

**STATEMENT OF
RICHARD DALEY
ASSOCIATE LEGISLATION DIRECTOR
PARALYZED VETERANS OF AMERICA
BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON ECONOMIC OPPORTUNITY
CONCERNING THE VA VOCATIONAL REHABILITATION PROGRAM
INDEPENDENT LIVING SERVICES**

NOVEMBER 13, 2013

Chairman Flores, Ranking Member Takano, and Members of the Subcommittee, Paralyzed Veterans of America (PVA), thanks you for the opportunity to present our views on the VA's Vocational Rehabilitation and Employment (VR&E) Program Independent Living Service. PVA appreciates that you are reviewing this program intended to help veterans that sustained serious disabilities that may be inhibiting their progress as they begin or continue their rehabilitation. We support this Committee's concern and effort as it recommends improvements that can help the men and women who have honorably served their nation and are making an effort to transition back to the civilian world.

Information from a recent GAO report (GAO-13-474, VA Vocational Rehabilitation and Employment Program: Improved Oversight of Independent Living Services and Supports Is Needed, June 2013) highlights some issues that will require attention and continued oversight of this important VA program. The Independent Living (IL) Program was established by Congress in 1980, as part of the Vocational Rehabilitation and Employment (VR&E) Program of Chapter 31, Title 38, USC. The mission of VR&E is to provide veterans with service-connected disabilities the necessary services and assistance to achieve maximum independence in daily living, to become employable, and to obtain and maintain suitable employment. Although employment for the veteran should be a goal of VR&E, those veterans with serious disabilities requiring extensive rehabilitation before considering employment, or who may never be employable, will qualify and benefit from the IL program.

The IL Program focuses on providing services to veterans with severe disabilities so they may improve functioning with their disabling condition and be able to consider employment or volunteer work. The original Independent Living Program was a pilot program authorized by Congress with a limit of 500 veterans admitted each fiscal year (FY). In 1984, Public Law 98-543 authorized up to 2,500 disabled veterans to use the program. Recently Public Law 111-275, increased the cap to 2,700 new veterans per year entering the program. Military service, including overseas combat, does not place a limit or cap on serious injuries that take place while serving the nation. For several years, including FY 2014, the authors and supporters of *The Independent Budget for the Department of Veterans Affairs* have asked Congress to consider removing this cap.

With a mandatory cap, VR&E must monitor newly enrolled IL cases each month insuring that enrollment does not exceed the annual cap of 2,700. As a result, some VR&E offices are advised to stop placing veterans into the IL Program toward the end of each fiscal year. These controls permit approximately 2,200 to 2,300 new veterans per year to enroll in IL Program. Monitoring this cap requires time and documentation throughout the local, regional and national network of the VA rehabilitation specialists. The GAO report discusses the inconsistency in the total number of veterans reported in the IL Program. One total the VR&E Program reported, using their outdated Corporate WINRS case management system, was the number of IL plans written and approved. Another total maintained by the VR&E Program is the total number of veterans that receive IL services. The number of IL plans approved will always be greater than the number of veterans receiving IL services since some veterans have more than one plan written and approved for their situation. If the mandatory cap is realized for a fiscal year, veterans that would qualify and benefit from IL services must wait until the next fiscal year to be admitted. After many years of conflict in Iraq and Afghanistan, tens of thousands of severely injured men and women will require years of rehabilitation and assistance as they return to civilian life. Their required medical care, counseling, and rehabilitation assistance must be available at the time it is needed, not when the VA can provide it. Being delayed admission in a rehabilitation program is unacceptable. For this reason the authors and all supporters of *The Independent Budget* encourage Congress to remove this cap.

The original IL Program was limited to 24 months with a 6 month extension if needed to complete a session. IL services were extended by law to a 30-month maximum for a veteran. If a veteran's IL plan requires extension beyond 30 months, VR&E can and frequently does extend

the provision of IL services. Having the option to extend participation in the IL program, if needed, should be discussed when a veteran enrolls in IL services.

A unique benefit of the IP Program is that funding needed to acquire necessary equipment or services that may not be available through existing VHA or VBA programs can be readily obtained for the seriously disabled veteran. In the rehabilitation process, the veteran must be presented with options early in their recovery stages which helps with their willingness, attitude and participation as they adjust to living with their disability. For this reason, VR&E counselors often start working with veterans at their bedside. Rapidly providing assistance, training, or accommodations while the veteran considers what his or her “next steps” will be has an effect on the outcome of the rehabilitation process. Using IL Program funds early in the rehabilitation process to provide needed products, equipment, or training instead of using existing VA programs can save many months, perhaps a year of waiting during the early stage of rehabilitation. Waiting for these needed accommodations can have a profoundly negative effect on the rehabilitation of the veteran.

The GAO report refers to a 2008 study of the IL Program which reported that some regions relied repeatedly on the same types of benefits to meet veterans’ needs. Examples included the New York and Hartford regional offices, where nearly 90 percent of IL Program participants were provided computer training. In the report, the IL Program counselor determined that most veterans using the IL Program were deficient with computer skills. The VR&E counselor took the first step in helping these veterans by increasing their knowledge working with computers.

Such skills can lead to veterans enrolling in online classes, keeping informed of veterans' benefits and programs electronically, and monitoring employment opportunities online.

In some situations the veteran in the IL Program may not meet all the qualifications for a particular veterans' benefits program, or perhaps has exhausted the benefit amount of a program. If the VR&E counselor determines an item or service could benefit a veteran in their recovery, these necessary components included in the IL Program rehabilitation plan can be purchased quickly by the IL Program.

The GAO report also found some instances where IL Program purchased goods and services that appeared to be medically related, such as ramps and grab bars, which could have been provided by VBA using other grants. The report acknowledged that IL Program staff brought to GAO's attention the issue of lack of coordination with VHA medical center staff when trying to use other benefit programs. When requesting information on a veteran's condition, often they received a very slow response or no response at all. When time is important and the VR&E staff proceeds with the rehabilitation plan using funds from the IL Program, their primary concern is with the veteran, not the VA's inefficient procedures.

Since the VA has existing programs to make modifications on a home, the practice of using IL Program funds was discontinued. Using IL Program funds was common practice 8-10 years ago when veterans diagnosed with ALS or MS were enrolled in the IL Program. Veterans with these service connected conditions may have only months to live. A percentage of these veterans, more often those with MS, may live several years, but ultimately the condition is terminal. To

assist the veteran in their final months the IL plan would arrange and provide funding for modifications to the home so the veteran could spend their remaining days there. The majority of situations required small modifications such as widening the bathroom door or a ramp. The established programs for needed home modifications often take 12 to 24 months to complete. The veteran may not have 24 months to live. Often the veteran takes out a loan to have the work completed. In some situations family members, friends and volunteers are available to help with the needed modifications. In the end, the veteran spends their last months at home, in spite of VA policies. PVA believes the use of IL funds for these terminally ill veterans was within the mission of helping achieve maximum independence.

Approximately 22 months ago during a quarterly meeting with Veteran Service Organizations (VSOs) the VA discussed a process of expediting home modifications for veterans with terminal conditions. VA realized the current system was not working. Since that time the VSOs have not been informed of any changes in policy. Currently the process contains many inspections, approvals, re-inspections, re-approvals, constructions delays, and final approvals. Perhaps this process can be streamlined for terminal situations.

PVA service officers and employment rehabilitation counselors have worked with veterans who participated in the IL Program. The following examples are from IL Programs from various locations.

1. An OIF/OEF veteran was diagnosed with PTSD and other mental health issues. The veteran expressed an interest in the recreational activity of working with clay pottery.

The IL plan included taking lessons to learn the art of working with clay pottery. The veteran showed talent in this activity and the IL Program purchased a wheel and clay material for the veteran to continue making pottery at home. Today he proudly presents his hand made pottery articles to other veterans and associates at the VA hospital he visits.

2. A veteran in the IL Program discussed an interest in learning to sew, an activity he knew very little about. The IL plan arranged for the veteran to take lessons in quilting. After completing the lessons the veteran joined an organized quilting group whose goal is to make and present quilts to cancer patients.
3. The spouse of a disabled veteran worked full time while the veteran remained at home responsible for the children. The IL Program provided cooking classes, including nutrition awareness, for the veteran who now prepares meals for the family.
4. A paralyzed veteran enjoyed baking food and pastries from his wheelchair. Because the standard oven door opened downward, the veteran consistently suffered burns from the hot door. The IL plan bought and installed a new oven that had a door that opened to the side, allowing the veteran to safely remove hot items.

These are a few successful examples of the use of the IL Program that improved the quality of life for the veterans participating. Allowing this unique program to provide services or items for disabled veterans is a small expense to improve the quality of life for those disabled while serving their nation.

In the conclusion of the Veterans' Disability Benefits Commissions report "Honoring the Call to Duty: Veterans Disability Benefits in the 21st Century," October 2007, the findings addressed the VR&E program. The Commissions work involved public hearings, VA site visits, and assistance from Department of Defense, the VA, and other agencies over a two year period. They concluded that "Vocational Rehabilitation and Employment is an under-utilized and under staffed program that has not been able to effectively track its results." That conclusion is also pertinent to VR&E's IL Program. Regarding young, wounded service members leaving the military their conclusion stated, "the ability to perform the activities of daily living and improve functionally are important components of recovery and the VR&E program should be better equipped to help these veterans reach their independent living or employment goals – to include volunteerism."

The IL Program's lack of information to determine performance as indicated in the GAO report needs addressing. VR&E has always been willing to work with Congress and the VSOs to make necessary changes to better serve veterans. In future efforts to control waste, fraud or abuse within the IL Program, there must be an awareness of the unique function and flexibility of this program. Veterans working with VR&E counselors will determine the best way to use the IL Program as the veteran learns to live their life with their disability.

Chairman Flores, Ranking member Takano, and Committee members, that concludes my testimony and I will be available to answer any questions you may have.

Information Required by Rule XI 2(g)(4) of the House of Representatives

Pursuant to Rule XI 2(g)(4) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2013

No federal grants or contracts received.

Fiscal Year 2012

No federal grants or contracts received.

Fiscal Year 2011

Court of Appeals for Veterans Claims, administered by the Legal Services Corporation — National Veterans Legal Services Program— \$262,787.

Richard C. Daley
Associate Legislation Director
Paralyzed Veterans of America
801 18th Street, NW
Washington, D.C. 20006

Richard (Rich) Daley is the Associate Legislative Director for Paralyzed Veterans of America (PVA) Washington, D.C. He began working in this position in 2006 and has served PVA since 1990 when he joined the veterans' service organization as Associate Advocacy Director in the Government Relations Program.

In 1994 Rich moved to St. Louis, Missouri to establish the Government Relations Program for the Gateway Chapter of PVA. This involved advocating for veterans and persons with disabilities on the local, regional, and national level. During those years he served on various boards including, St. Louis County Commission on Disabilities, East/West Gateway Metro Transportation ADA Advisory Committee, Busch Stadium Accessibility Advisory Committee, President of the Gateway Accessible Housing Board, member of the Jefferson Barracks VA Chapel Association, and the Missouri Associations of Veterans Organizations (MAVO).

His previous career involved sales and marketing of business products for national manufacturers.

He served in the United States Army, 1966-1968, including one year in Vietnam as a combat engineer with the First Infantry Division "Big Red One".

He received his BA degree from Southern Illinois University in 1973.

Rich is a member of Vietnam Veterans of America; American Legion, Post 0365, Collinsville, Illinois; and Veterans of Foreign Wars, Post 3150, Arlington, Virginia.