health Services Act of 2010, P.L. 111-163, signed into law on May 5, 2010, has marked a new era in the delivery of expanded services for caregivers within the Department of Veterans Affairs (VA). VA established a Program of Comprehensive Assistance for Family Caregivers and a Program of General Caregiver Support Services, collectively referred to as the Caregiver Support Program (CSP), combining existing VA programming and services for caregivers of all era Veterans with the additional services and benefits made available under P.L. 111-163.

P.L. 111-163 expands services in place prior to the legislation, such as respite care and counseling. For qualified family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001, additional services and benefits as part of the Program of Comprehensive Assistance for Family Caregivers include: education and training; a monthly stipend paid directly to designated primary family caregivers; mental health services; a respite care benefit; travel, lodging and subsistence when receiving initial training and during the Veterans' medical appointments; and enrollment in VA's Civilian Health and Medical Program (CHAMPVA) for eligible primary family caregivers who are not entitled to care or services under a health plan contract and not eligible for TRICARE. On May 9, 2011, VA began accepting applications for the Program of Comprehensive Assistance for Family Caregivers. As of September 30, 2012, a cumulative total of 6,606 primary family caregivers had been served by this program, including family caregivers from 50 states, the District of Columbia and San Juan, Puerto Rico.

Program of Comprehensive Assistance for Family Caregivers

Application, Eligibility, and Appeals

Eligibility for VA's Program of Comprehensive Assistance for Family Caregivers is contingent upon the Veteran's or Servicemember's ability to meet all seven of the following primary criteria:

- 1) The Veteran or Servicemember undergoing medical discharge must have incurred or aggravated a serious injury (including traumatic brain injury, psychological trauma, or other mental disorders) in the line of duty on or after September 11, 2001.
- 2) The injury must render the Veteran or Servicemember in need of personal care services because of one of the following:

- Veteran or Servicemember is unable to perform one or more of the following activities of daily living (ADL): dressing, bathing, grooming, toileting, feeding, mobility, or frequent need of adjusting of a prosthetic or orthopedic appliance without assistance;
 - Veteran or Servicemember has need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury, requiring supervision or assistance for any of the following reasons: seizures, difficulty with planning/organizing, safety risks, sleep dysregulation, delusions or hallucinations, difficulty with recent memory, or mood dysregulation;
 - Veteran or Servicemember has a psychological trauma or a mental disorder that has been scored by a licensed mental health professional as having a Global Assessment of Functioning score of 30 or less continuously during the 90-day period immediately preceding the date on which VA initially received the caregiver application; and
 - Veteran has been rated 100 percent service connected disabled for the qualifying serious injury, and has been awarded special monthly compensation that includes aid and attendance allowance.
- 3) The Veteran or Servicemember requires at least 6 continuous months of caregiver support.
 - 4) Participation in the program is in the best interest of the Veteran or Servicemember, including consideration of whether participation in the program significantly enhances his/her ability to live safely in a home setting, supports his/her health and well-being, and supports potential progress in rehabilitation.
 - 5) The Veteran or Servicemember will receive care at home once VA designates a family caregiver (once training is complete).
 - 6) A VA-selected primary care team, such as a Patient Aligned Care Team (PACT), will provide the Veteran or Servicemember with ongoing care.
 - 7) The personal care service provided by the Family Caregiver cannot simultaneously and regularly be provided by another individual, entity, or program.

The Caregiver Support Coordinator (CSC) located in each VA medical center (VAMC) uses the Veteran's service connection rating determination, Physical Evaluation Board finding, Medical Evaluation Board finding, or line of duty injury finding to verify whether the Veteran or Servicemember has incurred a serious injury in the line of duty. Once confirmed, the Veteran's or Servicemember's PACT or primary care team evaluates the remaining eligibility criteria. This includes certain criteria the family member must meet,

and, if the Veteran or Servicemember and family member(s) are eligible, establishes the Veteran's or Servicemember's tier level, which corresponds with the monthly stipend value his/her primary family caregiver will receive.

Upon verification of eligibility, the family member(s) completes mandatory caregiver training. Once training is complete, the CSC arranges for the facility-identified home care team or clinician to complete an initial in-home assessment within 10 days. The purpose of a home visit is to ensure that the family member has the required training, resources, and support to provide safe and effective care for the Veteran or Servicemember, and if necessary, to generate appropriate referrals for the Veteran or Servicemember and/or family member. The results of the in-home visit are communicated to the CSC; if the facility-identified home care clinician or team concurs that the family member can provide adequate care, the CSC based upon the assessment of the clinical team, will approve the family caregiver application and designate primary and secondary family caregivers, as appropriate.

If a determination is made that a Veteran or Servicemember does not qualify for participation, she or he will receive a formal letter that provides the decision and the process to appeal. If a Veteran or Servicemember and/or caregiver are not satisfied with a VAMC decision, he or she may request an appeal in accordance with Veterans Health Administration (VHA) Directive 2006-057.

http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1494

Program of General Caregiver Support Services

General caregivers of Veterans are caregivers who provide personal care services to an enrolled Veteran who does not meet the criteria for the Program of Comprehensive Assistance for Family Caregivers, but requires assistance with one or more activities of daily living or requires supervision or protection based on symptoms or residuals of neurological or other impairment or injury. Unlike the Program of Comprehensive Assistance for Family Caregivers, there is no formal application required to receive general caregiver support services. Because there isn't a formal application process, participants in the Program of General Caregiver Support Services are served by local VAMCs and are not tracked nationally.

VA's CSP offers services which are utilized by both family caregivers under the Program of Comprehensive Assistance for Family Caregivers and General Caregivers, including: designated CSCs in every VAMC, a toll-free Caregiver Support Line (CSL), Caregiver Web site, events/activities to celebrate National Family Caregivers Month, Caregiver Peer Support Mentoring, Resources for Enhancing All Caregivers Health (REACH), and Spouse Telephone Support (STS). The cost of each specific program is included in the descriptive sections of this report.

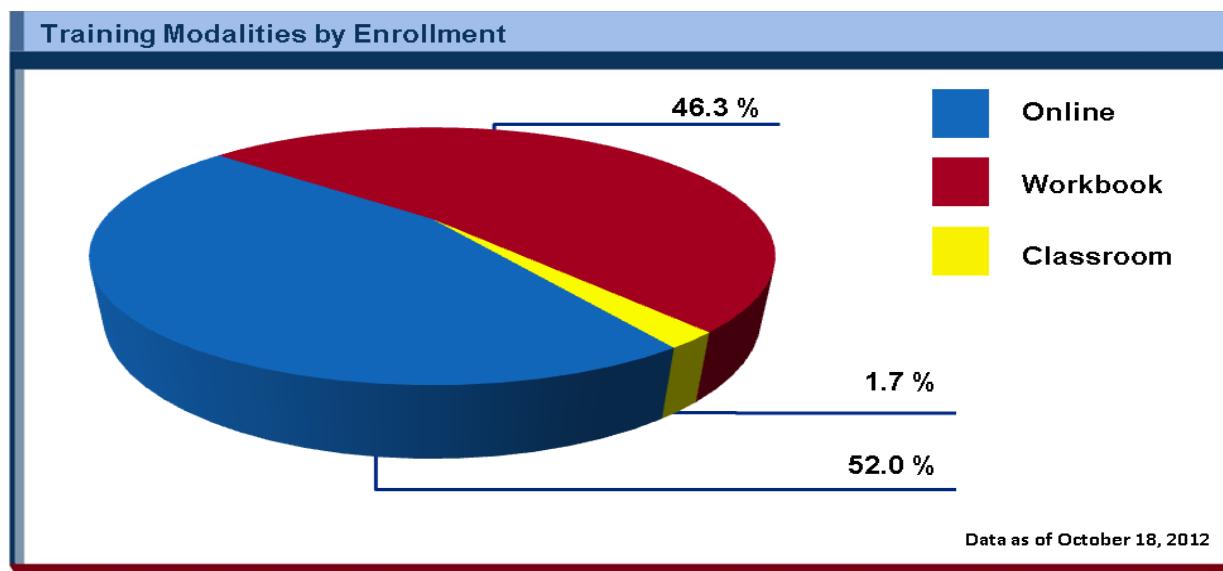
Services and Benefits Available through the Program of Comprehensive Assistance for Family Caregivers

P.L. 111-163 establishes two groups of family caregivers, primary and secondary, and stipulates the unique benefits and services that are to be provided to each group. When applying for the Program of Comprehensive Assistance for Family Caregivers, a Veteran or Servicemember can select one primary family caregiver and up to two secondary family caregivers. VA obligated \$12,996,987 in FY 2011 and \$95,626,683 in FY 2012 for benefits and services available to these two groups described in detail below.

Caregiver Training and Education

Training and education of family caregivers is a critical component of the Program of Comprehensive Assistance for Family Caregivers and is a requirement for primary and secondary family caregivers during the application process. VA contracted with an experienced qualified non-profit organization to develop and implement the family caregiver's core curriculum training. This curriculum includes education and training on 10 core competencies with topics such as caregiver self-care and medication management. The training is available in both English and Spanish. Training can be completed at home with a workbook and DVD, online, or in a classroom setting.

VA obligated over \$5 million to deliver this mandated training to nearly 7,500 family caregivers from the program's inception through the end of fiscal year (FY) 2012.



Additional Training

A significant number of those participating in the Program of Comprehensive Assistance for Family Caregivers requested additional education on Post-traumatic Stress Disorder (PTSD). In response, VA's CSP, in collaboration with the VA National Center for PTSD and the VA Employee Education Service, offered an education program titled,

“Understanding PTSD for Caregivers” designed for caregivers of Veterans with a diagnosis of PTSD. More than 550 family caregivers participated in this live satellite television broadcast at 99 VA sites across the Nation. Each VAMC CSC received a DVD of the program to provide training for family caregivers who were either unable to attend the session or wish to view it again, as well as for newly approved family caregivers of eligible Veterans with PTSD entering the Program of Comprehensive Assistance for Family Caregivers.

Monthly Caregiver Stipend

Individuals designated as the eligible Veteran’s primary family caregiver are eligible to receive a monthly stipend from VA as an acknowledgement of the sacrifices they make to care for seriously injured eligible Veterans. The monthly stipend is not intended to replace career earnings or be construed to create an employment relationship between VA and caregivers. Family caregivers report that the stipend is the cornerstone of the Program of Comprehensive Assistance for Family Caregivers. The stipend helps to alleviate financial distress experienced by many primary family caregivers.

During the eligibility evaluation, the clinical treatment team assigns the Veteran or Servicemember a tier level based on his or her level of dependency. The tier level is then converted into hours in order to determine the stipend payment as follows: the primary family caregiver of an eligible Veteran assessed at Tier 1 is paid a stipend equivalent to the eligible Veteran requiring 10 hours per week, nationally averaging \$586 per month, the primary family caregiver of an eligible Veteran assessed at Tier 2 is paid a stipend equivalent to the eligible Veteran requiring 25 hours per week, nationally averaging \$1,450 per month, and the primary family caregiver of an eligible Veteran assessed at Tier 3 is paid a stipend equivalent to the eligible Veteran requiring 40 hours per week, nationally averaging \$2,254 per month.

The monthly value of the stipend is then calculated by using the U.S. Bureau of Labor Statistics’ hourly wage for a home health aide in the geographic region in which the eligible Veteran resides using the 75th percentile of the wage index, multiplied by the annual consumer price index cost of living adjustment, multiplied by the hours associated with the eligible Veteran’s specific tier level as described above, and then multiplied by 4.35, which is equal to the average number of weeks in the month.

VA is responsible for ensuring stipend payment amounts are no less than a commercial home health care entity would pay an individual in the eligible Veteran’s geographic area (or an area with similar costs of living) to provide equivalent personal care services. Although each tier is associated with payment for a particular quantity of hours, the hours are not meant to equate with the exact number of hours that the family caregiver provides care to the eligible Veteran.

The stipend payments are exempt from taxation under 38 United States Code (U.S.C.), section 5301(a)(1), but are considered income and may impact the primary family caregiver’s eligibility for other benefits, such as unemployment. Stipend benefits are retroactive to the date the application was received by VA.

In FY 2011, VA obligated \$11,002,530 in stipend payments for 1,314 primary family caregivers who received stipend payments. In FY 2012, VA obligated \$80,456,149 in stipend payments for 6,596 primary family caregivers. During FY12, ten Family Caregivers participated in the program for only part of the year. Because of a change in circumstance with a Family Caregiver or with a Veteran, the Veteran may change Family Caregivers over the course of a year. In addition, because the role of the Family Caregiver includes supporting the potential for the Veteran's rehabilitation, as Veterans progress in treatment and/or rehabilitation, some Veterans may no longer require the assistance of a Family Caregiver over time.

Mental Health Services

In a survey of family caregivers of Veterans completed by the National Alliance for Caregiving (NAC) in 2010, *Caregivers of Veterans - Serving on the Homefront* (http://www.caregiving.org/pdf/research/2010_Caregivers_of_Veterans_FULLREPORT_WEB_FINAL.pdf), caregivers of Veterans report high levels of isolation as well as high levels of emotional and physical stress. Caregivers report depression, anger, interpersonal conflict, anxiety, substance use, sleep disturbances, and social isolation. In addition, when the caregiver is a spouse or significant other, there may be significant changes in the marital and other family relationships, and couples may face challenges related to intimacy.

Under the Program of Comprehensive Assistance for Family Caregivers, both primary and secondary family caregivers are eligible to receive mental health services. These services may include psychotherapy, support groups, and education, but do not include medication management or psychiatric inpatient hospitalization. Section 1720G (a)(3)(A), as added by section 101(a) of P.L. 111-163, enables qualified family caregivers to access mental health services regardless of whether or not need is related to the eligible Veteran's treatment plan. In addition to receiving mental health services as a VA benefit through this formalized program, caregivers may access many other supportive counseling options such as: various telephone supports offered by local VA staff or through the national Caregiver Support Line, supportive counseling services offered by CSCs, and community resources.

For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2011, VA obligated \$6,600; and in FY 2012, VA obligated \$312,807 for mental health services.

Prior to the passage of P.L. 111-163, VA provided counseling and other services under 38 U.S.C., section 1782 to family members of Veterans (and other individuals) if the treatment was in support of the clinical objectives of the eligible Veteran's treatment plan. These services include consultation, professional counseling, marriage and family counseling, training, and mental health services as are necessary in connection with the Veteran's treatment. These services continue to be provided to eligible individuals, including family and general caregivers, in support of furthering the objectives of the Veteran's medical treatment plan.

Respite Care

Respite care is a distinct component of the array of long-term care services available to eligible Veterans who experience functional impairments from chronic conditions. Veterans seeking respite services under 38 U.S.C., section 1720B must be enrolled in VHA health care. Respite care is ordinarily provided for no more than 30 days per year. Veterans and caregivers in need of more hours of respite care may receive those services or may find their care needs are better met through other VA home and community-based services.

Respite care is available in a variety of settings. For example, respite care can be provided at home, in a VA Community Living Center, through a VA-contracted community skilled nursing home, or through a VA-operated or VA-contracted community Adult Day Care Program. In-home community respite care providers include, but are not limited to: National Family Caregiver Programs offered by Area Agencies on Aging and Aging & Disability Resource Centers through contracts with VA; state licensed or approved home health agencies through contracts with VA; adult day care services; and, alternative options for respite care as approved by VA's Office of Geriatrics & Extended Care.

The Program of Comprehensive Assistance for Family Caregivers offers respite care to caregivers in the application process if the family member's participation in required caregiver core curriculum training would interfere with the provision of personal care services to the Veteran or Servicemember. For approved family and general caregivers, 38 U.S.C., section 1720G (a)-(b), as added by section 101(a) of P.L. 111-163, also authorizes respite care benefits for eligible Veterans and caregivers, when clinically indicated, recognizing the special needs of this group of caregivers. The CSC and PACT or primary care team, assess the eligible Veteran and caregiver for their level of need for respite care services. When a determination of the need for respite care services is made, the Respite Care Coordinator, or the identified designee, secures the services and develops an individualized service plan for respite care identifying the amount of time, type of care, and care setting for respite care services.

For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2011, VA obligated \$1,308,502; and in FY 2012, VA obligated \$2,966,776 for respite care services.

Travel, Lodging and Subsistence Under 38 U.S.C. Section 111

Section 104 of P.L. 111-163 authorizes VA to reimburse primary and secondary family caregivers for travel expenses including lodging and subsistence for the time in which the eligible Veteran is traveling to and from a VA facility for the purpose of and the duration of the medical examination, treatment or care episode. In accordance with the law, VA provides caregiver beneficiary travel in the same manner as that to eligible Veterans under 38 Code of Federal Regulations, Part 70, which may include the actual cost for meals, lodging, or both, up to 50 percent of the per diem rate allowed for

government employees under 5 U.S.C., section 5702 when VA determines an overnight stay is required. The law also authorizes VA to reimburse travel, lodging and per diem expenses incurred by the family member for participation in the mandated caregiver training as required as part of the application process for the Program of Comprehensive Assistance for Family Caregivers.

For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2011, VA obligated \$202,616, and in FY 2012, VA obligated \$348,332 for travel, lodging, and subsistence.

Health Care Benefits for Eligible Primary Family Caregivers

CHAMPVA is a comprehensive health care benefit program in which VA shares the cost of certain health care services and supplies with eligible beneficiaries. The program is administered by VA's Purchased Care at the Health Administration Center where CHAMPVA applications are processed and eligibility determinations are made to authorize benefits and process medical claims.

Approved primary family caregivers of eligible Veterans participating in the Program of Comprehensive Assistance for Family Caregivers can enroll in CHAMPVA if they are not eligible for TRICARE and not entitled to care or services under a health plan contract such as Medicare, Medicaid, worker's compensation, or insurance policy or contract. If eligible, primary family caregivers may receive CHAMPVA benefits in one of two ways:

- Primary family caregivers may receive services through community-based providers who accept assignment. In this case, primary family caregivers pay the CHAMPVA annual deductible and required cost shares for services when using these community-based providers.
- Primary family caregivers may access CHAMPVA services through the CHAMPVA In-House Treatment Initiative (CITI) program, if providers and space are available within the VA health care system and the VAMC is a CITI participating provider. Local VA facilities are not required to participate in the CITI program.

At the end of FY 2012, 1,690 primary family caregivers were covered under CHAMPVA. For approved primary family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2011, VA obligated \$120,391, and in FY 2012, VA obligated \$2,608,255 for qualified primary family caregiver receiving CHAMPVA services.

Ongoing Support and Monitoring

Ongoing support and monitoring are provided to approved family caregivers and Veterans and Servicemembers participating in the Program of Comprehensive Assistance for Family Caregivers through home visits. Home visits ensure that the

primary family caregiver has the required training, resources, and support to provide safe and effective care for the Veteran or Servicemember, and if necessary, to generate appropriate referrals for the Veteran or Servicemember and/or family member. An initial home visit occurs prior to approval. Once approved, ongoing home visits are completed quarterly, unless otherwise clinically indicated as determined by the Veteran's treatment team.

For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2011, VA obligated \$356,348, and in FY 2012, VA obligated \$3,934,544 for ongoing support and monitoring.

VA Support Services and Outreach Activities Provided to General and Family Caregivers Following Passage of P.L. 111-163

VA obligated \$12,226,029 in FY11 and \$19,146,136 for support services and outreach activities to both general and family caregivers as described below.

Caregiver Support Coordinators (CSC)

VA mandated that a CSC position be designated at every VAMC. CSCs serve as the clinical experts on family care giving issues and are experienced social workers, nurses, and psychologists. They provide support and programming to family and general caregivers, link caregivers to community and VA resources, and respond to referrals from the Caregiver Support Line. CSCs provide guidance, support, and coordination for the application process for the Program of Comprehensive Assistance for Family Caregivers, as well as coordinate local activities in support of National Family Caregivers Month each November and throughout the year.

Effective April 2011, every VAMC was required to have 1.0 dedicated full-time employee (FTE) CSC appointed to serve caregivers of Veterans; resulting in a total of 152 CSCs being named and serving in the position through the end of FY 2011. As the CSP was implemented in VAMCs and the number of approved primary family caregivers and general caregivers grew, VAMCs were able to request funding through the National Caregiver Support Program Office to support additional CSC positions. By the end of FY 2012, VA funded 192 CSC full-time equivalent (FTE) positions. The additional funding supported both full-time and part-time positions depending on the unique needs of each VAMC.

In support of the new caregiver programs under P.L. 111-163, in FY 2011, VA obligated \$9,690,676 for CSC salaries and benefits; in FY 2012, VA obligated \$16,528,525 for CSC salaries and benefits.

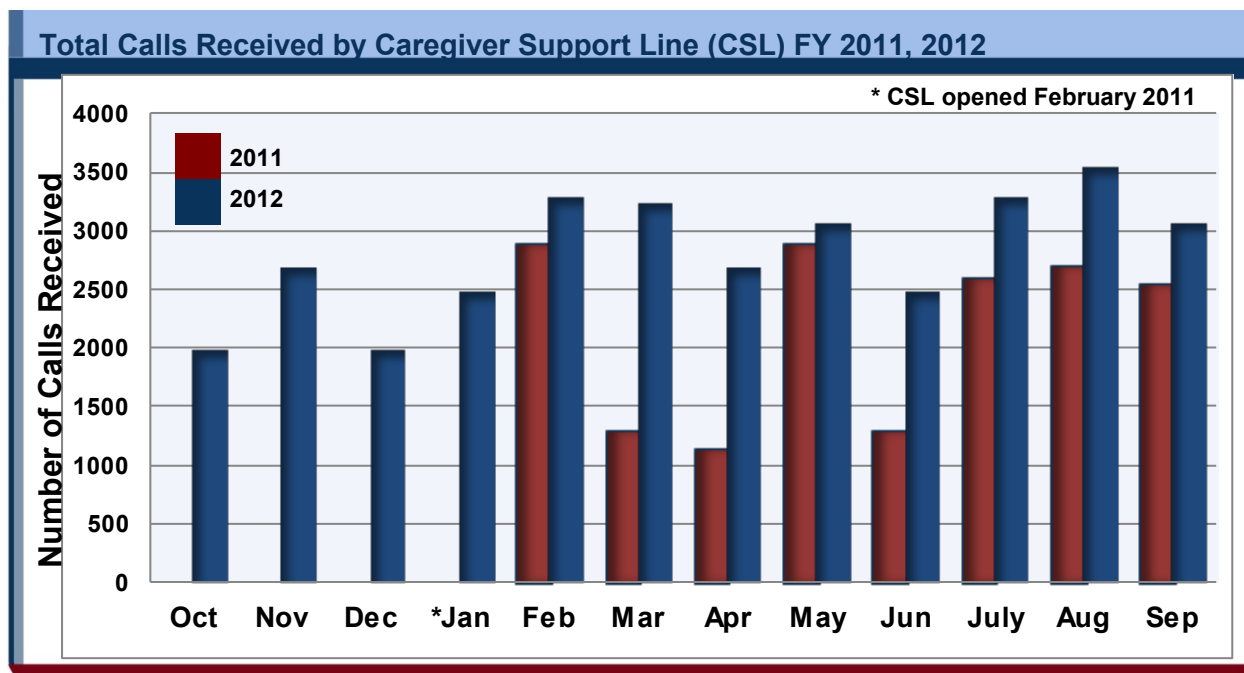
Caregiver Support Line (CSL)

On February 1, 2011, VA introduced the national CSL as an additional resource for caregivers, Veterans, and community partners associated with caring for Veterans. The mission of the CSL is to provide information, referral and support to caregivers of Veterans offering callers options, and facilitating interventions including referrals as needed to the appropriate VA resources as well as state and local community services. Since its inception, the CSL has been utilized by spouses, children, other extended family members and friends of Veterans, as well as Veterans themselves. The CSL is staffed by 20 full-time equivalent (FTE) employees. Call responders are licensed social workers who are trained to provide a clinical assessment of the situation described by the caller in order to offer appropriate direction, referrals, and support.

CSL responders recognize the unique challenges caregivers experience and are skilled in assessing each individual's needs, offering supportive counseling, guidance and appropriate direction to help facilitate a connection to needed resources, including direct referrals to CSCs located at the VAMC nearest to the caller. The CSL has established relationships with other VA call centers and Department of Defense (DoD) call centers to establish procedures for transferring calls to the appropriate call center to best meet the caller's needs.

As of the end of FY 2012, the CSL had received 52,950 calls and made 13,125 referrals to local CSCs at VAMCs across the country on behalf of caregivers.

The figure below demonstrates the number of calls the CSL received in FY 2011 and FY 2012.



In FY 2011 VA obligated \$943,288 for the CSL and in FY 2012, VA obligated \$1,816,905 to support the operation of the CSL.

Caregiver Web Site

The VA Caregiver Support Web site (www.caregiver.va.gov) was launched by VA as a centralized location for caregivers to identify services, supports, and resources that can assist them in their care giving role. To assist caregivers with navigating the VA system, the Web site provides easily accessed links to the application for the Program of Comprehensive Assistance for Family Caregivers, the CSL, and a zip code look-up feature that allows caregivers to readily locate contact information for their local CSC. In addition, the Web site provides an array of tools and resources that simplify care giving duties, increase caregiver competency, and inform caregivers of what to ask their Veteran's health care providers. Other critical components of the Web site include an active listserv mailing list to keep caregivers informed of updates to the CSP and local resources/connections for Veterans to connect with other agencies, support groups and caregivers.

According to VA's WebTrends Report, from January 1, 2011 to October 7, 2012, the Caregiver Support Web site received 773,730 visits. In FY 2011, VA obligated \$924,294 for the development and implementation of CSP's strategic outreach and communication plan which included the creation of fact sheets and outreach tools, such as videos of actual VA caregiver stories, basic Web site development, and ongoing technical Web site support. In FY 2012, VA obligated \$223,351 for continued outreach support services and Web site maintenance needs.

National Family Caregivers Month

In 2010, VA began recognizing November as National Family Caregivers Month to honor all those who provide for the health and well-being of a loved one. VA Secretary Shinseki recognized that, "These mothers, wives, fathers, husbands and other loved ones make tremendous sacrifices to be there every day for the Veterans who served this Nation. They are our partners in Veteran health care and they deserve our support." Throughout the month of November, CSC's coordinate a variety of events and activities to encourage caregivers and VA employees to participate in events at VAMCs across the Nation, such as resource fairs, educational offerings and wellness programs.

Peer Support

The VA Caregiver Peer Support Mentoring Program was launched in January 2012 to provide personal support and establish peer relationships by linking caregivers to one another. Caregiver mentors and mentees are linked together through an application process. Peer mentors are official VA volunteers, and as such, must complete required orientation and training through Voluntary Services before they can begin program specific training. VA privacy and information security requirements are covered as part

of the required orientation process. Once matched, the caregiver mentor and mentee establish a communication plan, including weekly contact with one another. The Peer Support Mentoring Program Manager, a VA staff member, hosts a monthly conference call that mentors are expected to attend to share ideas, express concerns, and obtain support from other mentors. At the beginning of each call, privacy and confidentiality expectations are explained to participants.

Peer mentors empower mentee caregivers by forming supportive relationships, decreasing the feeling of isolation many caregivers experience, and linking them to resources available within VA and the community. Caregiver mentors and mentees assist one another by sharing common experiences and knowledge of resources such as VA benefits, VA health care, and community resources. As a result, the program helps caregivers build skills and a knowledge base that will assist them in dealing with their care giving role in the future. Fifty caregivers participated in VA's Peer Support Mentoring Program in FY 2012.

Resources for Enhancing All Caregivers Health (REACH)

REACH is an evidence-based skills-building intervention, including individual sessions with an option for telephone support group meetings designed to provide support, education, and training to eligible caregivers of Veterans with Alzheimer's Disease or related dementias. Lasting from 2 to 6 months, the intensive one-on-one intervention addresses five main care giving risk areas for eligible caregivers of Veterans including: safety; social and emotional support; problem solving; caregiver well-being; and, both caregiver and Veteran health. The intervention focuses on problem solving around behavioral topics, stress and coping techniques, as well as step-by-step strategies to assist eligible caregivers in everyday problems they may encounter. REACH caregivers show significant improvements in reported burden, depression, impact of depression on daily lives, social support, health care behaviors, care giving frustrations, and number of problem behaviors reported. Caregivers often spend time providing hands-on care, as well as spending time "on duty," defined as time spent providing supervision of the care recipient, time that cannot be spent doing other household or personal tasks, relaxing, or socializing. Caregivers who have participated in REACH report spending 1 hour less per day in providing hands on care, and 2 hours less per day in time "on duty."

Clinical staff at VA facilities are trained, certified and provided all materials to deliver the REACH intervention by the Memphis VAMC Caregiver Center. Through the end of FY 2012, clinical staff at 75 VA facilities across the country have been trained. Additionally, at the end of FY 2012, REACH was adapted for use with caregivers of Veterans with spinal injury/disorder as a pilot program at three VA sites.

Spouse Telephone Support (STS)

VA has long provided support in person and via telephone, through the use of support groups to family members and caregivers of Veterans who serve as caregivers. For example, VA offers a wide variety of support groups both locally and nationally to caregivers of Veterans with specific conditions. In October 2011, based on successful

outcomes demonstrated by a similar Department of Defense program, VA expanded support services by initiating STS. STS is designed to improve resilience, prepare spouses, significant others, and intimate partners to cope with reintegration difficulties, to serve as a support system, and ease the post-deployment transition for Iraq and Afghanistan Veterans. At the end of FY 2012, 63 VA sites have been trained by the Memphis VAMC Caregiver Center, and 86 family caregivers have participated in the program. During the STS program, 6-10 participants and a trained VA employee serving as group leader have 12 1 hour-long calls over the course of 6 months. A participant workbook provides information for each group session. The groups focus on education, skills building, and support. Content includes changes experienced by the Veteran and family; negotiation around roles and responsibilities; communication; resilience; and cues to alert spouses when to seek mental health services for the Veteran, family members or themselves.

To support these valuable programs, VA obligated \$667,771 in FY 2011 and in FY 2012, VA obligated \$577,355 to support the Memphis VAMC Caregiver Center, which provides training for REACH and STS.

Outcomes, Measureable Benefits, & Effectiveness

VA began accepting applications for the Program of Comprehensive Assistance for Family Caregivers on May 9, 2011, and as of September 30, 2012, a cumulative total of 6,606 approved primary family caregivers had been served by this program. Veterans and family caregivers continue to be accepted into the Program of Comprehensive Assistance for Family Caregivers at a rate of approximately 500 newly approved family caregivers each month.

VA's CSP is reviewing the measurable benefits and outcomes that the Program of Comprehensive Assistance for Family Caregivers has on the health and well-being of both Veterans and family caregivers participating in the program. Further study is needed to determine the full impact of the program on Veterans and approved family caregivers as well as which components of the program are most effective. However, preliminary metrics reflect a decrease in the level of caregiver burden, using the Zarit Burden scale, a scale specifically designed to measure the impact of caregiving on an individual, reported by approved primary family caregiver participants in the program. A decrease in the average monthly inpatient utilization by Veterans participating in the Program of Comprehensive Assistance for Family Caregivers was also a preliminary finding.

As VA continues to provide services under both the Program of General Caregiver Support Services and the Program of Comprehensive Assistance for Family Caregivers, the outcomes of each program will be evaluated, measured, and included in future reports. The types of measurements under consideration include the number of general caregivers served by training and education programming, the impact the programming has had on the caregiver's ability to care for the Veteran, and the level of burden reported by the caregiver. VA will continue to assess the impact that participation in the Program of Comprehensive Assistance for Family Caregivers has on both family

caregiver and eligible Veteran participants including the impact on well-being as well as the impact on healthcare utilization.

In addition, VA is currently pursuing evaluation of individual programs offered within the Caregiver Support Program including the Caregiver Support Line and the Peer Support Mentoring Program.

Conclusion

Family members and other informal caregivers, such as friends and neighbors, serve as an essential part of VA's health care delivery system, providing assistance to loved ones with complex physical and mental disabilities. In recognition of the significant sacrifices made by caregivers of Veterans, President Obama signed P.L. 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010. VA's successful implementation of the Program of Comprehensive Assistance for Family Caregivers and the Program of General Caregiver Support Services, collectively referred to as the VA's CSP, demonstrate VA's dedication to serving caregivers of Veterans, VA's partners in providing the best care possible to our Nation's Veterans.

Prior to and throughout implementation, VA streamlined access to information about caregiver resources, supports, and services within VA. VA implemented a National Caregiver Web site to provide education and resources to caregivers of all era Veterans, as well as highlight the new services available to eligible Post-9/11 era Veterans and their family caregivers, ensuring that information about caregiver resources were easily accessed by the general public. In addition, VA implemented an electronic application process for the Program of Comprehensive Assistance for Family Caregivers. The CSL has proven to be an invaluable asset to Veterans, caregivers, and the broader community as is demonstrated by its high level of use.

Through programs, supportive services, and outreach activities, VA has created a knowledgeable community of caregivers, as well as provided an opportunity for caregivers of Veterans to learn from one another. Dedicated CSCs at every VAMC have ensured that Veterans, caregivers, and VA staff have access to a clinical subject matter expert to navigate VA and non-VA resources, with the goal of ensuring caregivers receive necessary supports to allow them to successfully care for Veterans at home.

Additional services for qualified family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001, including respite care, mental health care, a monthly stipend paid directly to primary family caregivers, and enrollment in CHAMPVA for eligible primary family caregivers demonstrate VA's dedication to supporting our newest group of seriously injured Veterans and their family caregivers. Family caregivers are critical members of the Veteran's care team. Caring for those who provide personal care services and supports to the men and women "who have borne the battle" has become an essential part of supporting Veterans and aligns with VA's core values of integrity, commitment, advocacy, respect, and excellence. Caregivers are truly unsung heroes who sacrifice

so much in order to care for our nation's Veterans. VA is pleased to offer caregivers the much needed services and supports made available by the Caregivers and Veterans Omnibus Health Services Act of 2010, P.L. 111-163.

ATTACHMENT

Short Title of Report: Assistance and Support Services for Caregivers

Report Required By: Public Law 111-163, Section 101 (c)

In accordance with Title 38, Chapter 1, Section 116, the statement of cost for preparing this report and a brief explanation of the methodology used in preparing the cost statement are shown below.

Manpower Cost:	<u>\$8,059</u>
Contract(s) Cost:	<u>\$248,933</u>
Other Cost:	<u>\$0</u>
<u>Total Estimated Cost to Prepare Report:</u>	<u><u>\$256,992</u></u>



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

June 9, 2014

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

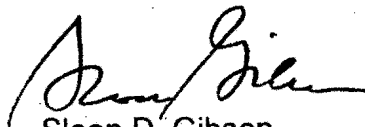
In accordance with the requirements of Public Law 111-163, section 101(c), enclosed is the Department of Veterans Affairs (VA) annual report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

The Caregivers and Veterans Omnibus Health Services Act of 2010, which was signed into law on May 5, 2010, represents the largest increase and expansion of support and services for caregivers of Veterans in the history of VA. Since publishing the interim final rule on May 5, 2011, VA has continued to make great strides in providing these important benefits and services in support of caregivers and Veterans, particularly designated family caregivers of eligible Veterans who were seriously injured in the line of duty on or after September 11, 2001.

Information for this report was gathered collaboratively from a variety of sources. The resulting report provides a comprehensive review of the accomplishments achieved for the Caregiver Support Program from inception through fiscal year 2013.

Similar letters have been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,


Sloan D. Gibson
Acting Secretary

Enclosures



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

June 9, 2014

The Honorable Michael H. Michaud
Ranking Member
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Congressman Michaud:

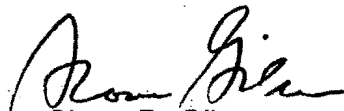
In accordance with the requirements of Public Law 111-163, section 101(c), enclosed is the Department of Veterans Affairs (VA) annual report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

The Caregivers and Veterans Omnibus Health Services Act of 2010, which was signed into law on May 5, 2010, represents the largest increase and expansion of support and services for caregivers of Veterans in the history of VA. Since publishing the interim final rule on May 5, 2011, VA has continued to make great strides in providing these important benefits and services in support of caregivers and Veterans, particularly designated family caregivers of eligible Veterans who were seriously injured in the line of duty on or after September 11, 2001.

Information for this report was gathered collaboratively from a variety of sources. The resulting report provides a comprehensive review of the accomplishments achieved for the Caregiver Support Program from inception through fiscal year 2013.

Similar letters have been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,


Sloan D. Gibson
Acting Secretary

Enclosures



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

June 9, 2014

The Honorable Bernard Sanders
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:


In accordance with the requirements of Public Law 111-163, section 101(c), enclosed is the Department of Veterans Affairs (VA) annual report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

The Caregivers and Veterans Omnibus Health Services Act of 2010, which was signed into law on May 5, 2010, represents the largest increase and expansion of support and services for caregivers of Veterans in the history of VA. Since publishing the interim final rule on May 5, 2011, VA has continued to make great strides in providing these important benefits and services in support of caregivers and Veterans, particularly designated family caregivers of eligible Veterans who were seriously injured in the line of duty on or after September 11, 2001.

Information for this report was gathered collaboratively from a variety of sources. The resulting report provides a comprehensive review of the accomplishments achieved for the Caregiver Support Program from inception through fiscal year 2013.

Similar letters have been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,


Sloan D. Gibson
Acting Secretary

Enclosures



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

June 9, 2014

The Honorable Richard M. Burr
Ranking Member
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Senator Burr:


In accordance with the requirements of Public Law 111-163, section 101(c), enclosed is the Department of Veterans Affairs (VA) annual report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

The Caregivers and Veterans Omnibus Health Services Act of 2010, which was signed into law on May 5, 2010, represents the largest increase and expansion of support and services for caregivers of Veterans in the history of VA. Since publishing the interim final rule on May 5, 2011, VA has continued to make great strides in providing these important benefits and services in support of caregivers and Veterans, particularly designated family caregivers of eligible Veterans who were seriously injured in the line of duty on or after September 11, 2001.

Information for this report was gathered collaboratively from a variety of sources. The resulting report provides a comprehensive review of the accomplishments achieved for the Caregiver Support Program from inception through fiscal year 2013.

Similar letters have been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,


Sloan D. Gibson
Acting Secretary

Enclosures

**Department of Veterans Affairs
Assistance and Support Services for Caregivers
Annual Report Fiscal Year 2013**

Public Law (P.L.) 111-163

The Caregivers and Veterans Omnibus Health Services Act of 2010, P.L. 111-163, signed into law on May 5, 2010, has marked a new era in the delivery of expanded services for caregivers within the Department of Veterans Affairs (VA). VA established a Program of Comprehensive Assistance for Family Caregivers and a Program of General Caregiver Support Services, collectively referred to as the Caregiver Support Program (CSP), combining existing VA programming and services for caregivers of Veterans of all eras with the additional services and benefits made available under P.L. 111-163.

P.L. 111-163 expanded services in place prior to the legislation, such as respite care and counseling. For qualified family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001, additional services and benefits as part of the Program of Comprehensive Assistance for Family Caregivers include: education and training; a monthly stipend paid directly to designated primary family caregivers; mental health services; a respite care benefit; travel, lodging, and subsistence when receiving initial training and during the Veterans' medical appointments; and enrollment in VA's Civilian Health and Medical Program (CHAMPVA) for eligible primary family caregivers who are not entitled to care or services under a health plan contract and are not eligible for TRICARE. On May 9, 2011, VA began accepting applications for the Program of Comprehensive Assistance for Family Caregivers. In fiscal year (FY) 2013, 12,710 primary family caregivers were served by this program, including family caregivers from 50 states, the District of Columbia, and San Juan, Puerto Rico.

Program of Comprehensive Assistance for Family Caregivers

Application, Eligibility, and Appeals

Eligibility for VA's Program of Comprehensive Assistance for Family Caregivers is contingent upon the Veteran's or Servicemember's ability to meet all seven of the following primary criteria:

- 1) The Veteran or Servicemember undergoing medical discharge must have incurred or aggravated a serious injury (including traumatic brain injury, psychological trauma, or other mental disorders) in the line of duty on or after September 11, 2001.
- 2) The injury must render the Veteran or Servicemember in need of personal care services because of one of the following:

- Veteran or Servicemember is unable to perform one or more of the following activities of daily living (ADL): dressing, bathing, grooming, toileting, feeding, mobility, or frequent need of adjusting of a prosthetic or orthopedic appliance without assistance;
 - Veteran or Servicemember has need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury, requiring supervision or assistance for any of the following reasons: seizures, difficulty with planning/organizing, safety risks, sleep dysregulation, delusions or hallucinations, difficulty with recent memory, or mood dysregulation;
 - Veteran or Servicemember has a psychological trauma or a mental disorder that has been scored by a licensed mental health professional as having a Global Assessment of Functioning score of 30 or less continuously during the 90-day period immediately preceding the date on which VA initially received the caregiver application; or
 - Veteran has been rated 100 percent service connected disabled for the qualifying serious injury, and has been awarded special monthly compensation that includes aid and attendance allowance.
- 3) The Veteran or Servicemember requires at least six continuous months of caregiver support.
- 4) Participation in the program is in the best interest of the Veteran or Servicemember, including consideration of whether participation in the program significantly enhances his/her ability to live safely in a home setting, creates an environment that supports his/her health and well-being, and supports potential progress in rehabilitation if such potential exists.
- 5) The Veteran or Servicemember will receive care at home once VA designates a family caregiver (once training is complete).
- 6) A VA-selected primary care team, such as a Patient Aligned Care Team (PACT), will provide the Veteran or Servicemember with ongoing care.
- 7) The personal care service provided by the family caregiver cannot simultaneously and regularly be provided by another individual, entity, or program.

The Caregiver Support Coordinator (CSC) located in each VA medical center (VAMC) uses the Veteran's service connection rating determination, Physical Evaluation Board finding, Medical Evaluation Board finding, or line of duty injury finding to verify whether the serious injury of the Veteran or Servicemember was incurred or aggravated in the line of duty. Once confirmed, the Veteran's or Servicemember's PACT or primary care team evaluates the remaining eligibility criteria. This includes evaluation of certain

criteria the family member must meet, and, if the Veteran or Servicemember and family member(s) are eligible, establishment of the Veteran's or Servicemember's tier level, which corresponds with the monthly stipend value his/her primary family caregiver will receive.

Upon verification of eligibility, the family member(s) completes mandatory caregiver training. Once training is complete, the CSC arranges for the facility-identified home care team or clinician to complete an initial in-home assessment. The purpose of a home visit is to ensure that the family member has the required training, resources, and support to provide safe and effective care for the Veteran or Servicemember, and if necessary, to generate appropriate referrals for the Veteran or Servicemember and/or family member. The results of the in-home visit are communicated to the CSC; if the facility-identified home care clinician or team concurs that the family member can provide adequate care, the CSC based upon the assessment of the clinical team, will approve the family caregiver application and designate primary and secondary family caregivers, as appropriate.

If a determination is made that a Veteran or Servicemember does not qualify for participation, she or he will receive a formal letter that provides the decision and the process to appeal. If a Veteran or Servicemember and/or caregiver are not satisfied with a VAMC decision, he or she may request an appeal in accordance with the Veterans Health Administration (VHA) clinical appeals process.

Program of General Caregiver Support Services

General caregivers of Veterans are caregivers who provide personal care services to an enrolled Veteran who does not meet the criteria for the Program of Comprehensive Assistance for Family Caregivers, but requires assistance with one or more activities of daily living or requires supervision or protection based on symptoms or residuals of neurological or other impairment or injury. Unlike the Program of Comprehensive Assistance for Family Caregivers, there is no formal application required to receive general caregiver support services. Because there is not a formal application process, participants in the Program of General Caregiver Support Services are served by local VAMCs and are not tracked nationally.

VA's CSP offers services which are utilized by both family caregivers under the Program of Comprehensive Assistance for Family Caregivers and general caregivers under the Program of General Caregiver Support Services, including: designated CSCs in every VAMC, a toll-free Caregiver Support Line (CSL), Caregiver Web site, events/activities to celebrate National Family Caregivers Month, Caregiver Peer Support Mentoring, Resources for Enhancing All Caregivers Health (REACH), and Spouse Telephone Support (STS). The cost of each specific program is included in the descriptive sections of this report.

Services and Benefits Available through the Program of Comprehensive Assistance for Family Caregivers

P.L. 111-163 established two groups of family caregivers, referred to in regulations governing the Program of Comprehensive Assistance for Family Caregivers as primary family caregivers and secondary family caregivers, and stipulated the unique benefits and services that are to be provided to each group. When applying for the Program of Comprehensive Assistance for Family Caregivers, a Veteran or Servicemember can select one primary family caregiver and up to two secondary family caregivers. During FY 2013, VA obligated approximately \$199,184,840 for the benefits and services available to these two groups described in detail below.

Caregiver Training and Education

Training and education of family caregivers is a critical component of the Program of Comprehensive Assistance for Family Caregivers and is a requirement for primary and secondary family caregivers during the application process. VA contracted with an experienced qualified non-profit organization to develop and implement the family caregivers' core curriculum training. This curriculum includes education and training on 10 core competencies with topics such as caregiver self-care and medication management. The training is available in both English and Spanish. Training can be completed at home with a workbook and DVD, online, or in a classroom setting.

In FY 2013, VA obligated approximately \$2 million to deliver this mandated initial training to nearly 7,000 family caregivers.

Additional Training

A significant number of those participating in the Program of Comprehensive Assistance for Family Caregivers requested additional education on Traumatic Brain Injury (TBI). In response, VA's CSP, in collaboration with VA's Employee Education Service, offered an education program titled, "TBI for Caregivers". This course was designed for caregivers of Veterans from all eras with a diagnosis of TBI. More than 300 family caregivers participated in this live satellite television broadcast at 67 VA sites across the Nation. Each VAMC CSC received a DVD of the program to provide training for family caregivers who were either unable to attend the session or wish to view it again, as well as for newly approved family caregivers of eligible Veterans with TBI entering the Program of Comprehensive Assistance for Family Caregivers.

Based upon additional caregiver feedback, VA also offered a course titled, "Understanding Pain Management Tips for Caregivers," which was made available to caregivers of Veterans from all eras interested in learning more about this topic. More than 200 family caregivers participated in this live satellite television broadcast at 43 VA sites across the Nation. Each VAMC CSC received a DVD of the program to provide training for family caregivers who were either unable to attend the session or wish to view it again.

Monthly Caregiver Stipend

Individuals designated as an eligible Veteran's primary family caregiver are eligible to receive a monthly stipend from VA as an acknowledgement of the sacrifices they make to care for seriously injured eligible Veterans. The monthly stipend is not intended to replace career earnings or be construed to create an employment relationship between VA and caregivers. Family caregivers report that the stipend is the cornerstone of the Program of Comprehensive Assistance for Family Caregivers. The stipend helps to alleviate financial distress experienced by many primary family caregivers.

During the eligibility evaluation, the clinical treatment team assigns the Veteran or Servicemember a tier level based on his or her level of dependency. The tier level is then converted into hours in order to determine the stipend payment as follows: the primary family caregiver of an eligible Veteran assessed at Tier 1 is paid a stipend equivalent to the eligible Veteran requiring 10 hours of caregiver assistance per week, nationally averaging \$592 per month; the primary family caregiver of an eligible Veteran assessed at Tier 2 is paid a stipend equivalent to the eligible Veteran requiring 25 hours of caregiver assistance per week, nationally averaging \$1,444 per month; and the primary family caregiver of an eligible Veteran assessed at Tier 3 is paid a stipend equivalent to the eligible Veteran requiring 40 hours of caregiver assistance per week, nationally averaging \$2,265 per month.

The monthly value of the stipend is calculated by using the U.S. Bureau of Labor Statistics' hourly wage for a home health aide in the geographic area in which the eligible Veteran resides using the 75th percentile of the wage index, multiplied by the annual consumer price index cost of living adjustment, multiplied by the hours associated with the eligible Veteran's specific tier level as described above, and then multiplied by 4.35, which is equal to the average number of weeks in the month.

VA is responsible for ensuring stipend payment amounts are no less than a commercial home health care entity would pay an individual in the eligible Veteran's geographic area (or an area with similar costs of living) to provide equivalent personal care services. Although each tier is associated with payment for a particular quantity of hours, the hours are not meant to equate with the exact number of hours that the family caregiver provides care to the eligible Veteran.

The stipend payments are exempt from taxation under 38 United States Code (U.S.C.) § 5301(a)(1), but may be considered income for other purposes and could impact the primary family caregiver's eligibility for other benefits, such as unemployment. Stipend benefits are retroactive to the date the application was received by VA or the date, on which the eligible Veteran begins receiving care at home, whichever is later.

In FY 2013, VA obligated \$179,467,599 in stipend payments for 12,710 primary family caregivers who received stipend payments.

Mental Health Services

In a survey of family caregivers of Veterans completed by the National Alliance for Caregiving in 2010, *Caregivers of Veterans - Serving on the Homefront*, caregivers of Veterans report high levels of isolation as well as high levels of emotional and physical stress. Caregivers also report depression, anger, interpersonal conflict, anxiety, substance use, sleep disturbances, and social isolation. In addition, when the caregiver is a spouse or significant other, there may be significant changes in the marital and other family relationships, and couples may face challenges related to intimacy.

Under the Program of Comprehensive Assistance for Family Caregivers, both primary and secondary family caregivers are eligible to receive mental health services. These services may include psychotherapy, support groups, and education, but do not include medication management or psychiatric inpatient hospitalization. Section 1720G(a)(3)(A) of title 38, U.S.C., as added by section 101(a) of P.L. 111-163, enables qualified family caregivers to access counseling services regardless of whether or not need is related to the eligible Veteran's treatment plan. In addition to receiving mental health services as a VA benefit through this formalized program, caregivers may access many other supportive counseling options such as: various telephone supports offered by local VA staff or through the national Caregiver Support Line, supportive counseling services offered by CSCs, and community resources.

For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2013, VA obligated \$843,161 for mental health services.

Prior to the passage of P.L. 111-163, VA provided counseling and other services under 38 U.S.C., section 1782, to family members of Veterans (and other individuals) if the treatment was in support of the clinical objectives of the eligible Veteran's treatment plan. These services include consultation, professional counseling, marriage and family counseling, training, and mental health services as are necessary in connection with the Veteran's treatment. These services continue to be provided to eligible individuals, including family and general caregivers, in support of furthering the objectives of the Veteran's medical treatment plan.

Respite Care

Respite care is a distinct component of the array of long-term care services available to eligible Veterans who experience functional impairments from chronic conditions. Veterans seeking respite services under 38 U.S.C., section 1720B, must be enrolled in VHA health care. Respite care is ordinarily provided for no more than 30 days per year. Veterans and caregivers in need of more hours of respite care may receive those services or may find their care needs are better met through other VA home and community-based services.

Respite care is available in a variety of settings. For example, respite care can be provided at home, in a VA Community Living Center, through a VA-contracted community skilled nursing home, or through a VA-operated or VA-contracted community Adult Day Care Program. In-home community respite care providers include, but are not limited to: National Family Caregiver Programs offered by Area Agencies on Aging and Aging and Disability Resource Centers through contracts with VA; state licensed or approved home health agencies through contracts with VA; adult day care services; and alternative options for respite care as approved by VA's Office of Geriatrics and Extended Care.

The Program of Comprehensive Assistance for Family Caregivers offers respite care to caregivers in the application process if the family member's participation in required caregiver core curriculum training would interfere with the provision of personal care services to the Veteran or Servicemember. For approved family and general caregivers, 38 U.S.C., section 1720G (a)-(b), as added by section 101(a) of P.L. 111-163, also authorizes respite care benefits for eligible Veterans and caregivers, when clinically indicated, recognizing the special needs of this group of caregivers. The CSC and PACT, assess the eligible Veteran and caregiver for their level of need for respite care services. When a determination of the need for respite care services is made, the Respite Care Coordinator, or the identified designee, secures the services and develops an individualized service plan for respite care identifying the amount of time, type of care, and care setting for respite care services.

For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2013, VA obligated \$4,256,535 for respite care services.

Travel, Lodging, and Subsistence under 38 U.S.C., Section 111

Section 104 of P.L. 111-163 authorizes VA to reimburse primary and secondary family caregivers for travel expenses including lodging and subsistence for the time in which the eligible Veteran is traveling to and from a VA facility for the purpose of and the duration of the medical examination, treatment, or care episode. In accordance with the law, VA provides caregiver beneficiary travel in the same manner as that to eligible Veterans under 38 Code of Federal Regulations, Part 70, which may include the actual cost for meals, lodging, or both, up to 50 percent of the per diem rate allowed for Government employees under 5 U.S.C., section 5702, when VA determines an overnight stay is required. VA is also authorized to reimburse travel, lodging, and per diem expenses incurred by the family member for participation in the mandated caregiver training as required as part of the application process for the Program of Comprehensive Assistance for Family Caregivers.

For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2013, VA obligated \$485,152 for travel, lodging, and subsistence.

Health Care Benefits for Eligible Primary Family Caregivers

CHAMPVA is a comprehensive health care benefit program in which VA shares the cost of certain health care services and supplies with eligible beneficiaries. The program is administered by VA's Purchased Care at the Health Administration Center where CHAMPVA applications are processed and eligibility determinations are made to authorize benefits and process medical claims.

Approved primary family caregivers of eligible Veterans participating in the Program of Comprehensive Assistance for Family Caregivers can enroll in CHAMPVA if they are not eligible for TRICARE and not entitled to care or services under a health plan contract such as Medicare, Medicaid, worker's compensation, or an insurance policy or contract. If eligible, primary family caregivers may receive CHAMPVA benefits in one of two ways:

- Primary family caregivers may receive services through community-based providers who accept assignment. In this case, primary family caregivers pay the CHAMPVA annual deductible and required cost shares for services when using these community-based providers.
- Primary family caregivers may access CHAMPVA services through the CHAMPVA In-House Treatment Initiative (CITI) program, if providers and space are available within the VA health care system and the VAMC is a CITI participating provider. Local VA facilities are not required to participate in the CITI program.

In FY 2013, 3,349 qualified primary family caregivers were provided health care coverage under CHAMPVA and VA obligated \$6,429,000 to support these services.

Ongoing Support and Monitoring

Ongoing support and monitoring are provided to approve family caregivers and eligible Veterans participating in the Program of Comprehensive Assistance for Family Caregivers through home visits. Home visits ensure that family caregivers have the required training, resources, and support to provide safe and effective care for their Veteran or Servicemember, and if necessary, to generate appropriate referrals for the Veteran or Servicemember and/or family member. An initial home visit occurs prior to approval. Once approved, ongoing home visits are completed quarterly, unless otherwise clinically indicated as determined by the eligible Veteran's treatment team. For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2013, VA obligated \$5,703,393 for ongoing support and monitoring.

VA Support Services and Outreach Activities Provided to General and Family Caregivers Following Passage of P.L. 111-163

In FY 2013, VA obligated \$23,193,386 for support services and outreach activities to both general and family caregivers as described below.

Caregiver Support Coordinators (CSC)

VA mandated that a CSC position be designated at every VAMC. CSCs serve as the clinical experts on family care giving issues and are experienced social workers, nurses, and psychologists. They provide support and programming to family and general caregivers, link caregivers to community and VA resources, and respond to referrals from the Caregiver Support Line. CSCs provide guidance, support, and coordination for the application process for the Program of Comprehensive Assistance for Family Caregivers, as well as coordinate local activities in support of National Family Caregivers Month each November and throughout the year.

Effective April 2011, every VAMC was required to have 1.0 dedicated full-time equivalent employee (FTEE) CSC appointed to serve caregivers of Veterans. In FY 2013, a total of 225 CSC positions were approved and VA obligated \$20,752,702 for CSC salaries and benefits.

Caregiver Support Line (CSL)

On February 1, 2011, VA introduced the national CSL as an additional resource for caregivers, Veterans, and community partners associated with caring for Veterans. The mission of the CSL is to provide information, referral, and support to caregivers of Veterans offering callers options, and facilitating interventions including referrals as needed to the appropriate VA resources as well as state and local community services. Since its inception, the CSL has been utilized by spouses, children, other extended family members, and friends of Veterans, as well as Veterans themselves. The CSL is staffed by 26 full-time equivalent employees (FTEE). Call responders are licensed social workers who are trained to provide a clinical assessment of the situation described by the caller in order to offer appropriate direction, referrals, and support.

CSL responders recognize the unique challenges caregivers experience and are skilled in assessing each individual's needs, offering supportive counseling, guidance, and appropriate direction to help facilitate a connection to needed resources, including direct referrals to CSCs located at the VAMC nearest to the caller. The CSL has established relationships with other VA call centers and Department of Defense (DoD) call centers to establish procedures for transferring calls to the appropriate call center to best meet the caller's needs.

During FY 2013, the CSL received 44,519 calls and facilitated 8,461 referrals to local CSCs at VAMCs across the country on behalf of caregivers. VA obligated \$2,089,100 to support the operation of the CSL in FY 2013.

Caregiver Web Site

VA's Caregiver Support Web site (www.caregiver.va.gov) was launched by VA as a centralized location for caregivers to identify services, supports, and resources that can assist them in their caregiving role. To assist caregivers with navigating the VA system,

the Web site provides easily accessed links to the application for the Program of Comprehensive Assistance for Family Caregivers, the CSL, and a zip code look-up feature that allows caregivers to readily locate contact information for their local CSC.

In addition, the Web site provides an array of tools and resources that simplify care giving duties, increase caregiver competency, and inform caregivers of what to ask their Veteran's health care providers. Other critical components of the Web site include an active listserv mailing list to keep caregivers informed of updates to the CSP and local resources/connections for Veterans to connect with other agencies, support groups, and caregivers.

In FY 2013, VA did not have new Web site development needs and maintenance was minimal and managed without contract support. The Web site continues to be visited frequently, averaging 1,200 visitors each day. The Web site also has a listserv with more than 28,000 current subscribers.

National Family Caregivers Month

In 2010, VA began recognizing November as National Family Caregivers Month to honor all those who provide for the health and well-being of a loved one. Former VA Secretary Shinseki recognized that, "These mothers, wives, fathers, husbands and other loved ones make tremendous sacrifices to be there every day for the Veterans who served this Nation. They are our partners in Veteran health care and they deserve our support." Throughout the month of November, CSC's coordinate a variety of events and activities to encourage caregivers and VA employees to participate in events at VAMCs across the Nation, such as resource fairs, educational offerings and wellness programs.

Peer Support

The VA Caregiver Peer Support Mentoring Program was launched in January 2012 to provide personal support and establish peer relationships by linking caregivers to one another. Caregiver mentors and mentees are linked together through an application process. Peer mentors are official VA volunteers, and as such, must complete required orientation and training through Voluntary Services before they can begin program specific training. VA privacy and information security requirements are covered as part of the required orientation process. Once matched, the caregiver mentor and mentee establish a communication plan, including weekly contact with one another. The Peer Support Mentoring Program Manager, a VA staff member, hosts a monthly conference call that mentors are expected to attend to share ideas, express concerns, and obtain support from other mentors. At the beginning of each call, privacy and confidentiality expectations are explained to participants.

Peer mentors empower mentee caregivers by forming supportive relationships, decreasing the feeling of isolation many caregivers experience, and linking them to resources available within VA and the community. Caregiver mentors and mentees assist one another by sharing common experiences and knowledge of resources such as

VA benefits, VA health care, and community resources. As a result, the program helps caregivers build skills and a knowledge base that will assist them in dealing with their care giving role in the future. During FY 2013, 92 caregivers participated in VA's Peer Support Mentoring Program.

Resources for Enhancing All Caregivers Health (REACH)

REACH is an evidence-based skills-building intervention, including individual sessions with an option for telephone support group meetings designed to provide support, education, and training to eligible caregivers of Veterans with Alzheimer's disease or related dementias. Lasting from 2 to 6 months, the intensive one-on-one intervention addresses five main care giving risk areas for eligible caregivers of Veterans including: safety; social and emotional support; problem solving; caregiver well-being; and both caregiver and Veteran health. The intervention focuses on problem solving around behavioral topics, stress and coping techniques, as well as step-by-step strategies to assist eligible caregivers in everyday problems they may encounter. REACH caregivers show significant improvements in reported burden, depression, impact of depression on daily lives, social support, health care behaviors, care giving frustrations, and number of problem behaviors reported. Caregivers often spend time providing hands-on care, as well as spending time "on duty," defined as time spent providing supervision of the care recipient, time that cannot be spent doing other household or personal tasks, relaxing, or socializing. Caregivers who have participated in REACH report spending 1 hour less per day in providing hands on care, and 2 hours less per day in time "on duty."

Clinical staff at VA facilities are trained, certified, and provided materials to deliver the REACH intervention by the Memphis VAMC Caregiver Center. In FY 2013, clinical staff at 38 VA facilities were trained, resulting in staff at a total of 109 VA facilities across the country trained in the intervention.

Spouse Telephone Support (STS)

VA has long provided support in person and via telephone, through the use of support groups to eligible family members of Veterans who serve as caregivers. For example, VA offers a wide variety of support groups both locally and nationally to caregivers of Veterans with specific conditions. In October 2011, based on successful outcomes demonstrated by a similar DoD program, VA expanded support services by initiating STS. STS is designed to improve resilience, prepare spouses, significant others, and intimate partners to cope with reintegration difficulties, to serve as a support system, and ease the post-deployment transition for Veterans returning from Iraq and Afghanistan. During the STS program, 6-10 participants and a trained VA employee serving as group leader have 12 one hour-long calls over the course of 6 months. A participant workbook provides information for each group session. The groups focus on education, skills building, and support. Content includes changes experienced by the Veteran and family; negotiation around roles and responsibilities; communication; resilience; and cues to alert spouses when to seek mental health services for the Veteran, family members, or themselves. In

FY 2013, clinical staff at 37 VA sites were trained by the Memphis VAMC Caregiver Center, resulting in a staff at a total of 100 VA facilities across the country being trained in the intervention.

To maintain these programs, in FY 2013, VA obligated \$351,584 for the Memphis VAMC Caregiver Center, which provides training for REACH and STS.

Outcomes, Measureable Benefits, and Effectiveness

VA began accepting applications for the Program of Comprehensive Assistance for Family Caregivers on May 9, 2011, and during FY 2013, a total of 12,710 approved primary family caregivers were served by this program. VA's CSP continues to review the measurable benefits and outcomes that the Program of Comprehensive Assistance for Family Caregivers has on the health and well-being of both eligible Veterans and family caregivers participating in the program. In FY 2013, the health care utilization of a cohort of nearly 9,000 eligible Veterans participating in the Program of Comprehensive Assistance for Family Caregivers was reviewed during the 6 months before participating in the Program of Comprehensive Assistance for Family Caregivers and during the first 6 months of participation.

Preliminary findings demonstrate not only an average decrease of 30 percent in inpatient admissions, but also a 2.5-day average reduction in the number of days spent in the hospital if the eligible Veteran was hospitalized. In addition, there was also a 2.9 percent average decrease in the number of outpatient visits per month for eligible Veterans participating in the Program of Comprehensive Assistance for Family Caregivers.

VA also continues to monitor the Caregiver Support Line to ensure that it continues to meet the needs of caregivers and Veterans. During FY 2013, the largest category of caller was spouse, followed closely by Veteran and daughter, respectively. The most common reasons reported by callers for calling the CSL were questions related to caregiver support and education, in home support services, benefits, and navigating the VA system. During FY 2013, 43,628 or 98 percent of callers were calling for the first time, demonstrating that callers are being provided the support and information they need or being effectively referred to a local CSC who assisted them in meeting their needs.

Conclusion

Family members and other informal caregivers, such as friends and neighbors, serve as an essential part of VA's health care delivery system, providing assistance to loved ones with complex physical and mental disabilities. In recognition of the significant sacrifices made by caregivers of Veterans, President Obama signed P.L. 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010. VA's successful implementation of the CSP demonstrates VA's dedication to serving caregivers of Veterans, VA's partners in providing the best care possible to our Nation's Veterans.

Prior to and throughout implementation, VA streamlined access to information about caregiver resources, supports, and services within VA. VA implemented a National Caregiver Web site to provide education and resources to caregivers of all era Veterans, as well as highlight the new services available to eligible Post-9/11 era Veterans and their family caregivers, ensuring that information about caregiver resources were easily accessed by the general public. In addition, VA implemented an electronic application process for the Program of Comprehensive Assistance for Family Caregivers. The CSL has proven to be an invaluable asset to Veterans, caregivers, and the broader community as is demonstrated by its high level of use.

Through programs, supportive services, and outreach activities, VA has created a knowledgeable community of caregivers, as well as provided an opportunity for caregivers of Veterans to learn from one another. Dedicated CSCs at every VAMC have ensured that Veterans, caregivers, and VA staff have access to a clinical subject matter expert to navigate VA and non-VA resources, with the goal of ensuring caregivers receive necessary supports to allow them to successfully care for Veterans at home.

Additional services for qualified family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001, including mental health care, a monthly stipend paid directly to primary family caregivers, and enrollment in CHAMPVA for eligible primary family caregivers demonstrate VA's dedication to supporting our newest group of seriously injured eligible Veterans and their family caregivers. Family caregivers are critical members of the Veteran's care team. Caring for those who provide personal care services and supports to the men and women "who have borne the battle" has become an essential part of supporting Veterans and aligns with VA's core values of integrity, commitment, advocacy, respect, and excellence. Caregivers are truly unsung heroes who sacrifice so much in order to care for our Nation's Veterans. VA is pleased to offer caregivers the much needed services and supports made available by the Caregivers and Veterans Omnibus Health Services Act of 2010, P.L. 111-163.

**Estimate of Cost to Prepare
Congressionally-Mandated Report**

ATTACHMENT

Short Title of Report: Assistance and Support Services for Caregivers

Report Required By: Section 101 (c) of Public Law 111-163

In accordance with Title 38, Chapter 1, Section 116, the statement of cost for preparing this report and a brief explanation of the methodology used in preparing the cost statement are shown below.

Manpower Cost:	<u>\$32,857</u>
Contract(s) Cost:	<u>\$0</u>
Other Cost:	<u>\$0</u>
<u>Total Estimated Cost to Prepare Report:</u>	<u><u>\$32,857</u></u>



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

March 26, 2015

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

In accordance with the requirements of Public Law 111-163, section 101(c), enclosed is the Department of Veterans Affairs (VA) annual report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

The Caregivers and Veterans Omnibus Health Services Act of 2010, which was signed into law on May 5, 2010, represents the largest increase and expansion of support and services for caregivers of Veterans in the history of VA. Since publishing an interim final rule on May 5, 2011, to implement this authority, VA has continued to make great strides in providing these important benefits and services in support of caregivers and Veterans, particularly designated family caregivers of eligible Veterans who were seriously injured in the line of duty on or after September 11, 2001.

Information for this report was gathered collaboratively from a variety of sources. The resulting report provides a comprehensive review of the accomplishments achieved for the Caregiver Support Program from inception through fiscal year 2014.

Similar letters have been sent to the leaders of the House and Senate Committees Veterans' Affairs.

Sincerely

A handwritten signature in blue ink, appearing to read "Robert A. McDonald".

Robert A. McDonald

Enclosures



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

March 26, 2015

The Honorable Johnny Isakson
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

In accordance with the requirements of Public Law 111-163, section 101(c), enclosed is the Department of Veterans Affairs (VA) annual report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

The Caregivers and Veterans Omnibus Health Services Act of 2010, which was signed into law on May 5, 2010, represents the largest increase and expansion of support and services for caregivers of Veterans in the history of VA. Since publishing an interim final rule on May 5, 2011, to implement this authority, VA has continued to make great strides in providing these important benefits and services in support of caregivers and Veterans, particularly designated family caregivers of eligible Veterans who were seriously injured in the line of duty on or after September 11, 2001.

Information for this report was gathered collaboratively from a variety of sources. The resulting report provides a comprehensive review of the accomplishments achieved for the Caregiver Support Program from inception through fiscal year 2014.

Similar letters have been sent to the leaders of the House and Senate Committees Veterans' Affairs.

Sincerely

A handwritten signature in blue ink, appearing to read "Robert A. McDonald".

Robert A. McDonald

Enclosures



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

March 26, 2015

The Honorable Corrine Brown
Ranking Member
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Congresswoman Brown:

In accordance with the requirements of Public Law 111-163, section 101(c), enclosed is the Department of Veterans Affairs (VA) annual report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

The Caregivers and Veterans Omnibus Health Services Act of 2010, which was signed into law on May 5, 2010, represents the largest increase and expansion of support and services for caregivers of Veterans in the history of VA. Since publishing an interim final rule on May 5, 2011, to implement this authority, VA has continued to make great strides in providing these important benefits and services in support of caregivers and Veterans, particularly designated family caregivers of eligible Veterans who were seriously injured in the line of duty on or after September 11, 2001.

Information for this report was gathered collaboratively from a variety of sources. The resulting report provides a comprehensive review of the accomplishments achieved for the Caregiver Support Program from inception through fiscal year 2014.

Similar letters have been sent to the leaders of the House and Senate Committees Veterans' Affairs.

Sincerely

A handwritten signature in blue ink, appearing to read "Robert A. McDonald".

Robert A. McDonald

Enclosures



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

March 26, 2015

The Honorable Richard Blumenthal
Ranking Member
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Senator Blumenthal:

In accordance with the requirements of Public Law 111-163, section 101(c), enclosed is the Department of Veterans Affairs (VA) annual report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

The Caregivers and Veterans Omnibus Health Services Act of 2010, which was signed into law on May 5, 2010, represents the largest increase and expansion of support and services for caregivers of Veterans in the history of VA. Since publishing an interim final rule on May 5, 2011, to implement this authority, VA has continued to make great strides in providing these important benefits and services in support of caregivers and Veterans, particularly designated family caregivers of eligible Veterans who were seriously injured in the line of duty on or after September 11, 2001.

Information for this report was gathered collaboratively from a variety of sources. The resulting report provides a comprehensive review of the accomplishments achieved for the Caregiver Support Program from inception through fiscal year 2014.

Similar letters have been sent to the leaders of the House and Senate Committees Veterans' Affairs.

Sincerely

A handwritten signature in blue ink, appearing to read "Robert A. McDonald".

Robert A. McDonald

Enclosures

**Department of Veterans Affairs
Assistance and Support Services for Caregivers
Annual Report Fiscal Year 2014**

Public Law (P.L.) 111-163

The Caregivers and Veterans Omnibus Health Services Act of 2010, P.L. 111-163, signed into law on May 5, 2010, has marked a new era in the delivery of expanded services for caregivers within the Department of Veterans Affairs (VA). VA established a Program of Comprehensive Assistance for Family Caregivers and a Program of General Caregiver Support Services, collectively referred to as the Caregiver Support Program (CSP), combining existing VA programming and services for caregivers of Veterans of all eras with the additional services and benefits made available under P.L. 111-163.

P.L. 111-163 expanded services in place prior to the legislation, such as respite care and counseling. For qualified family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001, additional services and benefits as part of the Program of Comprehensive Assistance for Family Caregivers include: education and training; a monthly stipend paid directly to designated primary family caregivers; mental health services; a respite care benefit; travel, lodging, and subsistence when receiving initial training and during the Veterans' medical appointments; and enrollment in VA's Civilian Health and Medical Program (CHAMPVA) for eligible primary family caregivers who are not entitled to care or services under a health plan contract and are not eligible for TRICARE. On May 9, 2011, VA began accepting applications for the Program of Comprehensive Assistance for Family Caregivers. In fiscal year (FY) 2014, 19,124 primary family caregivers were served by this program, including family caregivers from 50 states, the District of Columbia, and San Juan, Puerto Rico.

Program of Comprehensive Assistance for Family Caregivers

Application, Eligibility, and Appeals

Eligibility for VA's Program of Comprehensive Assistance for Family Caregivers is contingent upon the Veteran's or Servicemember's ability to meet all seven of the following primary criteria:

- 1) The Veteran or Servicemember undergoing medical discharge must have incurred or aggravated a serious injury (including traumatic brain injury, psychological trauma, or other mental disorders) in the line of duty on or after September 11, 2001.
- 2) The injury must render the Veteran or Servicemember in need of personal care services because of one of the following:

- Veteran or Servicemember is unable to perform one or more of the following activities of daily living (ADL): dressing, bathing, grooming, toileting, feeding, mobility, or frequent need of adjusting of a prosthetic or orthopedic appliance without assistance;
- Veteran or Servicemember has need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury, requiring supervision or assistance for any of the following reasons: seizures, difficulty with planning/organizing, safety risks, sleep dysregulation, delusions or hallucinations, difficulty with recent memory, or mood dysregulation;
- Veteran or Servicemember has a psychological trauma or a mental disorder that has been scored by a licensed mental health professional as having a Global Assessment of Functioning score of 30 or less continuously during the 90-day period immediately preceding the date on which VA initially received the caregiver application; or
- Veteran has been rated 100 percent service connected disabled for the qualifying serious injury, and has been awarded special monthly compensation that includes aid and attendance allowance.

3) The Veteran or Servicemember requires at least six continuous months of caregiver support.

4) Participation in the program is in the best interest of the Veteran or Servicemember, including consideration of whether participation in the program significantly enhances his/her ability to live safely in a home setting, creates an environment that supports his/her health and well-being, and supports potential progress in rehabilitation if such potential exists.

5) The Veteran or Servicemember will receive care at home once VA designates a family caregiver (once training is complete).

6) A VA-selected primary care team, such as a Patient Aligned Care Team (PACT), will provide the Veteran or Servicemember with ongoing care.

7) The personal care service provided by the family caregiver cannot simultaneously and regularly be provided by another individual, entity, or program.

The Caregiver Support Coordinator (CSC) located in each VA medical center (VAMC) uses the Veteran's service connection rating determination, Physical Evaluation Board finding, Medical Evaluation Board finding, or line of duty injury finding to verify whether the serious injury of the Veteran or Servicemember was incurred or aggravated in the line of duty. Once confirmed, the Veteran's or Servicemember's Patient Aligned Care Team (PACT) or primary care team evaluates the remaining eligibility criteria. This

includes evaluation of certain criteria the family member must meet such as whether or not the appointed Caregiver is 18 years of age, and, if the Veteran or Servicemember and family member(s) are eligible, establishment of the Veteran's or Servicemember's tier level, which corresponds with the monthly stipend value his/her primary family caregiver will receive.

Upon verification of eligibility, the family member(s) completes mandatory caregiver training. Once training is complete, the CSC arranges for the facility-identified home care team or clinician to complete an initial in-home assessment. The purpose of a home visit is to ensure that the family member has the required training, resources, and support to provide safe and effective care for the Veteran or Servicemember, and if necessary, to generate appropriate referrals for the Veteran or Servicemember and/or family member. The results of the in-home visit are communicated to the CSC; if the facility-identified home care clinician or team concurs that the family member can provide adequate care, the CSC, based upon the assessment of the clinical team, will approve the family caregiver application and designate primary and secondary family caregivers, as appropriate.

If a determination is made that a Veteran or Servicemember does not qualify for participation, she or he will receive a formal letter that provides the decision and the process to appeal. If a Veteran or Servicemember and/or caregiver are not satisfied with a VA Medical Center (VAMC) decision, he or she may request an appeal in accordance with the Veterans Health Administration (VHA) clinical appeals process.

Program of General Caregiver Support Services

General caregivers of Veterans are caregivers who provide personal care services to an enrolled Veteran who does not meet the criteria for the Program of Comprehensive Assistance for Family Caregivers, but requires assistance with one or more activities of daily living or requires supervision or protection based on symptoms or residuals of neurological or other impairment or injury. Unlike the Program of Comprehensive Assistance for Family Caregivers, there is no formal application required to receive general caregiver support services. Because there is no formal application process, participants in the Program of General Caregiver Support Services are served by local VAMCs and are not tracked nationally.

VA's CSP offers services which are utilized by both family caregivers under the Program of Comprehensive Assistance for Family Caregivers and general caregivers under the Program of General Caregiver Support Services, including: designated CSCs in every VAMC, a toll-free Caregiver Support Line (CSL), Caregiver Web site, events/activities to celebrate National Family Caregivers Month, Caregiver Peer Support Mentoring, Resources for Enhancing All Caregivers Health (REACH), and Spouse Telephone Support (STS). The cost of each specific program is included in the descriptive sections of this report.

Services and Benefits Available through the Program of Comprehensive Assistance for Family Caregivers

P.L. 111-163 established two groups of family caregivers, referred to in regulations governing the Program of Comprehensive Assistance for Family Caregivers as primary family caregivers and secondary family caregivers, and stipulated the unique benefits and services that are to be provided to each group. When applying for the Program of Comprehensive Assistance for Family Caregivers, a Veteran or Servicemember can select one primary family caregiver and up to two secondary family caregivers. During FY 2014, VA obligated approximately \$320 million for the benefits and services available to these two groups described in detail below.

Caregiver Training and Education

Training and education of family caregivers is a critical component of the Program of Comprehensive Assistance for Family Caregivers and is a requirement for primary and secondary family caregivers during the application process. VA contracted with an experienced qualified non-profit organization to develop and implement the family caregivers' core curriculum training. This curriculum includes education and training on 10 core competencies with topics such as caregiver self-care and medication management. The training is available in both English and Spanish. Training can be completed at home with a workbook and DVD, online, or in a classroom setting.

In addition, in FY 2014, VA developed and deployed additional optional training opportunities in collaboration with Easter Seals Disability Services Inc. The Caregiver Self-Care Courses, which were made available to caregivers of Veterans of all eras participating in the Caregiver Support Program, include: Managing Stress; Effective Communications/Problem Solving; and, Taking Care of Yourself and Utilizing Technology. These self-care courses are delivered in face-to-face classroom settings. To date, more than 1,200 caregivers have participated in a Self-Care Course.

In FY 2014, VA obligated approximately \$2 million to deliver these education and training courses to more than 9,000 caregivers.

Additional Training and Supports

In collaboration with the National Council on Aging (NCOA), VA deployed an Online Support Workshop for caregivers of Veterans of all eras called Building Better Caregivers™ (BBC). BBC™ was developed at Stanford University, in conjunction with NCOA, and is a 6-week online workshop for family Caregivers caring for a Veteran with dementia, memory problems, posttraumatic stress disorder, a serious brain injury, or any other injury or illness. The workshop groups cohorts of caregivers for each workshop. An online Alumni Community was also established which allows caregivers to stay connected with each other and continue to receive support through the program following the completion of the 6-week course. In FY 2014, more than 1,500 caregivers were referred to participate in BBC™.

Monthly Caregiver Stipend

Individuals designated as an eligible Veteran's primary family caregiver are eligible to receive a monthly stipend from VA as an acknowledgement of the sacrifices they make to care for seriously injured eligible Veterans. The monthly stipend is not intended to replace career earnings or be construed to create an employment relationship between VA and caregivers. Family caregivers report that the stipend is the cornerstone of the Program of Comprehensive Assistance for Family Caregivers. The stipend helps to alleviate financial distress experienced by many primary family caregivers.

During the eligibility evaluation, the clinical treatment team assigns the Veteran or Servicemember a tier level based on his or her level of dependency. The tier level is then converted into hours in order to determine the stipend payment as follows: the primary family caregiver of an eligible Veteran assessed at Tier 1 is paid a stipend equivalent to the eligible Veteran requiring 10 hours of caregiver assistance per week, in FY 2014 nationally averaging \$621 per month in FY 2014; the primary family caregiver of an eligible Veteran assessed at Tier 2 is paid a stipend equivalent to the eligible Veteran requiring 25 hours of caregiver assistance per week, nationally averaging \$1,492 per month; and the primary family caregiver of an eligible Veteran assessed at Tier 3 is paid a stipend equivalent to the eligible Veteran requiring 40 hours of caregiver assistance per week, nationally averaging \$2,345 per month.

The monthly value of the stipend is calculated by using the U.S. Bureau of Labor Statistics' hourly wage for a home health aide in the geographic area in which the eligible Veteran resides using the 75th percentile of the wage index, multiplied by the annual consumer price index cost of living adjustment, multiplied by the hours associated with the eligible Veteran's specific tier level as described above, and then multiplied by 4.35, which is equal to the average number of weeks in the month.

VA is responsible for ensuring stipend payment amounts are no less than a commercial home health care entity would pay an individual in the eligible Veteran's geographic area (or an area with similar costs of living) to provide equivalent personal care services. Although each tier is associated with payment for a particular quantity of hours, the hours are not meant to equate with the exact number of hours that the family caregiver provides care to the eligible Veteran.

The stipend payments are exempt from taxation under 38 United States Code (U.S.C.), section 5301(a)(1), but may be considered income for other purposes and could impact the primary family caregiver's eligibility for other benefits, such as unemployment. Stipend benefits are retroactive to the date the application was received by VA or the date on which the eligible Veteran begins receiving care at home, whichever is later.

In FY 2014, VA obligated \$295,182,000 in stipend payments for 19,124 primary family caregivers who received stipend payments.

Mental Health Services

In a survey of family caregivers of Veterans completed by the National Alliance for Caregiving in 2010, *Caregivers of Veterans - Serving on the Homefront*, caregivers of Veterans report high levels of isolation as well as high levels of emotional and physical stress. Caregivers also report depression, anger, interpersonal conflict, anxiety, substance use, sleep disturbances, and social isolation. In addition, when the caregiver is a spouse or significant other, there may be significant changes in the marital and other family relationships, and couples may face challenges related to intimacy.

Under the Program of Comprehensive Assistance for Family Caregivers, both primary and secondary family caregivers are eligible to receive mental health services. These services may include psychotherapy, support groups, and education, but do not include medication management or psychiatric inpatient hospitalization. Section 1720G(a)(3)(A) of title 38 U.S.C., as added by section 101(a) of P.L. 111-163, enables qualified family caregivers to access counseling services regardless of whether or not need is related to the eligible Veteran's treatment plan. In addition to receiving mental health services as a VA benefit through this formalized program, caregivers may access many other supportive counseling options such as: various telephone supports offered by local VA staff or through the national Caregiver Support Line; supportive counseling services offered by CSCs; and, community resources.

For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2014, VA obligated \$1,055,389 for mental health services.

Prior to the passage of P.L. 111-163, VA provided counseling and other services under 38 U.S.C., section 1782, to family members of Veterans (and other individuals) if the treatment was in support of the clinical objectives of the eligible Veteran's treatment plan. These services include consultation, professional counseling, marriage and family counseling, training, and mental health services as are necessary in connection with the Veteran's treatment. These services continue to be provided to eligible individuals, including family and general caregivers, in support of furthering the objectives of the Veteran's medical treatment plan.

Respite Care

Respite care is a distinct component of the array of long-term care services available to eligible Veterans who experience functional impairments from chronic conditions. Veterans seeking respite services under 38 U.S.C., section 1720B, must be enrolled in VHA health care. Respite care is ordinarily provided for no more than 30 days per year. Veterans and caregivers in need of more hours of respite care may receive those services or may find their care needs are better met through other VA home and community-based services.

Respite care is available in a variety of settings. For example, respite care can be provided at home, in a VA Community Living Center, through a VA-contracted community skilled nursing home, or through a VA-operated or VA-contracted community Adult Day

Care Program. In-home community respite care providers include, but are not limited to: National Family Caregiver Programs offered by Area Agencies on Aging and Aging and Disability Resource Centers through contracts with VA; state licensed or approved home health agencies through contracts with VA; adult day care services; and, alternative options for respite care as approved by VA's Office of Geriatrics and Extended Care.

The Program of Comprehensive Assistance for Family Caregivers offers respite care to caregivers in the application process if the family member's participation in required caregiver core curriculum training would interfere with the provision of personal care services to the Veteran or Servicemember. For approved family and general caregivers, 38 U.S.C., section 1720G (a)-(b), as added by section 101(a) of P.L. 111-163, also authorizes respite care benefits for eligible Veterans and caregivers, when clinically indicated, recognizing the special needs of this group of caregivers. The CSC and PACT, assess the eligible Veteran and caregiver for their level of need for respite care services. When a determination of the need for respite care services is made, the Respite Care Coordinator, or the identified designee, secures the services and develops an individualized service plan for respite care identifying the amount of time, type of care, and care setting for respite care services.

For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2014, VA obligated \$2,829,440 for respite care services.

Travel, Lodging, and Subsistence under 38 U.S.C., Section 111

Section 104 of P.L. 111-163 authorizes VA to reimburse primary and secondary family caregivers for travel expenses including lodging and subsistence for the time in which the eligible Veteran is traveling to and from a VA facility for the purpose of and the duration of the medical examination, treatment, or care episode. In accordance with the law, VA provides caregiver beneficiary travel in the same manner as that to eligible Veterans under 38 Code of Federal Regulations, Part 70, which may include the actual cost for meals, lodging, or both, up to 50 percent of the per diem rate allowed for Government employees under 5 U.S.C., section 5702, when VA determines an overnight stay is required. VA is also authorized to reimburse travel, lodging, and per diem expenses incurred by the family member for participation in the mandated caregiver training as required as part of the application process for the Program of Comprehensive Assistance for Family Caregivers.

For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2014, VA obligated \$341,828 for travel, lodging, and subsistence.

Health Care Benefits for Eligible Primary Family Caregivers

CHAMPVA is a comprehensive health care benefit program in which VA shares the cost of certain health care services and supplies with eligible beneficiaries. The program is

administered by VA's Purchased Care at the Health Administration Center, where CHAMPVA applications are processed and eligibility determinations are made to authorize benefits and process medical claims.

Approved primary family caregivers of eligible Veterans participating in the Program of Comprehensive Assistance for Family Caregivers can enroll in CHAMPVA if they are not eligible for TRICARE and not entitled to care or services under a health plan contract such as Medicare, Medicaid, worker's compensation, or an insurance policy or contract. If eligible, primary family caregivers may receive CHAMPVA benefits in one of two ways:

- Primary family caregivers may receive services through community-based providers who accept assignment. In this case, primary family caregivers pay the CHAMPVA annual deductible and required cost shares for services when using these community-based providers.
- Primary family caregivers may access CHAMPVA services through the CHAMPVA In-House Treatment Initiative (CITI) program, if providers and space are available within the VA health care system and the VAMC is a CITI participating provider. Local VA facilities are not required to participate in the CITI program.

In FY 2014, 4,804 qualified primary family caregivers were provided health care coverage under CHAMPVA and VA obligated \$11,000,000 to support these services.

Ongoing Support and Monitoring

Ongoing support and monitoring are provided to approve family caregivers and eligible Veterans participating in the Program of Comprehensive Assistance for Family Caregivers through home visits. Home visits ensure that family caregivers have the required training, resources, and support to provide safe and effective care for their Veteran or Servicemember, and if necessary, to generate appropriate referrals for the Veteran or Servicemember and/or family member. An initial home visit occurs prior to approval. Once approved, ongoing home visits are completed quarterly, unless otherwise clinically indicated as determined by the eligible Veteran's treatment team. For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2014, VA obligated \$6,699,023 for ongoing support and monitoring.

VA Support Services and Outreach Activities Provided to General and Family Caregivers Following Passage of P.L. 111-163

In FY 2014, VA obligated \$27,588,842 for support services and outreach activities to both general and family caregivers as described below.

Caregiver Support Coordinators (CSC)

Effective April 2011, VA mandated that every medical center have at least 1.0 dedicated full time equivalent employee (FTEE) CSC appointed to serve caregivers of Veterans. CSCs serve as the clinical experts on family care giving issues and are experienced

social workers, nurses, and psychologists. They provide support and programming to family and general caregivers, link caregivers to community and VA resources, and respond to referrals from the Caregiver Support Line. CSCs provide guidance, support, and coordination for the application process for the Program of Comprehensive Assistance for Family Caregivers, as well as coordinate local activities in support of National Family Caregivers Month each November and throughout the year.

Due to the overwhelming demand of Veteran and Caregiver applicants for the Program of Comprehensive Assistance for Family Caregivers and the associated increase in workload to process applications and coordinate services and supports, additional CSC position requests were received and funding was provided to support additional staffing needs.

In FY 2014, a total of 267 CSC positions were funded for which VA obligated \$25,319,672 to support CSC salaries and benefits.

Caregiver Support Line (CSL)

On February 1, 2011, VA introduced the national CSL as an additional resource for caregivers, Veterans, and community partners associated with caring for Veterans. The mission of the CSL is to provide information, referral, and support to caregivers of Veterans offering callers options, and facilitating interventions including referrals as needed to the appropriate VA resources as well as state and local community services. Since its inception, the CSL has been utilized by spouses, children, other extended family members, and friends of Veterans, as well as Veterans themselves. The CSL is staffed by 26 full-time equivalent employees (FTEE). Call responders are licensed social workers who are trained to provide a clinical assessment of the situation described by the caller in order to offer appropriate direction, referrals, and support.

CSL responders recognize the unique challenges caregivers experience and are skilled in assessing each individual's needs, offering supportive counseling, guidance, and appropriate direction to help facilitate a connection to needed resources, including direct referrals to CSCs located at the VAMC nearest to the caller. The CSL has established relationships with other VA call centers and Department of Defense (DoD) call centers to establish procedures for transferring calls to the appropriate call center to best meet the caller's needs.

During FY 2014, the CSL received 52,185 calls and facilitated 6,186 referrals to local CSCs at VAMCs across the country on behalf of caregivers. VA obligated \$2,075,668 to support the operation of the CSL in FY 2014.

Caregiver Web Site

VA's Caregiver Support Web site (www.caregiver.va.gov) was launched by VA as a centralized location for caregivers to identify services, supports, and resources that can assist them in their caregiving role. To assist caregivers with navigating the VA system, the website provides easily accessed links to the application for the Program of Comprehensive Assistance for Family Caregivers, the CSL, and a zip code look-up

feature that allows caregivers to readily locate contact information for their local CSC.

In addition, the website provides an array of tools and resources that simplify care giving duties, increase caregiver competency, and inform caregivers of what to ask their Veteran's health care providers. Other critical components of the website include an active listserv mailing list to keep caregivers informed of updates to the CSP and local resources/connections for Veterans to connect with other agencies, support groups, and caregivers.

In FY 2014, VA did not have new website development needs and maintenance was minimal and managed without contract support. The website continues to be visited frequently, averaging 1,200 visitors each day. The website also has an active listserv with more than 40,000 current subscribers.

National Family Caregivers Month

In 2010, VA began recognizing November as National Family Caregivers Month to honor all those who provide for the health and well-being of a loved one. Former VA Secretary Shinseki recognized that, "These mothers, wives, fathers, husbands and other loved ones make tremendous sacrifices to be there every day for the Veterans who served this Nation. They are our partners in Veteran health care and they deserve our support." Throughout the month of November, CSC's coordinate a variety of events and activities to encourage caregivers and VA employees to participate in events at VAMCs across the Nation, such as resource fairs, educational offerings and wellness programs.

Peer Support

The VA Caregiver Peer Support Mentoring Program was launched in January 2012 to provide personal support and establish peer relationships by linking caregivers to one another. Caregiver mentors and mentees are linked together through an application process. Peer mentors are official VA volunteers, and as such, must complete required orientation and training through Voluntary Services before they can begin program specific training. VA privacy and information security requirements are covered as part of the required orientation process. Once matched, the caregiver mentor and mentee establish a communication plan, including weekly contact with one another. The Peer Support Mentoring Program Manager, a VA staff member, hosts a monthly conference call that mentors are expected to attend to share ideas, express concerns, and obtain support from other mentors. At the beginning of each call, privacy and confidentiality expectations are explained to participants.

Peer mentors empower mentee caregivers by forming supportive relationships, decreasing the feeling of isolation many caregivers experience, and linking them to resources available within VA and the community. Caregiver mentors and mentees assist one another by sharing common experiences and knowledge of resources such as VA benefits, VA health care, and community resources. As a result, the program helps caregivers build skills and a knowledge base that will assist them in dealing with their care giving role in the future. During FY 2014, 200 caregivers participated in VA's Peer Support Mentoring Program.

Resources for Enhancing All Caregivers Health (REACH)

REACH is an evidence-based skills-building intervention, including individual sessions with an option for telephone support group meetings designed to provide support, education, and training to eligible caregivers of Veterans with Alzheimer's disease or related dementias. Lasting from 2 to 6 months, the intensive one-on-one intervention addresses five main care giving risk areas for eligible caregivers of Veterans including: safety; social and emotional support; problem solving; caregiver well-being; and both caregiver and Veteran health. The intervention focuses on problem solving around behavioral topics, stress and coping techniques, as well as step-by-step strategies to assist eligible caregivers in everyday problems they may encounter. REACH caregivers show significant improvements in reported burden, depression, impact of depression on daily lives, social support, health care behaviors, care giving frustrations, and number of problem behaviors reported. Caregivers often spend time providing hands-on care, as well as spending time "on duty," defined as time spent providing supervision of the care recipient, time that cannot be spent doing other household or personal tasks, relaxing, or socializing. Caregivers who have participated in REACH report spending 1 hour less per day in providing hands on care, and 2 hours less per day in time "on duty."

Clinical staff at VA facilities are trained, certified, and provided materials to deliver the REACH intervention by the Memphis VAMC Caregiver Center. In FY 2014, clinical staff at 113 VA sites of care were trained (staff were from 24 existing sites and 89 new sites), resulting in staff at a total of 198 VA sites of care across the country trained in the intervention.

Spouse Telephone Support (STS)

VA has long provided support in person and via telephone, through the use of support groups to eligible family members of Veterans who serve as caregivers. For example, VA offers a wide variety of support groups both locally and nationally to caregivers of Veterans with specific conditions. This telephone-based support clinical intervention is different than caller support that is offered through the Caregiver Support Line and is a specific program offered at local VA medical centers. In October 2011, based on successful outcomes demonstrated by a similar Department of Defense (DoD) program, VA expanded support services by initiating STS. STS is designed to improve resilience, prepare spouses, significant others, and intimate partners to cope with reintegration difficulties, to serve as a support system, and ease the post-deployment transition for Veterans returning from Iraq and Afghanistan. During the STS program, 6-10 participants and a trained VA employee serving as group leader have 12 one hour-long calls over the course of 6 months. A participant workbook provides information for each group session. The groups focus on education, skills building, and support. Content includes: changes experienced by the Veteran and family; negotiation around roles and responsibilities; communication; resilience; and cues to alert spouses when to seek mental health services for the Veteran, family members, or themselves. In FY 2014, clinical staff at 21 VA sites of care were trained by the Memphis VAMC Caregiver Center (staff were from 14 existing sites and 7 new sites), resulting in a staff at a total of 107 VA facilities across the

country being trained in the intervention.

To maintain these programs, in FY 2014, VA obligated \$193,502 for the Memphis VAMC Caregiver Center, which provides training for REACH and STS.

Outcomes, Measureable Benefits, and Effectiveness

The Program of Comprehensive Assistance for Family Caregivers has experienced tremendous growth since its inception in May 2011, exceeding the Department's initial projections by nearly 500 percent. The Caregiver Support Program Office has been working diligently to partner with experienced researchers to identify practical measurable benefits and examine the effectiveness of the Program's various components.

The Caregiver Support Program Office is working in collaboration with VA's Health Services Research and Development (HSR&D) to conduct a research project related to the deployment of Building Better Caregivers™ (BBC). The objectives of the study are to evaluate national and regional characteristics considered to be essential to a successful BBC™ roll-out and to identify key steps and barriers. The study will also examine characteristics associated with high caregiver enrollment in the workshop. The study is expected to conclude in late FY 2015.

The Caregiver Support Line has established a collaborative evaluation effort with the Center for Chronic Disease Outcomes Research at the Minneapolis VAMC to examine the impact of interventions provided by the CSL staff. The primary objective is to assess whether the use of the support line by caregivers improved access to VA services for Veterans. The primary areas of focus include evaluating whether Veterans who have never enrolled in VA health care initiate healthcare enrollment after a Caregiver has called the CSL, and whether enrolled Veterans increase their healthcare utilization in the six months after their Caregiver has called the support line compared to the six months prior to the CSL contact. Preliminary findings suggest that nearly seven percent of Veterans who were not enrolled at the time of their Caregiver's call to CSL enrolled in VA health care after the call.

The Caregiver Support Program Office has also partnered with VA's HSR&D to embark on a Quality Evaluation Research Initiative (QUERI) and collaboratively funded the VA Caregiver Support Program Partnered Evaluation Center (VA-CARES). This is a long term project that will use a mixed methods approach to provide an evaluation of short-term impacts. VA-CARES will produce a final report that is anticipated to be completed in the late summer of 2016.

Conclusion

Family members and other informal caregivers, such as friends and neighbors, serve as an essential part of VA's health care delivery system, providing assistance to loved ones with complex physical and mental disabilities. In recognition of the significant sacrifices made by caregivers of Veterans, President Obama signed P.L. 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010. VA's successful implementation of the CSP demonstrates VA's dedication to serving caregivers of Veterans, VA's partners

in providing the best care possible to our Nation's Veterans.

Prior to and throughout implementation, VA streamlined access to information about caregiver resources, supports, and services within VA. VA implemented a National Caregiver website to provide education and resources to caregivers of all era Veterans, as well as highlight the new services available to eligible Post-9/11 era Veterans and their family caregivers, ensuring that information about caregiver resources were easily accessed by the general public. In addition, VA implemented an electronic application process for the Program of Comprehensive Assistance for Family Caregivers. The CSL has proven to be an invaluable asset to Veterans, caregivers, and the broader community as is demonstrated by its high level of use.

Through programs, supportive services, and outreach activities, VA has created a knowledgeable community of caregivers, as well as provided an opportunity for caregivers of Veterans to learn from one another. Dedicated CSCs at every VAMC have ensured that Veterans, caregivers, and VA staff have access to a clinical subject matter expert to navigate VA and non-VA resources, with the goal of ensuring caregivers receive necessary supports to allow them to successfully care for Veterans at home.

Additional services for qualified family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001, including mental health care, a monthly stipend paid directly to primary family caregivers, and enrollment in CHAMPVA for eligible primary family caregivers demonstrate VA's dedication to supporting our newest group of seriously injured eligible Veterans and their family caregivers. Family caregivers are critical members of the Veteran's care team. Caring for those who provide personal care services and supports to the men and women "who have borne the battle" has become an essential part of supporting Veterans and aligns with VA's I-CARE values (Integrity, Commitment, Advocacy, Respect, and Excellence). Caregivers are truly unsung heroes who sacrifice so much in order to care for our Nation's Veterans. VA is pleased to offer caregivers the much needed services and support made available by the Caregivers and Veterans Omnibus Health Services Act of 2010, P.L. 111-163.

**Estimate of Cost to Prepare
Congressionally-Mandated Report**

ATTACHMENT

Short Title of Report: Assistance and Support Services for Caregivers

Report Required By: Section 101 (c) of Public Law 111-163

In accordance with Title 38, Chapter 1, Section 116, the statement of cost for preparing this report and a brief explanation of the methodology used in preparing the cost statement are shown below.

Manpower Cost:	<u>\$3,678</u>
Contract(s) Cost:	<u>\$0</u>
Other Cost:	<u>\$0</u>
<u>Total Estimated Cost to Prepare Report:</u>	<u><u>\$3,678</u></u>

Methodology: Appropriate subject matter experts recorded the time needed to collect data and information during the reporting period, and prepare drafts of this report. The time spent in hours was then multiplied by their respective hourly rates.



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

May 23, 2016

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

In accordance with the requirements of Public Law 111-163, section 101(c), enclosed is the Department of Veterans Affairs' annual report on implementation of 38 United States Code, section 1720G, Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has been sent to the leaders of the House and Senate Committees on Veterans' Affairs.

Thank you for your continued support of our mission.

Sincerely,

A handwritten signature in blue ink, reading "Robert A. McDonald", is positioned above the printed name.

Robert A. McDonald

Enclosures



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

May 23, 2016

The Honorable Corrine Brown
Ranking Member
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Congresswoman Brown:

In accordance with the requirements of Public Law 111-163, section 101(c), enclosed is the Department of Veterans Affairs' annual report on implementation of 38 United States Code, section 1720G, Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has been sent to the leaders of the House and Senate Committees on Veterans' Affairs.

Thank you for your continued support of our mission.

Sincerely,

A handwritten signature in blue ink, reading "Robert A. McDonald", is positioned above the printed name.

Robert A. McDonald

Enclosures



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

May 23, 2016

The Honorable Johnny Isakson
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

In accordance with the requirements of Public Law 111-163, section 101(c), enclosed is the Department of Veterans Affairs' annual report on implementation of 38 United States Code, section 1720G, Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has been sent to the leaders of the House and Senate Committees on Veterans' Affairs.

Thank you for your continued support of our mission.

Sincerely,

A handwritten signature in blue ink, reading "Robert A. McDonald".

Robert A. McDonald

Enclosures



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

May 23, 2016

The Honorable Richard Blumenthal
Ranking Member
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Senator Blumenthal:

In accordance with the requirements of Public Law 111-163, section 101(c), enclosed is the Department of Veterans Affairs' annual report on implementation of 38 United States Code, section 1720G, Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has been sent to the leaders of the House and Senate Committees on Veterans' Affairs.

Thank you for your continued support of our mission.

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert A. McDonald".

Robert A. McDonald

Enclosures

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report Fiscal Year 2015**

Public Law (P.L.) 111-163

The Caregivers and Veterans Omnibus Health Services Act of 2010, P.L. 111-163, signed into law on May 5, 2010, has marked a new era in the delivery of expanded services for caregivers within the Department of Veterans Affairs (VA). VA established a Program of Comprehensive Assistance for Family Caregivers and a Program of General Caregiver Support Services, collectively referred to as the Caregiver Support Program (CSP), combining existing VA programming and services for caregivers of Veterans of all eras with the additional services and benefits made available under P.L. 111-163.

P.L. 111-163 expanded services in place prior to the legislation, such as respite care and counseling. For qualified family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001, additional services and benefits as part of the Program of Comprehensive Assistance for Family Caregivers include: education and training; a monthly stipend paid directly to designated primary family caregivers; mental health services; a respite care benefit; travel, lodging, and subsistence when receiving initial training and during the Veterans' medical appointments; and enrollment in VA's Civilian Health and Medical Program (CHAMPVA) for eligible primary family caregivers who are not entitled to care or services under a health plan contract and are not eligible for TRICARE. On May 9, 2011, VA began accepting applications for the Program of Comprehensive Assistance for Family Caregivers. In fiscal year (FY) 2015, 24,771 primary family caregivers were served by this program, including family caregivers from 50 states, the District of Columbia, and San Juan, Puerto Rico.

Program of Comprehensive Assistance for Family Caregivers

Application, Eligibility, and Appeals

Eligibility for VA's Program of Comprehensive Assistance for Family Caregivers is contingent upon the Veteran's or Servicemember's ability to meet all seven of the following primary criteria:

- 1) The Veteran or Servicemember undergoing medical discharge must have incurred or aggravated a serious injury (including traumatic brain injury, psychological trauma, or other mental disorders) in the line of duty on or after September 11, 2001.
- 2) The injury must render the Veteran or Servicemember in need of personal care services because of one of the following:

- Veteran or Servicemember is unable to perform one or more of the following activities of daily living: dressing, bathing, grooming, toileting, feeding, mobility, or frequent need of adjusting of a prosthetic or orthopedic appliance without assistance;
- Veteran or Servicemember has need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury, requiring supervision or assistance for any of the following reasons: seizures, difficulty with planning/organizing, safety risks, sleep dysregulation, delusions or hallucinations, difficulty with recent memory, or mood dysregulation;
- Veteran or Servicemember has a psychological trauma or a mental disorder that has been scored by a licensed mental health professional as having a Global Assessment of Functioning score of 30 or less continuously during the 90-day period immediately preceding the date on which VA initially received the caregiver application; or
- Veteran has been rated 100 percent service connected disabled for the qualifying serious injury, and has been awarded special monthly compensation that includes aid and attendance allowance.

3) The Veteran or Servicemember requires at least six continuous months of caregiver support.

4) Participation in the program is in the best interest of the Veteran or Servicemember, including consideration of whether participation in the program significantly enhances his/her ability to live safely in a home setting, creates an environment that supports his/her health and well-being, and supports potential progress in rehabilitation if such potential exists.

5) The Veteran or Servicemember will receive care at home once VA designates a family caregiver (once training is complete).

6) A VA-selected primary care team, such as a Patient Aligned Care Team (PACT), will provide the Veteran or Servicemember with ongoing care.

7) The personal care service provided by the family caregiver cannot simultaneously and regularly be provided by another individual, entity, or program.

The Caregiver Support Coordinator (CSC), located in each VA medical center (VAMC), uses the Veteran's service connection rating determination, Physical Evaluation Board finding, Medical Evaluation Board finding, or line of duty injury finding to verify whether the serious injury of the Veteran or Servicemember was incurred or aggravated in the line of duty. Once confirmed, the Veteran's or Servicemember's PACT or primary care

team evaluates the remaining eligibility criteria. This includes evaluation of certain criteria the family member must meet such as whether or not the caregiver applicant is at least 18 years of age, and, if the Veteran or Servicemember and family member(s) are eligible, establishment of the Veteran's or Servicemember's tier level, which corresponds with the monthly stipend value his/her primary family caregiver will receive.

Upon verification of eligibility, the family member(s) completes mandatory caregiver training. Once training is complete, the CSC arranges for the facility-identified home care team or clinician to complete an initial in-home assessment. The purpose of a home visit is to ensure that the family member has the required training, resources, and support to provide safe and effective care for the Veteran or Servicemember, and if necessary, to generate appropriate referrals for the Veteran or Servicemember and/or family member. The results of the in-home visit are communicated to the CSC; if the facility-identified home care clinician or team concurs that the family member can provide adequate care, the CSC, based upon the assessment of the clinical team, will approve the family caregiver application and designate primary and secondary family caregivers, as appropriate.

If a determination is made that a Veteran or Servicemember does not qualify for participation, she or he will receive a formal letter that provides the decision and the process to appeal. If a Veteran or Servicemember and/or caregiver are not satisfied with a VAMC decision, he or she may request an appeal in accordance with the Veterans Health Administration (VHA) clinical appeals process.

Program of General Caregiver Support Services

General caregivers of Veterans are caregivers who provide personal care services to an enrolled Veteran who does not meet the criteria for the Program of Comprehensive Assistance for Family Caregivers, but requires assistance with one or more activities of daily living or requires supervision or protection based on symptoms or residuals of neurological or other impairment or injury. Unlike the Program of Comprehensive Assistance for Family Caregivers, there is no formal application required to receive general caregiver support services. Because there is no formal application process, participants in the Program of General Caregiver Support Services are served by local VAMCs and are not tracked nationally.

VA's CSP offers services which are utilized by both family caregivers under the Program of Comprehensive Assistance for Family Caregivers and general caregivers under the Program of General Caregiver Support Services, including: designated CSCs in every VAMC, a toll-free Caregiver Support Line, Caregiver website, events/activities to celebrate National Family Caregivers Month, Caregiver Peer Support Mentoring, Resources for Enhancing All Caregivers Health (REACH), and Telephone Support for Caregivers. The cost of each specific program is included (where applicable) in the descriptive sections of this report.

Services and Benefits Available through the Program of Comprehensive Assistance for Family Caregivers

P.L. 111-163 established two groups of family caregivers, referred to in regulations governing the Program of Comprehensive Assistance for Family Caregivers as primary family caregivers and secondary family caregivers, and stipulated the unique benefits and services that are to be provided to each group. When applying for the Program of Comprehensive Assistance for Family Caregivers, a Veteran or Servicemember can select one primary family caregiver and up to two secondary family caregivers.

Caregiver Training and Education

Training and education of family caregivers is a critical component of the Program of Comprehensive Assistance for Family Caregivers and is a requirement for primary and secondary family caregivers during the application process. VA contracted with an experienced qualified non-profit organization to develop and implement the family caregivers' core curriculum training. This curriculum includes education and training on 10 core competencies with topics such as caregiver self-care and medication management. The training is available in both English and Spanish. Training can be completed at home with a workbook and DVD, online, or in a classroom setting.

In addition, in FY 2014, VA developed and deployed additional optional training opportunities in collaboration with Easter Seals Disability Services Inc. The Caregiver Self-Care Courses, which were made available to caregivers of Veterans of all eras participating in the Caregiver Support Program, include: Managing Stress; Effective Communications/Problem Solving; and Taking Care of Yourself and Utilizing Technology. These self-care courses are delivered in face-to-face classroom settings.

In FY 2015, VA obligated approximately \$2.6 million to deliver these education and training courses to approximately 9,000 caregivers.

Additional Training and Supports

In collaboration with the National Council on Aging (NCOA), VA deployed an Online Support Workshop for caregivers of Veterans of all eras called Building Better Caregivers™ (BBC). BBC™ was developed at Stanford University, in conjunction with NCOA, and is a 6-week online workshop for family Caregivers caring for a Veteran with dementia, memory problems, posttraumatic stress disorder, a serious brain injury, or any other injury or illness. The workshop groups cohorts of caregivers for each workshop. An online Alumni Community was also established, which allows caregivers to stay connected with each other and continue to receive support through the program following the completion of the 6-week course. In FY 2015, VA referred more than 1,500 caregivers to participate in BBC™.

Monthly Caregiver Stipend

Individuals designated as an eligible Veteran's primary family caregiver are eligible to receive a monthly stipend from VA as an acknowledgement of the sacrifices they make to care for seriously injured eligible Veterans. The monthly stipend is not intended to replace career earnings or be construed to create an employment relationship between VA and caregivers. Family caregivers report that the stipend is the cornerstone of the Program of Comprehensive Assistance for Family Caregivers. The stipend helps to alleviate financial distress experienced by many primary family caregivers.

During the eligibility evaluation, the clinical treatment team assigns the Veteran or Servicemember a tier level based on his or her level of dependency. The tier level is then converted into hours in order to determine the stipend payment as follows: the primary family caregiver of an eligible Veteran assessed at Tier 1 is paid a stipend equivalent to the eligible Veteran requiring 10 hours of caregiver assistance per week, nationally averaging \$652 per month in FY 2015; the primary family caregiver of an eligible Veteran assessed at Tier 2 is paid a stipend equivalent to the eligible Veteran requiring 25 hours of caregiver assistance per week, nationally averaging \$1,530 per month in FY 2015; and the primary family caregiver of an eligible Veteran assessed at Tier 3 is paid a stipend equivalent to the eligible Veteran requiring 40 hours of caregiver assistance per week, nationally averaging \$2,371 per month in FY 2015.

The monthly value of the stipend is calculated by using the U.S. Bureau of Labor Statistics' hourly wage for a home health aide in the geographic area in which the eligible Veteran resides using the 75th percentile of the wage index, multiplied by the annual consumer price index cost of living adjustment, multiplied by the hours associated with the eligible Veteran's specific tier level as described above, and then multiplied by 4.35, which is equal to the average number of weeks in the month.

VA is responsible for ensuring that stipend payment amounts are no less than a commercial home health care entity would pay an individual in the eligible Veteran's geographic area (or an area with similar costs of living) to provide equivalent personal care services. Although each tier is associated with payment for a particular quantity of hours, the hours are not meant to equate with the exact number of hours that the family caregiver provides care to the eligible Veteran.

The stipend payments are exempt from taxation under 38 United States Code (U.S.C.), section 5301(a)(1), but may be considered income for other purposes and may impact the primary family caregiver's eligibility for state, county, or other Federal benefits. Stipend benefits are retroactive to the date the application was received by VA or the date, on which the eligible Veteran begins receiving care at home, whichever is later.

In FY 2015, VA obligated \$387,667,765 in stipend payments for 24,771 primary family caregivers who received stipend payments.

Mental Health Services

In a survey of family caregivers of Veterans completed by the National Alliance for Caregiving in 2010, *Caregivers of Veterans - Serving on the Homefront*, caregivers of Veterans report high levels of isolation as well as high levels of emotional and physical stress. Caregivers also report depression, anger, interpersonal conflict, anxiety, substance use, sleep disturbances, and social isolation. In addition, when the caregiver is a spouse or significant other, there may be significant changes in the marital and other family relationships, and couples may face challenges related to intimacy.

Under the Program of Comprehensive Assistance for Family Caregivers, both primary and secondary family caregivers are eligible to receive mental health services. These services may include psychotherapy, support groups, and education, but do not include medication management or psychiatric inpatient hospitalization. Section 1720G(a)(3)(A) of title 38 U.S.C., as added by section 101(a) of P.L. 111-163, enables qualified family caregivers to access counseling services regardless of whether or not the need is related to the eligible Veteran's treatment plan. In addition to receiving mental health services as a VA benefit through this formalized program, caregivers may access many other supportive counseling options such as: various telephone supports offered by local VA staff or through the national Caregiver Support Line; supportive counseling services offered by CSCs; and, community resources.

For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2015, VA obligated \$1,139,672 for mental health services provided by VA and \$20,993 provided by community providers.

Prior to the passage of P.L. 111-163, VA provided counseling and other services under 38 U.S.C., section 1782, to family members of Veterans (and other individuals) if the treatment was in support of the clinical objectives of the eligible Veteran's treatment plan. These services include consultation, professional counseling, marriage and family counseling, training, and mental health services as are necessary in connection with the Veteran's treatment. These services continue to be provided to eligible individuals, including family and general caregivers, in support of furthering the objectives of the Veteran's medical treatment plan.

Respite Care

Respite care is a distinct component of the array of long-term care services available to eligible Veterans who experience functional impairments from chronic conditions. Veterans seeking respite services under 38 U.S.C., section 1720B, must be enrolled in VHA health care. Respite care is ordinarily provided for no more than 30 days per year. Veterans and caregivers in need of more hours of respite care may receive those services or may find their care needs are better met through other VA home and community-based services.

Respite care is available in a variety of settings. For example, respite care can be provided at home, in a VA Community Living Center, through a VA-contracted community

skilled nursing home, or through a VA-operated or VA-contracted community Adult Day Care Program. In-home community respite care providers include, but are not limited to: National Family Caregiver Programs offered by Area Agencies on Aging and Aging and Disability Resource Centers through contracts with VA; state licensed or approved home health agencies through contracts with VA; and adult day care services.

The Program of Comprehensive Assistance for Family Caregivers offers respite care to caregivers in the application process if the family member's participation in required caregiver core curriculum training would interfere with the provision of personal care services to the Veteran or Servicemember. For approved family and general caregivers, 38 U.S.C., section 1720G (a)-(b), as added by section 101(a) of P.L. 111-163, also authorizes respite care benefits for eligible Veterans and caregivers, when clinically indicated, recognizing the special needs of this group of caregivers. The CSC and PACT, assess the eligible Veteran and caregiver for their level of need for respite care services. When a determination of the need for respite care services is made, the Respite Care Coordinator, or the identified designee, secures the services and develops an individualized service plan for respite care identifying the amount of time, type of care, and care setting for respite care services.

For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2015, VA obligated \$1,102,870 for respite care services provided by VA and \$1,951,482 provided by community providers.

Travel, Lodging, and Subsistence under 38 U.S.C., Section 111

Section 104 of P.L. 111-163 authorizes VA to reimburse primary and secondary family caregivers for travel expenses including lodging and subsistence for the time in which the eligible Veteran is traveling to and from a VA facility for the purpose of and the duration of the medical examination, treatment, or care episode. In accordance with the law, VA provides caregiver beneficiary travel in the same manner as that to eligible Veterans under 38 Code of Federal Regulations, Part 70, which may include the actual cost for meals, lodging, or both, up to 50 percent of the per diem rate allowed for Government employees under 5 U.S.C., section 5702, when VA determines an overnight stay is required. VA is also authorized to reimburse travel, lodging, and per diem expenses incurred by the family member for participation in the mandated caregiver training as required as part of the application process for the Program of Comprehensive Assistance for Family Caregivers.

For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2015, VA obligated \$534,853 for travel, lodging, and subsistence.

Health Care Benefits for Eligible Primary Family Caregivers

CHAMPVA is a comprehensive health care benefit program in which VA shares the cost of certain health care services and supplies with eligible beneficiaries. The program is administered by VA's Purchased Care at the Health Administration Center, where

CHAMPVA applications are processed and eligibility determinations are made to authorize benefits and process medical claims. Approved primary family caregivers of eligible Veterans participating in the Program of Comprehensive Assistance for Family Caregivers can enroll in CHAMPVA if they are not eligible for TRICARE and not entitled to care or services under a health plan contract such as Medicare, Medicaid, worker's compensation, or an insurance policy or contract. If eligible, primary family caregivers may receive CHAMPVA benefits in one of two ways:

- Primary family caregivers may receive services through community-based providers who accept assignment. In this case, primary family caregivers pay the CHAMPVA annual deductible and required cost shares for services when using these community-based providers.
- Primary family caregivers may access CHAMPVA services through the CHAMPVA In-House Treatment Initiative (CITI) program, if providers and space are available within the VA health care system and the VAMC is a CITI participating provider. Local VA facilities are not required to participate in the CITI program.

In FY 2015, 5,772 qualified primary family caregivers were provided health care coverage under CHAMPVA and VA obligated \$14,900,000 to support these services.

Ongoing Support and Monitoring

Ongoing support and monitoring are provided to approved family caregivers and eligible Veterans participating in the Program of Comprehensive Assistance for Family Caregivers through home visits, clinic visits, telehealth, and through supportive telephone meetings. These visits ensure that family caregivers have the required training, resources, and support to provide safe and effective care for their Veteran or Servicemember, and if necessary, to generate appropriate referrals for the Veteran or Servicemember and/or family member. An initial home visit occurs prior to approval. Once approved, ongoing monitoring visits are completed quarterly, unless otherwise clinically indicated as determined by the eligible Veteran's treatment team. Monitoring visits generally occur in the Veteran's home at least annually. For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2015, VA obligated \$7,207,474 for ongoing support and monitoring provided by VA and \$530,480 provided by community providers.

VA Support Services and Outreach Activities Provided to General and Family Caregivers Following Passage of P.L. 111-163

Caregiver Support Coordinator (CSC)

Effective April 2011, VA mandated that every medical center have at least 1.0 dedicated full-time equivalent employee (FTEE) CSC appointed to serve caregivers of Veterans. CSCs serve as the clinical experts on family care giving issues and are experienced social workers, nurses, and psychologists. They provide support and programming to

family and general caregivers, link caregivers to community and VA resources, and respond to referrals from the Caregiver Support Line. CSCs provide guidance, support, and coordination for the application process for the Program of Comprehensive Assistance for Family Caregivers, as well as coordinate local activities in support of National Family Caregivers Month each November and throughout the year.

Due to the overwhelming demand of Veteran and Caregiver applicants for the Program of Comprehensive Assistance for Family Caregivers and the associated increase in workload to process applications and coordinate services and supports, additional CSC position requests were received and funding was provided to support additional staffing needs.

In FY 2015, a total of 297 CSC positions were funded for which VA obligated \$31,120,099 to support CSC salaries and benefits.

Caregiver Support Line (CSL)

On February 1, 2011, VA introduced the national CSL as an additional resource for caregivers, Veterans, and community partners associated with caring for Veterans. The mission of the CSL is to provide information, referral, and support to caregivers of Veterans offering callers options, and facilitating interventions including referrals as needed to the appropriate VA resources as well as state and local community services. Since its inception, the CSL has been utilized by spouses, children, other extended family members, and friends of Veterans, as well as Veterans themselves. The CSL is presently staffed by 28 FTEE. Call responders are licensed social workers who are trained to provide a clinical assessment of the situation described by the caller in order to offer appropriate direction, referrals, and support.

CSL responders recognize the unique challenges caregivers experience and are skilled in assessing each individual's needs, offering supportive counseling, guidance, and appropriate direction to help facilitate a connection to needed resources, including direct referrals to CSCs located at the VAMC nearest to the caller. The CSL has established relationships with other VA call centers and Department of Defense (DoD) call centers to establish procedures for transferring calls to the appropriate call center to best meet the caller's needs.

The Caregiver Support Line collaborated with VA's Office of Rural Health to author a paper titled, "The VA Caregiver Support Line: A Gateway of Support for Caregivers of Veterans," which was published in March 2015 in the Journal of Gerontological Social Work. This paper describes the Caregiver Support Line as a single point of entry for accessing VA support and services, and the role of CSL social workers in supporting aging Veterans and caregivers.

During FY 2015, the CSL received 57,118 calls and facilitated 7,859 referrals to local CSCs at VAMCs across the country on behalf of caregivers. VA obligated \$2,211,912 to support the operation of the CSL in FY 2015.

Caregiver WebSite

VA's Caregiver Support website (www.caregiver.va.gov) was launched by VA as a centralized location for caregivers to identify services, supports, and resources that can assist them in their caregiving role. To assist caregivers with navigating the VA system, the website provides easily accessed links to the application for the Program of Comprehensive Assistance for Family Caregivers, the CSL, and a zip code look-up feature that allows caregivers to readily locate contact information for their local CSC.

In addition, the website provides an array of tools and resources that simplify care giving duties, increase caregiver competency, and inform caregivers of what to ask their Veteran's health care providers. Other critical components of the website include an active listserv mailing list to keep caregivers informed of updates to the CSP and local resources/connections for Veterans to connect with other agencies, support groups, and caregivers.

In FY 2015, VA did not have new website development needs and maintenance was minimal and managed without contract support. The website continues to be visited frequently, averaging 1,300 visitors each day. The website also has an active listserv with more than 60,000 current subscribers.

National Family Caregivers Month

In 2010, VA began recognizing November as National Family Caregivers Month to honor all those who provide for the health and well-being of a loved one. Secretary McDonald has recognized that as he travels around the country meeting with Veterans, more often than not, a caregiver is there, too, quietly supporting the Veteran and that "caregivers serve, too." Throughout the month of November, CSC's coordinate a variety of events and activities to encourage caregivers and VA employees to participate in events at VAMCs across the Nation, such as resource fairs, educational offerings and wellness programs.

Peer Support

The VA Caregiver Peer Support Mentoring Program was launched in January 2012 to provide personal support and establish peer relationships by linking caregivers to one another. Caregiver mentors and mentees are linked together through an application process. Peer mentors are official VA volunteers, and as such, must complete required orientation and training through Voluntary Services before they can begin program specific training. VA privacy and information security requirements are covered as part of the required orientation process. Once matched, the caregiver mentor and mentee establish a communication plan, including weekly contact with one another. The Peer Support Mentoring Program Manager, a VA staff member, hosts a monthly conference call that mentors are expected to attend to share ideas, express concerns, and obtain support from other mentors. At the beginning of each call, privacy and confidentiality expectations are explained to participants.

Peer mentors empower mentee caregivers by forming supportive relationships, decreasing the feeling of isolation many caregivers experience, and linking them to resources available within VA and the community. Caregiver mentors and mentees assist one another by sharing common experiences and knowledge of resources such as VA benefits, VA health care, and community resources. As a result, the program helps caregivers build skills and a knowledge base that will assist them in dealing with their care giving role in the future. During FY 2015, 243 caregivers participated in VA's Peer Support Mentoring Program.

Resources for Enhancing All Caregivers Health (REACH)

REACH is an evidence-based skills-building intervention, including individual sessions with an option for telephone support group meetings designed to provide support, education, and training to eligible caregivers of Veterans with Alzheimer's disease or related dementias. Lasting from two to six months, the intensive one-on-one intervention addresses five main care giving risk areas for eligible caregivers of Veterans including: safety; social and emotional support; problem solving; caregiver well-being; and both caregiver and Veteran health. The intervention focuses on problem solving around behavioral topics, stress and coping techniques, as well as step-by-step strategies to assist eligible caregivers in everyday problems they may encounter. REACH caregivers show significant improvements in reported burden, depression, impact of depression on daily lives, social support, health care behaviors, care giving frustrations, and number of problem behaviors reported. Caregivers often spend time providing hands-on care, as well as spending time "on duty," defined as time spent providing supervision of the care recipient, time that cannot be spent doing other household or personal tasks, relaxing, or socializing. Caregivers who have participated in REACH report spending one hour less per day in providing hands on care, and two hours less per day in time "on duty." In FY 2016, training and materials will be available for REACH VA interventions for post-traumatic stress disorder (PTSD), amyotrophic lateral sclerosis (ALS), and multiple sclerosis (MS).

Clinical staff at VA facilities are trained, certified, and provided materials to deliver the REACH intervention by the Memphis VAMC Caregiver Center. In FY 2015, clinical staff at 106 VA sites of care were trained (staff were from 67 existing sites and 39 new sites), resulting in staff at a total of 237 VA sites of care across the country trained in the intervention.

Telephone Support for Caregivers of Veterans

VA has long provided support in person and via telephone, through the use of support groups to eligible family members of Veterans who serve as caregivers. For example, VA offers a wide variety of support groups both locally and nationally to caregivers of Veterans with specific conditions. This telephone-based support clinical intervention is different than caller support that is offered through the CSL and is a specific program offered at local VAMCs. In October 2011, based on successful outcomes demonstrated by a similar DoD program, VA expanded support services by initiating Spouse Telephone Support. In May 2015, this program was expanded to include caregivers of Veterans of

all eras, including dementia caregivers, and spinal cord injury/disorders caregivers. The groups focus on education, skills building, and support. Sessions teach critical skills needed by caregivers, including taking care of yourself, problem solving, positive thinking, asking for help, and stress management, but are targeted to the problems and concerns faced by the caregivers in the group. Each program has a Caregiver Notebook including resources, educational and goal-setting opportunities for caregivers that address the challenges related to the type of caregivers participating and provides information for each group session. VHA staff Group Leaders provide six, one-hour sessions designed to address critical caregiving skills plus additional topics based on group members' needs. The length of the program is also dependent on staff and group members' needs, ranging from three months to ongoing. In FY 2016, training and materials will be available for support groups for caregivers of Veterans with PTSD, ALS, and multiple sclerosis MS.

In FY 2015, clinical staff at 23 VA sites of care were trained by the Memphis VAMC Caregiver Center (staff were from 13 existing sites and 10 new sites), resulting in a staff at a total of 117 VA facilities across the country being trained in the intervention.

To maintain these programs, in FY 2015, VA obligated \$256,692 for the Memphis VAMC Caregiver Center, which provides training for REACH and Telephone Support.

Outcomes, Measureable Benefits, and Effectiveness

The Program of Comprehensive Assistance for Family Caregivers has experienced tremendous growth since its inception in May 2011. The Caregiver Support Program Office has been working diligently to partner with experienced researchers to identify practical measurable benefits and examine the effectiveness of the Program's various components.

The Caregiver Support Program Office has collaborated with VHA's Health Services Research and Development (HSR&D) to conduct a research project related to the deployment of BBC. The objectives of the study were to evaluate national and regional characteristics considered to be essential to a successful BBC roll-out and to identify key steps and barriers. The evaluation included a sample size of 64 caregivers and Veterans and 17 VA Caregiver Support Program staff at the local, VISN, and national level. The evaluation was either conducted via phone, face-to-face, or written interviews with the participants. Overall findings indicated that Building Better Caregivers™ rated positive on feedback regarding meeting the goals to provide an online program to caregivers on self-management, skills-building, and social support. The ease of use of the online interface was noted to be convenient and easy to use. National and local roll out characteristics were identified to continue to fully optimize BBC utilization and referrals at local sites. It is anticipated that the research team will pursue publication.

The Caregiver Support Program Office has partnered with VHA's HSR&D to embark on a Quality Evaluation Research Initiative and collaboratively funded the VA Caregiver Support Program Partnered Evaluation Center (VA-CARES). This is a long-term project that will use a mixed methods approach to provide an evaluation of short-term impacts.

VA-CARES will also closely examine health care utilization using different parameters, including comparing health care utilization of Veterans participating in the Program to health care utilization of a control group. Findings from this analysis are anticipated in late 2016.

Conclusion

Family members and other informal caregivers, such as friends and neighbors, serve as an essential part of VA's health care delivery system, providing assistance to loved ones with complex physical and mental disabilities. In recognition of the significant sacrifices made by caregivers of Veterans, President Obama signed P.L. 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010. VA's successful implementation of the CSP demonstrates VA's dedication to serving caregivers of Veterans, VA's partners in providing the best care possible to our Nation's Veterans.

Prior to and throughout implementation, VA streamlined access to information about caregiver resources, supports, and services within VA. VA implemented a National Caregiver website to provide education and resources to caregivers of all era Veterans, as well as highlight the new services available to eligible Post-9/11 era Veterans and their family caregivers, ensuring that information about caregiver resources were easily accessed by the general public. In addition, VA implemented an electronic application process for the Program of Comprehensive Assistance for Family Caregivers. The CSL has proven to be an invaluable asset to Veterans, caregivers, and the broader community as is demonstrated by its high level of use.

Through programs, supportive services, and outreach activities, VA has created a knowledgeable community of caregivers, as well as provided an opportunity for caregivers of Veterans to learn from one another. Dedicated CSCs at every VAMC have ensured that Veterans, caregivers, and VA staff have access to a clinical subject matter expert to navigate VA and non-VA resources, with the goal of ensuring caregivers receive necessary supports to allow them to successfully care for Veterans at home.

Additional services for qualified family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001, including mental health care, a monthly stipend paid directly to primary family caregivers, and enrollment in CHAMPVA for eligible primary family caregivers demonstrate VA's dedication to supporting our newest group of seriously injured eligible Veterans and their family caregivers. Family caregivers are critical members of the Veteran's care team. Caring for those who provide personal care services and supports to the men and women "who shall have borne the battle" has become an essential part of supporting Veterans and aligns with VA's I-CARE values (Integrity, Commitment, Advocacy, Respect, and Excellence). Caregivers are truly unsung heroes who sacrifice so much in order to care for our Nation's Veterans. VA is pleased to offer caregivers the much needed services and support made available by the Caregivers and Veterans Omnibus Health Services Act of 2010, P.L. 111-163.

Estimate of Cost to Prepare Congressionally-Mandated Report

ATTACHMENT

Short Title of Report: Assistance and Support Services for Caregivers

Report Required By: Section 101 (c) of Public Law 111-163

In accordance with Title 38, Chapter 1, Section 116, the statement of cost for preparing this report and a brief explanation of the methodology used in preparing the cost statement are shown below.

Manpower Cost:	<u>\$4,056</u>
Contract(s) Cost:	<u>\$0</u>
Other Cost:	<u>\$0</u>
<u>Total Estimated Cost to Prepare Report:</u>	<u><u>\$4,056</u></u>

Methodology: Appropriate subject matter experts recorded the time needed to collect data and information during the reporting period, and prepare drafts of this report. The time spent in hours was then multiplied by their respective hourly rates.



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

March 22, 2017

The Honorable Jon Tester
Ranking Member
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Senator Tester:

In accordance with the requirements of Public Law 111-163, sections 101-104, enclosed is the Department of Veterans Affairs (VA) report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has also been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in blue ink, reading "David J. Shulkin, M.D.", is positioned below the word "Sincerely,".

David J. Shulkin, M.D.

Enclosures



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

March 22, 2017

The Honorable Johnny Isakson
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

In accordance with the requirements of Public Law 111-163, sections 101-104, enclosed is the Department of Veterans Affairs (VA) report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has also been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in blue ink that reads "David J. Shulkin, M.D.".

David J. Shulkin, M.D.

Enclosures



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

March 22, 2017

The Honorable Tim Walz
Ranking Member
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Congressman Walz:

In accordance with the requirements of Public Law 111-163, sections 101-104, enclosed is the Department of Veterans Affairs (VA) report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has also been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in blue ink that reads "David J. Shulkin, M.D.".

David J. Shulkin, M.D.

Enclosures



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

March 22, 2017

The Honorable David P. Roe, M.D.
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

In accordance with the requirements of Public Law 111-163, sections 101-104, enclosed is the Department of Veterans Affairs (VA) report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has also been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in blue ink, reading "David J. Shulkin, M.D.", is positioned above the typed name.

David J. Shulkin, M.D.

Enclosures

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report Fiscal Year 2016**

Public Law (P.L.) 111-163

The Caregivers and Veterans Omnibus Health Services Act of 2010, P.L. 111-163, signed into law on May 5, 2010, in the delivery of expanded services for caregivers within the Department of Veterans Affairs (VA). VA established a Program of Comprehensive Assistance for Family Caregivers and a Program of General Caregiver Support Services, collectively referred to as the Caregiver Support Program (CSP), combining existing VA programming and services for caregivers of Veterans of all eras with the additional services and benefits made available under P.L. 111-163.

The Program of Comprehensive Assistance for Family Caregivers provides additional services and benefits for qualified family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001. Such services include: education and training; a monthly stipend paid directly to designated primary family caregivers; mental health services; a respite care benefit; travel, lodging, and subsistence when receiving initial training and during the Veterans' medical appointments; and enrollment in VA's Civilian Health and Medical Program (CHAMPVA) for eligible primary family caregivers who are not entitled to care or services under a health plan contract (as defined in 38 U.S.C., section 1725(f)) and are not otherwise eligible for TRICARE. On May 9, 2011, VA began accepting applications for the Program of Comprehensive Assistance for Family Caregivers. In fiscal year (FY) 2016, 26,989 primary family caregivers were served by this program, including family caregivers from 50 states, the District of Columbia, and San Juan, Puerto Rico.

Program of Comprehensive Assistance for Family Caregivers

Application, Eligibility, and Appeals

A Veteran, or Servicemember undergoing a medical discharge from the Armed Forces, is eligible for a family caregiver under VA's Program of Comprehensive Assistance for Family Caregivers if all seven of the following requirements are met:

- 1) The Veteran, or Servicemember undergoing medical discharge, must have incurred or aggravated a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) in the line of duty in the active military, naval or air service on or after September 11, 2001.
- 2) The injury must render the Veteran or Servicemember in need of personal care services because of one of the following clinical criteria:
 - a) Veteran or Servicemember is unable to perform one or more of the

following activities of daily living (ADL): dressing, bathing, grooming, toileting, feeding, mobility, or frequent need of adjusting of a prosthetic or orthopedic appliance without assistance;

- b) Veteran or Servicemember has need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury, including traumatic brain injury, for any of the following reasons: seizures, difficulty with planning/organizing, safety risks, sleep dysregulation, delusions or hallucinations, difficulty with recent memory, or mood dysregulation;
 - c) Veteran or Servicemember has a psychological trauma or a mental disorder that has been scored by a licensed mental health professional as having a Global Assessment of Functioning test score of 30 or less, continuously during the 90-day period immediately preceding the date on which VA initially received the caregiver application; or
 - d) Veteran has been rated 100 percent disabled for the qualifying service connected serious injury, and has been awarded special monthly compensation that includes aid and attendance allowance.
- 3) The Veteran or Servicemember requires at least 6 continuous months of personal care services, based on a clinical determination.
 - 4) A clinical determination has been made that participation in the program is in the best interest of the Veteran or Servicemember, meaning it is likely to be beneficial to him/her. Such determination will include consideration, by a clinician, of whether participation in the program significantly enhances the Veteran or Servicemember's ability to live safely in a home setting, creates an environment that supports his/her health and well-being, and supports potential progress in rehabilitation, if such potential exists.
 - 5) The Veteran or Servicemember agrees to receive care at home once VA designates a family caregiver (after training is complete).
 - 6) The Veteran or Servicemember agrees to receive ongoing care from a VA-selected primary care team, such as a PACT, after a family caregiver is designated.
 - 7) The personal care service that would be provided by the family caregiver will not simultaneously and regularly be provided by or through another individual, entity, or program.

The Caregiver Support Coordinator (CSC) located in each VA medical center (VAMC) uses the Veteran's service connection rating determination, Physical Evaluation Board finding, Medical Evaluation Board finding, or line of duty injury finding to verify whether the serious injury of the Veteran or Servicemember was incurred or aggravated in the line of

duty. Once confirmed, the Veteran's or Servicemember's PACT or primary care team evaluates the remaining eligibility criteria. This includes evaluation of certain criteria the family member must meet, such as whether or not the Caregiver applicant is at least 18 years of age.

Upon verification of eligibility, the family member(s) completes mandatory caregiver assessment, education and training. Once education and training is complete, the CSC arranges for the facility-identified home care team or clinician to complete an initial home-care assessment of the caregiver. The purpose of the home visit is to ensure that the family member has the required training, resources and support to provide safe and effective care for the Veteran or Servicemember, and if necessary, to generate appropriate referrals for the Veteran or Servicemember and/or family member. The results of the in-home visit are communicated to the CSC; if the facility-identified home care clinician or team concurs that the family member can provide adequate care, the CSC, based upon the assessment of the clinical team, will approve the family caregiver application and designate primary and secondary family caregivers, as appropriate. If the Veteran or Servicemember and family member(s) are deemed eligible, a tier level is established to correspond with the monthly stipend value the Veteran or Servicemember's primary family caregiver will receive.

If a determination is made that a Veteran or Servicemember does not qualify for participation, he or she will receive a formal letter that provides the decision and the process to appeal. If a Veteran or Servicemember and/or caregiver are not satisfied with a VAMC decision, he or she may request an appeal in accordance with the Veterans Health Administration (VHA) clinical appeals process.

Program of General Caregiver Support Services

General caregivers of Veterans are caregivers who provide personal care services to an enrolled Veteran who does not meet the criteria for the Program of Comprehensive Assistance for Family Caregivers, but requires assistance with one or more activities of daily living or requires supervision or protection based on symptoms or residuals of neurological or other impairment or injury. Unlike the Program of Comprehensive Assistance for Family Caregivers, there is no formal application required to receive general caregiver support services. Because there is no formal application process, participants in the Program of General Caregiver Support Services are served by local VAMCs and are not tracked nationally.

VA's CSP offers services which are utilized by both family caregivers under the Program of Comprehensive Assistance for Family Caregivers and general caregivers under the Program of General Caregiver Support Services, including: designated CSCs in every VAMC, a toll-free Caregiver Support Line (CSL), Caregiver Web site, events/activities to celebrate National Family Caregivers Month, Caregiver Peer Support Mentoring, Resources for Enhancing All Caregivers Health (REACH), and Telephone Support for Caregivers. The cost of each specific program is included (where applicable) in the descriptive sections of this report.

Services and Benefits Available through the Program of Comprehensive Assistance for Family Caregivers

P.L. 111-163 established two groups of family caregivers, referred to in regulations governing the Program of Comprehensive Assistance for Family Caregivers as primary family caregivers and secondary family caregivers, and stipulated the unique benefits and services that are to be provided to each group. When applying for the Program of Comprehensive Assistance for Family Caregivers, a Veteran or Servicemember can select one primary family caregiver and up to two secondary family caregivers.

Caregiver Training and Education

Training and education of family caregivers is a critical component of the Program of Comprehensive Assistance for Family Caregivers and is a requirement for primary and secondary family caregivers during the application process. VA contracted with an experienced qualified non-profit organization to develop and implement the family caregivers' core curriculum training. This curriculum includes education and training on 10 core competencies with topics such as caregiver self-care and medication management. The training is available in both English and Spanish. Training can be completed at home with a workbook and DVD, online or in a classroom setting.

In addition to the core curriculum, in FY 2014, VA developed and deployed additional optional training opportunities focused on self-care in collaboration with Easter Seals Disability Services, Inc. The Caregiver Self-Care Courses, which were made available to caregivers of Veterans of all eras participating in the Caregiver Support Program, include: Managing Stress; Effective Communications/Problem Solving; and Taking Care of Yourself and Utilizing Technology. These self-care courses are delivered in face-to-face classroom settings. In early FY 2017, the facilitation of these self-care courses has been transitioned to VA trained clinicians through the VA Caregiver Center at the Memphis VA. From the Caregiver Support Program's inception through early January 2017, approximately 36,000 caregivers have successfully completed the family caregivers' core curriculum training and more than 4,000 caregivers have participated in self-care courses.

In FY 2016, VA obligated approximately \$2.5 million to deliver these education and training courses to approximately 6,000 caregivers.

Additional Training and Supports

In collaboration with the National Council on Aging (NCOA), VA deployed an Online Support Workshop for caregivers of Veterans of all eras called Building Better Caregivers™ (BBC). BBC™ was developed at Stanford University, in conjunction with NCOA, and is a 6-week online workshop for family caregivers of a Veteran with dementia, memory problems, posttraumatic stress disorder (PTSD), a serious brain injury, or any other injury or illness. The workshop groups cohorts of caregivers for each workshop. An online Alumni Community was also established which allows caregivers to stay connected with each other and continue to receive support through the program following the completion of the 6-week course. In FY 2016, more than 2,131 caregivers were referred by VA to participate in BBC™.

Monthly Caregiver Stipend

Individuals designated as an eligible Veteran's primary family caregiver are eligible to receive a monthly stipend from VA as an acknowledgement of the sacrifices they make to care for seriously injured eligible Veterans. The monthly stipend is not intended to replace career earnings or be construed to create an employment relationship between VA and caregivers. Family caregivers report that the stipend is the cornerstone of the Program of Comprehensive Assistance for Family Caregivers. The stipend helps to alleviate financial distress experienced by many primary family caregivers.

During the eligibility evaluation, the clinical treatment team assigns the Veteran or Servicemember a tier level based on his or her level of dependency. The tier level is then converted into hours in order to determine the stipend payment as follows:

- 1) The primary family caregiver of an eligible Veteran assessed at Tier 1 is paid a stipend equivalent to the eligible Veteran requiring 10 hours of caregiver assistance per week, nationally averaging \$569 per month in FY 2016;
- 2) The primary family caregiver of an eligible Veteran assessed at Tier 2 is paid a stipend equivalent to the eligible Veteran requiring 25 hours of caregiver assistance per week, nationally averaging \$1,398 per month in FY 2016; and
- 3) The primary family caregiver of an eligible Veteran assessed at Tier 3 is paid a stipend equivalent to the eligible Veteran requiring 40 hours of caregiver assistance per week, nationally averaging \$2,274 per month in FY 2016.

The monthly value of the stipend is calculated by using the U.S. Bureau of Labor Statistics' hourly wage for a home health aide in the geographic area in which the eligible Veteran resides using the 75th percentile of the wage index, multiplied by the annual consumer price index cost of living adjustment, multiplied by the hours associated with the eligible Veteran's specific tier level as described above, and then multiplied by 4.35, which is equal to the average number of weeks in the month.

VA is responsible for ensuring stipend payment amounts are no less than a commercial home health care entity would pay an individual in the eligible Veteran's geographic area (or an area with similar costs of living) to provide equivalent personal care services. Although each tier is associated with payment for a particular quantity of hours, the hours are not meant to equate with the exact number of hours that the family caregiver provides care to the eligible Veteran.

The stipend payments are exempt from taxation under 38 United States Code (U.S.C.), section 5301(a)(1), but may be considered income for other purposes and may impact the primary family caregiver's eligibility for state, county or other federal benefits. Stipend benefits are retroactive to the date the application was received by VA, or the date on which the eligible Veteran begins receiving care at home, whichever is later.

In FY 2016, VA obligated \$421,839,000 in stipend payments for 26,989 primary family

caregivers who received stipend payments.

Mental Health Services

In a survey of family caregivers of Veterans completed by the National Alliance for Caregiving in 2010, *Caregivers of Veterans - Serving on the Homefront*, caregivers of Veterans report high levels of isolation as well as high levels of emotional and physical stress. Caregivers also report depression, anger, interpersonal conflict, anxiety, substance use, sleep disturbances, and social isolation. In addition, when the caregiver is a spouse or significant other, there may be significant changes in the marital and other family relationships, and couples may face challenges related to intimacy.

Under the Program of Comprehensive Assistance for Family Caregivers, both primary and secondary family caregivers are eligible to receive mental health services. These services may include psychotherapy, support groups, and education, but do not include medication management or psychiatric inpatient hospitalization. Section 1720G(a)(3)(A) of title 38 U.S.C., as added by section 101(a) of P.L. 111-163, enables qualified family caregivers to access counseling services regardless of whether or not the need is related to the eligible Veteran's treatment plan. In addition to receiving mental health services as a VA benefit through this formalized program, caregivers may access many other supportive counseling options such as: various telephone supports offered by local VA staff or through the national CSL; supportive counseling services offered by CSCs; and, community resources.

For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2016, VA obligated \$1,346,584 for mental health services provided by VA and \$5,063 provided by community providers.

Prior to the passage of P.L. 111-163, VA provided counseling and other services under 38 U.S.C., section 1782, to family members of Veterans (and other individuals), if the treatment was in support of the clinical objectives of the eligible Veteran's treatment plan. These services include consultation, professional counseling, marriage and family counseling, training, and mental health services as are necessary in connection with the Veteran's treatment. These services continue to be provided to eligible individuals, including family and general caregivers, in support of furthering the objectives of the Veteran's medical treatment plan.

Respite Care

Respite care is a distinct component of the array of long-term care services available to eligible Veterans who experience functional impairments from chronic conditions. Veterans seeking respite services under 38 U.S.C., section 1720B, must be enrolled in VHA health care. Respite care is ordinarily provided for no more than 30 days per year. Veterans and caregivers in need of more hours of respite care may receive those services or may find their care needs are better met through other VA home and community-based services.

Respite care is available in a variety of settings. For example, respite care can be

provided at home, in a VA Community Living Center, through a VA-contracted community skilled nursing home, or through a VA-operated or VA-contracted community Adult Day Care Program. In-home community respite care providers include, but are not limited to: National Family Caregiver Programs offered by Area Agencies on Aging and Aging and Disability Resource Centers through contracts with VA; state licensed or approved home health agencies through contracts with VA; and adult day care services.

The Program of Comprehensive Assistance for Family Caregivers offers respite care to caregivers in the application process if the family member's participation in required caregiver core curriculum training would interfere with the provision of personal care services to the Veteran or Servicemember. For approved family and general caregivers, 38 U.S.C., section 1720G (a)-(b), as added by section 101(a) of P.L. 111-163, also authorizes respite care benefits for eligible Veterans and caregivers, when clinically indicated, recognizing the special needs of this group of caregivers. The CSC and PACT assess the eligible Veteran and caregiver for their level of need for respite care services. When a determination of the need for respite care services is made, the Respite Care Coordinator, or the identified designee, secures the services and develops an individualized service plan for respite care identifying the amount of time, type of care, and care setting for respite care services.

For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2016, VA obligated \$853,435 for respite care services provided by VA and \$2,282,968 provided by community providers.

Travel, Lodging, and Subsistence under 38 U.S.C., Section 111

Section 104 of P.L. 111-163 authorizes VA to reimburse primary and secondary family caregivers for travel expenses including lodging and subsistence for the time in which the eligible Veteran is traveling to and from a VA facility for the purpose of and the duration of the medical examination, treatment or care episode. In accordance with the law, VA provides caregiver beneficiary travel in the same manner as that to eligible Veterans under 38 Code of Federal Regulations, Part 70, which may include the actual cost for meals, lodging or both, up to 50 percent of the per diem rate allowed for Government employees under 5 U.S.C., section 5702, when VA determines an overnight stay is required. VA is also authorized to reimburse travel, lodging and per diem expenses incurred by the family member for participation in the mandated caregiver training as required as part of the application process for the Program of Comprehensive Assistance for Family Caregivers.

For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2016, VA obligated \$613,031 for travel, lodging and subsistence.

Health Care Benefits for Eligible Primary Family Caregivers

CHAMPVA is a comprehensive health care benefit program in which VA shares the cost of certain health care services and supplies with eligible beneficiaries. The program is

administered by VA's Purchased Care at the Health Administration Center, where CHAMPVA applications are processed and eligibility determinations are made to authorize benefits and process medical claims. Approved primary family caregivers of eligible Veterans participating in the Program of Comprehensive Assistance for Family Caregivers can enroll in CHAMPVA if they are not eligible for TRICARE and not entitled to care or services under a health plan contract such as Medicare, Medicaid, worker's compensation, or an insurance policy or contract. If eligible, primary family caregivers may receive CHAMPVA benefits in one of two ways:

- 1) Primary family caregivers may receive services through community-based providers who accept assignment. In this case, primary family caregivers pay the CHAMPVA annual deductible and required cost shares for services when using these community-based providers.
- 2) Primary family caregivers may access CHAMPVA services through the CHAMPVA In-House Treatment Initiative (CITI) program, if providers and space are available within the VA health care system and the VAMC is a CITI participating provider. Local VA facilities are not required to participate in the CITI program.

In FY 2016, 5,947 qualified primary family caregivers were provided health care coverage under CHAMPVA and VA obligated \$15,524,000 to support these services.

Ongoing Support and Monitoring

Ongoing support and monitoring is provided to approved family caregivers and eligible Veterans participating in the Program of Comprehensive Assistance for Family Caregivers through home visits, clinic visits, telehealth and through supportive telephone meetings. These visits ensure that family caregivers have the required training, resources, and support to provide safe and effective care for their Veteran or Servicemember, and if necessary, to generate appropriate referrals for the Veteran or Servicemember and/or family member. An initial home visit occurs prior to approval. Once approved, ongoing monitoring visits are completed quarterly, unless otherwise clinically indicated as determined by the eligible Veteran's treatment team. For approved family caregivers participating in the Program of Comprehensive Assistance for Family Caregivers, in FY 2016, VA obligated \$9,227,977 for ongoing support and monitoring provided by VA and \$503,991 provided by community providers.

VA Support Services and Outreach Activities Provided to General and Family Caregivers Following Passage of P.L. 111-163

Caregiver Support Coordinators (CSC)

Effective April 2011, VA mandated that every medical center have at least 1 dedicated CSC-appointed full time equivalent employee (FTEE) to serve caregivers of Veterans. CSCs serve as the clinical experts on family care giving issues and are experienced social workers, nurses and psychologists. They provide support and programming to

family and general caregivers, link caregivers to community and VA resources and respond to referrals from the CSL. CSCs provide guidance, support and coordination for the application process for the Program of Comprehensive Assistance for Family Caregivers, as well as coordinate local activities in support of National Family Caregivers Month each November and throughout the year.

Due to the overwhelming demand of Veteran and Caregiver applicants for the Program of Comprehensive Assistance for Family Caregivers and the associated increase in workload to process applications and coordinate services and supports, additional CSC position requests were received and funding was provided to support additional staffing needs.

In FY 2016, a total of 357 CSC positions were funded for which VA obligated an estimated \$31 million to support CSC salaries and benefits.

Caregiver Support Line (CSL)

On February 1, 2011, VA introduced the national CSL as an additional resource for caregivers, Veterans and community partners associated with caring for Veterans. The mission of the CSL is to provide information, referral and support to caregivers of Veterans offering callers options, and facilitating interventions including referrals as needed to the appropriate VA resources as well as state and local community services. Since its inception, the CSL has been utilized by spouses, children, other extended family members and friends of Veterans, as well as Veterans themselves. The CSL is presently staffed by 28 FTEEs. Call responders are licensed social workers who are trained to provide a clinical assessment of the situation described by the caller in order to offer appropriate direction, referrals and support.

CSL responders recognize the unique challenges caregivers experience and are skilled in assessing each individual's needs, offering supportive counseling, guidance and appropriate direction to help facilitate a connection to needed resources, including direct referrals to CSCs located at the VAMC nearest to the caller. The CSL has established relationships with other VA call centers and Department of Defense (DoD) call centers to establish procedures for transferring calls to the appropriate call center to best meet the caller's needs.

During FY 2016, the CSL received 56,798 calls and facilitated 7,966 referrals to local CSCs at VAMCs across the country on behalf of caregivers. VA obligated \$2,296,048 to support the operation of the CSL in FY 2016.

Caregiver Web Site

VA's Caregiver Support Web site (www.caregiver.va.gov) was launched by VA as a centralized location for caregivers to identify services, support and resources that can assist them in their caregiving role. To assist caregivers with navigating the VA system, the website provides easily accessed links to the application for the Program of Comprehensive Assistance for Family Caregivers, the CSL, and a zip code look-up

feature that allows caregivers to readily locate contact information for their local CSC.

In addition, the website provides an array of tools and resources that simplify care giving duties, increase caregiver competency, and inform caregivers of what to ask their Veteran's health care providers. Other critical components of the website include an active listserv mailing list to keep caregivers informed of updates to the CSP and local resources/connections for Veterans to connect with other agencies, support groups and caregivers.

In FY 2016, VA did not have new website development needs and maintenance was minimal and managed without contract support. The website continues to be visited frequently, averaging over 1,000 hits per day. The website also has an active listserv with more than 75,000 subscribers at the end of FY 2016.

National Family Caregivers Month

In 2010, VA began recognizing November as National Family Caregivers Month to honor all those who provide for the health and well-being of a loved one. Former VA Secretary McDonald recognized that as he traveled around the country meeting with Veterans, more often than not, a caregiver was there too, quietly supporting the Veteran and that "caregivers serve too." Throughout the month of November, CSC's coordinate a variety of events and activities to encourage caregivers and VA employees to participate in events at VAMCs across the Nation, such as resource fairs, educational offerings and wellness programs.

Peer Support

The VA Caregiver Peer Support Mentoring Program was launched in January 2012 to provide personal support and establish peer relationships by linking caregivers to one another. Caregiver mentors and mentees are linked together through an application process. Peer mentors are official VA volunteers, and as such, must complete required orientation and training through Voluntary Services before they can begin program specific training. VA privacy and information security requirements are covered as part of the required orientation process. Once matched, the caregiver mentor and mentee establish a communication plan, including weekly contact with one another. The Peer Support Mentoring Program Manager, a VA staff member, hosts a monthly conference call that mentors are expected to attend to share ideas, express concerns, and obtain support from other mentors. At the beginning of each call, privacy and confidentiality expectations are explained to participants.

Peer mentors empower mentee caregivers by forming supportive relationships, decreasing the feeling of isolation many caregivers experience and linking them to resources available within VA and the community. Caregiver mentors and mentees assist one another by sharing common experiences and knowledge of resources such as VA benefits, VA health care and community resources. As a result, the program helps caregivers build skills and a knowledge base that will assist them in dealing with their care giving role in the future. During FY 2016, 305 caregivers participated in VA's Peer

Support Mentoring Program.

Resources for Enhancing All Caregivers Health (REACH)

REACH is an evidence-based skills-building intervention, including individual sessions with an option for telephone support group meetings designed to provide support, education and training to eligible caregivers of Veterans with Alzheimer's disease or related dementias. Lasting from 2 to 6 months, the intensive one-on-one intervention addresses five main care giving risk areas for eligible caregivers of Veterans including: safety; social and emotional support; problem solving; caregiver well-being; and both caregiver and Veteran health. The intervention focuses on problem solving around behavioral topics, stress and coping techniques, as well as step-by-step strategies to assist eligible caregivers in everyday problems they may encounter. REACH caregivers show significant improvements in reported burden, depression, impact of depression on daily lives, social support, health care behaviors, care giving frustrations and a number of problem behaviors reported. Caregivers often spend time providing hands-on care as well as spending time "on duty," defined as time spent providing supervision of the care recipient, time that cannot be spent doing other household or personal tasks, relaxing or socializing. Caregivers who have participated in REACH report spending 1 hour less per day in providing hands on care and 2 hours less per day in time "on duty."

In the 4th quarter of FY 2016, training began for REACH VA interventions PTSD, amyotrophic lateral sclerosis (ALS), and multiple sclerosis (MS).

Clinical staff at VA facilities are trained, certified and provided materials to deliver the REACH intervention by the Memphis VAMC Caregiver Center. In FY 2016, clinical staff at an additional 86 VA sites of care received this training. As a result, a total of 252 VA sites have staff trained in the provision of this intervention.

Telephone Support for Caregivers of Veterans

VA has long provided support in person and via telephone through the use of support groups to eligible family members of Veterans who serve as caregivers. For example, VA offers a wide variety of support groups both locally and nationally to caregivers of Veterans with specific conditions. This telephone-based support clinical intervention is different than caller support that is offered through CSL and is a specific program offered at local VA medical centers. In October 2011, based on successful outcomes demonstrated by a similar DoD program, VA expanded support services by initiating Spouse Telephone Support. In May 2015, this program was expanded to include caregivers of Veterans of all eras, including dementia caregivers and spinal cord injury/disorders caregivers. The groups focus on education, skills building and support. Sessions teach critical skills needed by caregivers, including taking care of yourself, problem solving, positive thinking, asking for help and stress management, but are targeted to the problems and concerns faced by the caregivers in the group. Each program has a Caregiver Notebook including resources, educational and goal-setting opportunities for caregivers that address the challenges related to the type of caregivers participating and provides information for each group session. VHA staff Group Leaders provide six, 1 hour sessions designed to address critical caregiving skills plus additional

topics based on group members' needs. The length of the program is also dependent on staff and group members' needs, ranging from 3-months to ongoing. In the 4th quarter of FY 2016, training began for support groups for caregivers of Veterans with PTSD, ALS and MS.

In FY 2016, clinical staff at an additional 42 VA sites were trained by the Memphis VAMC Caregiver Center to provide Spouse Telephone Support. As a result, a total of 167 VA facilities across the country have staff trained in the provision of this intervention. To maintain these programs, in FY 2016, VA obligated \$437,300 for the Memphis VAMC Caregiver Center, which provides training for REACH and Telephone Support.

Outcomes, Measureable Benefits and Effectiveness

The Program of Comprehensive Assistance for Family Caregivers has experienced tremendous growth since its inception in May 2011. The Caregiver Support Program Office has been working diligently to partner with experienced researchers to identify practical measurable benefits and examine the effectiveness of the Program's various components.

The Caregiver Support Program Office has partnered with VHA's Health Services Research and Development to embark on a Quality Evaluation Research Initiative and collaboratively funded the VA Caregiver Support Program Partnered Evaluation Center (VA-CARES). The goal of this 3-year project was to evaluate the short-term impacts of the Program of Comprehensive Assistance for Family Caregivers (PCAFC) and the Program of General Caregiver Support Services by assessing the impact of PCAFC on the health and well-being of Veterans through examining health care encounters expected to be sensitive to caregiver support (potentially avoidable utilization); assessing the impact of PCAFC on the health and well-being of primary family caregivers; understanding how caregivers use and value components of both PCAFC and the Program of General Caregiver Support Services; and gain a preliminary understanding of the relationship between the cost of Caregiver Support Programs and their value to caregivers.

Among key findings identified for PCAFC outcomes include an association with increased use of VA outpatient care by Veterans in the treatment group: VA primary care, VA specialty care and VA mental health care. No differences were found between Veterans in the treatment and control groups in their utilization of acute care services (in-patient stays or visits for emergency care).

Promising trends in improved well-being were found in PCAFC caregivers in a small, non-representative survey sample. Results from a survey and interviews indicate that the stipend and multiple other Caregiver Support Program components, such as training and Caregiver Support Coordinators, were highly valued by caregivers in PCAFC. Results from a mixed methods analysis using interview and survey data from caregivers in the Program of General Caregiver Support Services indicate that they valued training, support groups and Caregiver Support Coordinators. They also rated respite care higher than any other service and reported that respite care facilitated time for attention to their

own needs and other responsibilities. Caregivers in the Program of General Caregiver Support Services valued training, support groups and Caregiver Support Coordinators.

The Caregiver Support Program and VA-CARES will continue its collaborative partnership through a project extension that will allow for more health care utilization analysis with the increased passage of time and will also include a formative evaluation of the PCAFC application process to identify areas and approaches for improving consistency across VA. In addition, the VA-Cares team will examine potential changes in the level of stress of caregivers participating in PCAFC.

Conclusion

Family members and other informal caregivers, such as friends and neighbors, serve as an essential part of VA's health care delivery system, providing assistance to loved ones with complex physical and mental disabilities. In recognition of the significant sacrifices made by caregivers of Veterans, President Obama signed P.L. 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010. VA's successful implementation of the CSP demonstrates VA's dedication to serving caregivers of Veterans, VA's partners in providing the best care possible to our Nation's Veterans.

Prior to and throughout implementation, VA streamlined access to information about caregiver resources, supports and services within VA. VA implemented a National Caregiver website to provide education and resources to caregivers of all era Veterans, as well as highlight the new services available to eligible Post-9/11 era Veterans and their family caregivers, ensuring that information about caregiver resources were easily accessed by the general public. In addition, VA implemented an electronic application process for the Program of Comprehensive Assistance for Family Caregivers. The CSL has proven to be an invaluable asset to Veterans, caregivers and the broader community as is demonstrated by its high level of use.

Through programs, supportive services and outreach activities, VA has created a knowledgeable community of caregivers, as well as provided an opportunity for caregivers of Veterans to learn from one another. Dedicated CSCs at every VAMC have ensured that Veterans, caregivers and VA staff have access to a clinical subject matter expert to navigate VA and non-VA resources with the goal of ensuring caregivers receive necessary supports to allow them to successfully care for Veterans at home.

Qualified family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001, including mental health care, are eligible for additional services such as a monthly stipend paid directly to primary family caregivers and enrollment in CHAMPVA for eligible primary family caregivers. This demonstrates VA's dedication to supporting our newest group of seriously injured eligible Veterans and their family caregivers. Family caregivers are critical members of the Veteran's care team. Caring for those who provide personal care services and supports to the men and women "who have borne the battle" has become an essential part of supporting Veterans and aligns with VA's I-CARE values (Integrity, Commitment, Advocacy, Respect, and Excellence). Caregivers are truly unsung heroes who sacrifice

so much in order to care for our Nation's Veterans. VA is pleased to offer caregivers the much needed services and support made available by the Caregivers and Veterans Omnibus Health Services Act of 2010, P.L. 111-163.

Estimate of Cost to Prepare Congressionally-Mandated Report

ATTACHMENT

Short Title of Report: Assistance and Support Services for Caregivers

Report Required By: Section 101 (c) of Public Law 111-163

In accordance with Title 38, Chapter 1, Section 116, the statement of cost for preparing this report and a brief explanation of the methodology used in preparing the cost statement are shown below.

Manpower Cost:	<u>\$3,801</u>
Contract(s) Cost:	<u>\$0</u>
Other Cost:	<u>\$0</u>
<u>Total Estimated Cost to Prepare Report:</u>	<u><u>\$3,801</u></u>

Methodology: Appropriate subject matter experts recorded the time needed to collect data and information during the reporting period, and prepare drafts of this report. The time spent in hours was then multiplied by their respective hourly rates.



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

May 24, 2018

The Honorable David P. Roe, M.D.
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

In accordance with the requirements of Public Law 111-163, section 101(c), enclosed is the Department of Veterans Affairs (VA) report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has also been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

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

Robert L. Wilkie
Acting

Enclosures



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

May 24, 2018

The Honorable Tim Walz
Ranking Member
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Congressman Walz:

In accordance with the requirements of Public Law 111-163, section 101(c), enclosed is the Department of Veterans Affairs (VA) report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has also been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in dark ink, reading "Robert L. Wilkie".

Robert L. Wilkie
Acting

Enclosures



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

May 24, 2018

The Honorable Johnny Isakson
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

In accordance with the requirements of Public Law 111-163, section 101(c), enclosed is the Department of Veterans Affairs (VA) report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has also been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in black ink that reads "Robert L. Wilkie".

Robert L. Wilkie
Acting

Enclosures



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

May 24, 2018

The Honorable Jon Tester
Ranking Member
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Senator Tester:

In accordance with the requirements of Public Law 111-163, section 101(c), enclosed is the Department of Veterans Affairs (VA) report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has also been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in cursive script that reads "Robert L. Wilkie".

Robert L. Wilkie
Acting

Enclosures

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report Fiscal Year 2017**

Public Law (P.L.) 111-163

The Caregivers and Veterans Omnibus Health Services Act of 2010, P.L. 111-163, signed into law on May 5, 2010, has marked a new era in the delivery of expanded services for caregivers within the Department of Veterans Affairs (VA). VA established a Program of Comprehensive Assistance for Family Caregivers (PCAFC) and a Program of General Caregiver Support Services (PGCSS), collectively referred to as the Caregiver Support Program (CSP), combining existing VA programming and services for caregivers of Veterans of all eras with the additional services and benefits made available under P.L. 111-163.

P.L. 111-163 expanded services in place prior to the legislation, such as respite care and counseling. For qualified family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001, additional services and benefits as part of PCAFC include: education and training; a monthly stipend paid directly to designated primary family caregivers; mental health services; a respite care benefit; travel, lodging, and subsistence when receiving initial training and during the Veterans' medical appointments; and enrollment in VA's Civilian Health and Medical Program (CHAMPVA) for eligible primary family caregivers who are not entitled to care or services under a health plan contract and are not eligible for TRICARE. On May 9, 2011, VA began accepting PCAFC applications. In fiscal year (FY) 2017, an estimated 26,000 primary family caregivers participated in this program, including family caregivers from 50 states, the District of Columbia, and San Juan, Puerto Rico.

This report serves to provide an annual update on the status of programs and services provided in support of the applicable provisions of P.L. 111-163 but it is not meant to serve as an itemized accounting of all budget obligations for CSP in a given FY.

Program of Comprehensive Assistance for Family Caregivers (PCAFC)

Application, Eligibility, and Appeals

Eligibility for PCAFC is contingent upon the Veteran's or Servicemember's ability to meet all seven of the following primary criteria:

- 1) The Veteran or Servicemember undergoing medical discharge must have incurred or aggravated a serious injury (including traumatic brain injury, psychological trauma, or other mental disorders) in the line of duty on or after September 11, 2001.

2) The injury must render the Veteran or Servicemember in need of personal care services because of one of the following:

- Veteran or Servicemember is unable to perform one or more of the following activities of daily living: dressing, bathing, grooming, toileting, feeding, mobility, or frequent need of adjusting of a prosthetic or orthopedic appliance without assistance;
- Veteran or Servicemember has need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury, requiring supervision or assistance for any of the following reasons: seizures, difficulty with planning/organizing, safety risks, sleep dysregulation, delusions or hallucinations, difficulty with recent memory, or mood dysregulation;
- Veteran or Servicemember has a psychological trauma or a mental disorder that has been scored by a licensed mental health professional as having a Global Assessment of Functioning score of 30 or less continuously during the 90-day period immediately preceding the date on which VA initially received the caregiver application; or
- Veteran has been rated 100 percent service connected disabled for the qualifying serious injury, and has been awarded special monthly compensation that includes aid and attendance allowance.

3) The Veteran or Servicemember requires at least 6 continuous months of caregiver support.

4) Participation in the program is in the best interest of the Veteran or Servicemember, including consideration of whether participation in the program significantly enhances his/her ability to live safely in a home setting, creates an environment that supports his/her health and well-being, and supports potential progress in rehabilitation if such potential exists.

5) The Veteran or Servicemember agrees to receive care at home once VA designates a family caregiver (once training is complete).

6) The Veteran or Servicemember agrees to receive ongoing care from a VA-selected primary care team, such as a Patient Aligned Care Team (PACT).

7) The personal care service provided by the family caregiver cannot simultaneously and regularly be provided by another individual or entity.

The Caregiver Support Coordinator (CSC) located in each VA medical center (VAMC) uses the Veteran's service connection rating determination, Physical Evaluation Board finding, Medical Evaluation Board finding, or line of duty injury finding to verify whether

the serious injury of the Veteran or Servicemember was incurred or aggravated in the line of duty. Once confirmed, the Veteran's or Servicemember's PACT or primary care team evaluates the remaining eligibility criteria. This includes evaluation of certain criteria the family member must meet such as whether or not the caregiver applicant is at least 18 years of age, and, if the Veteran or Servicemember and family member(s) are eligible, establishment of the Veteran's or Servicemember's tier level, which corresponds with the monthly stipend value his/her primary family caregiver will receive.

Upon verification of eligibility, the family member(s) completes mandatory caregiver training. Once training is complete, the CSC arranges for the facility-identified home care team or clinician to complete an initial in-home assessment. The purpose of a home visit is to ensure that the family member has the required training, resources and support to provide safe and effective care for the Veteran or Servicemember, and if necessary, to generate appropriate referrals for the Veteran or Servicemember and/or family member. The results of the in-home visit are communicated to the CSC; if the facility-identified home care clinician or team concurs that the family member can provide adequate care, the CSC, based upon the assessment of the clinical team, will approve the family caregiver application and designate primary and secondary family caregivers, as appropriate.

If a determination is made that a Veteran or Servicemember does not qualify for participation, she or he will receive a formal letter that provides the decision and the process to appeal. If a Veteran or Servicemember and/or caregiver are not satisfied with a VAMC decision, he or she may request an appeal in accordance with the Veterans Health Administration (VHA) clinical appeals process.

Program of General Caregiver Support Services (PGCSS)

General caregivers of Veterans are caregivers who provide personal care services to an enrolled Veteran who does not meet the criteria for PCAFC, but requires assistance with one or more activities of daily living or requires supervision or protection based on symptoms or residuals of neurological or other impairment or injury. Unlike PCAFC, there is no formal application required to receive general caregiver support services. Because there is no formal application process, participants in PGCSS are served by local VAMCs and are not tracked nationally.

VA's CSP offers services which are utilized by family caregivers of all era Veterans including: support from designated CSCs in every VAMC, a toll-free Caregiver Support Line (CSL), the Caregiver Web site, events/activities to celebrate National Family Caregivers Month, the caregiver Peer Support Mentoring Program, Building Better Caregivers™ (BBC), Resources for Enhancing All Caregivers Health (REACH), and Telephone Support for Caregivers. These services are discussed in detail in subsequent sections of this report.

Services and Benefits Available through the Program of Comprehensive Assistance for Family Caregivers

P.L. 111-163 established two groups of family caregivers, referred to in regulations governing the PCAFC as primary family caregivers and secondary family caregivers, and stipulated the unique benefits and services that are to be provided to each group. When applying for the PCAFC, a Veteran or Servicemember can select one primary family caregiver and up to two secondary family caregivers.

Caregiver Core Curriculum Training and Education

Training and education of family caregivers is a critical component of the PCAFC and Caregiver Core Curriculum training is a requirement for primary and secondary family caregivers during the application process. This curriculum includes education and training on 10 core competencies with topics such as caregiver self-care and medication management. The training is available in both English and Spanish. Training can be completed at home with a workbook and DVD, online or in a classroom setting.

In FY 2017, the scope of work to implement and deliver caregiver education and training was reworked – certain caregiver education functions that were previously furnished through contract were brought in-house in order to leverage VA's expertise in developing and delivering Caregiver education. Two contracts for the Core Curriculum and certain other caregiver education were competitively awarded to a Service-Disabled Veteran Owned Small Business in 2017. In July 2017, the Core Curriculum contract was awarded for \$1.4 million, and contains a 12-month base period of performance with four 1-year options. In December 2017, a contract for self-care instruction was awarded for approximately \$78,706 and contains period of performance from December 2017 to December 2018.

In FY 2017, VA obligated approximately \$1,486,411 in support of the Core Curriculum.

Monthly Caregiver Stipend

Individuals designated as an eligible Veteran's primary family caregiver are eligible to receive a monthly stipend from VA as an acknowledgement of the sacrifices they make to care for seriously injured eligible Veterans. The monthly stipend is not intended to replace career earnings or be construed to create an employment relationship between VA and caregivers. Family caregivers report that the stipend is the cornerstone of PCAFC. The stipend helps to alleviate financial distress experienced by many primary family caregivers.

During the eligibility evaluation, the clinical treatment team assigns the Veteran or Servicemember a tier level based on his or her level of dependency. The tier level is then converted into hours in order to determine the stipend payment as follows: the primary family caregiver of an eligible Veteran assessed at Tier 1 is paid a stipend equivalent to the eligible Veteran requiring 10 hours of caregiver assistance per week, nationally averaging \$592 per month in FY 2017; the primary family caregiver of an eligible Veteran assessed at Tier 2 is paid a stipend equivalent to the eligible Veteran requiring 25 hours

of caregiver assistance per week, nationally averaging \$1,473 per month in FY 2017; and the primary family caregiver of an eligible Veteran assessed at Tier 3 is paid a stipend equivalent to the eligible Veteran requiring 40 hours of caregiver assistance per week, nationally averaging \$2,400 per month in FY 2017. The national average stipend payment per month per caregiver in FY 2017 was approximately \$1,400.

The monthly value of the stipend is calculated by using the U.S. Bureau of Labor Statistics' hourly wage for a home health aide in the geographic area in which the eligible Veteran resides using the 75th percentile of the wage index, multiplied by the annual consumer price index cost of living adjustment, multiplied by the hours associated with the eligible Veteran's specific tier level as described above, and then multiplied by 4.35, which is equal to the average number of weeks in the month.

VA is responsible for ensuring stipend payment amounts are no less than a commercial home health care entity would pay an individual in the eligible Veteran's geographic area (or an area with similar costs of living) to provide equivalent personal care services. Although each tier is associated with payment for a particular quantity of hours, the hours are not meant to equate with the exact number of hours that the family caregiver provides care to the eligible Veteran.

The stipend payments are exempt from taxation under 38 United States Code (U.S.C.), section 5301(a)(1), but may be considered income for other purposes and may impact the primary family caregiver's eligibility for state, county or other Federal benefits. Stipend benefits are retroactive to the date the application was received by VA or the date on which the eligible Veteran begins receiving care at home, whichever is later.

In FY 2017, VA obligated \$ \$404,750,000 in stipend payments for an estimated 26,000 primary family caregivers who received stipend payments.

Mental Health Services

In a survey of family caregivers of Veterans completed by the National Alliance for Caregiving in 2010, *Caregivers of Veterans - Serving on the Homefront*, caregivers of Veterans report high levels of isolation as well as high levels of emotional and physical stress. Caregivers also report depression, anger, interpersonal conflict, anxiety, substance use, sleep disturbances, and social isolation. In addition, when the caregiver is a spouse or significant other, there may be significant changes in the marital and other family relationships, and couples may face challenges related to intimacy.

Under PCAFC, both primary and secondary family caregivers are eligible to receive mental health services. These services may include psychotherapy, support groups, and education, but do not include medication management or psychiatric inpatient hospitalization. Section 1720G(a)(3)(A) of title 38 U.S.C., as added by section 101(a) of P.L. 111-163, enables qualified family caregivers to access counseling services regardless of whether or not the need is related to the eligible Veteran's treatment plan. In addition to receiving mental health services as a VA benefit through this formalized program, caregivers may access many other supportive counseling options such as:

various telephone supports offered by local VA staff or through the national CSL; supportive counseling services offered by CSCs; and community resources.

For approved family caregivers participating in PCAFC during FY 2017, VA obligated \$1,503,500 for mental health services provided by VA and \$600 provided by community providers.

Prior to the passage of P.L. 111-163, VA provided counseling and other services under 38 U.S.C., section 1782, to family members of Veterans (and other individuals) if the treatment was in support of the clinical objectives of the eligible Veteran's treatment plan. These services include consultation, professional counseling, marriage and family counseling, training, and mental health services as are necessary in connection with the Veteran's treatment. These services continue to be provided to eligible individuals, including family and general caregivers, in support of furthering the objectives of the Veteran's medical treatment plan.

Respite Care

Respite care is a distinct component of the array of long-term care services available to eligible Veterans who experience functional impairments from chronic conditions. Veterans seeking respite services under 38 U.S.C., section 1720B, must be enrolled in VHA health care. Respite care is ordinarily provided for no more than 30 days per year. Veterans and caregivers in need of more hours of respite care may receive those services or may find their care needs are better met through other VA home and community-based services.

Respite care is available in a variety of settings. For example, respite care can be provided at home, in a VA Community Living Center, through a VA-contracted community skilled nursing home, or through a VA-operated or VA-contracted community Adult Day Care Program. In-home community respite care providers include, but are not limited to: National Family Caregiver Programs offered by Area Agencies on Aging and Aging and Disability Resource Centers through contracts with VA; state licensed or approved home health agencies through contracts with VA; and adult day care services.

PCAFC offers respite care to caregivers in the application process if the family member's participation in required caregiver core curriculum training would interfere with the provision of personal care services to the Veteran or Servicemember. For approved family and general caregivers, 38 U.S.C., section 1720G(a)-(b), as added by section 101(a) of P.L. 111-163, also authorizes respite care benefits for eligible Veterans and caregivers, when clinically indicated, recognizing the special needs of this group of caregivers. The CSC and PACT, assess the eligible Veteran and caregiver for their level of need for respite care services. When a determination of the need for respite care services is made, the Respite Care Coordinator, or the identified designee, secures the services and develops an individualized service plan for respite care identifying the amount of time, type of care and care setting for respite care services.

For approved family caregivers participating in PCAFC during FY 2017, VA obligated

\$885,700 for respite care services provided by VA and \$913,600 for respite care services provided by community providers.

Travel, Lodging, and Subsistence under 38 U.S.C., Section 111

Section 104 of P.L. 111-163 authorizes VA to reimburse primary and secondary family caregivers for travel expenses including lodging and subsistence for the time in which the eligible Veteran is traveling to and from a VA facility for the purpose of and the duration of the medical examination, treatment or care episode. In accordance with the law, VA provides caregiver beneficiary travel in the same manner as that to eligible Veterans under 38 Code of Federal Regulations, Part 70, which may include the actual cost for meals, lodging, or both, up to 50 percent of the per diem rate allowed for Government employees under 5 U.S.C., section 5702, when VA determines an overnight stay is required. VA is also authorized to reimburse travel, lodging and per diem expenses incurred by the family member for participation in the mandated caregiver training as required as part of the application process for PCAFC.

For approved family caregivers participating in PCAFC during FY 2017, VA obligated \$624,200 for travel, lodging and subsistence.

Health Care Benefits for Eligible Primary Family Caregivers

CHAMPVA is a comprehensive health care benefit program in which VA shares the cost of certain health care services and supplies with eligible beneficiaries. The program is administered by VA's Purchased Care at the Health Administration Center, where CHAMPVA applications are processed and eligibility determinations are made to authorize benefits and process medical claims. Approved primary family caregivers of eligible Veterans participating in PCAFC can enroll in CHAMPVA if they are not eligible for TRICARE and not entitled to care or services under a health plan contract such as Medicare, Medicaid, worker's compensation, or an insurance policy or contract. If eligible, primary family caregivers may receive CHAMPVA benefits in one of two ways:

- Primary family caregivers may receive services through community-based providers who accept assignment. In this case, primary family caregivers pay the CHAMPVA annual deductible and required cost shares for services when using these community-based providers.
- Primary family caregivers may access CHAMPVA services through the CHAMPVA In-House Treatment Initiative (CITI) program, if providers and space are available within the VA health care system and the VAMC is a CITI participating provider. Local VA facilities are not required to participate in the CITI program.

In FY 2017, 6,543 primary family caregivers participated in CHAMPVA and VA obligated \$12,000,000 to support these services.

Ongoing Support and Monitoring

Ongoing support and monitoring is provided to approved family caregivers and eligible Veterans participating in PCAFC through home visits, clinic visits, telehealth, and through supportive telephone meetings. These visits ensure that family caregivers have the required training, resources, and support to provide safe and effective care for their Veteran or Servicemember, and if necessary, to generate appropriate referrals for the Veteran or Servicemember and/or family member. An initial home visit occurs prior to approval. Once approved, ongoing monitoring visits are completed quarterly, unless otherwise clinically indicated as determined by the eligible Veteran's treatment team. Monitoring visits generally occur in the Veteran's home at least annually.

In FY 2017, VA obligated \$9,952,000 for initial support as well as on-going monitoring provided by VA and \$257,000 provided by community providers.

VA Support Services and Outreach Activities Provided to General and Family Caregivers Following Passage of P.L. 111-163

Caregiver Support Coordinators (CSC) and Additional Program Staff

Effective April 2011, VA mandated that every medical center have at least 1.0 dedicated full time equivalent employee (FTEE) CSC appointed to serve caregivers of Veterans. CSCs serve as the clinical experts on family care giving issues and are experienced social workers, nurses and psychologists. They provide support and programming to family and general caregivers, link caregivers to community and VA resources, and respond to referrals from CSL. CSCs provide guidance, support and coordination for the application process for PCAFC, as well as coordinate local activities in support of National Family Caregivers Month each November and throughout the year.

Due to the overwhelming demand of Veteran and Caregiver applicants for PCAFC and the associated increase in workload to process applications and coordinate services and supports, additional CSC position requests were received and approved during FY 2017. Furthermore, in an effort to reduce the clinician's administrative burden, the Caregiver Support Program Office has also received and approved several administrative positions at a variety of medical centers with a justified need as well as non-CSC clinical positions in support of field based needs.

In FY 2017, a total of 437 field positions were funded by the Caregiver Support Program Office for which VA obligated an estimated \$37 million to support field based staff salaries and benefits.

Caregiver Support Line (CSL)

On February 1, 2011, VA introduced the national CSL as an additional resource for caregivers, Veterans, and community partners associated with caring for Veterans. The mission of CSL is to provide information, referral and support to caregivers of Veterans offering callers options, and facilitating interventions including referrals as needed to the

appropriate VA resources as well as state and local community services. Since its inception, CSL has been utilized by spouses, children, other extended family members, and friends of Veterans, as well as Veterans themselves. CSL is presently staffed by 28 FTEE. Call responders are licensed social workers who are trained to provide a clinical assessment of the situation described by the caller in order to offer appropriate direction, referrals and support.

CSL responders recognize the unique challenges caregivers experience and are skilled in assessing each individual's needs, offering supportive counseling, guidance, and appropriate direction to help facilitate a connection to needed resources, including direct referrals to CSCs located at the VAMC nearest to the caller. FCSL has established relationships with other VA call centers and Department of Defense (DoD) call centers to establish procedures for transferring calls to the appropriate call center to best meet the caller's needs.

During FY 2017, CSL received 57,803 calls and facilitated 5,160 referrals to local CSCs at VAMCs across the country on behalf of caregivers. VA obligated \$2,203,000 to support the operation of CSL in FY 2017.

Caregiver Web Site

VA's Caregiver Support website (www.caregiver.va.gov) was launched by VA as a centralized location for caregivers to identify services, supports and resources that can assist them in their caregiving role. To assist caregivers with navigating the VA system, the website provides easily accessed links to the application for PCAFC, CSL, and a zip code look-up feature that allows caregivers to readily locate contact information for their local CSC.

In addition, the website provides an array of tools and resources that simplify care giving duties, increase caregiver competency and inform caregivers of what to ask their Veteran's health care providers. Other critical components of the website include an active listserv mailing list to keep caregivers informed of updates to CSP and local resources/connections for Veterans to connect with other agencies, support groups and caregivers.

In FY 2017, website development needs and maintenance was managed without contract support. The website continues to be visited frequently, averaging over 1,000 hits per day. In addition to the website, there is also an active listserv which had more than 99,000 subscribers at the end of FY 2017.

Peer Support

The VA Caregiver Peer Support Mentoring Program was launched in January 2012 to provide personal support and establish peer relationships by linking caregivers to one another. Caregiver mentors and mentees are linked together through an application process. Peer mentors are official VA volunteers, and as such, must complete required orientation and training through Voluntary Services before they can begin program

specific training. VA privacy and information security requirements are covered as part of the required orientation process. Once matched, the caregiver mentor and mentee establish a communication plan, including weekly contact with one another. The Peer Support Mentoring Program Manager, a VA staff member, hosts a monthly conference call that mentors are expected to attend to share ideas, express concerns and obtain support from other mentors. At the beginning of each call, privacy and confidentiality expectations are explained to participants.

Peer mentors empower mentee caregivers by forming supportive relationships, decreasing the feeling of isolation many caregivers experience, and linking them to resources available within VA and the community. Caregiver mentors and mentees assist one another by sharing common experiences and knowledge of resources such as VA benefits, VA health care and community resources. As a result, the program helps caregivers build skills and a knowledge base that will assist them in dealing with their care giving role in the future. During FY 2017, 485 caregivers participated in VA's Peer Support Mentoring Program.

Building Better Caregivers™ (BBC™)

In collaboration with the National Council on Aging (NCOA), VA deployed an Online Support Workshop for caregivers of Veterans of all eras called Building Better Caregivers™ (BBC). BBC™ was developed at Stanford University, in conjunction with NCOA, and is a 6-week online workshop for family Caregivers caring for a Veteran with dementia, memory problems, posttraumatic stress disorder, a serious brain injury, or any other injury or illness. The workshop groups cohorts of caregivers for each workshop. An online Alumni Community was also established which allows caregivers to stay connected with each other and continue to receive support through the program following the completion of the 6-week course. In FY 2017, more than 1,800 caregivers were referred by VA to participate in BBC™.

Resources for Enhancing All Caregivers Health (REACH)

REACH is an evidence-based skills-building intervention, including individual sessions with an option for telephone support group meetings designed to provide support, education, and training to eligible caregivers of Veterans of all eras to assist caregivers with Veterans affected by Alzheimer's disease or related dementias, spinal cord injury disorders, multiple sclerosis, amyotrophic lateral sclerosis and posttraumatic stress disorder. Lasting from 2 to 3 months, and delivered by telephone, telehealth or face to face, the intensive one-on-one intervention addresses five main care giving risk areas for eligible caregivers of Veterans including: safety; social and emotional support; problem solving; caregiver well-being; and both caregiver and Veteran health. The intervention focuses on problem solving around behavioral topics, stress and coping techniques, as well as step-by-step strategies to assist eligible caregivers in everyday problems they may encounter. REACH caregivers show significant improvements in reported burden, depression, impact of depression on daily lives, social support, health care behaviors, care giving frustrations, and number of problem behaviors reported. Caregivers often spend time providing hands-on care as well as spending time "on duty," defined as time

spent providing supervision of the care recipient, time that cannot be spent doing other household or personal tasks, relaxing, or socializing. Caregivers who have participated in REACH report spending 1 hour less per day in providing hands on care and 2 hours less per day in time "on duty."

The Caregiver Support Program Office has also partnered with the Office of Rural Health to assist in addressing the unique needs of rural caregivers and the Memphis VAMC Caregiver Center has a role in this concerted collaboration effort and has implemented REACH that is targeted to caregivers in rural areas.

Clinical staff at VA facilities are trained, certified and provided materials to deliver the REACH intervention by the Memphis VAMC Caregiver Center. In FY 2017, 159 clinical staff at 88 VA sites of care received this training.

Telephone Support for Caregivers of Veterans

VA has long provided support in person and via telephone through the use of support groups to eligible family members of Veterans who serve as caregivers. For example, VA offers a wide variety of support groups both locally and nationally to caregivers of Veterans with specific conditions. This telephone-based support group clinical intervention is different than caller support that is offered through CSL and is a specific program offered at local VA medical centers. In October 2011, based on successful outcomes demonstrated by a similar DoD program, VA expanded support services by initiating Spouse Telephone Support. In May 2015, this program was expanded to include caregivers of Veterans of all eras, including dementia caregivers, and spinal cord injury/disorders caregivers. The groups focus on education, skills building, and support. Sessions teach critical skills needed by caregivers, including taking care of yourself, problem solving, positive thinking, asking for help, and stress management, but are targeted to the problems and concerns faced by the caregivers in the group. Each program has a Caregiver Notebook including resources, educational and goal-setting opportunities for caregivers that address the challenges related to the type of caregivers participating and provides information for each group session. VHA staff Group Leaders provide six, 1-hour sessions designed to address critical caregiving skills plus additional topics based on group members' needs. The length of the program is also dependent on staff and group members' needs, ranging from 3 months to ongoing. Telephone support groups are available for caregivers of Veterans of all eras to assist caregivers with Veterans affected by Alzheimer's disease or related dementias, spinal cord injury disorders, multiple sclerosis, amyotrophic lateral sclerosis and posttraumatic stress disorder.

In FY 2017, clinical staff at 31 VA sites were trained by the Memphis VAMC Caregiver Center to provide Spouse Telephone Support.

Caregiver Self-Care Courses

VA has developed and deployed training opportunities focused on self-care. The Caregiver Self-Care Courses, which are comprised of four distinct educational topics

made available to caregivers of Veterans of all eras participating in the Caregiver Support Program, include: Managing Stress; Effective Communications/Problem Solving; and, Taking Care of Yourself and Utilizing Technology. These self-care courses are delivered in face-to-face classroom settings. These courses which were initially developed and administered in 2014 with contract support are now being delivered by the Memphis VA Caregiver Center. In FY 2017, 830 caregivers participated in these various courses.

In FY 2017, VA obligated \$356,800 to the Memphis VAMC Caregiver Center, which provides training and administration for REACH, Telephone Support and Caregiver Self-Care Courses.

Outcomes, Measureable Benefits, and Effectiveness

The Caregiver Support Program Office has worked diligently to partner with experienced researchers to identify practical measurable benefits and examine the effectiveness of the Caregiver Support Program's various components.

In 2014, the Caregiver Support Program Office in partnership with VHA's Health Services Research and Development Service (HSR&D) under the auspices of HSR&D's Quality Evaluation Research Initiative jointly funded the establishment of the VA Caregiver Support Program Partnered Evaluation Center (VA CARES).

Key findings of this initial concerted effort have since been shared in previous Annual Reports to Congress. The partnership with VA CARES has been extended through 2020 to increase collaboration efforts. Current efforts include:

- extending the evaluation efforts to examine Veteran healthcare utilization and costs among PCAFC participants over time;
- a cost analysis of PCAFC;
- an evaluation on the PCAFC application process to include several site visits and staff interviews;
- a PCAFC revocation analysis; and
- a caregiver health and well-being surveys.

In FY 2017, the Caregiver Support Program Office pursued a contract to develop and administer a caregiver and Veteran PCAFC satisfaction survey, and in FY 2018, VA intends to seek approval from the Office of Management and Budget to implement the survey.

An important initiative during FY 2017 included VA's launch of a strategic internal review of PCAFC in response to concerns raised regarding the inconsistent application of eligibility requirements for PCAFC across the country. VA took immediate action to identify challenges, leverage opportunities for improvement and implement change. This 3 month review included temporarily pausing certain revocations from PCAFC based on Veteran eligibility criteria, listening sessions with a variety of internal and external stakeholders and an internal random audit focused on revocations. Additionally, three Veterans Integrated Service Networks conducted rapid process improvement workshops

followed by a 3 day face-to-face Process Improvement Summit, focused on PCAFC pain points and idea exchange with a large group of internal and external stakeholders.

Results from this review revealed a need for improved communication about eligibility determinations and the revocation process; improved internal processes and procedures; and the need for additional staff training. Since the launch of the review, VA has made significant advancements towards addressing concerns and improving processes. In June 2017, VHA Directive 1152, Caregiver Support Program, was published and subsequent staff training was conducted. This Directive lays the foundation for Caregiver Support Program policy and outlines Veteran and caregiver PCAFC eligibility requirements and benefits under the law as well as identifies specific staff responsibilities to implement the program. Additionally, a series of materials and resources were updated and revised including, but not limited to the "Roles, Responsibilities and Requirements" document which further establishes family caregivers as collaborative partners in supporting the overall care and wellbeing of Veterans. The VA's Caregiver website was redesigned to offer enhanced navigation and resources and greater transparency.

Conclusion

Family members and other informal caregivers, such as friends and neighbors, serve as an essential part of VA's health care delivery system, providing assistance to loved ones with complex physical and mental disabilities. VA's successful implementation of title I of P.L. 111-163, Caregivers and Veterans Omnibus Health Services Act of 2010, demonstrates VA's dedication to serving caregivers of Veterans, VA's partners in providing the best care possible to our Nation's Veterans.

Prior to and throughout implementation, VA streamlined access to information about caregiver resources, supports and services within VA. VA implemented a National Caregiver website to provide education and resources to caregivers of all era Veterans, as well as highlight the new services available to eligible Post-9/11 era Veterans and their family caregivers, ensuring that information about caregiver resources were easily accessed by the general public. In addition, VA implemented an electronic application process for PCAFC. CSL has proven to be an invaluable asset to Veterans, caregivers and the broader community as is demonstrated by its high level of use.

Through programs, supportive services and outreach activities, VA has created a knowledgeable community of caregivers, as well as provided an opportunity for caregivers of Veterans to learn from one another. Dedicated CSCs at every VAMC have ensured that Veterans, caregivers and VA staff have access to a clinical subject matter expert to navigate VA and non-VA resources with the goal of ensuring caregivers receive necessary support to allow them to successfully care for Veterans at home.

Additional services for qualified family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001, including mental health care, a monthly stipend paid directly to primary family caregivers, and enrollment in CHAMPVA for eligible primary family caregivers, demonstrate VA's

dedication to supporting our newest group of seriously injured eligible Veterans and their family caregivers. Family caregivers are critical members of the Veteran's care team. Caring for those who provide personal care services and support to the men and women "who have borne the battle" has become an essential part of supporting Veterans and aligns with VA's I-CARE values (Integrity, Commitment, Advocacy, Respect, and Excellence). Caregivers are truly unsung heroes who sacrifice so much in order to care for our Nation's Veterans. VA is pleased to offer caregivers the much needed services and support made available by the Caregivers and Veterans Omnibus Health Services Act of 2010, P.L. 111-163.

**Estimate of Cost to Prepare
Congressionally-Mandated Report**

ATTACHMENT

Short Title of Report: Assistance and Support Services for Caregivers

Report Required By: Section 101 (c) of Public Law 111-163

In accordance with Title 38, Chapter 1, Section 116, the statement of cost for preparing this report and a brief explanation of the methodology used in preparing the cost statement are shown below.

Manpower Cost:	<u>\$2,053</u>
Contract(s) Cost:	<u>\$0</u>
Other Cost:	<u>\$0</u>
<u>Total Estimated Cost to Prepare Report:</u>	<u><u>\$2,053</u></u>

Methodology: Appropriate subject matter experts recorded the time needed to collect data and information during the reporting period, and prepare drafts of this report. The time spent in hours was then multiplied by their respective hourly rates.



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

April 16, 2019

The Honorable David P. Roe, M.D.
Ranking Member
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Congressman Roe:

In accordance with the requirements of Public Law (P.L.) 111-163, section 101(c) and amended by P.L. 115-182, section 163, enclosed is the Department of Veterans Affairs report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has also been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in dark ink, reading "Robert L. Wilkie", is positioned above the printed name.

Robert L. Wilkie

Enclosures



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

April 16, 2019

The Honorable Mark Takano
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

In accordance with the requirements of Public Law (P.L.) 111-163, section 101(c) and amended by P.L. 115-182, section 163, enclosed is the Department of Veterans Affairs report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has also been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert L. Wilkie", written in a cursive style.

Robert L. Wilkie

Enclosures



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

April 16, 2019

The Honorable Johnny Isakson
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

In accordance with the requirements of Public Law (P.L.) 111-163, section 101(c) and amended by P.L. 115-182, section 163, enclosed is the Department of Veterans Affairs report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has also been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in cursive script, reading "Robert L. Wilkie".

Robert L. Wilkie

Enclosures



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

April 16, 2019

The Honorable Jon Tester
Ranking Member
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Senator Tester:

In accordance with the requirements of Public Law (P.L.) 111-163, section 101(c) and amended by P.L. 115-182, section 163, enclosed is the Department of Veterans Affairs report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has also been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

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

Robert L. Wilkie

Enclosures

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report Fiscal Year 2018**

Public Law (P.L.) 111-163

The Caregivers and Veterans Omnibus Health Services Act of 2010, P.L. 111-163, signed into law on May 5, 2010, has marked a new era in the delivery of expanded services for caregivers within the Department of Veterans Affairs (VA). VA established a Program of Comprehensive Assistance for Family Caregivers (PCAFC) and a Program of General Caregiver Support Services (PGCSS), collectively referred to as the Caregiver Support Program (CSP), combining existing VA programming and services for caregivers of Veterans of all eras with the additional services and benefits made available under P.L. 111-163.

P.L. 111-163 expanded services in place prior to the legislation, such as respite care and counseling. For qualified family caregivers of eligible Veterans, additional services and benefits as part of PCAFC include: education and training; a monthly stipend paid directly to designated primary family caregivers; mental health services; and a respite care benefit; travel, lodging, and subsistence when receiving initial training and during the Veterans' medical appointments. Expanded services also includes enrollment in VA's Civilian Health and Medical Program (CHAMPVA) for eligible primary family caregivers who are not entitled to care or services under a health plan contract and are not eligible for TRICARE. On May 9, 2011, VA began accepting PCAFC applications. In Fiscal Year (FY) 2018, an estimated 24,300 primary family caregivers participated in this program.

This report serves to provide an annual update on the status of programs and services provided in support of the applicable provisions of P.L. 111-163, but it is not meant to serve as an itemized accounting of all budget obligations for the Caregiver Support Program in a given fiscal year.

Program of Comprehensive Assistance for Family Caregivers (PCAFC)

Application, Eligibility, and Appeals

Current regulations and the VHA Directive for the PCAFC outline that eligibility for the program is contingent upon whether the Veteran or Servicemember meets all of the following primary criteria¹:

¹ The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 (P.L. 115-182) made changes to the PCAFC, including the eligibility criteria, by amending 38 United States Code (U.S.C.) § 1720G, the statute establishing the PCAFC under P.L. 111-163. VA is currently working on implementing these changes, which will be addressed separately and not in this report. As such, the current regulations and directive (38 Code of Federal Regulations Part 71 and Veterans Health Administration (VHA) Directive 1152(1)) for the PCAFC correspond with 38 U.S.C. § 1720G prior to the amendments made by the VA MISSION Act of 2018 and were in use for FY 2018.

- 1) The Veteran or Servicemember undergoing medical discharge must have a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in active service on or after September 11, 2001.
- 2) The serious injury must render the Veteran or Servicemember in need of personal care services for a minimum of 6 continuous months (based on a clinical determination authorized by the individual's primary care team or individual provider) because of any one of the following clinical criteria:
 - Veteran or Servicemember has an inability to perform one or more of the following activities of daily living (ADL): dressing/undressing, bathing, grooming, toileting, eating, mobility, or adjusting special prosthetic or orthopedic appliances without assistance;
 - Veteran or Servicemember has need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury, (i.e., requires supervision or assistance due to one or more of the following: inability to manage seizures independently, difficulty with planning and organizing, inability to maintain safety with self and others, difficulty regulating sleep, inability to maintain safe behavior in response to delusions or hallucinations, difficulty with recent memory, or inability to regulate behavior;
 - Veteran or Servicemember has a psychological trauma or a mental disorder that has been scored, by a licensed mental health professional, with Global Assessment of Functioning scores of 30 or less continuously during the 90-day period immediately preceding the date on which VA initially received the caregiver application; or
 - Veteran has been service-connected and rated 100 percent disabled for the serious injury and has been awarded special monthly compensation that includes aid and attendance allowance.
- 3) A clinical determination (authorized by the Veteran's or Servicemember's primary care team or individual provider) must be made that participation in the program is in the best interest of the Veteran or Servicemember, which includes consideration of whether participation in the program will significantly enhance his or her ability to live safely in a home setting, create an environment that supports his or her health and well-being, and supports his or her potential progress in rehabilitation if such potential exists.
- 4) The Veteran or Servicemember must agree to receive care at home after VA designates a family caregiver.
- 5) The Veteran or Servicemember must agree to receive ongoing care from a primary care team after VA designates a family caregiver.

- 6) The personal care services that would be provided by the family caregiver will not be simultaneously and regularly provided by or through another individual or entity.

Upon receiving an application for the PCAFC, the Caregiver Support Coordinator (CSC) evaluates Veteran or Servicemember eligibility by identifying a potentially qualifying injury that was incurred or aggravated in the line of duty in active service and assesses whether the potentially qualifying injury may render the Veteran in need of personal care services from a caregiver. CSC may then refer the application to the Veteran's or Servicemember's VA primary care team, a VA Caregiver Support Program multidisciplinary Clinical Eligibility Team, or an individual VA provider to complete eligibility determinations. In order to serve as a family caregiver(s) and for VA to approve the application, the family caregiver(s) must meet certain eligibility requirements.

Upon verification of family caregiver eligibility, the family caregiver(s) must be initially assessed by the Veteran's or Servicemember's VA primary care team or individual provider as being able to complete caregiver education and training and must complete caregiver training and demonstrate the ability to carry out the specific personal care services, core competencies, and other additional care requirements prescribed by the Veteran's or Servicemember's primary care team. Once this training is complete, CSC arranges for a VA clinician or clinical team to complete an initial in-home assessment. The purpose of this home visit is to assess the caregiver's completion of training and competence to provide personal care services at the eligible Veteran's or Servicemember's home and to assess the eligible Veteran's or Servicemember's well-being. The results of this initial in-home visit are communicated to the CSC. If the VA clinician or clinical team concurs that the caregiver can provide adequate care, CSC, based upon the assessment of the VA clinician or clinical team, will approve the family caregiver application and designate primary and secondary family caregivers, as appropriate.

If a determination is made that a Veteran or servicemember does not qualify for participation, she or he will receive a formal letter that provides the decision and the process to appeal. If a Veteran or Servicemember and/or caregiver is not satisfied with the decision, he or she may request an appeal in accordance with the VHA clinical appeals process.

PGCSS

General caregivers of Veterans are caregivers who provide personal care services to an enrolled Veteran who does not meet the criteria for PCAFC, but requires assistance with one or more activities of daily living or requires supervision or protection based on symptoms or residuals of neurological or other impairment or injury. Unlike PCAFC, there is no formal application required to receive general caregiver support services. Because there is no formal application process, participants in PGCSS are served by local VA Medical Centers (VAMC) and are not tracked nationally.

VA's CSP offers services which are utilized by family caregivers of all era Veterans including: support from designated CSCs in every VAMC, a toll-free Caregiver Support

Line (CSL), the Caregiver Web site, events/activities to celebrate National Family Caregivers Month, the Caregiver Peer Support Mentoring Program, Building Better Caregivers™ (BBC), Resources for Enhancing All Caregivers Health (REACH), and Telephone Support for Caregivers. These services are discussed in detail in subsequent sections of this report.

Services and Benefits Available through the PCAFC

P.L. 111-163 established two groups of family caregivers, referred to in the regulations governing the PCAFC as primary family caregivers and secondary family caregivers, and stipulated the unique benefits and services that are to be provided to each group. When applying for the PCAFC, a Veteran or Servicemember can select one primary family caregiver and up to two secondary family caregivers.

Caregiver Core Curriculum Training and Education

Training and education of family caregivers is a critical component of the PCAFC, and Caregiver Core Curriculum training is a requirement for primary and secondary family caregivers during the application process. This curriculum includes education and training on 10 core competencies with topics such as caregiver self-care and medication management. The training is available in both English and Spanish. Training can be completed at home with a workbook and DVD, online, or in a classroom setting. Online training has been the overwhelming training modality of choice identified by caregivers and is the primary method of delivery.

In FY 2018, the Core Curriculum education and training course was delivered by a Service-Disabled Veteran Owned Small Business. Nearly 2,200 new family caregivers were trained in FY 2018. In July 2018, the contract with the Service-Disabled Veteran Owned Small Business for the Core Curriculum education and training course entered into its first option year and has three optional periods remaining through 2021. During FY 2018, an online referral portal was implemented to expedite caregiver referrals from VAMCs to the contractor for processing enrollment for this training. This has streamlined the referral process and enabled improved tracking.

Monthly Caregiver Stipend

Individuals designated as a primary family caregiver are eligible to receive a monthly stipend from VA as an acknowledgement of the sacrifices they make to care for seriously injured eligible Veterans and Servicemembers. The monthly stipend is not intended to replace career earnings or be construed to create an employment relationship between VA and caregivers. Family caregivers report that the stipend is the cornerstone of the PCAFC. The stipend helps to alleviate financial distress experienced by many primary family caregivers.

During the clinical evaluations for determining Veteran or Servicemember eligibility, the Veteran or servicemember is assigned a tier level based on his or her level of dependency. The tier level is then converted into hours in order to determine the stipend

payment as follows: the primary family caregiver of an eligible Veteran or Servicemember assessed at Tier 1 is paid a stipend equivalent to the eligible Veteran requiring 10 hours of caregiver assistance per week, nationally averaging \$600 per month in FY 2018; the primary family caregiver of an eligible Veteran or Servicemember assessed at Tier 2 is paid a stipend equivalent to the eligible Veteran requiring 25 hours of caregiver assistance per week, nationally averaging \$1,500 per month in FY 2018; and the primary family caregiver of an eligible Veteran or Servicemember assessed at Tier 3 is paid a stipend equivalent to the eligible Veteran requiring 40 hours of caregiver assistance per week, nationally averaging \$2,500 per month in FY 2018. The national average stipend payment per month per caregiver in FY 2018 was approximately \$1,400.

The monthly value of the stipend is calculated by using the U.S. Bureau of Labor Statistics' hourly wage for a home health aide in the geographic area in which the eligible Veteran or Servicemember resides. This stipend is calculated using the 75th percentile of the wage index, multiplied by the annual consumer price index cost of living adjustment, multiplied by the hours associated with the eligible Veteran's or Servicemember's specific tier level as described above, and then multiplied by 4.35, which is equal to the average number of weeks in a month.

VA is responsible for ensuring stipend payment amounts are no less than a commercial home health care entity would pay an individual in the eligible Veteran's or Servicemember's geographic area (or an area with similar costs of living) to provide equivalent personal care services. Although each tier is associated with payment for a particular quantity of hours, the hours are not meant to equate with the exact number of hours that the family caregiver provides care to the eligible Veteran or Servicemember.

The stipend payments are exempt from taxation under 38 U.S.C., section 5301(a)(1), but may be considered income for other purposes and may impact the primary family caregiver's eligibility for state, county, or other Federal benefits. Stipend benefits are retroactive to the date the application was received by VA or the date on which the eligible Veteran or Servicemember begins receiving care at home, whichever is later.

In FY 2018, VA obligated an estimated \$385,231,000 in stipend payments for an estimated 24,300 primary family caregivers who received one or more stipend payments during the fiscal year.

Mental Health Services

In a survey of family caregivers of Veterans completed by the National Alliance for Caregiving in 2010, *Caregivers of Veterans - Serving on the Homefront*, caregivers of Veterans report high levels of isolation as well as high levels of emotional and physical stress. Caregivers also report depression, anger, interpersonal conflict, anxiety, substance use, sleep disturbances, and social isolation. In addition, when the caregiver is a spouse or significant other, there may be significant changes in the marital and other family relationships, and couples may face challenges related to intimacy.

Under the PCAFC, both primary and secondary family caregivers are eligible to receive mental health services. These services may include individual and group therapy, individual counseling, and peer support groups, but do not include medication, medication management or psychiatric inpatient hospitalization. 38 U.S.C. § 1720G(a)(3)(A)(i)(III), as added by section 101(a) of P.L. 111-163, enables qualified family caregivers to receive counseling services regardless of whether or not the need is related to the eligible Veteran's or Servicemember's treatment plan. In addition to receiving mental health services as a VA benefit through this formalized program, caregivers may access many other supportive counseling options such as: various telephone supports offered by local VA staff or through the national CSL; supportive counseling services offered by CSCs; and community resources.

For approved family caregivers participating in PCAFC during FY 2018, VA obligated an estimated \$1,402,400 for mental health services provided by VA. During FY 2018, no funding was obligated to provide these services in the community.

Prior to the passage of P.L. 111-163, VA provided counseling and other services under 38 U.S.C. § 1782 to family members of Veterans (and certain other individuals) if such services were in support of the clinical objectives of the eligible Veteran's treatment plan. These services included consultation, professional counseling, marriage and family counseling, training, and mental health services as are necessary in connection with the Veteran's treatment. These services continue to be provided to eligible individuals, including family and general caregivers, in support of furthering the objectives of the Veteran's medical treatment plan under 38 U.S.C. § 1782.

Respite Care

Respite care is a distinct component of the array of long-term care services available to eligible Veterans who experience functional impairments from chronic conditions. Veterans seeking respite services under 38 U.S.C. § 1720B must be enrolled in VHA health care. Respite care is ordinarily provided for no more than 30 days per year. Veterans and caregivers in need of more hours of respite care may receive those services or may find their care needs are better met through other VA home and community-based services.

Respite care is available in a variety of settings. For example, respite care can be provided at home, in a VA Community Living Center, through a VA-contracted community skilled nursing home, or through a VA-operated or VA-contracted community Adult Day Care Program. In-home community respite care providers include, but are not limited to: National Family Caregiver Programs offered by Area Agencies on Aging and Aging and Disability Resource Centers through contracts with VA; state licensed or approved home health agencies through contracts with VA; and adult day care services.

Pursuant to 38 U.S.C. §1720G(a), as added by section 101(a) of P.L. 111-163, the PCAFC offers respite care to eligible Veterans and Servicemembers during the period of initial caregiver education and training if the family caregiver's participation would interfere with the provision of personal care services to the Veteran or Servicemember.

PCAFC also offers respite care for approved primary family caregivers, provided that the care is medically and age-appropriate. The CSC and primary care team assess the eligible Veteran or Servicemember and caregiver for their level of need for respite care services. When a determination of the need for respite care services is made, the Respite Care Coordinator, or the identified designee, secures the services and develops an individualized service plan for respite care identifying the amount of time, type of care, and care setting for respite care services.

For approved family caregivers participating in PCAFC during FY 2018, VA obligated an estimated \$17,361,000 for respite care services provided by VA and \$1,645,000 for respite care services provided by community providers.

Travel, Lodging, and Subsistence under 38 U.S.C. § 111(e)

Section 104 of P.L. 111-163 authorizes VA to reimburse primary and secondary family caregivers for travel expenses, including lodging and subsistence, for the time period in which the eligible Veteran or Servicemember is traveling to and from a VA facility for the purpose of medical examination, treatment, or care, as well as for the duration of such medical examination, treatment, or care. In accordance with the law, VA provides caregiver beneficiary travel in the same manner as that to eligible Veterans under 38 CFR, Part 70, which may include the actual cost for meals, lodging, or both, not to exceed 50 percent of the per diem rate allowed for government employees under 5 U.S.C. § 5702, when VA determines that an overnight stay is required. Under 38 U.S.C. § 1720G(a)(6)(C), as added by section 101(a) of P.L. 111-163, VA is also authorized to reimburse travel, lodging, and per diem expenses incurred by a family member of an eligible Veteran or Servicemember in undergoing caregiver training as required as part of the application process for the PCAFC.

For approved family caregivers participating in PCAFC during FY 2018, VA obligated an estimated \$607,000 for travel, lodging, and subsistence.

Health Care Benefits for Eligible Primary Family Caregivers

CHAMPVA is a comprehensive health care benefit program in which VA shares the cost of certain health care services and supplies with eligible beneficiaries. The program is administered by VA's Purchased Care at the Health Administration Center (HAC), where CHAMPVA applications are processed and eligibility determinations are made to authorize benefits and process medical claims. Approved primary family caregivers of eligible Veterans participating in the PCAFC can enroll in CHAMPVA if they are not eligible for TRICARE and not entitled to care or services under a health plan contract such as Medicare, Medicaid, worker's compensation, or an insurance policy or contract. If eligible, primary family caregivers may receive CHAMPVA benefits in one of two ways:

- Primary family caregivers may receive services through community-based providers who accept assignment. In this case, primary family caregivers pay

the CHAMPVA annual deductible and required cost shares for services when using these community-based providers.

- Primary family caregivers may access CHAMPVA services through the CHAMPVA In-House Treatment Initiative (CITI) program, if providers and space are available within the VA health care system and the VAMC is a CITI participating provider. Local VA facilities are not required to participate in the CITI program.

In FY 2018, approximately 6,300 primary family caregivers participated in health care coverage under CHAMPVA and VA obligated \$26 million to support these services.

Ongoing Support and Monitoring

Ongoing support and monitoring are provided to approved family caregivers and eligible Veterans or Servicemembers participating in PCAFC through home visits, clinic visits, telehealth, and supportive telephone meetings. These contacts ensure that family caregivers have the required training, resources, and support to provide safe and effective care for their Veteran or Servicemember, and if necessary, to generate appropriate referrals for the Veteran or Servicemember and/or family member. As previously mentioned, an initial home visit occurs prior to application approval. Once approved, however, ongoing interim monitoring visits are required every 90 calendar days, unless otherwise clinically indicated, as determined by the eligible Veteran's or Servicemember's primary care team.

In FY 2018, VA obligated an estimated \$11.1 million for on-going monitoring provided by VA and \$495,000 for on-going monitoring provided by community providers.

VA Support Services and Outreach Activities Provided to General and Family Caregivers Following Passage of P.L. 111-163

CSC and Additional Program Staff

Effective April 2011, VA mandated that every medical center have at least 1.0 dedicated full time equivalent employee (FTEE) CSC appointed to serve caregivers of Veterans or Servicemembers. CSCs serve as the clinical experts on family care giving issues and are experienced social workers, nurses, and psychologists. They provide support and programming to family and general caregivers, link caregivers to community and VA resources, and respond to referrals from the CSL. CSCs provide guidance, support, and coordination for the application process for PCAFC, as well as coordinate local activities in support of National Family Caregivers Month each November and throughout the year.

Due to the overwhelming demand of applicants for the PCAFC and the associated increase in workload to process applications and coordinate support services, additional CSC position requests were received and approved during FY 2018. Furthermore, in an effort to reduce the clinician's administrative burden, the Caregiver Support Program Office has also received and approved several administrative positions at a variety of

VAMCs with a justified need as well as non-CSC clinical positions in support of field-based needs.

In FY 2018, an estimated 447 field positions were funded by the Caregiver Support Program Office for which VA obligated an estimated \$41 million to support field-based staff salaries and benefits.

CSL

On February 1, 2011, VA introduced the national CSL as an additional resource for caregivers, Veterans/Servicemembers, and community partners associated with caring for Veterans. The mission of CSL is to provide information, referrals, and support to caregivers of Veterans or Servicemembers, offering callers options, and facilitating interventions including referrals as needed to the appropriate VA resources as well as state and local community services. Since its inception, CSL has been utilized by spouses, children, other extended family members, and friends of Veterans or Servicemembers, as well as Veterans or Servicemembers themselves. CSL is presently staffed by 28 FTEE. Call responders are licensed social workers who are trained to provide a clinical assessment of the situation described by the caller in order to offer appropriate direction, referrals, and support.

CSL responders recognize the unique challenges caregivers experience and are skilled in assessing each individual's needs, offering supportive counseling, guidance, and appropriate direction to help facilitate a connection to needed resources, including direct referrals to CSCs located at the VAMC nearest to the caller. CSL has established relationships with other VA call centers and Department of Defense (DoD) call centers to establish procedures for transferring calls to the appropriate call center to best meet the caller's needs.

During FY 2018, CSL received nearly 65,000 calls and facilitated more than 5,000 referrals to local CSCs at VAMCs across the country on behalf of caregivers. VA obligated approximately \$2.5 million to support the operation of CSL in FY 2018.

Caregiver Web site

VA's Caregiver Support Web site (www.caregiver.va.gov) was launched by VA as a centralized location for caregivers to identify services, supports, and resources that can assist them in their caregiving role. To assist caregivers with navigating the VA system, the Web site provides easily accessed links to the application for the PCAFC, CSL, and a zip code look-up feature that allows caregivers to readily locate contact information for their local CSC.

In addition, the Web site provides an array of tools and resources that simplify caregiving duties, increase caregiver competency, and inform caregivers of what to ask their Veteran's or Servicemember's health care providers. Other critical components of the Web site include an active listserv mailing list to keep caregivers informed of updates to

CSP and local resources/connections for Veterans or Servicemembers to connect with other agencies, support groups, and caregivers.

In FY 2018, Web site development needs and maintenance were managed without contract support. The Web site continues to be visited frequently, averaging over 3,000 hits per day. In addition to the Web site, there is also an active listserv which had more than 131,000 subscribers at the end of FY 2018.

Peer Support

VA's Caregiver Peer Support Mentoring Program was launched in January 2012 to provide personal support and establish peer relationships by linking caregivers to one another. Caregiver mentors and mentees are linked together through an application process. Peer mentors are official VA volunteers, and as such, must complete required orientation and training through Voluntary Services before they can begin program specific training. VA privacy and information security requirements are covered as part of the required orientation process. Once matched, the caregiver mentor and mentee establish a communication plan, including weekly contact with one another. The Peer Support Mentoring Program Manager, a VA staff member, hosts a monthly conference call that mentors are expected to attend to share ideas, express concerns, and obtain support from other mentors. At the beginning of each call, privacy and confidentiality expectations are explained to participants.

Peer mentors empower mentee caregivers by forming supportive relationships, decreasing the feeling of isolation many caregivers experience, and linking them to resources available within VA and the community. Caregiver mentors and mentees assist one another by sharing common experiences and knowledge of resources such as VA benefits, VA health care, and community resources. As a result, the program helps caregivers build skills and a knowledge base that will assist them in dealing with their care giving role in the future. During FY 2018, 337 caregivers participated in VA's Peer Support Mentoring Program.

BBC

In collaboration with the National Council on Aging (NCOA), VA deployed an Online Support Workshop for caregivers of Veterans of all eras called BBC. BBC was developed at Stanford University, in conjunction with NCOA, and is a 6-week online workshop for family Caregivers caring for a Veteran with dementia, memory problems, posttraumatic stress disorder, a serious brain injury, or any other injury or illness. The workshop groups cohorts of caregivers for each workshop. An online Alumni Community was also established which allows caregivers to stay connected with each other and continue to receive support through the program following the completion of the 6-week course. In FY 2018, approximately 1,400 caregivers were referred by VA to participate in BBC.

REACH

REACH is an evidence-based skills-building intervention, including individual sessions with an option for telephone support group meetings designed to provide support,

education, and training to eligible caregivers of Veterans of all eras to assist caregivers with Veterans affected by Alzheimer's disease or related dementias, spinal cord injury disorders, multiple sclerosis, amyotrophic lateral sclerosis, and posttraumatic stress disorder. Lasting from 2-3 months, and delivered by telephone, telehealth, or face to face, the intensive one-on-one intervention addresses five main caregiving risk areas for eligible caregivers of Veterans including: safety; social and emotional support; problem solving; caregiver well-being; and both caregiver and Veteran health. The intervention focuses on problem solving around behavioral topics, stress and coping techniques, as well as step-by-step strategies to assist eligible caregivers in everyday problems they may encounter. REACH caregivers show significant improvements in reported burden, depression, impact of depression on daily lives, social support, health care behaviors, care giving frustrations, and number of problem behaviors reported. Caregivers often spend time providing hands-on care as well as spending time "on duty," defined as time spent providing supervision of the care recipient, time that cannot be spent doing other household or personal tasks, relaxing, or socializing. Caregivers who have participated in REACH report spending 1 hour less per day in providing face-to-face care and 2 hours less per day in time "on duty."

The Caregiver Support Program Office has also partnered with the Office of Rural Health to assist in addressing the unique needs of rural caregivers and the Memphis VAMC Caregiver Center has a role in this concerted collaboration effort and has implemented REACH that is targeted to caregivers in rural areas.

Clinical staff at VA facilities are trained, certified, and provided materials to deliver the REACH intervention by the Memphis VAMC Caregiver Center. In FY 2018, 141 clinical staff at 78 VA sites of care received this training.

Telephone Support for Caregivers of Veterans

VA has long provided support in person and via telephone through the use of support groups to eligible family members of Veterans who serve as caregivers. For example, VA offers a wide variety of support groups both locally and nationally to caregivers of Veterans with specific conditions. This telephone-based support group clinical intervention is different than caller support that is offered through CSL and is a specific program offered at local VAMCs. In October 2011, based on successful outcomes demonstrated by a similar DoD program, VA expanded support services by initiating Spouse Telephone Support. In May 2015, this program was expanded to include caregivers of Veterans of all eras, including dementia caregivers, and spinal cord injury/disorders caregivers. The groups focus on education, skills building, and support. Sessions teach critical skills needed by caregivers, including taking care of yourself, problem solving, positive thinking, asking for help, and stress management, but are targeted to the problems and concerns faced by the caregivers in the group. Each program has a Caregiver Notebook including resources, educational, and goal-setting opportunities for caregivers that address the challenges related to the type of caregivers participating and provides information for each group session.

VHA staff Group Leaders provide six, 1-hour sessions designed to address critical caregiving skills plus additional topics based on group members' needs. The length of the program is also dependent on staff and group members' needs, ranging from three months to ongoing. Telephone support groups are available for caregivers of Veterans of all eras to assist caregivers with Veterans affected by Alzheimer's disease or related dementias, spinal cord injury disorders, multiple sclerosis, amyotrophic lateral sclerosis, and posttraumatic stress disorder.

In FY 2018, clinical staff at 27 VA sites were trained by the Memphis VAMC Caregiver Center to provide Spouse Telephone Support.

Caregiver Self-Care Courses

VA has developed and deployed training opportunities focused on self-care. The Caregiver Self-Care Courses, which are comprised of four distinct educational topics made available to caregivers of Veterans of all eras participating in the Caregiver Support Program, include: Managing Stress; Effective Communications/Problem Solving; and, Taking Care of Yourself and Utilizing Technology. These self-care courses are delivered in face-to-face classroom settings. These courses, which were initially developed and administered in 2014 with contract support, are now being delivered by the Memphis VAMC Caregiver Center. In FY 2018, 1,087 caregivers participated in these various courses.

In FY 2018, VA obligated approximately \$774,000 to the Memphis VAMC Caregiver Center, which provides training and administration for REACH, Telephone Support, and Caregiver Self-Care Courses.

Outcomes, Measurable Benefits, and Effectiveness

The Caregiver Support Program Office has worked diligently to partner with experienced researchers to identify practical measurable benefits and examine the effectiveness of the Caregiver Support Program's various components.

In 2014, the Caregiver Support Program Office, in partnership with VHA's Health Services Research and Development Service (HSR&D) under the auspices of HSR&D's Quality Evaluation Research Initiative (QUERI), jointly funded the establishment of the VA Caregiver Support Program Partnered Evaluation Center (VA CARES).

Key findings of this initial concerted effort have since been shared in previous Annual Reports to Congress. The partnership with VA CARES has been extended through 2020 to increase collaboration efforts. Current efforts include:

- Extending the evaluation efforts to examine Veteran health care utilization and costs among PCAFC participants over time;
- A cost analysis of PCAFC;
- An evaluation on the PCAFC application process to include several site visits and staff interviews;

- A PCAFC revocation analysis; and
- A caregiver health and well-being survey.

In FY 2018, VA CARES completed a formative evaluation on the use of clinical eligibility assessment teams for determining eligibility for the PCAFC. The research team deployed a voluntary web-based survey which received responses from 181 CSCs and represented 111 VAMCs. In addition to the web-based survey, 53 semi-structured telephone interviews were conducted. The team also performed 4 site visits to select VAMCs to perform process mapping, observe the eligibility assessment workflow, and hold-in depth interviews with staff involved with the eligibility process.

Findings revealed that a majority of sites (59 percent) reported that using a specific team to conduct eligibility assessments is valuable for expert and consistent determinations. Those sites without teams relied more on the Veteran's or Servicemember's assigned treatment providers to conduct assessments, and those interviewed expressed there being a "dual role" problem of sustaining a "therapeutic relationship" while determining stipend eligibility. A perceived advantage was to have a trained, experienced group make consistent eligibility decisions. Recommendations from this evaluation include mandating interdisciplinary clinical eligibility assessment teams with specific minimum discipline requirements for a thorough, consistent assessment of needs. Ensuring centralized training for team members focused on recovery and treatment expectations was also recommended. As the Caregiver Support Program seeks to implement the MISSION Act of 2018, a staffing model to meet the operational needs across the system will be evaluated. This will include recommendations to standardize the composition and minimum staffing requirements for an eligibility team.

The Caregiver Support Program anticipates expanding this existing partnership with VA CARES beyond 2020 and has identified several, additional possible areas of analyses that are under review for feasibility.

During FY 2018, VA launched the Elizabeth Dole Center of Excellence for Veteran and Caregiver Research. This new research center managed by VA Office of Health Services Research and Development will, "serve as a model for excellence in peer-reviewed research on innovation, training, evaluation, implementation and the dissemination of adoption of best practices in supporting the caregivers of Veterans across VA, the Federal Government and private and nonprofit sectors." (VA Press Release, September 2018).

As part of ongoing process improvement efforts, VA continues to take active measures to improve PCAFC including a myriad of steps to address issues identified in the August 2018 Office of Inspector General Report, Program of Comprehensive Assistance to Family Caregivers: Management Improvements Needed. These improvements include:

- Establishing an improved governance structure so that every facility has a direct link to a member of the Veterans Integrated Service Networks (VISN) leadership team. Improving the governance structure strengthens the role of the VISN lead who is charged with monitoring workload across the VISN, providing guidance,

- coaching and support to Caregiver Support Coordinators within the VISN, and ensuring compliance with national policy and procedures;
- Amending VHA Directive 1152(1), Caregiver Support Program, to include 14 Standard Operating Procedures, governing administration and oversight of local Caregiver Support Programs; and
- Improving our training of field-based staff to further improve consistent decision making, specifically related to eligibility determinations and timeliness of applications.

VA has also engaged with key stakeholders throughout 2018 including Veterans Service Organizations, members of the public, and House Veterans Affairs' Committee round tables. Several consistent themes emerged during these engagements. As VA seeks to implement the MISSION Act of 2018 and expand PCAFC to all era eligible Veterans, VA must ensure:

- Eligibility determinations are Veteran and caregiver-centric, easy to understand, and transparent;
- Participation is targeted to those Veterans who will benefit the most; and
- Program requirements are less burdensome for caregivers and Veterans (e.g., a different track for the catastrophically injured).

Barriers to Accessing Caregiver Support

Veterans and their caregivers across the country can face barriers in accessing support. These challenges are usually faced by Veterans in rural areas. Some of the challenges faced by caregivers and Veterans living in rural communities include lack of access to health care; lack of public transportation; lack of social supports nearby; limited employment opportunities; distance and geographical barriers; navigating the complex VA health care system; and limited, poor, or no broadband Internet connection. These obstacles can lead to isolation or difficulties when seeking caregiver support.

Because addressing the needs of caregivers of Veterans in rural communities can be especially challenging, VA CSP and CSL have developed a strong collaboration with the VA Office of Rural Health (ORH) to address the unique needs of rural caregivers. Collaborative projects with ORH for FY 2018 include the development of three new caregiver dementia videos for the Caregiver Dementia Video series available on the ORH Web site and through a link on the CSP Web site for caregivers to easily access the videos. ORH and CSP also submitted a proposal for a CSP/ORH VA Video Connect (VVC) project that was approved and funded for FY 2019. This project will focus on supporting caregivers caring for Veterans in rural areas by increasing access to health care services, expanding the reach of VA caregiver support services, and providing more thorough assessments through face-to-face interactions for Veterans and caregivers (with an aim to provide VVC to all CSCs over the next 2 years as the program expands).

Evaluation of Training

Training for caregivers is a critical aspect in providing high-quality support for our Veterans who may require aid and assistance on a daily basis. Caregivers are trained and supported in various ways to improve their knowledge and ability in the delivery of care to Veterans. Prior to admission in the PCAFC, training is delivered using a curriculum that includes 10 core competencies with topics such as caregiver self-care and medication management. The training is offered in both English and Spanish and can be completed at home with a workbook and DVD, online, or in a classroom setting. In a recent survey of the caregivers who have completed the Core Curriculum, 96 percent of caregivers strongly agreed or agreed that the training improved their knowledge and ability to take care of their own physical and emotional health. Overall satisfaction with the training program showed that 87 percent of caregivers were extremely satisfied or satisfied with the training.

The CSL Telephone Education Groups continues to grow with successful new topics presented on caring for veterans with PTSD, celebrating rituals in the holiday season, intimacy, palliative care, and hospice care with an overall participant satisfaction rate of 97.6 percent reported. In FY 2018, there were 4,418 total participants in CSL Telephone Education calls, including 412 who participated in the Caregiver Led Calls. In the BBC program, a total of 9,880 referrals have been received and 1,437 referrals were received in FY 2018. The BBC is composed of 1,504 Alumni Community Participants. The caregiver overall satisfaction with BBC has remained steady at 4.5 on the 5-point Likert Scale. Caregiver feedback included the following quotes: "I felt connected. Everything you're struggling with, someone else is too. You're not in it alone." and "BBC helped me take a different approach with my husband. I got tips for myself, but also found myself offering help—and that made me even more encouraged. It made me reach my goals."

Self-Care classes (Taking Care of You, Stress Management, Using Technology, Problem Solving and Communication) are provided by Caregiver Center trainers to groups of caregivers at VA facilities. A total of 4,857 caregivers have participated in the Self Care classes with 1,087 caregivers served in 95 classes taught at 43 sites in FY 2018. Caregivers report a statistically significant increase in knowledge after the classes (p -value = .037). Caregivers report having their needs met (4.4 on 5-point scale), learning new information (4.5), planning to use information (4.6), increasing knowledge and skills as a caregiver (4.4), and increasing ability to take care of physical and emotional health (4.7).

Conclusion

Caregivers, our Nation's "hidden heroes," serve an important role in VA's health care delivery system, providing assistance and support to loved ones with complex physical and mental disabilities. VA continues to work to improve administration of our programs in support of caregivers and is striving to implement improvements as we plan for expansion under the MISSION Act of 2018. VA remains committed to administering a program that is consistent in its delivery, transparent in its process, and more easily understood by our Nation's Veterans and caregivers.

Department of Veterans Affairs
April 2019

Estimate of Cost to Prepare Congressionally-Mandated Report

ATTACHMENT

Short Title of Report: Assistance and Support Services for Caregivers

Report Required By: Section 101 (c) of Public Law 111-163

In accordance with Title 38, Chapter 1, Section 116, the statement of cost for preparing this report and a brief explanation of the methodology used in preparing the cost statement are shown below.

Manpower Cost:	<u>\$1,579</u>
Contract(s) Cost:	<u>\$0</u>
Other Cost:	<u>\$0</u>
<u>Total Estimated Cost to Prepare Report:</u>	<u><u>\$1,579</u></u>

Methodology: Appropriate subject matter experts recorded the time needed to collect data and information during the reporting period, and prepare drafts of this report. The time spent in hours was then multiplied by their respective hourly rates.

**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**



May 8, 2020

The Honorable Jerry Moran
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

In accordance with the requirements of Public Law 111-163, section 101(c), as amended by Public Law 115-182, section 163, enclosed is the Department of Veterans Affairs (VA) annual report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has also been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

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

Robert L. Wilkie

Enclosures



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

May 8, 2020

The Honorable David P. Roe, M.D.
Ranking Member
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Representative Roe:

In accordance with the requirements of Public Law 111-163, section 101(c), as amended by Public Law 115-182, section 163, enclosed is the Department of Veterans Affairs (VA) annual report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has also been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

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

Robert L. Wilkie

Enclosures



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

May 8, 2020

The Honorable Mark Takano
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

In accordance with the requirements of Public Law 111-163, section 101(c), as amended by Public Law 115-182, section 163, enclosed is the Department of Veterans Affairs (VA) annual report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has also been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

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

Robert L. Wilkie

Enclosures



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

May 8, 2020

The Honorable Jon Tester
Ranking Member
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Senator Tester:

In accordance with the requirements of Public Law 111-163, section 101(c), as amended by Public Law 115-182, section 163, enclosed is the Department of Veterans Affairs (VA) annual report on Assistance and Support Services for Caregivers, as well as the required statement of cost for preparing the report.

This report has also been sent to other leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

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

Robert L. Wilkie

Enclosures

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report for Fiscal Year 2019**

Legal Authority

The Caregivers and Veterans Omnibus Health Services Act of 2010, P.L. 111-163, signed into law on May 5, 2010, marked a new era in the delivery of expanded services for caregivers within the Department of Veterans Affairs (VA). VA established a Program of Comprehensive Assistance for Family Caregivers (PCAFC) and a Program of General Caregiver Support Services (PGCSS), collectively referred to as the Caregiver Support Program (CSP), combining existing VA programming and services for caregivers of Veterans of all eras with the additional services and benefits made available under P.L. 111-163.

P.L. 111-163 expanded services in place prior to the legislation, such as respite care and counseling. For qualified family caregivers of eligible Veterans, services and benefits as part of PCAFC include the following: education and training; a monthly stipend paid directly to designated primary family caregivers mental health services; travel, lodging, and subsistence when receiving initial training and during Veterans' medical appointments. Additional services include medical care under the Civilian Health and Medical Program of VA (CHAMPVA) for eligible primary family caregivers who are not entitled to care or services under a health plan contract and are not eligible for TRICARE. VA implemented CSP through 38 C.F.R., part 71 and on May 9, 2011, VA began accepting PCAFC applications. In fiscal year (FY) 2019, an estimated 21,400 primary family caregivers participated in PCAFC, including family caregivers from 50 states, the District of Columbia, and San Juan, Puerto Rico.

On June 6, 2018, P.L. 115-182, the VA MISSION Act of 2018 (MISSION Act), was signed into law. Section 161 of the MISSION Act amended the statutory authority for CSP, [38 U.S.C. § 1720G](#), by expanding eligibility for PCAFC to family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty before September 11, 2001, establishing new benefits for designated primary family caregivers of eligible Veterans, and making other changes affecting program eligibility and VA's evaluation of PCAFC applications. Section 162 directs VA to implement an information technology (IT) system that fully supports CSP and allows for data assessment and comprehensive monitoring among other specific requirements. VA continues to pursue changes necessary to implement requirements to carry out both sections. In addition to continued IT development, VA published a proposed rule on March 6, 2020, RIN 2900-AQ48, Program of Comprehensive Assistance for Family Caregivers Improvements and Amendments Under the VA MISSION Act of 2018, in which VA is seeking public comment on proposed regulatory changes, mostly related to PCAFC. [85 Fed. Reg. 13356](#). Section 163 of the MISSION Act requires this annual report to include additional elements that are addressed in this report.

This report serves to provide an annual update on the status of programs and services provided in support of PCAFC and PGCSS in FY 2019. It is not intended to provide total overall costs of all VA benefits available to support caregivers of Veterans.

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report for Fiscal Year 2019**

For the purposes of this report, the term Veteran includes Service members who apply for or participate in PCAFC.

Program of Comprehensive Assistance for Family Caregivers (PCAFC)

Application, Eligibility, and Appeals

38 C.F.R., part 71 and Veterans Health Administration (VHA) Directive 1152(1), Caregiver Support Program, specify that eligibility for PCAFC is contingent upon whether the Veteran meets all the following requirements. We note that these criteria do not account for changes made to [38 U.S.C. § 1720G\(a\)](#) by section 161 of the MISSION Act.

- 1) The individual is either a Veteran or a member of the Armed Forces undergoing medical discharge.
- 2) The Veteran must have a serious injury (including traumatic brain injury, psychological trauma or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001.
- 3) The serious injury must render the Veteran in need of personal care services for a minimum of 6 continuous months (based on a clinical determination authorized by the individual's primary care team) based on any one of the following clinical criteria:
 - Veteran has an inability to perform one or more of the following activities of daily living (ADL): dressing/undressing, bathing, grooming, toileting, feeding, mobility or adjusting special prosthetic or orthopedic appliances without assistance;
 - Veteran has need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury, including traumatic brain injury (i.e., requires supervision or assistance for any one of the following reasons: seizures, difficulty with planning and organizing, safety risks, difficulty with sleep regulation, delusions or hallucinations, difficulty with recent memory or self-regulation);
 - Veteran has a psychological trauma or a mental disorder that has been scored, by a licensed mental health professional, with Global Assessment of Functioning scores of 30 or less continuously during the 90-day period immediately preceding the date on which VA initially received the caregiver application; or
 - Veteran has been service-connected for a qualifying serious injury and has been rated 100 percent disabled for the serious injury and has been awarded special monthly compensation that includes an aid and attendance allowance.

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report for Fiscal Year 2019**

- 4) A clinical determination (authorized by the Veteran's primary care team) must be made that participation in the program is in the best interest of the Veteran, which includes consideration of whether participation in the program will significantly enhance his or her ability to live safely in a home setting, create an environment that supports his or her health and well-being, and supports his or her potential progress in rehabilitation if such potential exists.
- 5) The Veteran must agree to receive care at home after VA designates a family caregiver.
- 6) The Veteran must agree to receive ongoing care from a primary care team after VA designates a family caregiver.
- 7) The personal care services that would be provided by the family caregiver will not be simultaneously and regularly provided by or through another individual or entity.

Upon receiving an application for PCAFC, the Caregiver Support Coordinator (CSC) evaluates Veteran eligibility by identifying a potentially qualifying injury that was incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001, and assessing whether the potentially qualifying injury may render the Veteran in need of personal care services from a caregiver. CSC may then refer the application to the Veteran's VA primary care team, a VA Caregiver Support Program Multidisciplinary Clinical Eligibility Team or an individual VA provider to complete eligibility determinations. To be approved and designated as a family caregiver(s) by VA, the family caregiver(s) must meet certain eligibility requirements.

Before VA approves an applicant to serve as a family caregiver, the applicant(s) must be initially assessed by a VA primary care team as being able to complete caregiver education and training, and must complete caregiver training and demonstrate the ability to carry out the specific personal care services, core competencies, and other additional care requirements prescribed by the Veteran's primary care team. Once this training is complete, CSC arranges for a VA clinician or clinical team to complete an initial in-home assessment. The purpose of this home visit is to assess the caregiver's completion of training and competence to provide personal care services at the Veteran's home, and to measure the eligible Veteran's well-being. The results of this initial in-home assessment are communicated to CSC. If the applicable requirements are met, VA will approve the application and designate primary and secondary family caregivers, as appropriate.

If a determination is made that a Veteran does not qualify for participation, she or he will receive a formal letter that provides the decision and the process to file an appeal. If a Veteran and/or caregiver is not satisfied with the decision, he or she may request an appeal in accordance with VHA's clinical appeals process.

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report for Fiscal Year 2019**

PGCSS

Caregivers of Veterans eligible for participation in PGCSS are caregivers who provide personal care services to enrolled Veterans who need personal care services because of an inability to perform one or more activities of daily living or a need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury. Unlike PCAFC, there is no formal application required to participate in PGCSS. As VA seeks to expand PCAFC, as required by the MISSION Act, VA has also been making great strides to strengthen and enhance PGCSS. During FY 2019, CSP developed and designated PGCSS-specific staff positions to enhance program capabilities nationally. These staff are tasked with the responsibility to provide administrative oversight for clinical programming and daily operations of PGCSS to ensure delivery of a robust menu of supports and services available to caregivers of covered Veterans of all eras including the following: support from designated CSCs in every VA Medical Center (VAMC), a toll-free Caregiver Support Line (CSL), the Caregiver website, events/activities to celebrate National Family Caregivers Month, the Caregiver Peer Support Mentoring Program, Building Better Caregivers™ (BBC), Resources for Enhancing All Caregivers Health (REACH), Telephone Support for Caregivers, and Caregiver Self-Care Courses. These services are discussed in detail in subsequent sections of this report.

Services and Benefits Available through PCAFC

P.L. 111-163 established two groups of family caregivers, referred to in the regulations governing PCAFC as primary family caregivers and secondary family caregivers, and stipulated the unique benefits and services that are to be provided to each group. When applying for PCAFC, a Veteran can select one primary family caregiver and up to two secondary family caregivers.

Caregiver Core Curriculum Training and Education

Training and education of family caregivers is a critical component of PCAFC, and completion of Caregiver Core Curriculum training is a requirement for primary and secondary family caregivers as part of the application process. This curriculum includes education and training on 10 core competencies with topics such as caregiver self-care and medication management. The training is available in both English and Spanish. Training can be completed at home with a workbook and DVD, online, or in a classroom setting. Online training has been the overwhelming training modality of choice identified by family caregivers and is the primary method of delivery.

In FY 2019, the Core Curriculum education and training course continued to be delivered by a Service-Disabled Veteran Owned Small Business. Nearly 1,900 new family caregivers were trained in FY 2019. In July 2019, the contract with the Service-Disabled Veteran Owned Small Business for the Core Curriculum education and training course entered into its third option year and has two optional periods remaining through 2022.

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report for Fiscal Year 2019**

As VA works to expand PCAFC, as directed by the MISSION Act, the core curriculum requires additional content applicable to Veterans of earlier generations. Development of this training content was initiated in FY 2019 and is expected to deploy in parallel with the expansion of PCAFC.

Monthly Caregiver Stipend

Individuals designated as a primary family caregiver are eligible to receive a monthly stipend from VA as an acknowledgement of the sacrifices they make to care for seriously injured eligible Veterans. The monthly stipend is not intended to replace career earnings or be construed to create an employment relationship between VA and caregivers. Family caregivers report that the stipend is the cornerstone of PCAFC. The stipend helps to alleviate financial distress experienced by many primary family caregivers.

Based on chart review and clinical evaluation(s) VA clinically rates the individual's level of dependency, referred to as a tier level, based on the degree to which he or she is unable to perform one or more activities of daily living or the degree to which he or she is in need of supervision or protection based on symptoms or residuals of neurological or other impairment or injury. Each tier level has a corresponding number of hours used to determine the stipend payment as follows: the primary family caregiver of an eligible Veteran assessed at Tier 1 is paid a stipend equivalent to the eligible Veteran requiring 10 hours of caregiver assistance per week, nationally averaging approximately \$600 per month in FY 2019; the primary family caregiver of an eligible Veteran assessed at Tier 2 is paid a stipend equivalent to the eligible Veteran requiring 25 hours of caregiver assistance per week, nationally averaging approximately \$1,600 per month in FY 2019; and the primary family caregiver of an eligible Veteran assessed at Tier 3 is paid a stipend equivalent to the eligible Veteran requiring 40 hours of caregiver assistance per week, nationally averaging approximately \$2,600 per month in FY 2019. The national average stipend payment per month per caregiver in FY 2019 was just under \$1,450.

The monthly value of the stipend is calculated by using the U.S. Bureau of Labor Statistics' hourly wage for a home health aide in the geographic area in which the eligible Veteran resides. This stipend is calculated using the 75th percentile of the wage index, multiplied by the annual consumer price index cost of living adjustment, multiplied by the hours associated with the eligible Veteran's specific tier level as described above, and then multiplied by 4.35, which is equal to the average number of weeks in a month.

VA is responsible for ensuring stipend payment amounts are, to the extent practicable, no less than a commercial home health care entity would pay an individual in the eligible Veteran's geographic area (or an area with similar costs of living) to provide equivalent personal care services. Although each tier is associated with payment for a particular quantity of hours, the hours are not meant to equate with the number of hours that the family caregiver provides care to the eligible Veteran.

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report for Fiscal Year 2019**

The stipend payments are exempt from taxation under [38 U.S.C. § 5301\(a\)\(1\)](#) but may be considered income for other purposes. Stipend benefits are retroactive to the date the application was received by VA or the date on which the eligible Veteran begins receiving care at home, whichever is later.

In FY 2019, VA obligated an estimated \$347,067,501 in stipend payments for an estimated 21,400 primary family caregivers who received one or more stipend payments during the fiscal year.

Mental Health Services

In a survey of family caregivers of Veterans completed by the National Alliance for Caregiving in 2010, *Caregivers of Veterans - Serving on the Homefront*, caregivers of Veterans report high levels of isolation as well as high levels of emotional and physical stress. Caregivers also report depression, anger, interpersonal conflict, anxiety, substance use, sleep disturbances, and social isolation. In addition, when the caregiver is a spouse or significant other, there may be significant changes in the marital and other family relationships, and couples may face challenges related to intimacy.

Under PCAFC, both primary and secondary family caregivers are eligible to receive mental health services. These services may include individual and group therapy, individual counseling, and peer support groups, but do not include medication or psychiatric inpatient hospitalization. [38 U.S.C. § 1720G\(a\)\(3\)\(A\)\(i\)\(III\)](#), as added by section 101(a) of P.L. 111-163, enables qualified family caregivers to receive counseling services regardless of whether the need is related to the eligible Veteran's treatment plan. In addition to receiving mental health services as a VA benefit through this program, caregivers may access many other supportive counseling options such as: various telephone supports offered by local VA staff or through the national CSL; supportive counseling services offered by CSCs; and community resources.

For approved family caregivers participating in PCAFC during FY 2019, VA obligated an estimated \$1,293,405 for mental health services provided by VA. During FY 2019, no funding was obligated to provide these services in the community.

Prior to the passage of P.L. 111-163, VA provided counseling and other services under [38 U.S.C. § 1782](#) to family members of Veterans (and certain other individuals) if such services were in support of the clinical objectives of the eligible Veteran's treatment plan. These services included consultation, professional counseling, marriage and family counseling, training, and mental health services as are necessary in connection with the Veteran's treatment. These services continue to be provided to eligible individuals, including family and general caregivers, in support of furthering the objectives of the Veteran's medical treatment plan under [38 U.S.C. § 1782](#).

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report for Fiscal Year 2019**

Respite Care

Respite care is a distinct component of the array of long-term care services available to eligible Veterans who experience functional impairments from chronic conditions. Veterans seeking respite services under 38 U.S.C. § 1720B must be enrolled in VHA health care. Respite care is ordinarily provided for no more than 30 days per year. Veterans and caregivers in need of more hours of respite care may receive those services or may find their care needs are better met through other VA home and community-based services.

Respite care is available in a variety of settings. For example, respite care can be provided at home, in a VA Community Living Center, through a VA-contracted community skilled nursing home or through a VA-operated or VA-contracted community Adult Day Care Program. In-home community respite care providers include but are not limited to: National Family Caregiver Programs offered by Area Agencies on Aging and Aging and Disability Resource Centers through contracts with VA; state licensed or approved home health agencies through contracts with VA; and adult day care services.

Pursuant to 38 U.S.C. § 1720G(a), as added by section 101(a) of P.L. 111-163, PCAFC offers respite care to eligible Veterans during the period of initial caregiver education and training if the family caregiver's participation would interfere with the provision of personal care services to the Veteran. PCAFC also offers respite care for approved primary family caregivers, which must be medically and age appropriate. The CSC and primary care team assess the eligible Veteran and caregiver for their level of need for respite care services. When a determination of the need for respite care services is made, the Respite Care Coordinator, or the identified designee, secures the services and develops an individualized service plan for respite care identifying the amount of time, type of care, and care setting for respite care services.

For approved family caregivers participating in PCAFC during FY 2019, VA obligated an estimated \$10,217,280 for respite care services provided by VA and \$750,982 for respite care services provided by community providers.

Travel, Lodging, and Subsistence under 38 U.S.C. § 111(e)

Section 104 of P.L. 111-163 authorizes VA to reimburse primary and secondary family caregivers for travel expenses, including lodging and subsistence, for the time period in which the eligible Veteran is traveling to and from a VA facility for the purpose of medical examination, treatment or care, as well as for the duration of such medical examination, treatment or care. In accordance with the law, VA provides caregiver beneficiary travel in the same manner as that to eligible Veterans under 38 C.F.R., part 70, which may include the actual cost for meals, lodging, or both, not to exceed 50% of the per diem rate allowed for Government employees under 5 U.S.C. § 5702, when VA determines that an overnight stay is required. Under 38 U.S.C. § 1720G(a)(6)(C), as added by section

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report for Fiscal Year 2019**

101(a) of P.L. 111-163, VA is also authorized to reimburse travel, lodging, and per diem expenses incurred by a family member of an eligible Veteran in undergoing caregiver training as required as part of the application process for PCAFC.

For approved family caregivers participating in PCAFC during FY 2019, VA obligated an estimated \$392,147 for travel, lodging, and subsistence.

Health Care Benefits for Eligible Primary Family Caregivers

CHAMPVA is a comprehensive health care benefit program in which VA shares the cost of certain health care services and supplies with eligible beneficiaries. The program is administered by VHA's Office of Community Care where CHAMPVA applications are processed and eligibility determinations are made to authorize benefits and process medical claims. Approved primary family caregivers of eligible Veterans participating in PCAFC are eligible for CHAMPVA if they are not eligible for TRICARE and not entitled to care or services under a health plan contract such as Medicare, Medicaid, worker's compensation, or an insurance policy or contract. If eligible, primary family caregivers may receive CHAMPVA benefits in one of two ways:

- Primary family caregivers may receive services through community-based providers who accept assignment. In this case, primary family caregivers pay the CHAMPVA annual deductible and required cost shares for services when using these community-based providers; and
- Primary family caregivers may access CHAMPVA services through the CHAMPVA In-House Treatment Initiative (CITI) program, if providers and space are available within the VA health care system and the VAMC is a CITI participating provider. Local VA facilities are not required to participate in the CITI program.

In FY 2019, approximately 5,760 primary family caregivers had health care coverage under CHAMPVA through PCAFC and VA obligated \$12,993,776 to support these services.

Ongoing Support and Monitoring

Ongoing support and monitoring are provided to approved family caregivers and eligible Veterans participating in PCAFC through home visits, clinic visits, telehealth, and supportive telephone meetings. These contacts ensure that family caregivers have the required training, resources, and support to provide safe and effective care for their Veteran, and if necessary, to generate appropriate referrals for the Veteran and/or family caregiver. As previously mentioned, an initial home visit occurs prior to approval and designation of the family caregiver. Once approved, ongoing interim monitoring visits are required every 90 calendar days, unless otherwise clinically indicated.

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report for Fiscal Year 2019**

In FY 2019, VA obligated an estimated \$9,737,127 for completion of initial home-care assessments as well as on-going monitoring provided by VA, and \$100,507 for in-home visits conducted by community providers as part of VA's on-going monitoring of PCAFC participants.

VA Support Services and Outreach Activities Provided to General and Family Caregivers Following Passage of P.L. 111-163

CSC and Additional Program Staff

Effective April 2011, VA mandated that every medical center has at least 1.0 dedicated full-time equivalent employee (FTEE) CSC appointed to serve caregivers of Veterans. CSCs serve as the clinical experts on family caregiving issues and are experienced social workers, nurses, and psychologists. They provide support and programming to family and general caregivers, link caregivers to community and VA resources and respond to referrals from CSL. CSCs provide guidance, support, and coordination for the application process for PCAFC, as well as coordinate local activities in support of National Family Caregivers Month each November and throughout the year.

Due to the existing demand of supporting applicants and participants of PCAFC and the anticipated increased workload that will be required to meet the additional demands related to expanding PCAFC under the MISSION Act, CSP has approved the hiring of additional staff to support this need, while maintaining support of the existing workforce. Working collaboratively with the Office of Workforce Management, a staffing model was developed to guide and inform staffing decisions to meet the existing needs of the program and to put a staffing structure in place to provide more effective and efficient support and oversight at the field and Veterans Integrated Services Network (VISN) levels. This staffing model, finalized in August 2019, called for an additional 680 field- and VISN-level staff to enhance support for the existing needs of PCAFC, strengthen PGCSS and streamline and improve consistency of these programs. This staffing model called for the establishment of a VISN Lead position and at least one Centralized Eligibility and Appeals Team (CEAT) in each VISN to centralize and streamline the eligibility and appeals processes for PCAFC. Hiring efforts were expedited and by the close of FY 2019, 93% of all medical facilities had begun aggressive hiring efforts, 10 of the 18 VISNs had identified their VISN Leads, and many of the new positions were posted. These new positions are funded by the CSP national office in addition to the positions that were previously funded. Once complete by end of September 2020, this phase of staffing expansion will provide a strong infrastructure to meet the additional demands of PCAFC expansion under the MISSION Act.

In FY 2019, an estimated 485 field positions were funded by the Caregiver Support Program Office for which VA obligated an estimated \$50 million to support field-based staff salaries and benefits.

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report for Fiscal Year 2019**

CSL

On February 1, 2011, VA introduced the national CSL as an additional resource for caregivers, Veterans, and community partners associated with caring for Veterans. The mission of CSL is to provide information, referrals and support to caregivers of Veterans, offering callers options and facilitating interventions including referrals as needed to the appropriate VA resources, as well as state and local community services. Since its inception, CSL has been utilized by spouses, children, other extended family members and friends of Veterans, as well as Veterans themselves. At the end of FY 2019, CSL was staffed with 40 FTEE, which includes 29 call responders. Call responders are licensed master-level social workers who are trained to provide a clinical assessment of the situation described by the caller in order to offer appropriate direction, referrals and support.

CSL responders recognize the unique challenges caregivers experience and are skilled in assessing each individual's needs, offering supportive counseling, guidance and appropriate direction to help facilitate a connection to needed resources, including direct referrals to CSCs located at the VAMC nearest to the caller and other programs including Building Better Caregivers™, Peer Support Mentoring, REACH VA and CSL Telephone Education Groups. CSL has established relationships with other VA call centers and Department of Defense (DoD) call centers to establish procedures for transferring calls to the appropriate call center to best meet the caller's needs.

During FY 2019, CSL received over 71,500 calls and facilitated more than 4,600 referrals to local CSCs at VAMCs across the country on behalf of caregivers. VA obligated approximately \$2.9 million to support the operation of CSL in FY 2019.

Caregiver Website

VA's CSP website (www.caregiver.va.gov) serves as a centralized location for caregivers to identify services, supports and resources that can assist them in their caregiving role. To assist caregivers with navigating the VA system, the website provides easily accessible links to the application for PCAFC, resources available under PGCSS, CSL and a directory by state and U.S. territory feature that allows caregivers to readily locate contact information for their local CSC.

In addition, the website provides an array of tools and resources that simplify steps involved in caregiving duties, increase caregiver competency and help guide caregivers of what to ask their Veteran's health care providers. Other critical components of the website include an active listserv mailing list to keep caregivers informed of updates to CSP and local resources/connections for Veterans to connect with other agencies, support groups and caregivers.

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report for Fiscal Year 2019**

In FY 2019, website development needs and maintenance continued to be managed without contract support. Updates included provision of information on VA's steps towards expanding PCAFC as directed by the MISSION Act. The website continues to be visited frequently, averaging over 1,900 hits per day. In addition to the website, there is also an active listserv which had more than 150,000 subscribers at the end of FY 2019.

Peer Support

VA's Caregiver Peer Support Mentoring Program was launched in January 2012 to provide personal support and establish peer relationships by helping caregivers to connect with one another. Caregiver mentors and mentees are linked together through an application process. Peer mentors are official VA volunteers, and as such, must complete required orientation and training through Voluntary Services before they can begin program-specific training. VA privacy and information security requirements are covered as part of the required orientation process. Once matched, the caregiver mentor and mentee establish a communication plan, including weekly contact with one another.

The Peer Support Mentoring Program Manager, a VA staff member, hosts a monthly conference call that mentors are expected to attend to share ideas, express concerns and obtain support from other mentors. At the beginning of each call, privacy and confidentiality expectations are explained to participants.

Peer mentors empower mentee caregivers by forming supportive relationships, decreasing the feeling of isolation many caregivers experience and linking them to resources available within VA and the community. Caregiver mentors and mentees assist one another by sharing common experiences and knowledge of resources such as VA benefits, VA health care and community resources. As a result, the program helps caregivers build skills and a knowledge base that will assist them in dealing with their caregiving roles in the future. At the conclusion of FY 2019, 362 caregivers were actively participating in VA's Peer Support Mentoring Program.

BBC

In collaboration with the National Council on Aging (NCOA), VA deployed an online Support Workshop for caregivers of Veterans of all eras called BBC. In 2013, BBC was rolled out nationally and has remained a well utilized support for caregivers since that time. The 6-week online workshop is intended for caregivers caring for a Veteran with dementia, memory problems, posttraumatic stress disorder (PTSD), a serious brain injury or other injury or illness. The workshops include topics such as: managing your stress; communicating more effectively with family, friends and health professionals; taking care of one's own health; managing difficult emotions; managing difficult behaviors; setting goals; getting support from other caregivers; and tips on how to provide better care. An online Alumni Community was also established which allows caregivers to stay connected with each other and continue to receive support through the program following the

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report for Fiscal Year 2019**

completion of the 6-week course. In FY 2019, VA referred approximately 1,400 caregivers to participate in BBC and over 1,600 caregivers who completed the 6-week BBC workshop continued participation in the BBC Alumni Community.

REACH

REACH is an evidence-based skills-building intervention, including individual sessions with an option for telephone support group meetings designed to provide support, education and training to assist caregivers of Veterans of all eras affected by Alzheimer's disease or related dementias, spinal cord injury disorders, multiple sclerosis, amyotrophic lateral sclerosis and PTSD. Lasting 2-3 months, and delivered by telephone, telehealth, or face-to-face, the intensive one-on-one intervention addresses five main caregiving risk areas for eligible caregivers of Veterans including: safety; social and emotional support; problem solving; caregiver well-being; and both caregiver and Veteran health. The intervention focuses on problem solving around behavioral topics, stress and coping techniques, as well as step-by-step strategies to assist eligible caregivers in everyday problems they may encounter.

The Caregiver Support Program Office has also partnered with the Office of Rural Health (ORH) to assist in addressing the unique needs of rural caregivers. The Memphis VAMC Caregiver Center has a role in this concerted collaboration effort and has implemented REACH that is targeted to caregivers in rural areas. Approximately 500 caregivers were served during FY 2019 through this effort. Of these, approximately 160 caregivers living in urban areas were served by Caregiver Center staff funded by CSP.

Clinical staff at VA facilities are trained, certified, and provided materials to deliver the REACH intervention by the Memphis VAMC Caregiver Center. In FY 2019, 175 clinical staff at 106 VA sites of care received this training.

Telephone Support for Caregivers of Veterans

VA has long provided support in person and via telephone using support groups for eligible family members of Veterans who serve as caregivers. For example, VA offers a wide variety of support groups both locally and nationally to caregivers of Veterans with specific conditions. This telephone-based support group clinical intervention is different than caller support that is offered through CSL and is a specific program offered at local VAMCs. In October 2011, based on successful outcomes demonstrated by a similar DoD program, VA expanded support services by initiating Spouse Telephone Support. In May 2015, this program was expanded to include caregivers of Veterans of all eras, including Veterans with diagnoses of Alzheimer's disease or related dementias, spinal cord injury disorders, multiple sclerosis, amyotrophic lateral sclerosis and PTSD. These telephone support groups focus on education, skill building and support. Sessions teach critical skills needed by caregivers, including taking care of yourself, problem solving, positive thinking, asking for help and stress management and are targeted to the problems and concerns

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report for Fiscal Year 2019**

faced by the caregivers in the group. Each program has a Caregiver Notebook including resources, educational and goal-setting opportunities for caregivers that address the challenges related to the type of caregivers participating and provides information for each group session.

VHA staff Group Leaders provide six, 1-hour sessions designed to address critical caregiving skills plus additional topics based on group members' needs. The length of the program is also dependent on staff and group members' needs, ranging from 3 months to ongoing. In FY 2019, over 50 clinical staff, at 46 VA sites, were trained by the Memphis VAMC Caregiver Center to provide Telephone Support Groups.

Caregiver Self-Care Courses

VA has developed and deployed training opportunities focused on self-care. The original Caregiver Self-Care Courses, which are comprised of four distinct educational topics made available to caregivers of Veterans of all eras participating in the Caregiver Support Program, include: Managing Stress; Effective Communications/Problem Solving; Taking Care of Yourself; and Utilizing Technology. These courses, which were initially developed and administered in 2014 with contract support, have been delivered by the Memphis VAMC Caregiver Center since FY 2017. Two new courses were developed and implemented in FY 2019: Lowering Stress, Improving Mood and Handling Emotions. These self-care courses are delivered in face-to-face classroom settings. In FY 2019, over 1,500 caregivers participated in these various courses.

In FY 2019, VA obligated approximately \$810,400 to the Memphis VAMC Caregiver Center, which provides training and administration for REACH, Telephone Support and Caregiver Self-Care Courses.

Outcomes, Measurable Benefits, and Effectiveness

The Caregiver Support Program Office has worked diligently to partner with experienced researchers to identify practical measurable benefits and examine the effectiveness of CSP's various components.

In 2014, the Caregiver Support Program Office, in partnership with VHA's Health Services Research and Development Service (HSR&D) under the auspices of HSR&D's Quality Evaluation Research Initiative (QUERI), jointly funded the establishment of the VA Caregiver Support Program Partnered Evaluation Center (VA CARES).

Key findings of this initial concerted effort have been shared in previous Annual Reports to Congress. The partnership with VA CARES has since been extended through 2023 to increase collaboration efforts. Current efforts include the following:

- Examining the effect of PCAFC on Veteran health care utilization and costs

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report for Fiscal Year 2019**

over time;

- Examining the effect of PCAFC on Veteran well-being (e.g., depression, pain, predicted risk of suicide);
- Evaluating the PCAFC application process to include several site visits and staff interviews;
- Examining predictors of revocation of PCAFC participants;
- Conducting a survey of caregivers in PGCSS about caregiver health and well-being;
- Examining the effects of PCAFC on caregiver health and economic well-being among caregivers who are Veterans; and
- Analyzing survey data to be delivered by CSP to VA CARES.

In FY 2018, VA CARES completed a formative evaluation on the use of clinical eligibility assessment teams for determining eligibility for PCAFC. PCAFC eligibility determinations may be made by the Veteran's VA primary care team, a VA Caregiver Support Program Multidisciplinary Clinical Eligibility Team or an individual VA provider who is designated to complete eligibility determinations with input from the Veteran's primary care team. However, the Veteran's primary care team authorizes required clinical determinations (as required by the program's regulations).

The evaluation team deployed a voluntary web-based survey which received responses from 181 CSCs and represented 111 VAMCs. In addition to the web-based survey, 53 semi-structured telephone interviews were conducted. The team also performed 4 site visits to select VAMCs to perform process mapping, observe the eligibility assessment workflow and hold-in depth interviews with staff involved with the eligibility process. Findings revealed that a majority of sites (70%) reported using a specific team to conduct eligibility assessments (with the required authorizations from the Veteran's primary care team), described by those interviewed as valuable for expert and consistent determinations. Those sites without teams relied more on the Veteran's assigned treatment providers to conduct assessments, and those interviewed expressed there being a "dual role" problem of sustaining a "therapeutic relationship" while determining stipend eligibility. A perceived advantage was to have a trained, experienced group make consistent eligibility decisions. Recommendations from this evaluation include mandating interdisciplinary clinical eligibility assessment teams with specific minimum discipline requirements for a thorough, consistent assessment of needs. Ensuring centralized training for team members was also recommended.

The improvement in accuracy and consistency of PCAFC evaluations is a top priority of CSP. VHA believes eligible Veterans and caregivers deserve to receive the most uniform and reliable assessments of their functional status, level of care and need for personal care services. In FY 2019, VHA developed the strategy it will use to accomplish this goal. This eligibility determination model is designed to centralize decision making capabilities from over 400 VAMCs and outpatient clinic locations to 18 VISNs. These determinations will be made by full-time inter-professional teams (with the required authorizations from

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report for Fiscal Year 2019**

the Veteran's primary care team) who have received standardized and specialized training in PCAFC eligibility criteria. In FY 2020, VA will continue to onboard, orient and operationalize these 18 network-level CEATs through aggressive recruitment tactics and iterative Implementation, Communications and Education and Training Plans. CEATs will be comprised of a physician or nurse practitioner, psychologist and social worker or registered nurse. VISNs may also enhance those teams with occupational therapists.

In FY 2019, VA CARES completed analyses examining the effect of PCAFC on Veteran health care costs. VA CARES found that over time, estimated VA costs for Veterans whose caregivers received comprehensive caregiver support decreased with a narrowing, but persistent and significant, difference from Veterans whose caregivers did not receive comprehensive caregiver support during the same period. These increased costs arose from increased outpatient costs. Additionally, the evaluation team examined predictors of revocation of PCAFC participants. VA CARES found 40.5% of all participants were discharged and that discharges declined nationally for more recent applications. Non-spouse caregivers and Veterans requiring the lowest amount of care (Tier 1) had the highest probability of discharge; spouse caregivers and Veterans requiring the highest amount of care (Tier 3) had the lowest probability of discharge. Finally, as of October 2019, VA CARES has surveyed over 1,525 caregivers as part of the effort to assess caregiver health and well-being. Respondents are caregivers in PGCSS who may be eligible for PCAFC under the upcoming expansion of PCAFC. The survey consists of questions to caregivers who received services over the previous 4-year period. Of the 1,525 caregivers surveyed at baseline, 400 caregivers have completed 2 of the 4 phone surveys. At baseline, approximately two-thirds of the respondents reported providing high-intensity care on most days of the week; high prevalence of distress and burden; and that Veteran care recipients experienced total impairment in activities of daily living. On average, survey participants rated the quality of Veterans' health care at VA as 8.1 out of 10 in the previous 3 months.

During FY 2019, VA and the Elizabeth Dole Foundation partnered on a joint initiative, the Campaign for Inclusive Care. The campaign seeks to integrate family caregivers as partners in care with the Veteran's health care team. VA provided subject matter expertise and co-developed the curriculum for four, 15-minute online courses for multi-disciplinary providers that include inclusive care practices, communication techniques and methods for supporting caregivers. The Academy for Inclusive Care online courses went "live" in January 2020.

Through FY 2019, VA remained focused on both improving and preparing to expand PCAFC and has taken steps to address issues identified in the August 16, 2018, VA Office of Inspector General Report # 17-04003-222, Program of Comprehensive Assistance for Family Caregivers: Management Improvements Needed. These improvements include establishing an improved governance structure so that every facility has a direct link to a member of the VISN leadership team as well as improving our training of field-based staff to further improve consistent decision making, specifically

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report for Fiscal Year 2019**

related to eligibility determinations. As of October 2019, recommendations pertaining to these areas were successfully satisfied and closed.

VA also engaged with key stakeholders throughout FY 2019 including Veterans Service Organizations, Military Service Organizations, the House and Senate Committees on Veterans' Affairs, the Senate Committee on Homeland Security and Governmental Affairs, the Senate Special Committee on Aging, as well as members of the public. Several consistent themes emerged during these engagements surrounding implementation of the MISSION Act. As VA seeks to implement the MISSION Act and expand PCAFC to eligible Veterans of all eras, VA must ensure the following:

- Eligibility determinations are Veteran- and caregiver-centric, easy to understand and transparent;
- PCAFC is targeted to those Veterans who will benefit the most; and
- Program requirements are less burdensome for caregivers and Veterans.

Barriers to Accessing Caregiver Support

Veterans and their caregivers across the country can face barriers in accessing support. These challenges are usually faced by Veterans in rural areas. Some of the challenges faced by caregivers and Veterans living in rural communities include lack of access to health care; lack of public transportation; lack of social supports nearby; limited employment opportunities; lack of cultural awareness (i.e., American Indians/Alaska Natives); distance and geographical barriers; navigating the complex VA health care system; and limited, poor or no broadband internet connection. These obstacles can lead to isolation or difficulties when seeking caregiver support.

To address the needs of caregivers of Veterans in rural communities, VA's CSP and CSL have developed a strong collaboration with VA's ORH. In FY 2019, 19 CSCs were selected across 11 VAMCs to pilot the use of VA Video Connect (VVC) to complete quarterly assessments for family caregivers and Veterans participating in the PCAFC. There were 154 quarterly monitoring assessments completed using VVC and the feedback received from both clinicians and caregiver and Veteran dyads was very positive, noting better assessment and connection due to the face-to-face contact provided by VVC without the expense of resources and time to travel. In addition, CSP partnered with ORH to develop three videos using topics identified by the field as most difficult for caregivers: caregiving and intimacy; helping verses enabling; and communication.

Barriers to accessing available care and support can also commonly stem from lack of awareness of information on available services by consumers of services, as well as providers positioned to provide referrals. During FY 2019, CSP partnered with VHA Communications, the Office of Patient Care Services Communications group, and the Office of Enterprise Integration to create a strong communications plan to support

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report for Fiscal Year 2019**

information delivery of the current and future state of how VA supports caregivers within PCAFC and PGCSS. Specifically, the plan identifies current supports and services being delivered; expanded services that will be delivered to PCAFC participants as required by the MISSION Act; and how PGCSS resources are being enhanced. CSP has produced informational Fact Sheets, Frequently Asked Questions, good news stories/blogs and informative social media messages to further educate and inform interested parties on the services available within CSP. The communications plan takes into consideration internal and external stakeholder needs and is using several different channels of communication to deliver key information.

In addition to a formalized communications plan, CSP has also developed an equally robust Education and Training Plan, with the assistance of VA's Employee Education System Office and partners within the Office of Healthcare Transformation. This team produced six recorded training modules, with many more in progress, which are available through VA's Talent Management System website, to all VA staff. Examples of topics include, but are not limited to the following:

- Program of Comprehensive Assistance for Family Caregivers: Veteran Eligibility Criteria;
- Caregiver Support Program (CSP) MISSION Act Toolkit; and
- Caregiver Support Program (CSP) VHA Directive 1152(1) Overview.

Oftentimes, the lack of awareness for available support and services inhibits those who need these services most from accessing the resources needed. Through education and training of staff, and robust modalities of communication, CSP is breaking barriers to support caregivers of Veterans.

Evaluation of Training

Training for caregivers is a critical aspect in providing high quality support for our Veterans who may require aid and assistance on a daily basis. Caregivers are trained and supported in various ways to improve their knowledge and ability in the delivery of care to Veterans. Prior to admission in PCAFC, required training is delivered using a curriculum that includes 10 core competencies with topics such as caregiver self-care and medication management. The training is offered in both English and Spanish, and can be completed at home with a workbook and DVD, online or in a classroom setting. In a past survey of the caregivers who have completed the Core Curriculum, 96% of caregivers strongly agreed or agreed that the training improved their knowledge and ability to take care of their own physical and emotional health. Overall satisfaction with the training program showed that 87% of caregivers were extremely satisfied or satisfied with the training. As part of the effort to expand training content to include material relevant to caregivers of Veterans of earlier eras, restructuring of the current material, with a human-centered learning design is planned to support increased caregiver competencies and delivery of personal care services.

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report for Fiscal Year 2019**

CSL Telephone Education Groups continue to be a well utilized resource for caregivers. Caregivers receive education and training on topics specific to caregiving and are able to connect with other caregivers for support. In FY 2019, new topics including recognizing and understanding burnout and how to engage in self-care were added to the curriculum and presented to caregivers. In FY 2019, there were 3,953 total participants in CSL Telephone Education calls, including 596 who participated in the Caregiver Led Calls. In addition to regularly scheduled live monthly calls, caregivers can also access recordings of these groups online by visiting the VA caregiver website. Group recordings are updated regularly.

In the BBC program, over 11,300 referrals have been received since the national roll out in 2013; approximately 1,400 of which were received in FY 2019. BBC is composed of a 6-week workshop and a BBC Alumni Community, which is available once caregivers have completed the BBC workshop. In FY 2019, over 1,600 caregivers participated in the BBC Alumni Community. The caregiver overall satisfaction with BBC is 4.4 on the 5-point Likert Scale with an overall 88% satisfaction rating. Caregiver feedback has included the following quotes: “I was reminded of setting an action plan, staying calm, and taking care of myself.”; “I see that I am not alone in any of this.”; “I have learned to talk more with my Veteran.”; and “I have learned new ways to handle situations.” It has been demonstrated that participation helps improve the health and well-being of the caregiver and Veteran including reduction of depression, anxiety, and stress related disorders, catalyzes health lifestyle modification, accelerates health behavior change, diminishes social isolation and improves system navigation and working with the health care team.

Through CSP’s partnership with ORH, approximately 500 caregivers were served during FY 2019 through REACH targeted to caregivers in rural areas. Of these, approximately 160 caregivers living in urban areas were served by Caregiver Center staff funded by CSP. An analysis of a subset of these caregivers showed significant improvements in burden, depression, anxiety and frustration (all at $p < .001$), and general health ($p = .010$). In addition, caregivers may feel “on duty” constantly as they are vigilant for any difficulty the Veteran may experience, such as vigilance in providing supervision; monitoring others who are providing supportive services; or initiating preventative actions to avoid triggering disruptive behavioral reactions. Caregivers in this analysis reported a significant decrease in feeling “on duty” by more than 1 hour per day ($p = .029$). Caregivers of Veterans with dementia or PTSD further reported significant decreases in challenging Veteran behaviors and safety concerns such as driving or aggression. Caregivers’ rating of VA health care for their loved one also significantly improved ($p = .035$).

Self-Care classes (Taking Care of You, Stress Management, Using Technology, Problem Solving and Communication) are provided by Caregiver Center trainers to groups of caregivers at VA facilities. A total of 6,365 caregivers have participated in the Self Care classes with 1,508 caregivers served in 143 classes taught at 84 sites in FY 2019. Caregivers report a statistically significant increase in knowledge after the classes (p -value $< .001$). Caregivers report having their needs met (4.4 on 5-point scale), learning

**Department of Veterans Affairs (VA)
Assistance and Support Services for Caregivers
Annual Report for Fiscal Year 2019**

new information (4.4), planning to use information (4.6), increasing knowledge and skills as a caregiver (4.4) and increasing ability to take care of physical and emotional health (4.4).

Conclusion

Caregivers, our Nation's "hidden heroes", serve an important role in VA's health care delivery system, providing assistance and support to loved ones with complex physical and mental disabilities. VA continues to work to improve administration of our programs in support of caregivers and is striving to implement improvements as we progress towards expansion of PCAFC under the MISSION Act. VA remains committed to administering a program that is consistent in its delivery, transparent in its process and more easily understood by our Nation's Veterans and caregivers.

Department of Veterans Affairs
May 2020



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

April 26, 2021

The Honorable Mike Bost
Ranking Member
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Representative Bost:

In accordance with the requirements of P.L. 111-163 § 101(c), as amended by P.L. 115-182 § 163, enclosed is the Department of Veterans Affairs report on Assistance and Support Services for Caregivers.

As required by 38 U.S.C. § 116, a statement of cost for preparing the report is also enclosed. This report has been sent to the leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in black ink, appearing to read "DMcDonough", written over a horizontal line.

Denis McDonough

Enclosures



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

April 26, 2021

The Honorable Jerry Moran
Ranking Member
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Senator Moran:

In accordance with the requirements of P.L. 111-163 § 101(c), as amended by P.L. 115-182 § 163, enclosed is the Department of Veterans Affairs report on Assistance and Support Services for Caregivers.

As required by 38 U.S.C. § 116, a statement of cost for preparing the report is also enclosed. This report has been sent to the leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in black ink, appearing to read "DMcDonough", written over a horizontal line.

Denis McDonough

Enclosures



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

April 26, 2021

The Honorable Mark Takano
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

In accordance with the requirements of P.L. 111-163 § 101(c), as amended by P.L. 115-182 § 163, enclosed is the Department of Veterans Affairs report on Assistance and Support Services for Caregivers.

As required by 38 U.S.C. § 116, a statement of cost for preparing the report is also enclosed. This report has been sent to the leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in black ink, appearing to read "DMcDonough".

Denis McDonough

Enclosures



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

April 26, 2021

The Honorable Jon Tester
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

In accordance with the requirements of P.L. 111-163 § 101(c), as amended by P.L. 115-182 § 163, enclosed is the Department of Veterans Affairs report on Assistance and Support Services for Caregivers.

As required by 38 U.S.C. § 116, a statement of cost for preparing the report is also enclosed. This report has been sent to the leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in black ink, appearing to read "DMcDonough".

Denis McDonough

Enclosures

Department of Veterans Affairs Assistance and Support Services for Caregivers



Fiscal Year 2020

Introduction

The Caregivers and Veterans Omnibus Health Services Act of 2010, P.L. 111-163, was signed into law on May 5, 2010, and marked a new era in delivering expanded services for caregivers within the Department of Veterans Affairs (VA). VA established a Program of Comprehensive Assistance for Family Caregivers (PCAFC) and a Program of General Caregiver Support Services (PGCSS), collectively referred to as the Caregiver Support Program (CSP), combining existing VA programming and services for caregivers of Veterans of all eras with the additional services and benefits made available under P.L. 111-163. P.L. 111-163 expanded services in place prior to the legislation, such as respite care and counseling.

For qualified family caregivers of eligible Veterans, additional services and benefits as part of PCAFC include: education and training; a monthly stipend paid directly to designated primary family caregivers; mental health services; travel benefits, when receiving initial training and during the Veterans' medical appointments; and medical care under the Civilian Health and Medical Program of VA (CHAMPVA) for eligible primary family caregivers who are not entitled to care or services under a health plan contract and are not eligible for TRICARE. VA implemented CSP through regulations in 38 C.F.R. Part 71, and on May 9, 2011, VA began accepting PCAFC applications. In fiscal year (FY) 2020, an estimated 20,600 primary family caregivers participated in PCAFC, including family caregivers from 50 states, the District of Columbia, Puerto Rico and several U.S. Territories, including Guam, U.S. Virgin Islands and American Samoa.

On June 6, 2018, P.L. 115-182, the *VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018* was signed into law.

- Section 161 of the VA MISSION Act of 2018 amended the statutory authority for CSP, [38 U.S.C. § 1720G](#), by expanding eligibility for PCAFC to family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty before September 11, 2001, establishing new benefits for designated primary family caregivers of eligible Veterans, and making other changes affecting program eligibility and VA's evaluation of PCAFC applications.
- Section 162 of the VA MISSION Act of 2018 directs VA to implement an information technology (IT) system that fully supports PCAFC and allows for data assessment and comprehensive monitoring among other specific requirements.
- Section 163 of the VA MISSION Act of 2018 required the annual report created by P.L. 111-163 § 101(c)(2) to include additional reporting elements.

When the VA MISSION Act of 2018 was enacted, VA took immediate action towards implementing necessary changes required by sections 161 and 162. In October 2019, the first step towards achieving IT system readiness was realized when the initial release of the Caregiver Record Management Application (CARMA) was deployed for

limited use by the CSP field. CARMA is a workflow management tool used to support the administrative needs of PCAFC, PGCSS and the Caregiver Support Line (CSL). This initial release provided a foundational system which was iteratively developed with added functionality throughout FY 2020 to satisfy the full scope of requirements for the IT system set forth in section 162.

In addition to continued IT system development throughout FY 2020, VA published a proposed rule on March 6, 2020, RIN 2900-AQ48, *Program of Comprehensive Assistance for Family Caregivers Improvements and Amendments under the VA MISSION Act of 2018*, in which VA sought public comment on proposed regulatory changes mostly related to PCAFC. 85 FR 13356. Comments were carefully considered and a final rule was published on July 31, 2020, with an October 1, 2020, effective date. 85 FR 46226.

On October 1, 2020, the regulatory changes took effect and VA certified to Congress that the IT system required by section 162 of the VA MISSION Act of 2018 was fully implemented. This launched the first phase of PCAFC expansion to eligible Veterans who incurred or aggravated a serious injury in the line of duty before September 11, 2001.

This report provides an annual update on the status of PCAFC and PGCSS and the programs and services provided in support of PCAFC and PGCSS during FY 2020. It does not reflect changes that went into effect on October 1, 2020, based on requirements set forth in the VA MISSION Act of 2018 and VA's implementing regulations, which were implemented at the onset of FY 2021. A summary of those changes is included in the conclusion of this report. Further, this report is not intended to provide total overall costs of all VA benefits available to support caregivers of Veterans such as home-based primary care, available as part of VA's Home and Community Based Services. For the purposes of this report, the term Veteran includes Service members who apply for or participate in PCAFC.

Program of Comprehensive Assistance for Family Caregivers

Application, Eligibility and Appeals

During FY 2020, regulations at 38 C.F.R. Part 71 and Veterans Health Administration (VHA) Directive 1152(1), Caregiver Support Program, specified that eligibility for PCAFC is contingent upon whether the applicants meet all the following requirements. We note that these criteria and processes do not account for changes made to 38 U.S.C. 1720G(a) by section 161 of the VA MISSION Act of 2018 or the regulatory changes in 38 C.F.R. Part 71 that became effective October 1, 2020.

In FY 2020, a Veteran had to meet the following requirements to qualify for PCAFC:

- 1) The individual is either a Veteran or a member of the Armed Forces undergoing medical discharge.
- 2) The Veteran must have a serious injury (including traumatic brain injury, psychological trauma or other mental disorder) incurred or aggravated in the line of duty in the active military, naval or air service on or after September 11, 2001.
- 3) The serious injury must render the Veteran in need of personal care services for a minimum of six continuous months (based on a clinical determination authorized by the individual's primary care team) based on any one of the following clinical criteria:
 - Veteran has an inability to perform one or more of the following activities of daily living: dressing/undressing, bathing, grooming, toileting, feeding, mobility or adjusting any special prosthetic or orthopedic appliances without assistances;
 - Veteran has need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury, including traumatic brain injury (i.e., requires supervision or assistance for any one of the following reasons: seizures, difficulty with planning and organizing, safety risks, difficulty with sleep regulation, delusions or hallucinations, difficulty with recent memory or self-regulation);
 - Veteran has a psychological trauma or a mental disorder that has been scored, by a licensed mental health professional, with Global Assessment of Functioning scores of 30 or less continuously during the 90-day period immediately preceding the date on which VA initially received the caregiver application; or
 - Veteran has been service-connected for a qualifying serious injury and has been rated 100% disabled for the serious injury; and has been awarded special monthly compensation that includes an aid and attendance allowance.
- 4) A clinical determination (authorized by the Veteran's primary care team) must be made that participation in the program is in the best interest of the Veteran, which includes consideration of whether participation in the program will significantly enhance his or her ability to live safely in a home setting, create an environment that supports his or her health and well-being and supports his or her potential progress in rehabilitation if such potential exists.
- 5) The Veteran must agree to receive care at home after VA designates a family caregiver.

- 6) The Veteran must agree to receive ongoing care from a primary care team after VA designates a family caregiver.
- 7) The personal care services that would be provided by the family caregiver will not be simultaneously and regularly provided by or through another individual or entity.

The information below provides a general overview of the PCAFC application process in FY 2020.

Upon receiving an application for PCAFC, CSP staff at the VA medical center (VAMC) where the Veteran receives care, evaluated the Veterans eligibility by identifying a potentially qualifying injury that was incurred or aggravated in the line of duty in the active military, naval or air service on or after September 11, 2001, and assessed whether the potentially qualifying injury may render the Veteran in need of personal care services from a caregiver. CSP staff then referred the application to the Veteran's VA primary care team, a VA CSP Multidisciplinary Clinical Eligibility Team or an individual VA provider to complete eligibility determinations (with the required authorizations from the Veteran's primary care team). To be approved and designated as a family caregiver(s) by VA, the family caregiver(s) must meet certain eligibility requirements.

Before VA approved an applicant to serve as a family caregiver, the applicant was initially assessed by a VA primary care team as being able to complete caregiver education and training, and was required to complete caregiver training and demonstrate the ability to carry out the specific personal care services, core competencies and other additional care requirements prescribed by the Veteran's primary care team. Once this training was complete, CSP staff arranged for a VA clinician or clinical team to complete an initial in-home assessment¹. The purpose of this home visit is to assess the caregiver's completion of training and competence to provide personal care services at the Veteran's home, and to measure the eligible Veteran's wellbeing. The results of this initial in-home assessment are communicated to CSP staff. If the applicable requirements are met, VA approved the application and designated primary and secondary family caregivers, as appropriate.

If a determination is made that a Veteran does not qualify for participation in PCAFC, VA provides a formal letter with the decision and the process to file an appeal. If a Veteran and/or caregiver is not satisfied with the decision, he or she may request an appeal in accordance with VHA's clinical appeals process. This process was updated in September 2020, per VHA Directive 1041, *Appeal of Veterans Health Administration Clinical Decisions* (September 28, 2020). Additionally, the caregiver is offered the opportunity to participate in PGCSS, as applicable.

¹ On June 5, 2020, VA published an interim final rule, RIN 2900-AQ96, Home Visits in the Program of Comprehensive Assistance for Family Caregivers During COVID-19 National Emergency, to provide flexibility in the mode by which VA conducts PCAFC home visits for the duration of the Coronavirus Disease - 2019 (COVID-19) National Emergency. See section below titled "VA Response to Coronavirus Disease - 2019 (COVID-19)."

Program of General Caregiver Support Services

Caregivers of Veterans eligible to participate in PGCSS are caregivers who provide personal care services to enrolled Veterans who require personal care services because of an inability to perform one or more activities of daily living or a need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury. Unlike PCAFC, no formal application or clinical evaluation is required to participate in PGCSS. As VA expands PCAFC as required by the MISSION Act of 2018, VA also continues to make great strides to strengthen and enhance PGCSS. During FY 2020, CSP increased PGCSS staff positions to enhance program capabilities nationally and developed a set of required programming at every VAMC to offer caregivers access to standard and consistent supports across VA. PGCSS staff are tasked with the responsibility to provide administrative oversight for PGCSS to ensure delivery of robust supports and services available to caregivers of covered Veterans of all eras including: support from designated PGCSS staff in every VAMC who provide individual or group psychosocial support, coaching and skills training inclusive of the evidence-based suicide prevention training referred to as S.A.V.E: VA Suicide Prevention Gatekeeper Training.

Additional supports and services available through PGCSS include a toll-free CSL, the Caregiver website, events/activities to celebrate National Family Caregivers Month, the Caregiver Peer Support Mentoring Program, Building Better Caregivers™ (BBC), Annie Caregiver Text Support, Resources for Enhancing All Caregivers Health (REACH), Telephone Support for Caregivers and Caregiver Self-Care Courses. Many of these services are discussed in detail in subsequent sections of this report. It is critical that caregivers have awareness of these available services. To support awareness, PGCSS staff are responsible for coordinating and facilitating an annual resource fair at every VAMC. This required event provides opportunities for caregivers and families to learn about the supports and services available to them through VA as well as through community resources.

Services and Benefits Available through PCAFC

P.L. 111-163 established two groups of family caregivers, referred to in the regulations governing PCAFC as primary family caregivers and secondary family caregivers, and stipulated the unique benefits and services that are to be provided to each group. The VA MISSION Act of 2018 further expanded the services provided to primary family caregivers to include financial planning services and legal services relating to the needs of injured Veterans and their caregivers. When applying for PCAFC, a Veteran can select one primary family caregiver and up to two secondary family caregivers.

Caregiver Core Curriculum Training and Education

Training and education of family caregivers is a critical component of PCAFC, and completion of Caregiver Core Curriculum training is a requirement for primary and secondary family caregivers as part of the application process. This curriculum includes

education and training on topics such as caregiver self-care and medication management. The training is available in both English and Spanish and can be completed at home with a workbook and DVD or online. Online training has been the clear training modality of choice identified by family caregivers and is the primary method of delivery. In FY 2020, approximately 1,800 caregivers completed the Caregiver Core Curriculum training.

As VA planned PCAFC expansion as required by VA MISSION Act of 2018, training content required modification to better serve the needs of caregivers of Veterans in additional age groups. As part of this initiative to support expansion, the training content was updated and an online resource library was developed for family caregivers on health-related topics, VA programs and community resources to enable family caregivers the ability to access the training and resource library throughout their caregiving journey. This program titled “National Caregiver Training” curriculum modification was completed at the end of FY 2020 and was deployed at the onset of FY 2021.

Monthly Caregiver Stipend

Individuals designated as a primary family caregiver are eligible to receive a monthly stipend from VA as an acknowledgement of the sacrifices they make to care for an eligible Veteran. The monthly stipend is not intended to replace career earnings or be construed to create an employment relationship between VA and caregivers. Family caregivers report that the stipend is the cornerstone of PCAFC². The stipend helps to alleviate financial distress experienced by many primary family caregivers.

In FY 2020, the monthly caregiver stipend tier was determined based on chart review and clinical evaluation(s). VA clinically rated the individual’s level of dependency, referred to as a tier level, based on the degree to which he or she was unable to perform one or more activities of daily living or the degree to which he or she was in need of supervision or protection based on symptoms or residuals of neurological or other impairment or injury. Each tier level had a corresponding number of hours used to determine the stipend payment as follows: the primary family caregiver of an eligible Veteran assessed at Tier 1 was paid a stipend equivalent to the eligible Veteran requiring 10 hours of caregiver assistance per week, nationally averaging approximately \$669 per month in FY 2020; the primary family caregiver of an eligible Veteran assessed at Tier 2 was paid a stipend equivalent to the eligible Veteran requiring 25 hours of caregiver assistance per week, nationally averaging approximately \$1,666 per month in FY 2020; and the primary family caregiver of an eligible Veteran assessed at Tier 3 was paid a stipend equivalent to the eligible Veteran requiring 40 hours of caregiver assistance per week, nationally averaging approximately \$2,723 per month in FY 2020. The national average stipend payment per month per caregiver in FY 2020

² Sperber N, Shepherd-Banigan M, Miller KEM, Andrews S, Steinhauser K, Wieland G.D., Campbell-Kotler M, Henius J, Kabat M, and Van Houtven, CH. (2018) “Family caregiver use and value of support services in the VA Program of Comprehensive Assistance for Family Caregivers”. *Journal of Long-Term Care*. September, 41-50. Doi: 10.21953/lse.n3tazsz5zmai.

was approximately \$1,512. VA is responsible for ensuring stipend payment amounts are, to the extent practicable, not less than a commercial home health care entity would pay an individual in the eligible Veteran's geographic area (or an area with similar costs of living) to provide equivalent personal care services. Although each tier is associated with payment for a quantity of hours, the hours are not meant to equate with the number of hours that the family caregiver provides care to the eligible Veteran.

The stipend payments are exempt from taxation under [38 U.S.C. § 5301\(a\)\(1\)](#) but may be considered income for other purposes. In FY 2020, stipend benefits are retroactive to the date VA received the application or the date on which the eligible Veteran began receiving care at home, whichever was later.

In FY 2020, VA obligated an estimated \$353,253,272 in stipend payments for an estimated 20,600 primary family caregivers who received one or more stipend payments during the fiscal year.

Mental Health Services

In a survey of family caregivers of Veterans completed by the RAND Corporation in 2014, Hidden Heroes – America's Military Caregivers, caregivers were shown to have worse health outcomes, more strained family relationships and more workplace problems than non-caregivers. Caregivers of Veterans reported high levels of emotional and physical stress. Caregivers also reported elevated depression, anxiety and feelings of confinement such that being a caregiver restricts activities. In addition, when the caregiver is a spouse or significant other, there may be significant changes in the marital and other family relationships. These impacts were found to be most pronounced among caregivers caring for Veteran who served post 9/11.³

Under PCAFC, both primary and secondary family caregivers are eligible to receive mental health services. These services may include individual and group therapy, individual counseling and peer support groups, but do not include medication or psychiatric inpatient hospitalization. [38 U.S.C. § 1720G\(a\)\(3\)\(A\)\(i\)\(III\)](#), as added by P.L. 111-163 § 101(a), enables qualified family caregivers to receive counseling services regardless of whether the need is related to the eligible Veteran's treatment plan. In addition to receiving mental health services as a VA benefit through this program, caregivers may access many other supportive counseling options such as: various telephone supports offered by local VA staff or through the national CSL; supportive counseling services offered by CSP staff; and community resources.

For approved family caregivers participating in PCAFC during FY 2020, VA obligated an estimated \$993,274 for mental health services provided by VA. In addition, during FY 2020, \$12,000 was obligated to provide these services through community providers.

³ Ramchand, Rajeev, Terri Tanielian, Michael P. Fisher, Christine Anne Vaughan, Thomas E. Trail, Caroline Batka, Phoenix Voorhies, Michael W. Robbins, Eric Robinson, and Bonnie Ghosh-Dastidar, Hidden Heroes: America's Military Caregivers. Santa Monica, CA: RAND Corporation, 2014.

Prior to passing P.L. 111-163, VA provided counseling and other services under [38 U.S.C. § 1782](#) to immediate family members of Veterans (and certain other individuals) if such services were supporting the clinical objectives of the eligible Veteran's treatment plan. These services included consultation, professional counseling, marriage and family counseling, training and mental health services as are necessary in connection with the Veteran's treatment. These services continue to be provided to eligible individuals, including family and general caregivers, in support of furthering the objectives of the Veteran's medical treatment plan under [38 U.S.C. § 1782](#).

Respite Care

Respite care is a distinct component of the array of long-term care services available to eligible Veterans who experience functional impairments from chronic conditions. Respite care is care provided to the Veteran by someone other than the caregiver allowing the caregiver to either take a short-term break or take time to attend to their own needs while others attend to the needs of the Veteran. Veterans seeking respite services under [38 U.S.C. § 1720B](#) must be enrolled in VHA health care. Respite care is ordinarily provided for no more than 30 days per year. Veterans and caregivers in need of more hours of respite care may receive those services or may find their care needs are better met through other VA home and community-based services.

Respite care is available in a variety of settings. For example, respite care can be provided at home, in a VA Community Living Center, through a VA-contracted community skilled nursing home or through a VA-operated or VA-contracted community Adult Day Care Program. In-home community respite care providers include, but are not limited to: National Family Caregiver Programs offered by area Agencies on Aging and Aging and Disability Resource Centers through contracts with VA; state licensed or approved home health agencies through contracts with VA; and adult day care services.

Veterans participating in PGCSS can access respite services under [38 U.S.C. § 1720B](#). Pursuant to [38 U.S.C. § 1720G\(a\)](#), as added by P.L. 111-163 § 101(a), PCAFC offers respite care to eligible Veterans during the period of initial caregiver education and training if the family caregiver's participation would interfere with the providing personal care services to the Veteran. PCAFC also offers respite care for approved primary family caregivers, which must be medically and age appropriate. CSP staff and the primary care team assess the eligible Veteran and caregiver for their level of need for respite care services. When a determination of the need for respite care services is made, the Respite Care Coordinator, or the identified designee, secures the services and develops an individualized service plan for respite care identifying the amount of time, type of care and care setting for respite care services.

For approved family caregivers participating in PCAFC during FY 2020, VA obligated an estimated \$8,583,414 for respite care services provided by VA in addition to \$2,501,351 for respite care services provided through community providers.

Travel, Lodging and Subsistence under 38 U.S.C. § 111(e)

P.L. 111-163 § 104 amended 38 U.S.C. § 111 to authorize VA to reimburse primary and secondary family caregivers for travel expenses, including lodging and subsistence, for the time period in which the eligible Veteran is traveling to and from a VA facility for the purpose of medical examination, treatment or care, as well as for the duration of such medical examination, treatment or care. In accordance with the law, VA provides caregiver beneficiary travel in the same manner as that to eligible Veterans under 38 C.F.R. Part 70, which may include the actual cost for meals, lodging or both, not to exceed 50% of the per diem rate allowed for government employees under 5 U.S.C. § 5702, when VA determines that an overnight stay is required. Under 38 U.S.C. § 1720G(a)(6)(C), as added by P.L. 111-163 § 101(a), VA is also authorized to reimburse travel, lodging and per diem expenses incurred by a family member of an eligible Veteran in undergoing caregiver training required as part of the application process for PCAFC.

For approved family caregivers participating in PCAFC during FY 2020, VA obligated an estimated \$236,347 for travel expenses, including lodging and subsistence.

Health Care Benefits for Eligible Primary Family Caregivers

CHAMPVA is a health care benefit program in which VA shares the cost of certain health care services and supplies with eligible beneficiaries. The program is administered by VHA's Office of Community Care where CHAMPVA applications are processed and eligibility determinations are made to authorize benefits and process medical claims. Approved primary family caregivers of eligible Veterans participating in PCAFC are eligible for CHAMPVA if they are not eligible for TRICARE and not entitled to care or services under a health plan contract such as Medicare, Medicaid, worker's compensation or an insurance policy or contract. If eligible, primary family caregivers may receive CHAMPVA benefits in one of two ways:

- Primary family caregivers may receive services through community-based providers who accept assignment. In this case, primary family caregivers pay the CHAMPVA annual deductible and required cost shares for services when using these community-based providers.
- Primary family caregivers may access CHAMPVA services through the CHAMPVA In-House Treatment Initiative (CITI) program, if providers and space are available within the VA health care system and the VAMC is a CITI participating provider. Local VA facilities are not required to participate in the CITI program.

In FY 2020, approximately 3,000 primary family caregivers had health care coverage under CHAMPVA through PCAFC and VA obligated \$12,143,776 to support these services.

Ongoing Support and Monitoring

In FY 2020, ongoing support and monitoring were provided to approved family caregivers and eligible Veterans participating in PCAFC through home visits⁴, clinic visits, telehealth and supportive telephone meetings. These contacts ensured that family caregivers had the required training, resources and support to provide safe and effective care for their Veteran, and if necessary, to generate appropriate referrals for the Veteran and/or family caregiver. As previously mentioned, an initial home visit occurs prior to approval and designation of the family caregiver. Once approved, ongoing interim monitoring visits were required in FY 2020 every 90 calendar days, unless otherwise clinically indicated.

In FY 2020, VA obligated an estimated \$6,198,309 for completion of initial home-care assessments as well as on-going monitoring provided directly by VA; and in addition to \$40,250 for in-home visits conducted through community providers as part of VA's on-going monitoring of PCAFC participants.

Legal and Financial Planning Services

Under [38 U.S.C. § 1720G\(a\)\(3\)\(A\)\(ii\)\(VI\)](#), as amended by section 161(a)(3) of the VA MISSION Act of 2018, VA is required to provide designated primary family caregivers with financial planning services and legal services relating to the needs of injured Veterans and their primary family caregivers. Legal services include legal advice and consultation. VA sought input from stakeholders and public comments through a Federal Register notice when determining specific services to include as a part of these new PCAFC benefits, and feedback was incorporated into the publication of a Proposed Rule on March 6, 2020. 85 FR 1356. A Final Rule was published on July 31, 2020, defining the scope of these benefits. See 85 FR 46226. Current efforts are underway to establish a contract to be able to provide these services. Based on the size and complexity of the legal and financial planning services required which cross state/territory lines, multiple levels of input and reviews by VA internal experts were required to ensure added securities, certifications and legal requirements were met. Specifically, given that laws and requirements vary by state in areas such as simple wills and durable power of attorney, it was determined that the most expeditious method to implement the requirements would be through a contract. The contracting process is underway. While a specific date for implementation is not yet able to be identified, VA is aggressively working to establish a viable contract for these services.

⁴ On June 5, 2020, VA published an interim final rule, RIN 2900-AQ96, Home Visits in the Program of Comprehensive Assistance for Family Caregivers During COVID-19 National Emergency, to provide flexibility in the mode by which VA conducts PCAFC home visits for the duration of the Coronavirus Disease-2019 (COVID-19) National Emergency. See section below titled "VA Response to Coronavirus Disease – 2019 (COVID-19)."

VA Support Services and Outreach Activities Provided to General and Family Caregivers Following Passage of P.L. 111-163

Caregiver Support Coordinators and Additional Program Staff

Effective April 2011, VA mandated that every medical center has at least 1.0 dedicated full-time equivalent employee (FTEE) CSC appointed to serve caregivers of Veterans. CSCs serve as the clinical experts on family caregiving issues and are experienced social workers, nurses and psychologists. They provide support and programming to those participating in PCAFC and PGCSS, link caregivers to community and VA resources and respond to referrals from the CSL. CSCs provide guidance, support and coordination for the PCAFC application process, as well as coordinate local activities in support of National Family Caregivers Month each November and throughout the year.

Due to the existing demand of supporting PCAFC applicants and participants and the anticipated increased workload that will be required to meet the additional demands related to expanding PCAFC under the VA MISSION Act of 2018, CSP has approved the hiring of additional staff to support CSP, while maintaining support of the existing workforce. Working collaboratively with VA's Office of Human Resources Administration/Operations, Security and Preparedness, Manpower Management Service, a staffing model was developed to guide and inform staffing decisions to meet the existing needs of the program and to put a staffing structure in place to provide more effective and efficient support and oversight at the facility and Veterans Integrated Service Network (VISN) levels. The first phase of this staffing expansion model called for an additional 680 field and VISN-level staff to enhance support for the existing needs of PCAFC, strengthen the PGCSS and to streamline and improve consistency of these programs. This model called for establishing a VISN Lead position and at least one Centralized Eligibility and Appeals Team (CEAT) in each VISN to centralize and streamline the eligibility and appeals processes for PCAFC. This provides a strong infrastructure to meet the additional demands of PCAFC.

The second phase of the staffing expansion began in August 2020 and sought to add nearly 750 additional field-based front-line and VISN CEAT staff to the program to strengthen the ability to manage the increase in applications, assessments, reassessments and appeals in a consistent and timely manner. During this phase, several new staff positions were required to serve specific functions in the new processes, such as PCAFC Program Managers, Clinical Assessors and other support and case management roles. Previously, field-based staff that administered and supported PCAFC and PGCSS were primarily CSCs. Now that staff supporting PGCSS and PCAFC encompass a broader range of positions, these individuals are referred to as CSP staff.

In FY 2020, just under 800 field positions were estimated to be funded by the CSP Office for which VA obligated an estimated \$100 million to support field-based staff salaries and benefits.

Caregiver Support Line

On February 1, 2011, VA introduced the national CSL as an additional resource for caregivers, Veterans and community partners associated with caring for Veterans. CSL's mission is to provide information, referral and support to caregivers of Veterans. CSL offers callers options and facilitates interventions, including referrals as needed to the appropriate VA resources and state and local community services. Since its inception, CSL has been utilized by spouses, children, extended family members and friends of Veterans, as well as Veterans themselves. At the end of FY 2020, CSL was staffed with 53 FTEE, which includes 42 call responders. Call responders are licensed master level social workers who are trained to provide a clinical assessment of the situation described by the caller in order to offer appropriate direction, referrals and support.

CSL responders recognize the unique challenges caregivers experience and are skilled in assessing each individual's needs, offering supportive counseling, guidance, and appropriate direction to help facilitate a connection to needed resources, including direct referrals to CSP staff located at the VAMC nearest to the caller and other programs including Building Better Caregivers™, Peer Support Mentoring, REACH VA and CSL Telephone Education Groups. CSL has established relationships with other VA call centers to establish procedures for transferring calls to the appropriate call center to best meet the caller's needs.

During FY 2020, CSL received over 74,400 calls and facilitated more than 8,700 referrals to local CSP staff at VAMCs across the country on behalf of caregivers. VA obligated approximately \$4,285,244 million to support CSL operation in FY 2020.

Caregiver Website

VA's CSP website (www.caregiver.va.gov) serves as a centralized location for caregivers to identify services, supports and resources that can assist them in their caregiving role. To assist caregivers with navigating the VA system, the website provides easily accessible links to the PCAFC application, resources available under PGCSS, CSL and a directory by state and U.S. territory feature that allows caregivers to readily locate contact information for their local CSP staff.

Additionally, the website provides an array of tools and resources that simplify steps involved in caregiving duties; increase caregiver competency; and help guide caregivers on what to ask the Veteran's health care providers. Other critical components of the website include an active listserv mailing list to keep caregivers informed of updates to CSP and local resources/connections for Veterans to connect with other agencies, support groups and caregivers.

In FY 2020, website development needs and maintenance continued to be managed without contract support. Updates included providing information on VA's steps towards expanding PCAFC as directed by the VA MISSION Act of 2018.

The website continues to be visited frequently, averaging over 2,600 unique page views per day. In addition to the website, there is also an active listserv which had more than 225,000 subscribers at the end of FY 2020.

Peer Support

VA's Caregiver Peer Support Mentoring Program was launched in January 2012 to provide personal support and establish peer relationships by helping caregivers to connect with one another. Caregivers of Veterans of all eras are eligible to participate in the VA Caregiver Peer Support Mentoring Program, both as mentors and as mentees. Caregiver mentors and mentees are linked together through an application process. Peer mentors are official VA volunteers, and as such, must complete required orientation and training through Voluntary Services before they can begin program specific training. VA privacy and information security requirements are covered as part of the required orientation process. Once matched, the caregiver mentor and mentee establish a communication plan, including weekly contact with one another. During FY 2020, increased reliance on virtual communication due to the COVID-19 national emergency allowed for continued mentor/mentee engagements, mitigating loneliness and isolation.

The Peer Support Mentoring Program Manager, a VA staff member, hosts a monthly conference call that mentors are expected to attend to share ideas, express concerns and obtain support from other mentors. At the beginning of each call, privacy and confidentiality expectations are explained to participants.

Peer mentors empower mentee caregivers by forming supportive relationships, decreasing the feeling of isolation many caregivers experience, and linking them to resources available within VA and the community. Caregiver mentors and mentees assist one another by sharing common experiences and knowledge of resources such as VA benefits, VA health care and community resources. As a result, the program helps caregivers build skills and a knowledge base that will assist them in dealing with their caregiving role in the future. At the conclusion of FY 2020, 397 caregivers were actively participating in VA's Peer Support Mentoring Program.

Building Better Caregivers™

As a result of collaboration with the National Council on Aging (NCOA), VA deployed an Online Support Workshop for caregivers of Veterans of all eras called Building Better Caregivers™. A contract for BBC was awarded in 2012; and in 2013 BBC was rolled out nationally. This resource has remained a well utilized support for caregivers since that time. The six-week online workshop is intended for caregivers caring for a Veteran with dementia, memory problems, posttraumatic stress disorder (PTSD), a serious brain injury or other injury or illness. The workshops include topics such as: managing your stress; communicating more effectively with family, friends and health professionals; taking care of one's own health; managing difficult emotions; managing difficult behaviors; setting goals; getting support from other caregivers; and tips on how to

provide better care. An online Alumni Community was also established which allows caregivers to stay connected with each other and continue to receive support through the program following the completion of the six-week course. In FY 2020, VA referred approximately 3,400 caregivers to participate in BBC; and over 1,800 caregivers who completed the six-week BBC workshop opted to continue their participation in BBC's Alumni Community.

Resources for Enhancing All Caregivers Health

REACH is an evidence-based skills-building intervention, including individual sessions with an option for telephone support group meetings designed to provide support, education and training to assist caregivers of Veterans of all eras affected by Alzheimer's disease or related dementias, spinal cord injury disorders, multiple sclerosis, amyotrophic lateral sclerosis and PTSD. Sessions last from two to three months, and are delivered by telephone, telehealth or face-to-face. The intensive one-on-one intervention sessions address five main caregiving risk areas for eligible caregivers of Veterans including: safety; social and emotional support; problem solving; caregiver well-being; and both caregiver and Veteran health. The intervention focuses on problem solving around behavioral topics, stress and coping techniques, as well as step-by-step strategies to assist eligible caregivers in everyday problems they may encounter.

From FY 2017 – FY 2019, CSP Office partnered with the Office of Rural Health (ORH) to assist in addressing the unique needs of rural caregivers through a pilot program whereby VA Caregiver Center Memphis implemented REACH targeted to caregivers in rural areas. As a result of this successful pilot program funded by ORH, CSP assumed funding responsibility in FY 2020 to fund the VA Caregiver Center Memphis's continued delivery of the Program. The program continues to provide services to rural caregivers but has expanded to urban caregivers under CSP.

REACH services are available and delivered to caregivers in two ways:

- Available and offered by direct delivery from the VA Caregiver Center Memphis staff. In FY 2020, approximately 460 caregivers were served directly through this manner.
- Provided directly through the local VAMCs. In FY 2020, each VA facility had at least one CSP staff or clinical staff available to deliver the REACH intervention through their site. In FY 2020, 341 clinical staff at 173 VA sites of care received REACH training and referred 643 caregivers.

Telephone Support for Caregivers of Veterans

VA has long provided in person and telephonic support to eligible family members of Veterans who serve as caregivers through the use of support groups. For example, VA offers a wide variety of support groups, locally and nationally, to caregivers of Veterans

with specific conditions. This telephone-based support group clinical intervention is different than caller support that is offered through CSL and is a specific program offered at local VAMCs. In October 2011, based on successful outcomes demonstrated by a similar Department of Defense program, VA expanded support services by initiating Spouse Telephone Support. In May 2015, this program was expanded to include caregivers of Veterans of all eras, including Veterans with diagnoses of Alzheimer's disease or related dementias, spinal cord injury disorders, multiple sclerosis, amyotrophic lateral sclerosis and PTSD. These telephone support groups focus on education, skill building and support. Sessions teach critical skills needed by caregivers, including taking care of yourself, problem solving, positive thinking, asking for help and stress management, but are targeted to the problems and concerns faced by the caregivers in the group. Each program has a Caregiver Notebook including resources, educational and goal-setting opportunities for caregivers that address the challenges related to the type of caregivers participating and provides information for each group session.

VHA staff Group Leaders typically provide six, one-hour sessions designed to address critical caregiving skills plus additional topics based on group members' needs. The length of the program can be extended for additional or longer sessions depending on staff and group member needs.

In FY 2020, over 260 clinical staff at 155 VA sites were trained by VA Caregiver Center Memphis to provide Telephone Support Groups. Over 285 caregivers participated in Telephone Support Groups in FY 2020.

Caregiver Self-Care Courses

VA has developed and deployed training opportunities focused on self-care. The Caregiver Self-Care Courses available to caregivers of Veterans of all eras participating in either PGCSS or PCAFC include: Managing Stress; Effective Communications/Problem Solving; Taking Care of Yourself; Lowering Stress, Improving Mood; and Handling Emotions. VA facilities schedule the self-care courses, which are typically delivered in face-to-face classroom settings by staff from the VA Caregiver Center Memphis. In March 2020, with the COVID-19 national emergency, all courses transitioned to a virtual modality. Three new resilience-focused telephone courses were developed and implemented to meet caregivers' needs for support during this time: Self-Discovery, Self-Compassion, and Self-Care for the Caregiver. In FY 2020, approximately 1,400 caregivers participated in 171 sessions.

Annie Caregiver Text Care Program

Annie is VA's text messaging program for Veterans. In FY 2020, the VA Caregiver Center in Memphis implemented text care programs for caregivers to receive messages directly to their telephones. Program topics included stress management (year-long); bereavement (2 months long); and COVID-19 support, providing information about the disease and how to stay safe, among other features. Stress management and

bereavement text messages focus on education, inspiration/motivation and other applicable strategies. In FY 2020, over 350 staff were trained to be able to register caregivers for this program and 2,292 caregivers were registered in one or more of the three text messaging programs.

In FY 2020, VA obligated approximately \$979,000 to the VA Caregiver Center Memphis, Tennessee which provides training, administration and all materials for staff and caregivers for REACH, Telephone Support, Caregiver Self-Care Courses and Annie.

Outcomes, Measurable Benefits, and Effectiveness

The CSP Office worked diligently to partner with experienced researchers to identify practical measures to examine the benefits and effectiveness of CSP's various components.

In 2014, CSP in partnership with VHA's Health Services Research and Development Service (HSR&D) under the auspices of HSR&D's Quality Evaluation Research Initiative jointly funded the establishment of VA Caregiver Support Program Partnered Evaluation Center (VA CARES).

Key findings of this initial concerted effort have been shared in previous annual reports to Congress. The partnership with VA CARES has been extended through 2023 to increase collaboration efforts. Efforts conducted in FY 2020 include:

- Examining the effect of PCAFC on Veteran health care utilization and costs over time;
- Examining the effect of PCAFC on Veteran well-being (e.g., depression, pain, predicted risk of suicide);
- Examining predictors of revocation of PCAFC participants;
- Conducting a survey of caregivers in PGCSS about caregiver health and well-being; and,
- Examining the effects of PCAFC on caregiver health and economic well-being among caregivers who are themselves Veterans.

In FY 2018, VA CARES completed a formative evaluation on using clinical eligibility assessment teams for determining eligibility for PCAFC. At that time, PCAFC eligibility determinations were made by the Veteran's VA primary care team, a VA Caregiver Support Program Multidisciplinary Clinical Eligibility Team or an individual VA provider who was designated to complete eligibility determinations with input from the Veteran's primary care team. However, the Veteran's primary care team authorized required clinical determinations (as required by the program's regulations).

The evaluation team deployed a voluntary web-based survey which received responses from 181 CSCs and represented 111 medical centers. In addition to the web-based survey, 53 semi-structured telephone interviews were conducted. The team also performed four site visits to select medical centers to perform process mapping, observe the eligibility assessment workflow and hold-in depth interviews with staff involved with the eligibility process. Findings revealed that most sites (70%) reported using a specific team to conduct eligibility assessments (with the required authorizations from the Veteran's primary care team), which were described by those interviewed as valuable for expert and consistent determinations. Those sites without teams relied more on the Veteran's assigned treatment providers to conduct assessments, and those interviewed expressed there being a "dual role" problem of sustaining a "therapeutic relationship" while determining eligibility for PCAFC and resulting access to a monthly stipend. A perceived advantage was to have a trained, experienced group make consistent eligibility decisions. Recommendations from this evaluation included mandating interdisciplinary clinical eligibility assessment teams with specific minimum discipline requirements for a thorough, consistent assessment of needs. Ensuring centralized training for team members was also recommended.

The improvement in accuracy and consistency of PCAFC evaluations is a top priority of CSP. VHA believes eligible Veterans and caregivers deserve to receive uniform and reliable assessments of their PCAFC eligibility and, for purposes of the stipend amount, the amount and degree of personal care services provided. VHA developed and executed an eligibility determination model designed to centralize decision-making capabilities pertaining to PCAFC from over 400 VAMCs and outpatient clinic locations to 18 VISNs. These determinations will be made by full-time inter-professional CEATs who have received standardized and specialized training in PCAFC eligibility and stipend level criteria. CEATs will render determinations based upon evaluations of both the Veteran and family caregiver applicant(s), which are conducted by clinical staff at the local VAMC, with input from the primary care team, to the maximum extent practicable. These evaluations include assessments of the Veteran's functional status and the caregiver's ability to perform personal care services.

In FY 2020, VA continued to onboard, orient and operationalize these 18 network-level CEATs through robust recruitment and iterative implementation, communications and education & training plans. In July 2020, CEAT staff attended a three-day virtual training on specific topics encompassing proposed regulation requirements, processes, assessments and clinical decision-making. An orientation plan was developed to ensure that training for CEAT staff is consistent throughout the enterprise. CEATs are comprised of a physician; physician's assistant or nurse practitioner; a psychologist; and a social worker, mental health counselor or registered nurse. Each CEAT also has administrative staff to support the team. Additionally, VISNs may enhance teams with occupational therapists, as appropriate. By the end of FY 2020, CEATs were hired, trained and ready to begin evaluating PCAFC applications.

In FY 2019, VA CARES completed analyses examining the effect of PCAFC on Veteran health care costs. VA CARES found that caregivers participating in PCAFC had higher health care costs in general in the 5 years following application submission compared to health care costs of caregivers not participating in PCAFC. However, VA CARES found that over time, estimated VA health care costs decreased with a narrowing, but persistent and significant, difference for Veterans whose caregivers participated in PCAFC in comparison to Veterans whose caregivers did not participate in PCAFC during the same time period. These increased health care costs arose from increased outpatient utilization. Additionally, the evaluation team examined predictors of revocation of PCAFC participants. There are several reasons the designation of a Family Caregiver participating in PCAFC may be revoked, meaning they no longer participate in PCAFC. The evaluation team analyzed instances of revocation from PCAFC which included revocation due to the Veteran no longer meeting criteria; the request of the Veteran or Family Caregiver, for cause (such as due to fraud or failure to provide appropriate care); or non-compliance with Program requirements.

Since Program inception in 2011, VA CARES found 40.5% of all participants were revoked. The probability of being revoked was greater for (1) Non-spouse caregivers of Veterans compared to spousal caregivers and (2) Veterans requiring the lowest amount of care (Tier 1) compared to those requiring the highest amount of care (Tier 3). As of October 2020, VA CARES had surveyed over 1,744 caregivers as part of the effort to assess caregiver health and well-being. Respondents are caregivers in PGCSS who may be eligible for PCAFC under the expansion of PCAFC under the VA MISSION Act of 2018. The survey consists of questions to caregivers who received services over the previous four-year period. Of the 1,744 caregivers surveyed at baseline, 688 caregivers have completed 2 of the 4 phone surveys. At baseline, approximately two-thirds of respondents reported providing high intensity care on most days of the week; high prevalence of distress and burden; and that Veteran care recipients experienced total impairment in activities of daily living. On average, survey participants rated the quality of Veterans' health care at VA as 8.1 out of 10 in the previous 3 months.

Stakeholder Engagement

During FY 2020, VA and the Elizabeth Dole Foundation continued partnering on a joint initiative, the Campaign for Inclusive Care. The campaign seeks to integrate family caregivers as partners in care with the Veteran's health care team. VA provided subject matter expertise and co-developed the curriculum for four 15-minute online courses for multi-disciplinary providers on inclusive care practices, communication techniques and methods for supporting caregivers. The courses, the Academy for Inclusive Care, went live in January 2020. The campaign was piloted in VISNs 10, 17 and 20. Using a train-the-trainer approach, medical center champions completed the Academy for Inclusive Care and received campaign training to spread awareness on inclusive care practices at the medical center. Early data obtained from the Academy's pre-and-and post assessments showed that health care providers had an increased interest and need to practice inclusive care, indicating that the training is an effective tool in spreading awareness of the importance of inclusive care. VA plans to move to a system-wide

expansion of this initiative in FY 2021. VA engaged with additional key stakeholders throughout FY 2020 including Veterans Service Organizations (VSO), Military Service Organizations, House Committee on Veterans' Affairs members, Senate Committee on Veterans' Affairs members, Senate Committee on Homeland Security and Governmental Affairs members, Senate Special Committee on Aging members and members of the public. CSP also facilitated two-hour long trainings for VSO stakeholders specific to areas of interest related to PCAFC expansion under the VA MISSION Act of 2018 and new PCAFC regulations, including on VA's Legacy Participant transition plan and changes to PCAFC eligibility. Two additional trainings were prepared during FY 2020 and delivered in FY 2021. Several consistent themes emerged during these engagements surrounding implementing the VA MISSION Act of 2018. As VA seeks to implement the VA MISSION Act of 2018 and expand PCAFC to eligible Veterans of all eras, VA must ensure:

- Eligibility determinations are Veteran and caregiver-centric, easy to understand, standardized and transparent;
- Instruments used for evaluation and assessment are standardized and consistently administered; and
- Continued attention to the importance of a transparent, Veteran and caregiver-centric and clear policy for clinical appeals within PCAFC.

Barriers to Accessing Caregiver Support

Veterans and their caregivers across the country can face barriers and challenges in accessing support. These challenges are often encountered by Veterans who live in rural areas. Some of the challenges faced by caregivers and Veterans living in rural communities include lack of access to health care; lack of public transportation; lack of social supports nearby; limited employment opportunities; distance and geographical barriers; difficulty in navigating the complex VA health care system; and limited, poor or no broadband internet connection. These obstacles can lead to isolation or difficulties when seeking caregiver support.

To address the needs of caregivers of Veterans in rural communities, VA CSP and CSL have continued a strong collaboration with VA's ORH. In FY 2019, a small group of CSCs were selected across 11 VAMCs to pilot the use of VA Video Connect (VVC) to complete quarterly monitoring visits of family caregivers and Veterans participating in PCAFC. This collaboration continued in FY 2020 to incorporate the use of VVC throughout CSPs across the country. CSP staff were provided tools and training to implement the use of VVC when working with caregivers and Veterans participating in the PCAFC and PGCSS. These tools included weekly support calls, VVC buddy assistance, partnership and collaboration with the Office of Connected Care and the strategic development of marketing materials to ensure caregivers and Veterans were made aware of this treatment modality.

The collaboration between ORH's Veterans Rural Health Resource Center in Salt Lake City and CSP enabled a rapid and organized response as COVID-19 forced clinical care to virtual platforms. CSP staff's use of VVC increased by 719% from January 1, 2020, through September 30, 2020, and CSP has implemented processes to sustain use of VVC.

Barriers to accessing available care and support can also commonly stem from lack of awareness of information on available services by consumers of services, as well as providers positioned to provide referrals. During FY 2020, CSP partnered with VHA Communications, the Office of Patient Care Services Communications, the Office of Enterprise Integration and the Office of Healthcare Transformation to provide strong communications to support information delivery of how VA supports caregivers within PCAFC and PGCSS. Specifically, the plan identified current supports and services being delivered, expanded services that will be delivered to PCAFC participants as required by the VA MISSION Act of 2018 and how PGCSS resources are being enhanced. In addition, a "Caregiving During COVID-19" tip sheet was created to address special issues and needs of caregivers during the pandemic. Communications products were shared widely on CSP's website, listserv and social media. CSP has produced informational fact sheets, frequently asked questions (FAQ), good news stories, blogs and informative social media messages to further educate and inform interested parties on the services available within CSP. FAQs and other communications products are posted to CSP's website regularly to educate the public on issues related to program updates, the expansion of PCAFC and issues related to COVID-19. The communications plan takes into consideration internal and external stakeholder needs and is using several different channels of communication to deliver key information.

In addition to a formalized communications plan, CSP has also developed an equally robust Education and Training Plan, with the assistance of the VA Employee Education System Office. This team produced over 20 recorded training modules. Some of these trainings were intended to meet short term needs and require changes over time, while other trainings are intended for long-term use. These trainings are available through VA's Talent Management System website to all VA staff. Examples of topics for CSP staff include, but are not limited to the following:

- Centralized Eligibility and Appeals Teams: Eligibility and Definitions Training;
- CARMA Training; and
- Veteran Functional Assessment Instrument Modules 1-8.

In addition, two mandatory trainings were deployed to inform all VHA employees on the basics of CSP expansion:

- VA Caregiver Support Program Expansion Core – Elements; and

- VA Caregiver Support Program Expansion Overview 101.

Finally, three conferences were supported by CSP between March and September 2020, to educate and prepare CSP staff for anticipated changes within PCAFC. The conferences focused on the needs of VISN Leads, CEAT staff and facility level CSP teams.

Oftentimes, the lack of awareness for available support and services inhibits those who need these services most from accessing the resources needed. Through education and training of staff, and robust modalities of communication, CSP is breaking barriers to support caregivers of Veterans.

Evaluation of Training

Training for caregivers is a critical aspect in providing high quality support for our Veterans who may require aid and assistance on a daily basis. Caregivers are trained and supported in various ways to improve their knowledge and ability in delivering care to Veterans. Prior to approval for PCAFC, required training is delivered using a standardized curriculum that includes topics such as caregiver self-care and medication management. The training is offered in both English and Spanish, and can be completed at home with a workbook and DVD or online. A survey was conducted of caregivers who completed the training program between January 2020 – July 2020. Of the 862 caregivers who received the survey, 129 responded where 89% of responding caregivers strongly agreed or agreed that the training improved their knowledge and ability to take care of their own physical and emotional health. Overall satisfaction with the training program showed that 86% of responding caregivers were extremely satisfied or satisfied with the training. As part of the effort to expand training content to include material relevant to caregivers of Veterans of earlier eras, the training content was updated in FY 2020 to support increased caregiver competencies and delivery of personal care services.

CSL Telephone Education Groups continue to be a well utilized resource for caregivers. Caregivers receive education and training on topics specific to caregiving and are able to connect with other caregivers for support. In FY 2020, new topics including emotional regulation, guilt management, finance management and whole health were added to the curriculum and presented to caregivers. In FY 2020, there were 4,422 total participants in CSL Telephone Education calls, including 424 who participated in calls facilitated by caregivers participating as Peer Mentors in CSP's Peer Support Mentoring Program. In addition to regularly scheduled live monthly calls, caregivers can also access recordings of these groups online by visiting the VA caregiver website. Group recordings are updated on a regular basis.

In the BBC program, over 15,000 referrals have been received since the national roll out in 2013; approximately 3,400 of which were received in FY 2020. BBC is composed of a six-week workshop and a BBC Alumni Community, which is available once caregivers

have completed the BBC workshop. In FY 2020, over 1,800 caregivers participated in the BBC Alumni Community. The caregiver overall satisfaction with BBC is 4.54 on the 5-point Likert Scale with an overall 91% satisfaction rating.

Caregiver feedback included the following quotes:

- “I realized I was not alone. Before the program, I was plugging through the day. We’ve put in place some things that help him [my husband] help me. I would not have known that without the program.”
- “The workshop helped me to stay calm, it helped me to understand the pain that Veterans are going through. It helps you become a better person in caring for your Veteran because it provides you with various tools. And he’s [my husband’s] doing much better now.”
- “After a very tough year, I came out on the other side. I wouldn’t have made it through without Building Better Caregivers. I’m so grateful because BBC did build a better caregiver in me.”

It has been demonstrated that participation helps improve health and well-being of the caregiver and Veteran including reduction of depression, anxiety, and stress related disorders; catalyzes health lifestyle modification; accelerates health behavior change; diminishes social isolation; and improves system navigation and working with the health care team.

Of the 2,292 caregivers registered in one or more of the Annie Caregiver Text Care Program, most caregivers participate in the stress management protocol. An evaluation of the first 100 caregivers who participated in the stress management protocol showed that 90% of caregivers used the strategies provided in the short text messages and felt the messages helped them manage stress (95%), take care of themselves (90%) and their Veteran (90%). Caregivers overwhelmingly felt that receiving the messages made them feel that someone cared about their personal well-being (97.5%) and would recommend the program to other caregivers (97.5%). Caregivers feel connected to Annie: Feedback received include statements such as: “Annie always knows just what to say and when to send it.” and “I love Annie! I wish sometimes I could text her back and thank her for what she said.”

Self-care courses and the new telephone-based short resilience courses are provided by the VA Caregiver Center Memphis trainers to groups of caregivers at VA facilities and, during the COVID-19 pandemic, were provided virtually. A total of 7,762 caregivers have participated in the courses with 1,397 caregivers served in 171 classes representing 76 sites of care in FY 2020. During this hybrid year of in-person and virtual classes, accessibility was seemingly not diminished; 97.3% of caregivers reported that the instructors presented the information in a way they understood, and knowledge improved significantly ($p < .001$). Caregivers report having their needs met (92.8%), learning new information (94.4%), planning to use information (96.5%), increasing knowledge and skills as a caregiver (94.4%) and increasing ability to take care of

physical and emotional health (94.3%). Caregivers report satisfaction with both the virtual self-care courses (“The presentation was so awesome. The time invested was rewarded with a bunch of helpful information.”) and the short resilience courses (“The Resilience Program was wonderful. For 1 complete hour on Friday, I felt like I was at a spa. A wonderful Program. Everyone on it enjoyed it and were pleading for more.”)

VA Response to Coronavirus Disease – 2019 (COVID-19)

On March 13, 2020, the President of the United States declared a national emergency related to COVID-19. VA’s priority goal was to protect Veterans, caregivers and VA staff from the risk of exposure to and transmission of COVID-19.

VA directed CSP staff to identify high-risk Veterans participating in PCAFC, who may require institutionalization should the caregiver become ill without a sufficient back-up plan. VA issued a memorandum to CSP staff on May 14, 2020, requiring outreach to family caregivers to identify and discuss contingency plans, family or professional support which could be made available to provide care, adequacies of personal protective equipment supplies (PPE), health insurance coverage and help with identifying any additional needs during the COVID-19 pandemic. CSP staff were charged with providing family caregivers with support and linkage to needed resources, as applicable, including a Caregiving During COVID-19 Tip Sheet. This tip sheet, developed by CSP, included information on protecting oneself, creating back-up plans, taking care of oneself, as well as links to helpful VA and community resources.

VA took further action towards protecting Veterans, caregivers and VA staff when VA published an Interim Final Rule on June 5, 2020, RIN 2900-AQ96, Home Visits in Program of Comprehensive Assistance for Family Caregivers During COVID-19 National Emergency, 85 FR 34522. During a time of recommended physical distancing, this rulemaking relaxed the requirement for in-person home visits, allowing VA flexibility to conduct home visits (including the initial home care assessment required prior to approval and designation of a family caregiver as well as required home visits for the purpose of monitoring), through videoconference or other available telehealth modalities for the duration of the national emergency.

Further, beginning August 2020, VA supplied PPE to specific family caregivers participating in PCAFC who provide direct, physical, hands-on care where there is potential risk for body fluid exposure. PPE provided includes gloves, masks, gowns, eye protection and hand sanitizer, based on clinical need. An algorithm was developed for PPE distribution, per Centers for Disease Control and Prevention guidance for caring for a person at home.

In addition, in August 2020, VA and the Elizabeth Dole Foundation teamed with CareLinx, a nationwide professional home care network, to launch the Respite Relief for Military and Veteran Caregivers program. Respite relief allows caregivers to have more

time to care for themselves as they care for their loved ones, which is especially critical for vulnerable military and Veteran caregivers amidst the COVID-19 pandemic. By the end of FY 2020, 643 hours of respite were delivered to caregivers as part of this effort.

Conclusion

Caregivers, our nation's "hidden heroes," serve an important role in VA's health care delivery system by providing assistance and support to loved ones with complex physical and mental disabilities. VA continues to work to improve administration of our programs in support of caregivers. Throughout FY 2020, VA completed the necessary work to prepare to implement changes made to [38 U.S.C. § 1720G\(a\)](#) by section 161 of the VA MISSION Act of 2018. On the first day of FY 2021, VA achieved IT system readiness, and the first phase of PCAFC expansion under 38 U.S.C. 1720G(a)(2)(B) took effect – expanding PCAFC to include family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or before May 7, 1975. VA's final rule also took effect on October 1, 2020, which made changes to the PCAFC eligibility criteria, established reassessment requirements and changed the PCAFC stipend payment methodology, among other modifications. Throughout FY 2021, VA will use data from the IT system to monitor how key aspects of PCAFC are structured and carried out and implement modifications as necessary to ensure the program is functioning as intended. VA remains committed to administering a PCAFC program that is consistent in its delivery, transparent in its processes and more easily understood by our Nation's Veterans and caregivers.

Department of Veterans Affairs
April 2021



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

May 10, 2022

The Honorable Mark Takano
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

In accordance with the requirements of P.L. 111-163 § 101(c), as amended by P.L. 115-182 § 163, enclosed is the Department of Veterans Affairs (VA) Fiscal Year 2021 report on Assistance and Support Services for Caregivers. VA remains committed to honoring the Nation's Veterans by ensuring a safe environment to deliver exceptional health care.

In addition, as required by 38 U.S.C. § 116, a statement of cost for preparing the report is included. This report has been sent to the leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in black ink, appearing to read "DMcDonough".

Denis McDonough

Enclosures



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

May 10, 2022

The Honorable Mike Bost
Ranking Member
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Representative Bost:

In accordance with the requirements of P.L. 111-163 § 101(c), as amended by P.L. 115-182 § 163, enclosed is the Department of Veterans Affairs (VA) Fiscal Year 2021 report on Assistance and Support Services for Caregivers. VA remains committed to honoring the Nation's Veterans by ensuring a safe environment to deliver exceptional health care.

In addition, as required by 38 U.S.C. § 116, a statement of cost for preparing the report is included. This report has been sent to the leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in black ink, appearing to read "DMcDonough", written over a horizontal line.

Denis McDonough

Enclosures



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

May 10, 2022

The Honorable Jon Tester
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

In accordance with the requirements of P.L. 111-163 § 101(c), as amended by P.L. 115-182 § 163, enclosed is the Department of Veterans Affairs (VA) Fiscal Year 2021 report on Assistance and Support Services for Caregivers. VA remains committed to honoring the Nation's Veterans by ensuring a safe environment to deliver exceptional health care.

In addition, as required by [38 U.S.C. § 116](#), a statement of cost for preparing the report is included. This report has been sent to the leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in black ink, appearing to read "DMcDonough", written over a horizontal line.

Denis McDonough

Enclosures



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

May 10, 2022

The Honorable Jerry Moran
Ranking Member
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Senator Moran:

In accordance with the requirements of P.L. 111-163 § 101(c), as amended by P.L. 115-182 § 163, enclosed is the Department of Veterans Affairs (VA) Fiscal Year 2021 report on Assistance and Support Services for Caregivers. VA remains committed to honoring the Nation's Veterans by ensuring a safe environment to deliver exceptional health care.

In addition, as required by [38 U.S.C. § 116](#), a statement of cost for preparing the report is included. This report has been sent to the leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in black ink, appearing to read "DMcDonough", written over a horizontal line.

Denis McDonough

Enclosures

DEPARTMENT OF VETERANS AFFAIRS



Congressionally Mandated Report: Assistance and Support Services for Caregivers Fiscal Year 2021

Table of Contents

Introduction.....	1
VA Caregiver Support Program	1
The Caregiver Record Management Application (CARMA).....	3
Program of Comprehensive Assistance for Family Caregivers (PCAFC)	3
Application, Eligibility and Appeals.....	3
Program of General Caregiver Support Services (PGCSS).....	7
Services and Benefits Available through PCAFC.....	7
National Caregiver Training Program	8
Monthly Caregiver Stipend	8
Mental Health Services	9
Respite Care.....	10
Travel, Lodging and Subsistence under <u>38 U.S.C. § 111(e)</u>	11
Health Care Benefits for Eligible Primary Family Caregivers	11
Ongoing Support and Monitoring	12
Legal and Financial Planning Services	12
VA Support Services and Outreach Activities Provided to General and Family	13
Caregivers Following Passage of P.L. 111-163	13
Caregiver Support Coordinators (CSC) and Additional Program Staff.....	13
Caregiver Support Line (CSL)	14
Caregiver Website	14
VA Caregiver Peer Support Mentoring Program	15
Building Better Caregivers™ (BBC).....	16
Resources for Enhancing All Caregivers Health (REACH) VA	17
Resources for Enhancing All Caregivers Health (REACH) Support Group Sessions	18
Caregiver Self-Care Courses.....	18
Annie Caregiver Text Program	19
Outcomes, Measurable Benefits and Effectiveness.....	19
Stakeholder Engagement	20
Barriers to Accessing Caregiver Support.....	20
Evaluation of Training	21
VA Response to the Coronavirus Disease – 2019 (COVID-19) Public Health Emergency	23
Conclusion.....	25

Introduction

In accordance with section 101(c) of P.L. 111-163, as amended by section 163 of P.L. 115-182, this report serves to provide an annual update on the status of Program of Comprehensive Assistance for Family Caregivers (PCAFC) and Program of General Caregiver Support Services (PGCSS), and the programs and services provided in support of PCAFC and PGCSS during fiscal year (FY) 2021. This report reflects changes that went into effect on October 1, 2020, based on statutory requirements set forth in the John S. McCain III, Daniel K. Akaka and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (VA MISSION Act of 2018) and changes made by the Department of Veterans Affairs (VA) to implementing regulations. This report is not intended to provide total overall costs of all VA benefits that may be available to support caregivers of Veterans such as home-based primary care, available as part of VA's Home and Community Based Services.

For the purposes of this report, the term Veteran includes Service members who apply for or participate in PCAFC.

VA Caregiver Support Program

The Caregivers and Veterans Omnibus Health Services Act of 2010, P.L. 111-163, signed into law on May 5, 2010, marked a new era in the delivery of expanded services for caregivers within VA. VA established PCAFC and PGCSS, collectively referred to as the Caregiver Support Program (CSP), combining existing VA programming and services for caregivers of Veterans of all eras with the additional services and benefits made available under P.L. 111-163.

P.L. 111-163 expanded services in place prior to the legislation, such as respite care and counseling.

For qualified family caregivers of eligible Veterans, additional services and benefits as part of PCAFC include: education and training; a monthly stipend paid directly to designated primary family caregivers; mental health services; travel benefits, when receiving initial training and during the Veterans' medical appointments; and medical care under the Civilian Health and Medical Program of VA (CHAMPVA) for eligible primary family caregivers who are not entitled to care or services under a health plan contract and are not eligible for TRICARE. VA implemented CSP through regulations in 38 C.F.R. Part 71, and on May 9, 2011, VA began accepting PCAFC applications.

On June 6, 2018, the VA MISSION Act of 2018 was signed into law.

- Section 161 of the VA MISSION Act of 2018 amended the statutory authority for CSP, [38 U.S.C. § 1720G](#), by expanding eligibility for PCAFC to family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty before September 11, 2001, establishing new benefits for designated primary

family caregivers of eligible Veterans and making other changes affecting program eligibility and VA's evaluation of PCAFC applications. This eligibility expansion was directed to occur in a phased approach beginning on the date that the Secretary certified to Congress implementation of the information technology (IT) system as required in section 162(a) of the VA MISSION Act of 2018.

- Section 162(a) of the VA MISSION Act of 2018 directed VA to implement an IT system that fully supports PCAFC and allows for data assessment and comprehensive monitoring among other specific requirements. The Secretary certified implementation of the required IT system (the Caregiver Record Management Application (CARMA)) on October 1, 2020.
- On October 1, 2020, PCAFC was expanded to eligible Veterans who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001, or on or before May 7, 1975.
- Beginning October 1, 2022, PCAFC will be expanded to eligible Veterans who incurred or aggravated a serious injury in the line of duty after May 7, 1975, and before September 11, 2001.
- Section 163 of the VA MISSION Act of 2018 required the annual report created by P.L. 111-163 § 101(c)(2) to include additional reporting elements.
- The "Transparency and Effective Accountability Measures for Veteran Caregivers Act" (TEAM Veteran Caregivers Act), P.L. 116-278; 38 U.S.C. §§ 1720G(a)(12) and 1720G(a)(13) was passed on December 31, 2020, and required the Department to:
 - Report on the feasibility and advisability of formally recognizing caregivers of Veterans in the electronic health record. In FY 2021, CSP has made significant progress in integrating the identity of the caregiver in the VA Master Person Index by linking the relationship from the CARMA, additional details are provided below. This functioning has been successfully implemented for all enrolled PCAFC caregivers, including the Legacy cohort, and all PGCSS caregivers who have been enrolled since October 1, 2021.
 - The statute requires VA to use standardized letters to notify Veterans, their caregivers and applicants for the program regarding decisions affecting the furnishing of assistance under the PCAFC. Such notifications must contain specified details regarding the decision. In FY 2021, efforts were underway to begin drafting the framework for a standardized letter, utilizing an Eight Point Letter format. CSP anticipates that this letter will be finalized and approved for use by the end of FY 2022.

CARMA

CSP's IT system, CARMA, is a workflow management tool used to support the administrative needs of PCAFC, PGCSS and the Caregiver Support Line (CSL). In accordance with the requirements of section 162(a) of the VA MISSION Act of 2018, VA certified the implementation of the IT system on October 1, 2020. The system satisfied the requirements set forth in P.L. 115-182 § 162(a) in that it allows for the ability to easily retrieve data that supports the effective assessment and comprehensive monitoring of all aspects of PCAFC at both the VA medical center (VAMC) and VA-wide aggregate levels and PCAFC workload trends, the ability to manage workflows and data with respect to a number of participants that far exceeds the anticipated number of PCAFC applicants and the ability to integrate the system with multiple IT systems across VA and the Veterans Health Administration (VHA). CARMA continues to be refined and enhanced with updates deployed to the system on a monthly basis.

In September 2021, CSP leveraged CARMA's integration with VA's Master Person Index (MPI) to identify designated family caregivers within active, approved PCAFC caregivers within the Veteran's Electronic Health Record, specifically VA's legacy Computerized Patient Record System (CPRS). At the time of approval and designation of a family caregiver, CARMA pushes this relationship status through MPI to the Veteran's CPRS record, where the family caregiver's name and caregiving relationship automatically appear on the Veteran's Patient Inquiry screen. This alerts the Veteran's health care team to the role of the caregiver as an essential member of the Veteran's care team and allows for improved communication and coordination of care for the Veteran. This functioning will be extended to all caregivers of covered Veterans participating in PGCSS during fiscal year 2022.

Program of Comprehensive Assistance for Family Caregivers (PCAFC)

Application, Eligibility and Appeals

During FY 2021, regulations at 38 C.F.R. Part 71 specified that eligibility for PCAFC is contingent on whether the applicant meets all of the following requirements. The list below reflects changes made in 2020 when VA revised and updated 38 C.F.R. Part 71 to comply with changes made to 38 U.S.C. § 1720G by section 161 of the VA MISSION Act of 2018 and to further improve PCAFC.

- 1) The individual is either a Veteran or a member of the Armed Forces undergoing medical discharge.
- 2) The individual must have a serious injury incurred or aggravated in the line of duty in the active military, naval or air service on or after September 11, 2001, or on or before May 7, 1975.
- 3) The individual is in need of personal care services for a minimum of 6 continuous months based on either an inability to perform an activity of daily

living or a need for supervision, protection or instruction.

- 4) It is in the best interest of the individual to participate in the Program.
- 5) The personal care services that would be provided by the family caregiver will not be simultaneously and regularly provided by or through another individual or entity.
- 6) The individual receives care at home or will do so after VA designates a family caregiver.
- 7) The individual receives ongoing care from a primary care team or will do so after VA designates a family caregiver.

During FY 2021, VA accepted over 109,900 unique PCAFC applications, an increase of 480% over the prior year. As of FY 2021, there were a total of 30,700 unique Veteran PCAFC participants from 50 states, the District of Columbia, Puerto Rico and several US Territories, including Guam, U.S. Virgin Islands and American Samoa. A unique application, formerly known as the VA Form 10-10CG, "Instructions for Completing Application for Comprehensive Assistance for Family Caregivers Program," includes one Veteran and up to three family caregiver applicants (consisting of up to one primary family caregiver applicant and up to two secondary family caregiver applicants). A new application is required each time a new primary or secondary family caregiver is requested.

Additionally, for 2 years beginning on October 1, 2020, a Veteran or Service member is eligible for a primary or secondary family caregiver under this part if he or she is a legacy participant or a legacy applicant.

A legacy applicant is defined as a Veteran or Service member who submits a joint application for the PCAFC that is received by VA before October 1, 2020, and for whom a family caregiver(s) is approved and designated on or after October 1, 2020, so long as the primary family caregiver approved and designated for the Veteran or Service member on or after October 1, 2020, pursuant to such joint application (as applicable) continues to be approved and designated as such. A legacy participant is defined as an eligible Veteran whose family caregiver(s) was approved and designated by VA as of the day before October 1, 2020, so long as the primary family caregiver approved and designated for the eligible Veteran as of the day before October 1, 2020, (as applicable) continues to be approved and designated as such.

This eligibility provision for legacy participants and legacy applicants was implemented to provide a transitional period for legacy participants, legacy applicants and their family caregivers who may not meet new eligibility criteria based on the changes VA made to 38 C.F.R. Part 71. Under the regulatory changes that were effective October 1, 2020, this transitional period was originally one year.

However, on September 22, 2021, VA published an Interim Final Rule titled “Extension of Program of Comprehensive Assistance for Family Caregivers Eligibility for Legacy Participants and Legacy Applicants,” [86 Fed. Reg. 52,614](#) (Sept. 22, 2021). This Interim Final Rule extended eligibility for legacy participants, legacy applicants and their family caregivers and the applicable benefits afforded to family caregivers, to include the monthly stipend, by 1 year. This change provided VA with an additional year to complete reassessments of legacy participants, legacy applicants and their family caregivers and also ensure that legacy participants, legacy applicants and their family caregivers are treated equitably.

During FY 2021, the Centralized Eligibility and Appeals Teams (CEAT) were operationalized, in accordance with 38 C.F.R Part 71 (RIN 2900-AQ48). These interprofessional teams, located at each Veterans Integrated Service Network (VISN), evaluate PCAFC eligibility using standardized assessment tools and professional expertise. Each CEAT is comprised of a Medical Provider, Psychologist and Registered Nurse or Social Worker, as well as an administrative professional. Teams may also include an Occupational Therapist or Physical Therapist to expand the clinical expertise of the team. The Medical Provider may be a Medical Doctor, a Nurse Practitioner or a Physician's Assistant. Most VISNs have two or more CEATs. By the end of FY 2021, CSP had 45 CEAT teams and 195 staff, nationally.

The advent of the CEAT model was designed to promote consistency and standardization in clinical decision-making across 18 VISNs and provide better oversight. During FY 2021, the CSP Office designed a standardized and structured training to provide a consistent knowledge base to all CEAT staff across the enterprise in order to better refine the understanding and application of the PCAFC eligibility criteria. CEATs receive extensive initial training and continue to receive increasingly specialized training.

The following paragraphs provide a general overview of the PCAFC application process in FY 2021.

To be approved and designated as a family caregiver(s) by VA, the family caregiver(s) must meet certain eligibility requirements. Upon receiving an application for PCAFC, the CSP staff at the VAMC where the Veteran receives care, process the application and conduct evaluations with input from the primary care team to the maximum extent practicable. Following the VAMC's completion of the intake, Veteran Assessment, Caregiver Assessment, Veteran Functional Assessment Indicator and Consult, the application is sent to a VISN based CEAT for an initial determination. If determined eligible, the Caregiver will complete training and an initial home-care assessment.

Before VA approves an applicant to serve as a family caregiver, the applicant(s) must be initially assessed as being able to complete caregiver education and training and is required to complete caregiver training and demonstrate the ability to carry out the specific personal care services, core competencies and other additional care requirements prescribed by the Veteran's primary care team. CSP staff also arrange for

a VA clinician or clinical team to complete an initial home-care assessment¹. The purpose of this home-care assessment is to assess the caregiver's competence to provide personal care services at the eligible Veteran's home, and to assess the eligible Veteran's well-being and the well-being of the caregiver. The results of this initial home-care assessment are communicated to VISN CEATs for a final eligibility determination. If all the applicable requirements are met, VA approves the application and designates primary and secondary family caregivers, as appropriate.

If a determination is made that a Veteran does not qualify for participation in PCAFC, Veteran and caregiver(s) are notified of the decision and provided review and appeal rights. The caregiver is also offered the opportunity to participate in PGCSS, as applicable. In FY 2021, over 50,000 clinical eligibility decisions were made for PCAFC and 4,500 VHA Clinical Appeals (also known as VHA Clinical Reviews) were processed.

In addition to changes to the process for evaluation of PCAFC applications and eligibility criteria, changes were also made in FY 2021 to the options available for individuals to seek further review or appeal of PCAFC decisions. Veterans and caregivers now have more options available than before. The VHA Clinical Appeals process, also known as the VHA Clinical Review process remains an efficient option for Veterans and caregivers who disagree with a PCAFC decision and request further review of that decision, in accordance with processes outlined in VHA Directive 1041, Appeal of Veterans Health Administration Clinical Decisions (September 28, 2020). Under the VHA Clinical Appeals process, there is an opportunity for the PCAFC decision to be reviewed by a different CEAT. The CEAT, which reviews the decision being appealed, is a different CEAT than the team that made the decision being disputed. Veterans and caregivers who file a VHA clinical appeal and disagree with the outcome of the decision have an opportunity to file a second-level appeal also using this process.

In April 2021, the U.S. Court of Appeals for Veterans Claims, ruled that PCAFC decisions are appealable to the Board of Veterans' Appeals. Previously, PCAFC decisions were appealable only through the VHA Clinical Appeals Process. As a result of this ruling, CSP began working to develop the necessary infrastructure and processes to offer the full spectrum of options available under the Veterans Appeals Improvement and Modernization Act of 2017. VA Form 10-305, Your Rights to Seek Further Review of Program of Comprehensive Assistance for Family Caregivers (PCAFC) Decisions was developed to explain the full spectrum of options currently available and as of September 28, 2021, this form is included in every PCAFC decision letter. Additionally, efforts were undertaken to ensure individuals who received a PCAFC decision issued between May 2011 – September 27, 2021, are notified and informed of their right to appeal to the Board of Veterans' Appeals. At the conclusion of FY 2021, plans were in place for these notice letters to begin being issued in November 2022.

¹ On June 5, 2020, VA published an interim final rule, RIN 2900-AQ96, Home Visits in the Program of Comprehensive Assistance for Family Caregivers During COVID-19 National Emergency, to provide flexibility in the mode by which VA conducts PCAFC home visits for the duration of the Coronavirus Disease-2019 (COVID-19) National Emergency. See section titled "VA Response to Coronavirus Disease – 2019 (COVID-19)."

This is only the beginning of CSP's work to fully implement changes to PCAFC decision review options. This work is expected to continue into FY 2022 to ensure Veterans and caregivers can take advantage of the full spectrum of review and appeal options currently available for PCAFC decisions as quickly as possible while ensuring the infrastructure and governance is in place to foster accurate, transparent and consistent decisions.

PGCSS

Caregivers eligible for participation in PGCSS are caregivers who provide personal care services to covered Veterans, meaning Veterans who are enrolled in VA health care and need personal care services because of an inability to perform one or more activities of daily living or a need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury. Unlike PCAFC, no formal application or clinical evaluation is required to participate in PGCSS. As VA expanded PCAFC, as required by the VA MISSION Act of 2018, VA continues to make great strides to strengthen and enhance PGCSS. PGCSS staff positions ensured program capabilities nationally and enhanced a set of required programming at every VAMC to offer caregivers access to standard and consistent supports across VA.

PGCSS staff are tasked with the responsibility to provide administrative oversight for PGCSS and to ensure delivery of robust supports and services available to caregivers of covered Veterans of all eras including support from designated PGCSS staff in every VAMC who provide individual or group psychosocial support, coaching and skills training inclusive of the evidence-based suicide prevention training termed, VA S.A.V.E. Additional supports and services available through PGCSS include a toll-free CSL, the Caregiver website, events/activities to celebrate National Family Caregivers Month, the Caregiver Peer Support Mentoring Program, Building Better Caregivers™ (BBC), Annie Caregiver Text Care Program, Resources for Enhancing All Caregivers Health (REACH) VA and Caregiver Self-Care Courses. Many of these services are discussed in detail in subsequent sections of this report. It is critical that caregivers have awareness of these available services. To support awareness, PGCSS staff are responsible for coordinating and facilitating an annual resource fair at every VAMC. This required event provides opportunities for caregivers and families to learn about the supports and services available to them through VA as well as through community resources. Currently, CSP is unable to use CARMA to accurately track PGCSS enrollment provided and is in the process of optimizing CARMA to include this functionality. The funding delineated by service below captures costs in executing the program as a program which may encompass both PCAFC and PGCSS participants.

Services and Benefits Available through PCAFC

P.L. 111-163 established two groups of family caregivers, referred to in the regulations governing PCAFC as primary family caregivers and secondary family caregivers, and stipulated the unique benefits and services that are to be provided to each group. The VA MISSION Act of 2018 further expanded the services provided to primary family

caregivers to include financial planning services and legal services relating to the needs of injured Veterans and their caregivers. When applying for PCAFC, a Veteran can select one primary family caregiver and up to two secondary family caregivers.

National Caregiver Training Program

Training and education of family caregivers is a critical component of PCAFC, and completion of the National Caregiver Training Program (Core Curriculum) is a requirement for primary and secondary family caregivers as part of the application process. This curriculum includes education and training on topics such as caregiver self-care and medication management and is available in English and Spanish. Training can be completed at home with a workbook and DVD or online. Online training has been the clear training modality of choice identified by family caregivers and is the primary method of delivery. Due to feedback from caregivers and staff, an enhancement was pursued to enable written translation of the workbook to other languages as needed. This capability went into effect in July 2021. In FY 2021, approximately 16,800 caregivers completed the National Caregiver Training Program.

As VA implemented PCAFC expansion as required by VA MISSION Act of 2018, training content required modification to better serve the needs of caregivers of Veterans in additional age groups. As part of the initiative to support expansion, the training content was updated and an online resource library was developed for family caregivers on health-related topics, VA programs and community resources to enable family caregivers the ability to access the training and resource library throughout their caregiving journey. This program titled "National Caregiver Training" curriculum modification was completed at the end of FY 2020 and was deployed at the onset of FY 2021. The curriculum is routinely updated to reflect current caregiver learning needs. An evaluation of the training provided later in this report.

Monthly Caregiver Stipend

Primary family caregivers who are approved and designated for PCAFC are eligible to receive a monthly stipend from VA that is generally equivalent to not less than a commercial home health care entity would pay an individual in the eligible Veteran's geographic area to provide equivalent personal care services. The monthly stipend payment is not meant to directly correlate with the number of hours that the family caregiver provides care to the eligible Veteran, but rather as an acknowledgement of the sacrifices family caregivers make to care for an eligible Veteran. In addition, the monthly stipend is not intended to replace career earnings or be construed to create an employment relationship between VA and caregivers. [38 U.S.C. § 1720G\(c\)\(2\)\(A\)](#). Payments are exempt from taxation under [38 U.S.C. § 5301\(a\)\(1\)](#).

On October 1, 2020, changes to the regulations that govern PCAFC (38 C.F.R. Part 71) went into effect that included updates to the monthly stipend rate and payment methodology. As part of these changes, VA now utilizes the Office of Personnel Management (OPM) General Schedule (GS) Annual Rate system as a basis for

payments. The rate of payment is based on OPM GS grade 4, step 1, for the locality pay area in which the eligible Veteran resides, divided by 12. The amount of the monthly stipend is also based on the amount and degree of personal care services provided. At the time of the initial eligibility assessment and during periodic reassessments, the amount and degree of personal care services provided will be assessed and an eligible Veteran will receive a designation at either Level 1 or Level 2 for monthly stipend purposes. During FY 2021, Level 1 and Level 2 were determined and calculated as follows:

- An eligible Veteran assessed at Level 2 is one who is “unable to self-sustain in the community.” This means the eligible Veteran (1) requires personal care services each time he or she completes three or more of seven specified activities of daily living (ADL) and is fully dependent on a caregiver to complete such ADLs; or (2) has a need for supervision, protection or instruction on a continuous basis. Primary family caregivers of Veterans assessed as Level 2 receive 100% of the OPM GS Annual Rate for grade 4, step 1, based on the locality pay area in which the eligible Veteran resides, divided by 12.
- An eligible Veteran assessed at Level 1 is one who is determined to be eligible for PCAFC but does not meet the definition of “unable to self-sustain in the community.” Primary family caregivers of Veterans assessed as Level 1 receive 62.5% of the OPM GS Annual Rate for grade 4, step 1, based on the locality pay area in which the eligible Veteran resides, divided by 12.

In FY 2021, VA obligated an estimated \$619,419,812 in stipend payments for an estimated 32,662 primary family caregivers who received one or more stipend payments during the fiscal year. The national average stipend payment per month per primary family caregiver in FY 2021 is \$2,093.

Mental Health Services

In a survey of family caregivers of Veterans completed by the RAND Corporation in 2014, Hidden Heroes – America’s Military Caregivers, caregivers were shown to have worse health outcomes, more strained family relationships and more workplace problems than non-caregivers. Caregivers of Veterans reported high levels of emotional and physical stress. Caregivers also reported elevated depression, anxiety and feelings of confinement such that being a caregiver restricts activities. In addition, when the caregiver is a spouse or significant other, there may be significant changes in marital or other family relationships. These impacts were found to be most pronounced among caregivers caring for Veteran who served post 9/11.²

² Ramchand, Rajeev, Terri Tanielian, Michael P. Fisher, Christine Anne Vaughan, Thomas E. Trail, Caroline Batka, Phoenix Voorhies, Michael W. Robbins, Eric Robinson, and Bonnie Ghosh-Dastidar, Hidden Heroes: America’s Military Caregivers. Santa Monica, CA: RAND Corporation, 2014.

Under PCAFC, both primary and secondary family caregivers are eligible to receive mental health services. These services may include individual and group therapy, individual counseling and peer support groups, but do not include medication or psychiatric inpatient hospitalization. [38 U.S.C. § 1720G\(a\)\(3\)\(A\)\(i\)\(III\)](#), as added by P.L. 111-163 § 101(a), enables qualified family caregivers to receive counseling services regardless of whether or not the need is related to the eligible Veteran's treatment plan. In addition to receiving mental health services as a VA benefit through this program, caregivers may access many other supportive counseling options such as: various telephone supports offered by local VA staff or through the national CSL; supportive counseling services offered by CSP staff; and community resources.

For approved family caregivers participating in PCAFC during FY 2021, VA obligated an estimated \$839,442 for mental health services provided by VA.

Prior to the passage of P.L. 111-163, VA provided counseling and other services under [38 U.S.C. § 1782](#) to immediate family members of Veterans (and certain other individuals) if such services were necessary in connection with the eligible Veteran's treatment plan. These services included consultation, professional counseling, marriage and family counseling, training and mental health services as are necessary in connection with the Veteran's treatment. These services continue to be provided to eligible individuals, including family and general caregivers, in support of furthering the objectives of the Veteran's medical treatment plan under [38 U.S.C. § 1782](#).

Respite Care

Respite care is a distinct component of the array of long-term care services available to eligible Veterans who experience functional impairments from chronic conditions. Respite care is care provided to the Veteran by someone other than the caregiver in order to give the caregiver a short-term break or time to attend to their own needs while others attend to the needs of the Veteran. Veterans seeking respite services under [38 U.S.C. § 1720B](#) must be enrolled in VHA health care. Respite care is ordinarily provided for no more than 30 days per year. Veterans and caregivers in need of more hours of respite care may receive those services or may find their care needs are better met through other VA home and community-based services.

Respite care is available in a variety of settings. For example, respite care can be provided at home, in a VA Community Living Center, through a VA-contracted community skilled nursing home or through a VA-operated or VA-contracted community Adult Day Care Program. In-home community respite care providers include but are not limited to: National Family Caregiver Programs offered by Area Agencies on Aging and Aging and Disability Resource Centers through contracts with VA; state licensed or approved home health agencies through contracts with VA; and adult day care services.

Veterans participating in PGCSS are able to access respite services under [38 U.S.C. § 1720B](#). Pursuant to [38 U.S.C. § 1720G\(a\)](#), as added by P.L. 111-163 § 101(a), PCAFC offers respite care to eligible Veterans during the period of initial caregiver education

and training if the family caregiver's participation would interfere with the provision of personal care services to the Veteran. PCAFC also offers respite care for approved primary family caregivers, which must be medically and age appropriate. CSP staff and the primary care team assess the eligible Veteran and caregiver for their level of need for respite care services. When a determination of the need for respite care services is made, the Respite Care Coordinator, or the identified designee, secures the services and develops an individualized service plan for respite care identifying the amount of time, type of care, and care setting for respite care services.

For approved family caregivers participating in PCAFC during FY 2021, VA obligated an estimated \$3,070,482 for respite care services provided by VA, in addition to \$1,203,773 for respite care services provided through community providers

Travel, Lodging and Subsistence under 38 U.S.C. § 111(e)

P.L. 111-163 § 104 amended 38 U.S.C. § 111 to authorize VA to reimburse primary and secondary family caregivers for necessary travel expenses, including lodging and subsistence, for the time period in which the eligible Veteran is traveling to and from a VA facility for the purpose of medical examination, treatment or care, as well as for the duration of such medical examination, treatment or care. In accordance with the law, VA provides caregiver beneficiary travel in the same manner as that to eligible Veterans under 38 C.F.R. Part 70, which may include the actual cost for meals, lodging or both, not to exceed 50% of the per diem rate allowed for government employees under 5 U.S.C. § 5702, when VA determines that an overnight stay is required. Under 38 U.S.C. § 1720G(a)(6)(C), as added by P.L. 111-163 § 101(a), VA is also authorized to reimburse necessary travel, lodging and per diem expenses incurred by a family member of an eligible Veteran in undergoing caregiver training required as part of the application process for PCAFC.

For approved family caregivers participating in PCAFC during FY 2021, VA obligated an estimated \$64,415 for travel expenses, including lodging and subsistence. This amount is lower than previous years due to the impact of COVID-19.

Health Care Benefits for Eligible Primary Family Caregivers

CHAMPVA is a health care benefit program in which VA shares the cost of certain health care services and supplies with eligible beneficiaries. The program is administered by the VHA Office of Community Care where CHAMPVA applications are processed, and eligibility determinations are made to authorize benefits and process medical claims. Approved primary family caregivers of eligible Veterans participating in PCAFC are eligible for CHAMPVA if they are not eligible for TRICARE and not entitled to care or services under a health plan contract such as Medicare, Medicaid, worker's compensation or an insurance policy or contract. If eligible, primary family caregivers may receive CHAMPVA benefits in one of two ways:

- Primary family caregivers may receive services through community-based

providers who accept assignment. In this case, primary family caregivers pay the CHAMPVA annual deductible and required cost shares for services when using these community-based providers.

- Primary family caregivers may access CHAMPVA services through the CHAMPVA In-House Treatment Initiative (CITI) program, if providers and space are available within the VA health care system and the VAMC is a CITI participating provider. Local VA facilities are not required to participate in the CITI program.

In FY 2021, approximately 3,224 primary family caregivers had health care coverage under CHAMPVA through PCAFC and VA obligated \$11,343,191 to support these services.

Ongoing Support and Monitoring

In FY 2021, ongoing support and monitoring were provided to approved family caregivers and eligible Veterans participating in PCAFC through home visits³, clinic visits, telehealth and supportive telephone meetings. These contacts ensured that family caregivers had the required training, resources and support to provide safe and effective care for their Veteran, and if necessary, to generate appropriate referrals for the Veteran and/or family caregiver. As previously mentioned, an initial home-care assessment occurs prior to approval and designation of the family caregiver. Once approved, ongoing wellness contacts were required at least every 120 calendar days, unless otherwise clinically indicated.

In FY 2021, VA obligated an estimated \$4,479,993 for completion of initial home-care assessments as well as on-going monitoring provided directly by VA as part of VA's on-going monitoring and oversight of PCAFC participants.

Legal and Financial Planning Services

Under [38 U.S.C. § 1720G\(a\)\(3\)\(A\)\(ii\)\(VI\)](#), as amended by section 161(a)(3) of the VA MISSION Act of 2018, VA is required to provide designated primary family caregivers with financial planning services and legal services relating to the needs of injured Veterans and their primary family caregivers. Legal services include legal advice and consultation. VA sought input from stakeholders and public comments through a Federal Register notice when determining specific services to include as a part of these new PCAFC benefits, and feedback was incorporated into the publication of a Proposed Rule on March 6, 2020. [85 Fed. Reg. 1356](#). A Final Rule was published on July 31, 2020, defining the scope of these benefits. [85 Fed. Reg. 46226](#). Current efforts are underway to establish a contract to be able to provide these services. Based on the size

³ On June 5, 2020, VA published an interim final rule, RIN 2900-AQ96, Home Visits in the Program of Comprehensive Assistance for Family Caregivers During COVID-19 National Emergency, to provide flexibility in the mode by which VA conducts PCAFC home visits for the duration of the Coronavirus Disease-2019 (COVID-19) National Emergency. See section below titled "VA Response to Coronavirus Disease – 2019 (COVID-19)."

and complexity of the legal and financial planning services required, which cross state/territory lines, multiple levels of input and reviews by VA internal experts were required to ensure added securities, certifications and legal requirements were met. Specifically, given that laws and requirements vary by state in areas such as simple wills and durable power of attorney, it was determined that the most expeditious method to implement the requirements would be through a contract. The contracting process is underway, and the solicitation is currently posted on Sam.gov. While a specific date for implementation is not yet able to be identified, VA is aggressively working to establish a viable contract for these services and anticipates full implementation by Fall of 2022.

VA Support Services Provided to General and Family and Caregivers Following Passage of P.L. 111-163: *Caregiver Support Coordinators (CSC) and Additional Program Staff*

Effective April 2011, VA mandated that every VAMC has at least 1.0 dedicated full-time equivalent employee (FTEE) CSC appointed to serve caregivers of Veterans. CSCs serve as the clinical experts on family caregiving issues and are experienced social workers, nurses and psychologists. They provide support and programming to those participating in PCAFC and PGCSS, link caregivers to community and VA resources, and respond to referrals from the CSL. CSCs provide guidance, support and coordination for the application process for PCAFC, as well as coordinate local activities in support of National Family Caregivers Month each November and throughout the year.

Due to the existing demand of supporting applicants and participants of PCAFC and the anticipated increased workload that will be required to meet the additional demands related to Phase II expansion of PCAFC under the VA MISSION Act of 2018, CSP has approved the hiring of additional staff to support CSP, while maintaining support of the existing workforce. Working collaboratively with VA Human Resources and Administrative/Operations, Security and Preparedness, Manpower Management Service, a staffing model was developed to guide and inform staffing decisions to meet the existing needs of the program and to put a staffing structure in place to provide more effective and efficient support and oversight at the facility and VISN levels.

The growth of CSP staff in support of PCAFC expansion occurred in a series of phases. The initial and second phase of the staffing expansion began in August 2020 and sought to add nearly 750 additional field-based front-line and VISN CEAT staff to strengthen the ability to manage the increase in applications, initial assessments, reassessments and appeals in a consistent and timely manner. During this phase, several new staff positions were required to serve specific functions in the new processes, such as PCAFC Program Managers, Clinical Assessors and other support

and case management roles. Previously, field-based staff that administered and supported PCAFC and PGCSS were primarily Caregiver Support Coordinators. Now that staff supporting PGCSS and PCAFC encompass a broader range of positions, these individuals are referred to as CSP staff. In FY 2021, approximately 1,980 field positions were estimated to be funded by the CSP Office for which VA obligated an estimated \$203 million to support field-based staff salaries and benefits.

CSL

On February 1, 2011, VA introduced the national CSL as an additional resource for caregivers, Veterans and community partners associated with caring for Veterans. The mission of the CSL is to provide information, referral and support to caregivers of Veterans, offering callers options and facilitating interventions including referrals as needed to the appropriate VA resources as well as state and local community services. Since its inception, the CSL has been utilized by spouses, children, other extended family members and friends of Veterans, as well as Veterans themselves. At the end of FY 2021, the CSL was staffed with 82 FTEE, which includes 66 call responders (11 social service assistants and 55 social workers). Call responders include both social service assistants who provide information about program eligibility and licensed master level social workers who are trained to provide a clinical assessment of the situation described by the caller in order to offer appropriate direction, referrals and support.

CSL responders recognize the unique challenges caregivers experience and are skilled in assessing each individual's needs, offering information, resources, supportive counseling, guidance and appropriate direction to help facilitate a connection to needed resources, including direct referrals to CSP staff located at the VAMC nearest to the caller. CSL has established relationships with other VA call centers to establish procedures for transferring calls to the appropriate call center to best meet the caller's needs.

During FY 2021, the CSL received over 139,400 calls and facilitated more than 12,800 referrals to local CSP staff at VAMCs across the country on behalf of caregivers. VA obligated approximately \$7,068,207 million to support the operation of the CSL in FY 2021.

Caregiver Website

VA's CSP website (www.caregiver.va.gov) serves as a centralized location for caregivers to identify services, supports and resources that can assist them in their caregiving role. To assist caregivers with navigating the VA system, the website provides easily accessible links to the application for PCAFC, resources available under PGCSS, CSL and a directory by state and U.S. territory feature that allows caregivers to readily locate contact information for their local CSP staff.

In addition, the website provides an array of tools and resources that simplify steps involved in caregiving duties, increase caregiver competency and help guide caregivers on what to ask the Veteran's health care providers. Other critical components of the website include an active listserv mailing list to keep caregivers informed of updates to CSP and local resources/connections for Veterans to connect with other agencies, support groups and caregivers.

In FY 2021, website enhancement needs were identified and addressed to update information of VA's steps in expanding PCAFC as directed by the VA MISSION Act of 2018. During the website revamp, CSP enhancements included:

- Ability to apply for PCAFC online.
- Availability of Fact Sheets and Frequently Asked Questions (FAQ) to inform Veterans and caregivers on numerous topics, such as PCAFC Expansion, PCAFC Eligibility, PCAFC Monthly Stipend, PCAFC Application Process and Legacy Participants/Legacy Applicants.
- Availability of Fact Sheets in Spanish and Tagalog.
- Consistent CSP phone numbers for VA facilities on Locator Page.
- Updated and improved PGCSS page, to include list of resources, and FAQs.
- Updated CSL hours and service information.
- Active announcements on homepage to update caregivers and stakeholders of key issues or changes.
- Announcements for observances, notifications and updates (i.e., COVID-19, services and programs, etc.).

The website continues to be visited frequently, averaging over 1,400 unique visits to the CSP home page and over 3,700 visits to all CSP web pages per day. In addition to the website, there is also an active listserv which had more than 247,000 subscribers at the end of FY 2021. To increase caregiver engagement, CSP distributes an average of 2-4 listserv messages monthly to caregivers, Veterans and all subscribed stakeholders. Messages included topics, such as:

- Special observances, caregiver stories and CSP services (PGCSS and PCAFC), CSP program changes and updates, Caregiver Appreciation and National Family Caregivers Month recognitions.
- VA and partner-based support and resources available for caregivers.
- Mental health-oriented resources.
- COVID-19 related updates and resources/support.

VA Caregiver Peer Support Mentoring Program

The VA Caregiver Peer Support Mentoring Program was launched in January 2012 to provide personal support and establish peer relationships by helping caregivers to connect with one another. Caregivers of Veterans of all eras are eligible to participate in the VA Caregiver Peer Support Mentoring Program, both as mentors and as mentees.

Caregiver mentors and mentees are linked together through an application process. Peer mentors are official VA volunteers, and as such, must complete required orientation and training through VA's Center for Development and Civic Engagement before they can begin program-specific training. VA privacy and information security requirements are covered as part of the required orientation process. Once matched, the caregiver mentor and mentee establish a communication plan, including weekly contact with one another. During FY 2021, increased reliance on virtual communication due to the COVID-19 National Emergency allowed for continued mentor/mentee engagements, mitigating loneliness and isolation.

The Peer Support Mentoring Program enhanced the supportive services to our caregivers with expanded virtual offerings in FY 2021 including:

- Quarterly Spanish Language calls.
- Quarterly Spirituality calls and annual Remembrance call in collaboration with National VA Chaplain Service.
- Bi-Monthly supportive calls for Peer Mentors.
- Secured Facebook and supportive group calls in coordination with facility Caregiver Support Teams.

Peer mentors empower mentee caregivers by forming supportive relationships, decreasing the feeling of isolation many caregivers experience, and linking them to resources available within VA and the community. Caregiver peer mentors and mentees assist one another by sharing common experiences and knowledge of resources such as VA benefits, VA health care and community resources. As a result, the program helps caregivers build skills and a knowledge base that will assist them in dealing with their caregiving role in the future. Caregiver participants express positive impacts of their peer mentoring connections. One such participant expressed, "I am less stressed. My mentor is awesome at listening and asking the right questions. It's helpful to have someone that is there just for me and I for her. I would be really sad to not have her to call on in the craziness that my life has become." At the conclusion of FY 2021, 462 caregivers were actively participating in VA's Peer Support Mentoring Program.

BBC

As a result of collaboration with the National Council on Aging, VA deployed an Online Support Workshop for caregivers of Veterans of all eras called BBC. A contract for BBC was awarded in 2012; and in 2013, BBC was rolled out nationally. This resource has remained a well utilized support for caregivers since that time. The 6-week online workshop is intended for caregivers caring for a Veteran with dementia, memory problems, posttraumatic stress disorder, a serious brain injury or any other injury or illness. The workshops include topics such as: managing your stress; communicating more effectively with family, friends and health professionals; taking care of one's own health; managing difficult emotions; managing difficult behaviors; setting goals; getting support from other caregivers; and tips on how to provide better care.

An online Alumni Community was established in 2013 which allows caregivers to stay connected with each other and continue to receive support through the program following the completion of the 6-week course. In FY 2021, there was a 55% increase in the number of caregivers being referred and participating in BBC workshops with approximately 5,300 caregivers referred to BBC and 2,310 caregivers who participated in the six-week BBC workshop. A total of 2,259 caregivers participated in the BBC Alumni Community in FY 2021. A majority of caregivers who participated in BBC workshops were caring for someone between the ages of 70-79; the cumulative mean age of all Veterans was 70 which was an increase of 24 years from the previous year. Caregivers were caring for Veterans with a variety of conditions, with the most common being Posttraumatic Stress Disorder, Chronic Illnesses such as Diabetes or COPD, other Mental Disorders and Alzheimer's Disease. A BBC Alumni Community is offered to caregivers post completion of the BBC 6-week workshop.

REACH VA

REACH VA is an evidence-based skills-building intervention, including individual sessions with an option for telephone support group meetings designed to provide support, education and training to assist caregivers of Veterans of all eras affected by Alzheimer's disease or related dementias, spinal cord injury disorders, multiple sclerosis, amyotrophic lateral sclerosis and posttraumatic stress disorder. Lasting from two to three months, and delivered by telephone, telehealth or face-to-face, the intensive one-on-one intervention addresses five main caregiving risk areas for eligible caregivers of Veterans including: safety; social and emotional support; problem solving; caregiver well-being; and both caregiver and Veteran health. The intervention focuses on problem solving around behavioral topics, stress and coping techniques, as well as step-by-step strategies to assist eligible caregivers in everyday problems they may encounter.

From FY 2017 – FY 2019, the CSP Office partnered with the Office of Rural Health (ORH) to assist in addressing the unique needs of rural caregivers through a pilot program whereby VA Caregiver Center Memphis implemented REACH VA targeted to caregivers in rural areas. As a result of this successful pilot program funded by ORH, CSP assumed funding responsibility in FY 2020 to fund the VA Caregiver Center Memphis's continued delivery of the Program. The program continues to provide services to rural caregivers but has expanded to urban caregivers under CSP.

REACH VA individual services are available and delivered to caregivers in the following two ways:

- Available and offered by direct delivery from the VA Caregiver Center Memphis staff. In FY 2021, approximately 1,200 caregivers were served directly through this manner.
- Provided directly through the local VAMCs. In FY 2021, each VA facility had at least one CSP staff or clinical staff available to deliver the REACH VA Caregiver intervention through their site. In FY 2021, 257 additional staff were trained.

In FY 2021, cumulative total of 1,685 caregivers were served through REACH Individual sessions.

REACH Support Group Sessions

VA has long provided support in person and via telephone through the use of support groups to eligible family members of Veterans who serve as caregivers. For example, VA offers a wide variety of support groups both locally and nationally to caregivers of Veterans with specific conditions. This telephone-based support group clinical intervention is different than caller support that is offered through the CSL and is a specific program offered at local VAMCs. In October 2011, based on successful outcomes demonstrated by a similar Department of Defense program, VA expanded support services by initiating Spouse Telephone Support. In May 2015, this program was expanded to include caregivers of Veterans of all eras, including Veterans with diagnoses of Alzheimer's disease or related dementias, spinal cord injury disorders, multiple sclerosis, amyotrophic lateral sclerosis and posttraumatic stress disorder. These telephone support groups focus on education, skill building and support. Sessions teach critical skills needed by caregivers, including taking care of yourself, problem solving, positive thinking, asking for help and stress management, but are targeted to the problems and concerns faced by the caregivers in the group. Each program has a Caregiver Notebook including resources, educational and goal-setting opportunities for caregivers that address the challenges related to the type of caregivers participating and provides information for each group session.

VHA staff group leaders typically provide six, 1-hour sessions designed to address critical caregiving skills plus additional topics based on group members' needs. The length of the program can be extended for additional, or longer, sessions depending on staff and group member needs.

In FY 2021, over 164 clinical staff at VA sites were trained by VA Caregiver Center Memphis to provide REACH Support Groups. Over 1,222 caregivers participated in REACH Support Groups in FY 2021.

In an evaluation, 73% of caregivers reported that they had benefited "very much" or "extremely so" from participation. Sixty percent of caregivers reported the program increased their confidence as caregivers "very much" or "extremely so." They also felt the program had "very much" or "extremely much" improved their ability to care for themselves (53%) and their loved one (58%).

Caregiver Self-Care Courses

VA has developed and deployed training opportunities focused on self-care and resilience. The Caregiver Self-Care Courses available to caregivers of Veterans of all eras participating in either PGCSS or PCAFC and includes Managing Stress; Effective Communications/Problem Solving; Taking Care of Yourself; Lowering Stress, Improving Mood; and Handling Emotions, Qi Gong and Resilience. VA facilities schedule the self-

care courses, which are typically delivered virtually by either staff from the VA Caregiver Center Memphis or CSP facility staff. In FY 2021, seven CSP facility staff were certified to teach self-care courses and delivered 17 courses to 87 caregivers. A total of 2,141 caregivers participated in 240 courses in FY2021.

Annie Caregiver Text Program

Annie Caregiver Text Support is VA's automated text messaging program for Veterans and caregivers. In FY 2020, the VA Caregiver Center Memphis implemented text care programs for caregivers to receive messages directly to their telephones. Program topics included stress management (year-long), bereavement (2 months long) and COVID-19 support. Texts focus on education, inspiration/motivation and activities/strategies to help caregivers cope. In FY 2021, over 193 staff were trained to register caregivers for this program, and 2,565 caregivers were registered in one or more of the text messaging programs. A total of 5,643 caregivers have enrolled since the Annie caregiver text programs began.

In FY 2021, VA obligated approximately \$1,686,180 to the VA Caregiver Center Memphis (VACCM), which include:

- REACH VA Individual Caregiver Support Program - Field Delivered.
- REACH VA Individual Caregiver Support Program – VACCM Delivered.
- REACH VA Group Telephone Support Caregiver Program - Field Delivered.
- Self-Care and Wellness Courses for Caregivers.
- Annie Caregiver Text Program.

Outcomes, Measurable Benefits and Effectiveness

CSP has worked diligently to partner with experienced researchers to identify practical measures to examine the benefits and effectiveness of the CSP's various components.

In 2014, the CSP, in partnership with VHA's Health Services Research and Development Service (HSR&D) under the auspices of HSR&D's Quality Evaluation Research Initiative jointly funded the establishment of the VA Caregiver Support Program Partnered Evaluation Center (VA CARES).

Key findings of this initial concerted effort have been shared in previous Annual Reports to Congress. The partnership with VA CARES has since been extended through 2023 to increase collaboration efforts. Efforts conducted in FY 2021 include the following:

- Examining the effect of PCAFC on Veteran health care utilization and costs over time;
- Examining predictors of discharge among PCAFC participants;
- Conducting a survey of caregivers in PGCSS about caregiver health and well-being;

- Examining the effects of PCAFC on caregiver health and economic well-being among caregivers who are themselves Veterans, including during the COVID-19 pandemic; and
- Conducting a formative evaluation of newly implemented PGCSS services.

Stakeholder Engagement

During FY 2021, VA and the Elizabeth Dole Foundation continued partnering on a joint initiative, the Campaign for Inclusive Care. The campaign seeks to integrate family caregivers as partners in care with the Veteran's health care team. In FY 2021, VA trained inclusive care champions at every VAMC, with the task of spreading awareness and providing training on inclusive care practices to VA staff. Additionally, these champions hosted an inclusive care summit at every VAMC, engaging VA and the community around the practice of inclusive care and the importance of engaging, empowering and supporting caregivers of Veterans as partners in care. In FY 2022, VA plans to continue this system-wide expansion by increasing the number of inclusive care champions across VA by engaging specialty service lines.

VA engaged with additional key stakeholders throughout FY 2021 including Veterans Service Organizations (VSO), Veterans' Family, Caregiver and Survivor Federal Advisory Committee and members of the public. CSP began hosting quarterly meetings with VSO stakeholders on topics of interest related to PCAFC expansion under the VA MISSION Act of 2018 and new PCAFC regulations, including information on VA's Legacy Participant transition plan and changes to PCAFC eligibility. Several consistent themes emerged during these engagements surrounding implementation of the VA MISSION Act of 2018. As VA continues to implement the VA MISSION Act of 2018 and expand PCAFC to eligible Veterans of all eras, VA must ensure the following:

- Eligibility determinations are Veteran and caregiver-centric, easy to understand, standardized and transparent;
- Instruments used for evaluation and assessment are standardized and consistently administered; and
- Continued attention to the importance of a transparent, Veteran and caregiver-centric and clear policy for clinical appeals within PCAFC.

Barriers to Accessing Caregiver Support

Barriers to accessing available support can commonly stem from lack of awareness of information on available services by consumers of services, as well as providers positioned to provide referrals. During FY 2021, CSP partnered with VHA Communications, the Office of Patient Care Services Communications, the Office of Enterprise Integration and the Office of Healthcare Transformation to provide strong communications to support information delivery of how VA supports caregivers within PCAFC and PGCSS. Specifically, the plan identified current supports and services being delivered, expanded services that will be delivered to PCAFC participants as required by the VA MISSION Act of 2018 and how PGCSS resources are being

enhanced. Use of the FY 2020 document, "Caregiving During COVID-19" tip sheet, was continued to address special issues and needs of caregivers during the pandemic. Communications products were shared widely on the CSP website, listserv and social media. The CSP has produced informational fact sheets, FAQs, good news stories, blogs and informative social media messages to further educate and inform interested parties on the services available within CSP. FAQs and other communications products are posted to the CSP website regularly to educate the public on issues related to program updates, the expansion of PCAFC and issues related to COVID-19. The communications plan takes into consideration internal and external stakeholder needs and is using several different channels of communication to deliver key information.

In addition to a formalized communications plan, CSP has also developed an equally robust Education and Training Plan, with the assistance of the VA Employee Education System Office. This team produced over 20 recorded training events to address the ongoing learning needs of CSP staff and stakeholders in FY 2021. Examples of topics for CSP staff include, but are not limited to the following:

1. Addressing Intimate Partner Violence in CSP;
2. Challenging Discussions;
3. Advanced Care Planning;
4. Aging in Place; and
5. Interim Final Rule and Reassessments.

An annual CSP staff conference was conducted in July 2021 with over 1,000 participants. Topics reflected the needs of CSP staff navigating the changing landscape of the expanding program including topics such as: Aging and Chronic Conditions; Innovations with Family Caregivers; Disaster and Emergency Preparedness for Older Adults; and Economics of Caregiving: Considerations for Policy.

Oftentimes, the lack of awareness for available support and services inhibits those who need these services most from accessing the resources needed. Through education and training of staff, and robust modalities of communication, CSP is breaking barriers to support caregivers of Veterans.

Evaluation of Training

Training for caregivers is a critical aspect in providing high-quality support for our Veterans who may require aid and assistance on a daily basis. Caregivers are trained and supported in various ways to improve their knowledge and ability in the delivery of care to Veterans. Prior to approval for PCAFC, required training was delivered using a standardized curriculum that includes topics such as caregiver self-care and medication management. The training is offered in both English and Spanish and can be completed at home with a workbook and DVD or online. The capability to provide the workbook in additional languages upon request was established in July 2021. A survey was distributed to the over 20,000 caregivers who completed the training program between October 27, 2020, and January 5, 2022. The overall response rate was 30.64% or 6,350

caregivers. Ninety four percent of caregivers surveyed indicated they felt more confident in their overall caregiving capacity as a result of participating in this training. In addition, 92% of caregivers either strongly agreed or agreed that their training program increased their knowledge and skills in caring for the Veteran. Approximately 91% of caregivers either strongly agreed or agreed that the training improved their knowledge and ability to take care of their physical and emotional health ("self-care"). Four percent of caregivers highlighted the value added by the training.

The CSL Telephone Education Groups continue to be a well-utilized resource for caregivers. Caregivers receive education and training on topics specific to caregiving and are able to connect with other caregivers for support. In FY 2021, new topics including caregiver depression, setting boundaries and managing anger were added to the curriculum and presented to caregivers. In FY 2021, there were 5,055 total participants in CSL Telephone Education calls. In addition to regularly scheduled live monthly calls, caregivers can also access recordings of these groups online by visiting the VA caregiver website. Group recordings are updated on a regular basis.

In the BBC program, over 20,000 referrals have been received since the national roll out in 2013; approximately 5,300 of which were received in FY 2021. BBC is composed of a six-week workshop and an alumni community, which is available once caregivers have completed the workshop. In FY 2021, over 2,258 caregivers participated in the BBC Alumni Community. Caregiver participants rated their overall satisfaction with the workshops as 4.5 on the 5-point Likert Scale.

It has been demonstrated that participation helps improve health and well-being of the caregiver and Veteran including reduction of depression, anxiety and stress-related disorders, catalyzes health lifestyle modification, accelerates health behavior change, diminishes social isolation and improves system navigation and working with the healthcare team.

The Annie caregiver text programs were developed and implemented by the Caregiver Center in conjunction with the Office of Connected Care. In FY 2021, 2,565 caregivers were registered in one or more of the text messaging programs. A total of 5,643 caregivers have enrolled since the Annie caregiver text programs began. In an evaluation of 781 caregivers who participated in the stress management protocol, on a five-point scale, caregivers reported the messages had been useful in managing their stress (4.3) and helping them take care of themselves (4.3) and their loved one (4.2). They felt that someone cared about their well-being (4.5) and would recommend it to other caregivers (4.5). Almost two-thirds (62.9%) tried all or most of the suggested strategies. Caregivers identified five themes in their comments. The messages were appreciated, helped with self-care and also made them feel less alone, looking on Annie as a friend. Caregivers felt that the messages were on target and came when they were most needed and did not want them to stop. Comments included the following quotes: *"Sometimes I want to give up, but I find the strength to move forward. So many times, I feel lonely or sad and then I hear from Annie which lifts me up."* *"Annie reminds me when I forget myself sometimes. Thanks Annie!"*

Caregiver self-care courses and the new telephone-based short resilience courses are provided by the VA Caregiver Center Memphis trainers to groups of caregivers at VA facilities and, due to the continuation of COVID-19 pandemic measures, were provided virtually. A total of 9,999 caregivers have participated in the courses with over 2,200 caregivers participating in FY 2021. Both the regular self-care courses and the wellness courses were evaluated this year. Most caregivers who attended the regular and wellness courses were spouses/partners and women, and over 50% were over age 60. Over 40% had been caregivers longer than 5 years. For the regular courses, caregivers reported that the course met their needs (62.2% strongly agree). They learned new information (61.1%) and they plan to use the information in their caregiving (72.1% - e.g., *play the music for my husband, get him to do some of the art also, stretching and breathing*) and to take care of themselves (71.2% - e.g., *making and keeping medical appointments for myself, implement 'Self-care' without any feeling of neglecting care for Veteran*). Caregivers reported, "*Class was very beneficial and educative. Thank you so much!*" *Great information, examples, scenarios and discussions.*" For the new wellness Qi Gong courses, caregivers reported that the course met their needs (67.6% strongly agree). They learned new information (69.1%) and they plan to use the information in their caregiving (74.9% - e.g., *I plan to practice the breathing techniques of the strengthening techniques for my overall wellness because I need to stay strong in order to care for my loved one*), and to take care of themselves (78.2% - e.g., *Plan to use cognitive reframing while doing dishes, Taking more time for breathing and DANCING*). Caregivers reported, "*I appreciate that the caregivers are cared for as well as the veteran. It makes us better caregivers!*"

VA Response to the Coronavirus Disease – 2019 (COVID-19) Public Health Emergency

On March 13, 2020, the President of the United States declared a national emergency related to COVID-19. VA's priority goal was to protect Veterans, caregivers and VA staff from the risk of exposure to and transmission of COVID-19.

VA directed CSP staff to identify high-risk Veterans participating in PCAFC, who may require institutionalization should the caregiver become ill without a sufficient back-up plan. VA issued a memorandum to CSP staff on May 14, 2020, requiring outreach to family caregivers to identify and discuss contingency plans, family or professional support which could be made available to provide care, adequacies of personal protective equipment (PPE) supplies, health insurance coverage and help with identifying any additional needs during the COVID-19 pandemic. CSP staff were charged with providing family caregivers with support and linkage to needed resources, as applicable, including a Caregiving During COVID-19 Tip Sheet. This tip sheet, developed by CSP, includes information on protecting oneself, creating back-up plans, taking care of oneself, as well as links to helpful VA and community resources.

VA took further action towards protecting Veterans, caregivers and VA staff when VA published an Interim Final Rule on June 5, 2020, RIN 2900-AQ96, Home Visits in

Program of Comprehensive Assistance for Family Caregivers During COVID-19 National Emergency, [85 Fed. Reg. 34522](#). During a time of recommended physical distancing, this rulemaking relaxed the requirement for in-person home visits, allowing VA flexibility to conduct home visits (including the initial home care assessment required prior to approval and designation of a family caregiver as well as required home visits for the purpose of monitoring), through videoconference or other available telehealth modalities for the duration of the national emergency.

Further, beginning August 2020, VA supplied PPE to specific family caregivers participating in PCAFC who provide direct, physical, hands-on care where there is potential risk for body fluid exposure. Provision of PPE includes gloves, masks, gowns, eye protection and hand sanitizer, based on clinical need. An algorithm was developed for PPE distribution, per Centers for Disease Control and Prevention (CDC) guidance for caring for a person at home.

In addition, in August 2020, VA and the Elizabeth Dole Foundation teamed with CareLinx, a nationwide professional home care network, to launch the Respite Relief for Military and Veteran Caregivers program. Respite relief allows caregivers to have more time to care for themselves as they care for their loved ones, which is especially critical for vulnerable military and Veteran caregivers amidst the COVID-19 pandemic. By the end of FY 2020, 643 hours of respite were delivered to caregivers as part of this effort.

In March 2020, a 2-month COVID-19 Coronavirus Precautions protocol (CPP) Annie protocol for Veterans was rolled out. Caregivers can also be enrolled in the CPP and about 860 (7%) of participants are caregivers. The CPP is an interactive protocol that provides education on how to identify symptoms and actions to take. For Veterans, there is now a Coping during COVID-19 protocol available, which is very similar to the Caregiver Stress Management protocol. During the COVID-19 pandemic, the stress management texts have been useful for caregivers, 47% of whom report that the texts have helped them manage their stress. As one caregiver said, *"These texts are really helping me to come through this covid crisis. I was getting a lot of anxiety because of my husband allowing people to come over without mask."* Caregivers have also requested, *"More COVID-19 stress related topics."*

In January 2021, CSP, with the assistance of the Office of General Counsel, determined that VA was authorized to provide COVID-19 testing and vaccination to caregivers participating in PCAFC. This authority ensured that VA could assist and protect our family caregivers who are caring for some of our most vulnerable Veterans in their homes. Congress passed P.L.117-4, Strengthening and Amplifying Vaccination Efforts to Locally Immunize All Veterans and Every Spouse Act, authorizing VA to administer COVID-19 vaccines to all family caregivers, general caregivers, caregivers of Veterans enrolled in Geriatrics and Extended Care Programs and spouses of Veterans. With the passage of the Act, during FY 2021, over 7,300 active family caregivers in PCAFC received one or more doses of a COVID-19 vaccine through VA and over 7,100 active family caregivers were fully vaccinated for COVID-19 through VA. Of those family caregivers, some may have received the vaccine due to their Veteran status.

Conclusion

Caregivers, our Nation's "hidden heroes," serve an important role in VA's health care delivery system, providing assistance and support to loved ones with complex physical and mental disabilities. VA continues to work to improve administration of our programs in support of caregivers and have several initiatives planned to enhance program operations during FY 2022. Throughout FY 2021, VA underwent the necessary work to implement changes made to [38 U.S.C. § 1720G\(a\)](#) by § 161 of the VA MISSION Act of 2018. In preparation of Phase II of PCAFC expansion planned for October 1, 2022, VA has taken many active steps to ensure adequate staff are on board and trained to support the anticipated volume of applications, while also utilizing data and conducting internal assessments to promote standardization and consistency in PCAFC determinations.

VA is currently undertaking a broad programmatic review of the PCAFC to ensure it achieves intended outcomes for all new applicants, Legacy Participants and Legacy Applicants. While this review is underway, VA's CSP will continue to enhance and expand services to family caregivers of Veterans, including increasing access for those not currently served by PCAFC; expanding access to PGCSS; and improving the experience of both Veterans and their family caregivers as they access these supports and services. VA remains committed to administering a program that is consistent in its delivery, transparent in its processes and more easily understood by our Nation's Veterans and caregivers.

Department of Veterans Affairs
May 2022

**Estimate of Cost to Prepare
Congressionally-Mandated Report**

ENCLOSURE

Short Title of Report: CMR: Assistance and Support Services for Caregivers
Annual Report

Report Required By: P.L. 111-163 § 101(c), as amended by P.L. 115-182 § 163

In accordance with [38 U.S.C. § 116](#), the statement of cost for preparing this report and a brief explanation of the methodology used in preparing the cost statement are shown below.

Manpower Cost:	<u>\$2,004.13</u>
Contract(s) Cost:	<u>\$0.00</u>
Other Cost:	<u>\$0.00</u>
<u>Total Estimated Cost to Prepare Report:</u>	<u><u>\$2,004.13</u></u>

Manpower Costs were calculated by using the methodology noted:

The hourly rate was calculated by dividing the annual salary rate by 2,080 hours; 35% was used for benefits. When the report was moved forward to the supervisory chain for review and signature, that effort was not included in the cost. This report required 2 hours of GS-15-1 time and 20 hours of GS-14-4 time. The total estimated cost to prepare the report is \$2,004.13.