

STATEMENT FOR THE RECORD
QUALITY OF LIFE FOUNDATION
FOR THE HOUSE VETERANS' AFFAIRS COMMITTEE
DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS SUBCOMMITTEE
LEGISLATIVE HEARING
ON H.R. 3833 VETERANS' CAREGIVERS APPEALS MODERNIZATION ACT
JUNE 24, 2025

Chairman Luttrell, Ranking Member McGarvey, and members of the subcommittee, Quality of Life Foundation (QoLF) would like to thank you for holding this hearing and allowing us to submit a statement for the record on pending legislation. We would like to offer a special thanks to Congressman Barrett for introducing H.R. 3833, Veterans' Caregivers Appeals Modernization Act, which would allow medical records from both Department of Veterans Affairs (VA) and outside providers to be stored in a single system created specifically for VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC).

QoLF's sole focus is on helping caregivers of veterans navigate PCAFC. We help caregivers of veterans apply for and appeal eligibility decisions regarding PCAFC while participating in legislative and policy advocacy around PCAFC and its collateral programs like extended care services. In our work, we found that many caregivers and veterans are denied PCAFC based on a lack of evidence in the record rather than the actual lack of need for assistance. To combat this, we run education programs for caregivers to assist them in ensuring a medical record documents the evidence of the veteran's need for assistance. Our programs are made possible by grants received from other veteran service organizations, and we do not charge the veterans and caregivers we serve.

In our education calls for initial and repeat applications, clinical appeals, higher-level reviews, and supplemental claims, we urge caregivers and veterans to collect the veterans' Community Care Records (CCR) and any additional outside medical records the veteran may have through providers under private pay or other health insurance. Previously, QoLF has testified on how difficult it is for a veteran's outside medical records to be considered by the Caregiver Eligibility and Appeals Team (CEAT) who make the determination of whether veterans and caregivers qualify for PCAFC. Differing IT policies at each VA Medical Center (VAMC) restricted who could place the records in the file for PCAFC consideration. Some VAMC Caregiver Support Programs (CSP) had the authority to scan any outside records directly into a veteran's record. Other VAMC CSP teams had a special person in records responsible for uploading outside records that were sent to CSP. Still other VAMC's had a policy that the Primary Care Manager (PCM) went through the submitted outside records, determined what was relevant to be scanned in, and submitted relevant records to VA Medical Records office to be scanned. Lastly, some VAMC's required that veterans and caregivers simply drop the outside medical records at VA Medical Records office to be placed in the queue for scanning where they would sit until they were reached. Additionally, there did not appear to be any uniform policy as to which VA technology system the records were scanned into.

Beyond the initial PCAFC application, veterans and caregivers have multiple appeals options. There are two levels of Veteran Health Administration (VHA) clinical appeals, a VHA supplemental claim that is done using a Veteran Benefit Administration (VBA) process, a VHA higher-level review that is done using a VBA process, and an appeal to the Board. These appeals can be done in any order, and appeals focus on the last decision made in the queue of appeals for the same initial application. However, the varying method of collecting medical records ensured outside records were often missed as clinical appeals, supplemental claims, higher-level reviews, and Board appeals may not have access to whichever system the outside records were scanned into. As advocates who work on clinical appeals, supplemental claims,

and higher-level reviews only for PCAFC, this meant we were constantly having veterans and caregivers get additional copies of records to send in with every level of appeal they were doing so there would not be a delay in decisions while the appropriate records were gathered.

Recently, QoLF reached out to VA Central Office (VACO) CSP leadership to ask if there had been a change for the collection of veterans' outside medical records after multiple caregivers came to us asking about mailing records to a P.O. Box in Janesville, WI, for initial or new applications. The reply we received in early June stated that all outside medical records were to be sent to the same Janesville, WI, mailbox as the 10-10 CG, the application form for PCAFC. (QoLF has supplied this correspondence to the HVAC majority DAMA and TechMod staffers.) VACO CSP stated the reason for this change was to offer a way to ensure veterans' outside medical records were getting into a system used by the CEATs and the Board, establishing uniformity. This policy change circumvented the multiple different scanning processes that veterans and caregivers had faced at the multiple VAMCs, allowing CEATs and the Board full access to all the information submitted with the initial application.

QoLF was pleased to learn through the inquiry that, under this method, the elapsed time from opening the mail to scanning in received records is usually one to two business days. We do know that these records are now visible to the CEATs when making decisions. However, we are not sure what system these records are entered into. We know it is not the veteran's medical record, and the wording of inquiry response does not read as if the records are uploaded to the Caregiver Records Management Application (CARMA).

QoLF's inquiry unearthed further complications. According to the answers we received, records submitted for VHA clinical appeals are not sent to Janesville, WI. PCAFC clinical appeals are submitted at the veterans' local VAMC to the Patient Advocate. The Patient Advocate then scans in the appeals paperwork, including any additional outside medical records the veteran and caregiver told VA were available but VA failed to collect as part of their "duty to assist" the veteran and caregiver in developing their application. These records are then uploaded and stored, in the Patient Advocate Tracking System (PATS) because VHA clinical appeals for PCAFC are governed by different directives than the VHA appeals which run under the VBA process. Should a veteran and caregiver decide to progress to a supplemental claim, higher level review, or Board appeal, QoLF is unclear how those records would be transferred from PATS into the new system outlined in the inquiry response. We know they have to be transferred as the appeal must be based on the latest decision stemming from that original PCAFC application decision; however, QoLF did not include this in our inquiry. This information was new to us as we began writing our testimony for this hearing, and our time for inquiry had passed.

Please do not take our explanation of this new process as criticism. QoLF is thrilled that VACO CSP has taken steps to simplify getting outside records into the PCAFC application and appeal process. Inclusion of the veteran's outside medical records along with differential VAMC IT policies are two significant barriers to correct approvals in PCAFC, and we have included this in multiple Congressional testimonies. However, as cited above, QoLF still has concerns about the multiple systems these records may be stored in and the fact they are not stored in the veteran's medical records, thus necessitating a second copy of the records be obtained for the veteran's doctors to use for treatment purposes.

QoLF believes H.R. 3833, Veterans' Caregivers Appeals Modernization Act, would create a single system which would keep the veteran's outside medical records, PCAFC applications, PCAFC assessments, and all CEAT decisions, through all levels of appeals. This would give all advocates, agents, Veterans Service Officers (VSO), VA staff, and the Board access to the complete application and appeals process information, as well as needed medical documentation, for each veteran and caregiver in one records system, which is long overdue.

QoLF has another concern that we ask this legislation to address. PCAFC falls under VHA as a clinical support program. As such, as advocates, we have to be recognized by VHA, something that is currently done through using Releases of Information (ROIs). Congress passed another form of VHA acknowledgment and certification for organizations that work within VHA under Section 129 of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act. However, lately we see this clinical program being confused as a VBA programs, in both practice and paperwork.

Recently, we worked with a veteran and caregiver on an initial application to document the veteran's needs for assistance. The decision came back approved. However, the veteran's benefits service officer and organization were the one copied on the decision, even though this is not a benefit of nor decided by VBA. In fact, the application is a VHA application and has no area to designate a VSO representative. It concerns QoLF that this information is being released to a VSO, information that a veteran and caregiver may not want released. QoLF would ask that in this bill, that Congress re-affirm that PCAFC is a clinical intervention governed by VHA and that any technology and records system created to house this information be accessible to veterans, caregivers, and their accredited VHA representatives as deemed by VA under section 129 of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Act.

To remedy the confusion being found in practice, QoLF asks that this piece of legislation offer clarification on submission of a new application while an appeal is pending. Because PCAFC is a VHA program, QoLF has been told by VACO CSP that veterans and caregivers are allowed to submit new applications for PCAFC while appeals are pending. This submission of a new application for PCAFC does not impact the potential backpay that a caregiver and veteran dyad would receive if their appeal is granted in the future. Because we have this clarification, QoLF routinely has veterans and caregivers submit new applications for PCAFC while their supplemental claims, higher level reviews, and Board appeals languish in a usually no less than twenty-four months process. This new application is especially crucial for those veterans who are terminally ill.

Clarifying the clinical nature of this program would allow more veteran and caregivers to fully access this program. Many VSOs treat PCAFC as a benefits program and tell caregiver and veteran dyads that submitting new applications will trigger a loss of entitlement to backpay, which is not true under the VHA process. QoLF currently has two caregivers in this situation. We have now helped them to ensure records document the evidence of the veteran's needs for assistance, but, because they fear losing back pay, as told to them by VSOs who work VBA Claims, they will not file new applications. The problem with these two particular cases is that there is a high likelihood neither applicant will be approved back to the original application as the initial medical records have a lack of evidence of need for assistance. This means not only will their appeals be denied, but they will also miss out on pay and other PCAFC assistance they could be receiving if they re-applied and were approved with a better developed record of evidence of need for assistance.

QoLF is especially aware of the need to preserve the rights of caregivers whose veterans pass away during the appeals process. As it stands today, if caregivers fail to do the training and home visit for any reason, including if either the veteran or caregiver pass away during the appeal, the appeal dies because the caregiver has not completed training nor the home visit. It is the main reason that we encourage those dyads in appeal to submit a new application. If approved under the newly submitted application for PCAFC, then those caregivers are able to do the home visits and caregiver training with the approval of the new application. That means if the veteran or caregiver were to pass away during the appeal process, and the PCAFC appeal for the original application were eventually granted, then the surviving caregiver or

veteran could receive the retroactive PCAFC pay because the caregiver had completed the training and home visit.

QoLF appreciates that H.R. 3833 seeks to preserve the right to back pay for any surviving veteran or caregiver whether the training or the home visit are completed prior to the claimant's death, but we would ask for clarification on the ability of caregivers and veterans to file new applications while appeals are pending.

QoLF appreciates this subcommittee's effort to create a unified system for gathering records and refining the appeals process for the VA's Program of Comprehensive Assistance for Family Caregivers. QoLF is glad to work with the Committee to make H.R. 3833, Veterans' Caregivers Appeals Modernization Act, come to fruition as it will work out many issues we encounter on a daily basis when working with our clients.