

**STATEMENT OF STEVEN LIEBERMAN, M.D.  
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VETERANS HEALTH ADMINISTRATION  
DEPARTMENT OF VETERANS AFFAIRS  
BEFORE THE  
HOUSE COMMITTEE ON VETERANS' AFFAIRS  
SUBCOMMITTEES ON HEALTH AND TECHNOLOGY MODERNIZATION**

**MAY 22, 2019**

**Introduction**

Good morning Chairwoman Brownley, Chairwoman Lee, Ranking Member Dunn, Ranking Member Banks, and Members of the Subcommittees. Thank you for the opportunity to discuss VA's Caregivers Program relative to the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (commonly referred to as the MISSION Act), and its supporting Information Technology (IT) systems. I am accompanied today by Dr. Elyse Kaplan, Deputy Director, VA Caregiver Support Program, and Dr. Alan Constantian, Deputy Chief Information Officer, Account Management Office and Account Manager for Health.

Caregivers play a critical role in the United States health care system. VA is leading the country in providing unprecedented benefits and services to caregivers in support of Veterans, knowing that providing care takes a toll on one's physical, psychological, and financial health. Caregivers enable Veterans to maintain their highest level of independence and remain in their homes and communities for as long as possible. The MISSION Act expands comprehensive services and supports to family caregivers of eligible Veterans of all service eras.

**MISSION Act and PCAFC Transformation**

The Program of Comprehensive Assistance for Family Caregivers (PCAFC) is currently limited to eligible Veterans who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001, and their family caregivers, who have benefited greatly from the services provided through this program. Under the MISSION Act, PCAFC will expand to include eligible Veterans of earlier service eras once VA certifies to Congress that we have fully implemented the required IT system. The expansion will occur in two phases beginning with eligible Veterans who incurred or aggravated a serious injury in the line of duty on or before May 7, 1975. Two years later, PCAFC will expand to include eligible Veterans injured during the remaining eras of service. VA is pleased to expand PCAFC to more family caregivers of eligible Veterans of all service eras.

VA was working to improve the administration of PCAFC in response to concerns about inconsistency before the MISSION Act was enacted and now we have increased

those efforts to support the program's expansion. The Caregiver Support Program (CSP) has strengthened its overall governance by requiring every Veterans Integrated Service Network (VISN) Director to designate a VISN Lead who is charged with monitoring the administration of PCAFC across the VISN; providing guidance, coaching, and support to Caregiver Support Coordinators (CSC) within the VISN; and ensuring compliance with national policy and procedures. In cases where a VISN Lead is also a Caregiver Support Coordinator, VISN Directors are required to ensure another identified point of contact at the VISN Office.

VA recognizes that the current eligibility criteria and assessment for PCAFC are complex and is, therefore, engaged in process improvement efforts to promote accurate and consistent decision making. The Caregiver Support Program deployed a mandatory annual refresher training for CSCs and VISN Leads in March 2019 and followed this with small group discussions to provide further opportunity for clarification and coaching. Additionally, clinical eligibility training for PCAFC providers is currently in development and will serve to further enhance accurate decision-making.

VA has amended Veterans Health Administration (VHA) Directive 1152(1), *Caregiver Support Program*, to include 14 Standard Operating Procedures (SOP) that provide further guidance to field based staff responsible for administering local CSPs. SOP topics include required orientation, required training, and other operationalizing procedures governing PCAFC such as communicating roles, responsibilities, and requirements to those applying for PCAFC. National training on these SOPs was provided to CSCs and VISN leads in October 2018.

VA has heard concerns from Veterans, caregivers, and other stakeholders about PCAFC inconsistencies. We have done a great deal of work to better train and equip our staff with the tools needed to promote increased standardization; however, more needs to be done. VA understands the importance of changing elements of the program that will foster consistency, improve transparency, and provide support and services to eligible Veterans and their caregivers, as intended. To achieve this, VA is pursuing regulatory changes to improve the current PCAFC and expand PCAFC eligibility and services as required by the MISSION Act. Changes under consideration include modifying the stipend payment methodology; establishing a standardized timeframe for eligibility reassessments; and redefining aspects of the eligibility requirements, such as the definition of serious injury, to provide more clarity for VA staff and more importantly, Veterans and their family caregivers. As part of PCAFC expansion, VA also considered reducing the number of need tier levels. Currently there are three tiers, which generally correspond to low, moderate, and high degrees of need. Any changes to PCAFC regulations are subject to notice and comment rulemaking.

As we pursue the rulemaking required to implement the MISSION Act, VA has pursued opportunities to engage Veterans, subject matter experts, Veterans Service Organizations (VSO), caregivers, and other stakeholders. In November 2018, a notice was published in the Federal Register seeking public comments on how to improve PCAFC and implement certain changes to PCAFC that are required by the MISSION

Act. Feedback included the importance of clear definitions, for example personal care services, the impact of cognitive impairment and standardization of eligibility. Additionally, in March and April 2019, VA held meetings with various VSOs to discuss PCAFC and the MISSION Act. Discussion topics included the definitions related to PCAFC eligibility, the tier system, and the revocation and transition of participants from PCAFC. A listening session with a small group of caregivers currently participating in the PCAFC occurred on April 26, 2019. This listening session sought input on the delivery of legal services and financial planning services, as authorized by the MISSION Act.

Any proposed changes to the regulations governing PCAFC, including rulemaking to implement expanded eligibility and services as directed by the MISSION Act, will include an impact analysis that provides, among other things, projected costs and impact on eligible Veterans and caregivers. Regardless of pending regulatory changes impacting eligibility determinations, consistent decision making and transparent communication, that includes input from the Veteran and family caregiver, will remain an integral part of our processes.

### **IT Development Process**

VA acknowledges that we have faced technology challenges around the Caregiver Support Program in the past. In response to these challenges, the VA Office of Information Technology and VHA agreed to execute a strategic pivot away from a custom developed to a commercial off-the-shelf (COTS) system to better support the program's current and future needs and business requirements.

This pivot included simplifying the business requirements coupled with selecting the right COTS software platform which could be configured to meet the specific requirements of VA's Caregiver program. Additionally, VA shifted from an approach where all desired system requirements were delivered in a single release to one where useful functional components could be delivered into production for use by the program office incrementally. This is the agile development approach to software development widely adopted across the private and public sectors. We also designated a full-time Product Manager to ensure that we build a highly functioning product in an iterative manner; have the proper oversight over implementation; and ensure future expansion of the program. Currently, VA is actively engaging in planning for data migration and integration with other VA systems, such as the Master Veteran Index, the Enrollment System, the Financial Management System, and the Benefit Gateway System.

The original effort to develop an IT solution for the current program was intended to support administrative processing of applications, automate stipend payments to Caregivers, and provide systems support for Caregiver Support Services and the Caregiver Support Line. However, because of defects arising during user acceptance testing of the CareT product, testing was paused in early January 2019. VA reviewed its options for implementing a robust Caregiver IT solution in January and February 2019 and chose to take a new direction it believes will provide a firmer foundation for

systems support for the Caregiver program in the long run. We chose the commercially available Salesforce solution as an improved technological platform for our systems solution. We also committed to a more intentionally agile development approach, with incremental deliveries of capability into production. Finally, we assigned and empowered a Product Manager for the new approach who will guide the agile development process of the newly named Caregiver Record Management Application (CARMA). The Product Manager is responsible for the backlog of IT work and will ensure the program's prioritized requirements are executed in a disciplined agile manner through incremental releases. The projected outcome is the delivery of software and a database on a scalable computing platform to meet the requirements of the MISSION Act.

CARMA will replace the existing Caregiver Application Tracker (CAT) and will have multi-level functionality, including the ability to:

- Track and manage PCAFC applications, including approvals, denials, and appeals;
- Support the administration of PCAFC and monitoring the well-being of participants in PCAFC;
- Track calls made to the Caregiver Support Line (CSL), as well as caregiver referrals to local medical centers for additional assistance;
- Process stipend payments to family caregivers in PCAFC; and
- Improve reporting capabilities.

The MISSION Act requires that this new system easily retrieve data that allows all aspects of PCAFC, including workload trends (at the medical center and aggregate levels), be assessed and comprehensively monitored. Further, the system must have the ability to manage caregiver data that exceeds the number of caregivers that the Secretary of Veterans Affairs expects to apply for PCAFC, as well as the ability to integrate the system with other relevant VHA IT systems.

### **Delivery Schedule**

The first release of CARMA is expected to be launched in quarter 1 of Fiscal Year 2020. It will replace much of the CAT functionality as it currently exists and feature increased data integrity, to allow for improved oversight at the medical center level. The second release of CARMA, anticipated in January 2020 (exact date to be determined) will automate the processing of stipend payments to caregivers. Subsequent releases of CARMA and associated efforts will modify systems with which CARMA will interface (e.g. the Computerized Patient Record System; the Enrollment and Eligibility System; and Veterans Information Systems and Technology Architecture VistA components) and deliver other program office requirements needed to fully support PCAFC expansion.

### **Conclusion**

VA supports the expansion of PCAFC and recognizes the sacrifice and value of Veterans' family caregivers. Expanding PCAFC eligibility under the MISSION Act will

allow VA to support family caregivers of Veterans of all eras of service. Given the critical role caregivers play in providing for Veterans, VA is committed to the development of robust policies and systems that support them. We are committed to rebuilding the trust of Veterans and will work hard to continue the improvements we have made thus far. Your continued support is essential to providing this care for Veterans and their families. This concludes my testimony. My colleagues and I are prepared to answer any questions.