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STATEMENT FOR THE RECORD

COMMITTEE ON VETERANS' AFFAIRS OF THE UNITED STATES HOUSE OF REPRESENTATIVES

ON

"DEPARTMENT OF VETERANS AFFAIRS' PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS"

February 6, 2018

Chairman Roe, Ranking Member Walz, and Members of the Committee,

Thank you for inviting Wounded Warrior Project (WWP) to offer our input to your discussion and review of the Department of Veterans Affairs' (VA's) Program of Comprehensive Assistance for Family Caregivers (the Program). We appreciate the forum to highlight the service and sacrifice of our country's military caregivers. Too often, these men and women serve in the shadows, rarely getting similar recognition as the injured veterans they care for. We are grateful for your focus on this deserving population and are pleased to offer the following statement for the record.

WWP's mission is to honor and empower wounded warriors. Through community partnerships and free direct programming, WWP is filling gaps in government services that reflect the risks and sacrifices that our most recent generation of veterans faced while in service. Advancements in battlefield medicine and body armor have saved more service member lives than ever before. While the road to recovery for these men and women can be long, a generation of caregivers has risen to help them meet the challenges along the way. As the needs of this community are great and growing, WWP's mission and corporate purpose indicates that our focus is related to family caregivers of veterans and service members who have been wounded, ill, or injured since September 11, 2001.

In 2010, our advocacy on behalf of this community helped pave the way for the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111-163). Our comments today follow from distinctions outlined on November 19, 2009, when bill sponsor, then-Senate Committee on Veterans' Affairs Chairman, and World War II veteran, Senator Daniel Akaka addressed the Senate chamber with the these remarks:

> *While it is correct that the caregiver provisions target the veterans of the current conflicts, I do not believe that constitutes discrimination. The reasons for this targeting, at the least, are three: one, the needs and circumstances of the newest*

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> *veterans in terms of the injuries are different – different – from those of veterans from earlier eras; two, the family situation of the younger veterans is different from that of older veterans; and three, by targeting this initiative on a specific group of veterans, the likelihood of a successful undertaking is enhanced.*[i]

While we support and advocate for our fellow veterans of previous generations, each of Senator Akaka's distinctions remain salient today, more than eight years after these comments and nearly seven years since the Veterans Health Administration (VHA) launched the Program in May 2011 at each of its VA medical centers across the United States.

Recent research validates two of the Program's initial premises that – though not more "deserving" – the caregiving needs and family situations of post-9/11 veterans are different. RAND Corporation's 2014 report, *Hidden Heroes: America's Military Caregivers*, illustrates several demographic differences between pre- and post-9/11 family caregivers. Among the differences most relevant to the Program:

- **Relationship to caregiver**: Pre-9/11 caregivers are most often the care recipient's child (36.5 percent) whereas post-9/11 veterans are most likely to receive care from a spouse/partner/ significant other (33.2 percent) or a parent (25.1 percent)[ii]
- **Support networks**: Pre-9/11 caregivers are more likely to have a support network (71 percent) than post-9/11 caregivers (47 percent)[iii]
- **Effects on mental health**: More post-9/11 caregivers (38 percent) meet the criteria for probable depression than pre-9/11 caregivers (19 percent)[iv]
- **Access to health insurance**: Post-9/11 caregivers are more likely to be without health insurance (32 percent reported no coverage) than pre-9/11 caregivers (18 percent)[v]

These points highlight how the Program has and continues to address post-9/11 family caregiver needs, and how Program components have hopefully driven down concerning statistics since the RAND report was published three years ago. To wit, while caregivers from all eras may be eligible for aid and attendance benefits, respite care, social support services, and training, the Program provides additional services to eligible post-9/11 caregivers, including a monthly stipend based on the amount and degree of personal care services provided to the veteran, access to the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) if they have no health insurance, mental health counseling, and an expanded respite care benefit. These benefits have been a crucial resource for post-9/11 caregivers, and with appropriate funding, could and should be made available to all generations of military caregivers.

While the Program's offerings address the needs of many post-9/11 family caregivers, its success has been tempered by substantial growth. From fiscal year 2013 to fiscal year 2015, the number of primary family caregivers enrolled in the Program grew from 12,710 to 24,711.[vi] This growth was matched by increased spending, which grew from $226M to $454M in annual outlays over the same period[vii], yet only modest increases

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in staffing. At the end of fiscal year 2013, the number of Caregiver Support Coordinators (CSCs) – those who administer the Program at the medical facility level – stood at 225. The CSC count grew to 267 by the end of fiscal year 2014, and was projected to grow to 328 for fiscal year 2016[viii].

During this period of remarkable growth in Program participation, the U.S. Government Accountability Office (GAO) published a report in September 2014 concluding that "staffing shortages impeded timeliness of key functions and negatively affected services to caregivers despite actions taken to address them."[ix] Accordingly, GAO concluded that:

> *After three years of operation, it is clear that that VHA needs to formally reassess and restructure key aspects of the Family Caregiver Program, which was designed to meet the needs of a much smaller population. This would include determining how best to ensure that staffing levels are sufficient to manage the local workload as well as determining whether the timeliness and procedures for application processing and home visits are reasonable given the number of approved caregivers.*

As the Committee is aware, even with its current scope serving only post-9/11 caregivers, VA has had significant challenges implementing the Program. In 2017, these challenges came to a head, and VA paused all revocations from the Program pending a complete review. Although VA has concluded its review, the impact of new VHA Directive 1152 ("Caregiver Support Program") and associated training have not become clear.

Like all Members of the Committee, and like all organizations who have testified or submitted statements for the record, we are deeply invested in the success of the Program. Family caregivers, including those of the pre-9/11 generation not currently eligible for the Program, help conserve state and federal agency resources by keeping seriously injured veterans at home, avoiding costly forms of care including institutionalization. In many cases, these caregivers sacrifice their own life experiences and successes, including careers, education, and retirement savings, in order to properly care for the veterans they support at home.

Though WWP's mission is to assist caregivers of the post-9/11 generation, we recognize caregivers of the pre-9/11 generation are no less deserving of praise, recognition, or access to vital services and benefits provided by the Program. WWP supports legislation that would improve the lives of pre-9/11 caregivers without harming caregivers of the post-9/11 generation. As such, WWP firmly believes that proposals to expand the Program must be accompanied by sufficient funding to cover additional staffing and information technology needed to properly administer the Program and meet the needs of the caregivers and veterans it serves. At this time, however, we would like to address several points about the Program raised during public comment on Federal Register announcement 2018-00004 ("Notice of Request for Information on the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers").

Appealing a Decision made by PCAFC:

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One essential mechanism for consistency and fairness is a meaningful appeals process in which veterans can challenge erroneous eligibility and tier level determinations. Despite allegations of wrongful revocations that gave rise to VA's recent Program review, in our experience, successful appeals through the VHA system have been extremely rare. Given the nature of the Program, adjustments should be made to the clinical appeals process for review of eligibility and tier level determinations.

Require Communication with Caregivers:

Caregivers must be present and involved in assessments that give rise to change in tier level or revocation. Especially where mental health or cognitive challenges are involved, caregivers can provide the insight necessary to reach correct and comprehensive conclusions. Nonetheless, we have heard many accounts of caregivers who were not allowed to participate. While VHA Directive 1152 addressed this issue, we are waiting to see how effective the new instructions and staff trainings have been in encouraging and increasing dialogue between caregivers and the veteran's health care team.

Review Revocations and Tier Reductions:

We know you are aware of the many veterans and caregivers who have reported erroneous determinations, and that is why you are conducting this review. Given these reports, in the interest of fairness, we ask for review of all revocations and tier reductions that have taken place since program inception. We understand that this would place a significant workload on program staff and therefore propose a triaged approach in which cases, where tier 3 veterans were completely revoked, are addressed first. An adjustment this dramatic should be extremely rare and suggests irregularities.

The Inclusion of "Illness" in Qualifying for Caregiver Assistance:

Another issue to be addressed in Program eligibility is the inclusion of the word *"illness"* in qualifying for caregiver assistance. Under § 71.15, a serious injury is defined as *''any 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, that renders the veteran or servicemember in need of personal care services.''*

By excluding the term "illnesses" in the qualifying language for caregiver, a large population of post-9/11 and pre-9/11 veterans are precluded from a benefit they might well deserve. We see this as in inherent flaw in the access to much-needed care for veterans. Much like generational expansion, we believe the Program should grow to accommodate those with service-connected illnesses – particularly those linked to toxic exposures – provided such expansion is accompanied by proper funding.

Servicemember Eligibility:

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WWP not only assists veterans but also current serving military members of the Armed Forces. There are instances where severely injured servicemembers do not qualify for Caregiver support due to the VA's interpretation of "*undergoing medical discharge*." Section 1720G indicates that servicemembers are eligible for benefits under the Program if they are undergoing medical discharge from the Armed Forces: ''*For purposes of this subsection, an eligible veteran is any individual who . . . is a veteran or member of the Armed Forces undergoing medical discharge from the Armed Forces*.'' 38 U.S.C. 1720G(a)(2)(A). With any expansion of the Program, we would request that the definition of "*undergoing medical discharge*" include families in need of a caregiver before receiving a medical discharge date by the Department of Defense. By considering eligibility at an earlier date, this would ensure that proper training opportunities are available for caregivers of the injured servicemember throughout the entire treatment of the servicemember. We feel that the sooner families can receive training on caregiver programs and techniques, the more successful families will be.

Overall Compensation for Caregivers:

Increasing the hourly cap of 40 hours a week and the hourly wage rate set by VA should also be addressed. Caregivers have continually indicated that 40 hours a week is not a fair representation of the amount of time it takes to assist a severally injured veteran requiring fulltime caregiver support. Additionally, VA calculates the hourly wage rate by using the 75 percent rate of pay established by the Bureau of Labor Statistics. We would ask Congress and VA to review these two data points to ensure that caregivers are being properly compensated for their time.

Improve Transition Services:

As program stipends were not intended to be a permanent benefit in all situations, there will certainly be cases where veterans are no longer eligible for the Program due to changed circumstances. Where this occurs, VA should provide transition services and education regarding health care options, employment possibilities, and vocational training. CSCs should be provided with a comprehensive list of transition services available in their community through VA, state veterans agencies, and the private and nonprofit sectors.

WWP Alumni Survey:

To provide context for the above, WWP draws data and insight from our longitudinal and most recent Alumni Survey. In 2017, we received 34,822 completed surveys that have helped draw data and insight about the more than 110,000 warriors registered for WWP programs and services. The information gathered gives us critical information about our alumni – the name we assign to our warriors – and their caregivers.

Of the alumni that responded to our 2017 survey, 7.9 percent indicated they were permanently housebound. All the survey participants were asked to indicate their current requirements for assistance from another person for a range of daily living activities. We found that four activities require more assistance than

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others. These included doing household chores, managing money, taking medication properly, and preparing meals.[x]

Among alumni who needed assistance, 61.8 percent needed help with three or more actives. The breakdown is as follows:[xi]

- One to two activities – 38.2 percent
- Three to four activities – 28.1 percent
- Five to eight activities – 24.6 percent
- Nine to all eleven activities – 9.1 percent

In addition, 27.5 percent of responding alumni reported a need for aid and attendance of another person. On average, almost one-fourth (24.7 percent) needed help for 10 or fewer hours per week. However, 25.4 percent needed more than 40 hours of aid per week.[xii] We highlight these important data points to give you a clearer understanding of the needs and circumstances of the current post-9/11 warrior using in-home care, as reflected by the information we have recently gathered.

Conclusion:

Wounded Warrior Project will remain diligent in addressing the needs and concerns of today's caregiver community. As the leader in assisting wounded servicemembers transition to civilian life, we are at the forefront of caregiver issues. We remain steadfast in our commitment to expanding the caregiver program without putting current caregivers at risk by expanding a program without appropriate funding.

Wounded Warrior Project thanks this committee for their diligence and commitment to our nation's servicemembers and veterans. We appreciate the efforts this committee has made in understanding and addressing the gaps in caregiver support. We are thankful for the ability to speak on behalf of our constituency and stand ready to assist when needed.

Sincerely,

René C. Bardorf
Senior Vice President of Government and Community Relations

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[i] 155 Cong. Rec. S11538 (daily ed. Nov. 19, 2009) Congressional Record, November 19, 2009, S11538
[ii] Terri Tenielian, et. al., *Hidden Heroes: America's Military Caregivers*, RAND Corporation, 2014, p. 34.
[iii] *Id*. at 40.
[iv] *Id*. at 75.
[v] *Id*. at 73.
[vi] Department of Veterans Affairs, *FY 2015 Budget Submission*, VHA-66; Department of Veterans Affairs, *FY 2017 Budget Submission*, VHA-99-100.
[vii] Department of Veterans Affairs, *FY 2015 Budget Submission*, VHA-11; Department of Veterans Affairs, *FY 2017 Budget Submission*, VHA-98.
[viii] Department of Veterans Affairs, *FY 2015 Budget Submission*, VHA-66; Department of Veterans Affairs, *FY 2016 Budget Submission*, VHA-104-05; Department of Veterans Affairs, *FY 2017 Budget Submission*, VHA-99-100VHA.
[ix] GAO, *VA Health Care: Actions Needed to Address Higher-than-Expected Demand for the Family Caregiver Program*, GAO-14-675, 18 (Washington, D.C.: September 2015).
[x] April Fales, et. al., *2017 Wounded Warrior Project Survey*, Westat, 2017, p. 33 (available at https://www.woundedwarriorproject.org/media/172072/2017-wwp-annual-warrior-survey.pdf).
[xi] *Id*. at 35.
[xii] *Id*.