

**STATEMENT OF
THE HONORABLE DAVID J. SHULKIN, M.D.
SECRETARY OF VETERANS AFFAIRS
BEFORE THE
HOUSE VETERANS AFFAIRS COMMITTEE
FEBRUARY 6, 2018**

Good afternoon Chairman Roe, Ranking Member Walz, and Members of the Committee. I appreciate the opportunity to discuss the Department of Veterans Affairs' (VA) Caregiver Support Program, specifically the Program of Comprehensive Assistance for Family Caregivers (PCAFC). I am accompanied today by Ms. Margaret Kabat, Acting Chief Consultant for Care Management, Chaplain and Social Work Service, and Dr. Richard Allman, Chief Consultant for Geriatrics and Extended Care

Introduction

Providing care for a family member is an issue facing many Americans, but being a caregiver to a Veteran presents unique challenges. Research has shown us that caregivers of Veterans differ from caregivers of non-Veterans in several areas. Caregivers of Veterans are often younger, provide care longer, and more likely to attend to complex care needs.

VA, in close collaboration with our Federal agency partners, leading national organizations, Veterans Service Organizations and other nonprofit partners in communities across the country, remains committed to promoting and enhancing Veteran wellbeing through the provision of unprecedented services and support to caregivers of Veterans who require the care and assistance of another.

VA recognizes the important role of caregivers and is proud to support caregivers through PCAFC, as well as the Program of General Caregiver Support. Last year, more than 400 VA staff, including 350 Caregiver Support Coordinators in VA Medical Centers across the country provided support and services to individual caregivers. In addition, 57,803 callers contacted the Caregiver Support Line; more than 8,000 caregivers accessed a variety of services and supports including telephone educational support, face-to-face classes, and peer support programs; and more than 2,000 caregivers participated in evidence-based clinical interventions. Also, VA provided services and support to more than 26,000 family caregivers through PCAFC last year, including a stipend paid directly to approve primary family caregivers. These stipend payments totaled approximately \$400 million and VA obligated approximately \$12 million for the Civilian Health and Medical Program of VA for eligible primary family caregivers. PCAFC is a clinical program that focuses on the needs of both the eligible Veteran/Servicemember and the eligible primary and secondary family caregivers. At its core, the program provides enhanced services for eligible participants which may include a monthly stipend; access to health care coverage; mental health services; and

counseling, caregiver training, and respite care. It is this program that is the focus of my testimony today.

Strategic Review

In April 2017, VA launched a strategic review of the current state of PCAFC. VA heard concerns about inconsistent implementation of the program and took immediate action to identify challenges and implement change. This three-month review included a temporary suspension of specific types of revocations from PCAFC, listening sessions with a variety of internal and external stakeholders and internal audits.

Results from the review revealed a need for better communication between VA, caregivers and Veterans about eligibility determinations, discharges, and the clinical appeals process. Additional findings included a need for additional internal processes and procedures such as templated notification letters, documents for VA staff to use with caregivers to ensure consistency across medical centers, and additional staff training in both clinical topics such as such as communication with caregivers and staff safety as well as procedural topics regarding implementation of policy.

Since that review, VA has made significant advancements in communication about eligibility determinations; revocations and the appeals process; and internal processes and procedures and staff training. Specifically, those advancements include:

- Increased communication and engagement with Veteran Service Organizations, Military Service Organizations, members of Congress, VA Veteran Integrated Service Network Directors, and other stakeholders.
- Redesigned the Caregiver Support Program website to include a section about connecting caregivers and Veterans to home and community based services.
- Published Veterans Health Administration (VHA) Directive 1152, *Caregiver Support Program*, and shared it with 80,000 subscribers to the Caregiver Support Program list-serve to promote transparency.
- Issued a new, standardized letter to be used by all VA medical facilities when communicating program revocations with Veterans and family caregivers.
- Implemented a new “Roles, Responsibilities and Requirements” document that reaffirms that all family caregivers are collaborative partners with VHA.

These efforts have improved the experiences of Veterans and caregivers participating in PCAFC, but VA recognizes there is more work to be done. Last month, with the goal of increasing the opportunity for public input in the decision making process, VA published a notice in the Federal Register seeking public comment on eight specific questions related to the administration of PCAFC. These questions were driven by feedback received during the strategic review. The public comment period closed at midnight, February 5, 2018. VA will be reviewing all comments received and will use

the feedback to inform any updates or changes to the program and its implementing regulations.

Current State

In addition to PCAFC, VA offers many different programs to support caregivers of Veterans, including a peer support program where caregivers are connected to one another as well as education and training provided face to face, over the telephone, and on-line. VA also offers a series of diagnosis specific caregiver support programs; one example is our Resources for Enhancing All Caregivers Health program. This is specifically designed to support caregivers of Veterans with a variety of conditions including spinal cord injury, dementia, and post-traumatic stress disorder.

To supplement these support services that are offered directly to the caregiver, VA also offers services that are focused more on the Veteran. These services also assist the caregiver in providing the best care to the Veteran and help the caregiver stay informed, strong, and organized as they care for the Veteran they love. These programs include:

Adult Day Health Care (ADHC) Centers

ADHC Centers are a safe and active environment with supervision designed for Veterans to get out of the home and participate in activities. It is a time for the Veteran to socialize with other Veterans while the family caregiver gets some time for himself/herself. ADHC Centers employ caring professionals who will assess a Veteran's rehabilitation needs and help a Veteran accomplish various tasks to maintain or regain personal independence and dignity. The Veteran will participate in rehabilitation based on his or her specific health assessment during the day. The ADHC Centers emphasize a partnership with the family caregiver, the Veteran, and the Centers' staff members.

Home-Based Primary Care

Home-Based Primary Care (HBPC) is a program designed to deliver routine health care services at home when the Veteran has medical issues that make it challenging to travel. Services include primary care and nursing, managing medication, and dietary and nutritional assessment. HBPC can also include physical rehabilitation, mental health care for the Veteran, social work, and referrals to VA and community services. This program can help ease the worry and stress of having to bring a Veteran to and from a VA medical center for routine medical appointments.

Skilled Home Care

The Skilled Home Care service provides a medical professional at home to help care for a homebound Veteran. Some of the care a Veteran can receive includes basic nursing services and physical, occupational, or speech therapies. This service is generally appropriate for homebound Veterans, which means the

Veteran has difficulty traveling to and from appointments and is in need of receiving medical services at home. The Skilled Home Care service is similar to HBPC, but it involves VA purchasing care for a Veteran from a licensed non-VA medical professional.

Homemaker and Home Health Aide Program

The Homemaker and Home Health Aide Program is designed to help a Veteran with personal care needs. The local VA medical center arranges for a home health aide who will assist at home on a regular schedule to allow the family caregiver to take care of their own needs.

Home Telehealth

The Home Telehealth program is designed to give ready access to clinical providers and care coordinators by using technology (e.g., telephone, computers) in the home. The program is beneficial for individuals who live at a distance from a VA Medical Center. Home Telehealth services can also include education and training or online and telephone support groups.

Respite Care

Respite care provides a much-needed break from the family caregiver's daily routine and care responsibilities so that they have some time for themselves. VA generally provides respite care to Veterans in need of such care for up to 30 days per year (or for more than 30 days, if needed). The care can be offered in a variety of settings including at home or through temporary placement of a Veteran at a VA Community Living Center, a VA-contracted Community Residential Care Facility, or an Adult Day Health Care Center. Respite care may also be provided in response to a family caregiver's unexpected hospitalization, a need to go out of town, or a family emergency.

Future State

VA is striving to improve consistency in PCAFC and identify how best to support family caregivers moving forward. Under current authority, determining eligibility for PCAFC is extremely complex and resource intensive; often requiring multiple treatment providers and assessments. VA's goal is to make the eligibility criteria more streamlined and easily understood by Veterans, caregivers and staff members. VA is also currently focusing on how to leverage the 350 Caregiver Support Coordinators in the field to reduce administrative burden and allow for interactions that focus on Veteran care.

VA is working to improve the PCAFC program by completing a three pronged approach that is based on stakeholder feedback and recommendations. The first aspect of the plan included a series of Rapid Process Improvement Workshops, which involved interactions with front line VA staff who interface with family caregivers on a daily basis. During these workshops we identified issues, immediately determined solutions and implemented them. The second component of this plan of action included

a face-to-face Process Improvement Summit whereby internal and external stakeholders, including representatives from various Veteran and Military Service Organizations, were invited to share feedback and insights into potential improvement strategies. VHA leadership spoke at the event and two local caregivers shared personal stories of caring for a Veteran loved one. Finally, VA invited the public to provide input on the PCAFC through a Federal Register Notice, as discussed earlier.

Conclusion

When Veterans are unable to care for themselves, VA and its Federal and community partners must work together to ensure that the Veteran is receiving the appropriate care that they need. Sustaining the momentum and preserving the gains made so far requires continued attention and investments of financial resources. When the PCAFC launched in May, 2011 it was the first of its kind and incredibly innovative. It is critical that we continue to move forward and support the program in a well thought out and deliberate fashion.

Mr. Chairman, this concludes my testimony. My colleagues and I are prepared to answer your questions.