

**STATEMENT OF  
STEVEN HENRY  
ASSOCIATE LEGISLATIVE DIRECTOR  
PARALYZED VETERANS OF AMERICA  
BEFORE THE  
HOUSE COMMITTEE ON VETERANS' AFFAIRS  
SUBCOMMITTEE ON ECONOMIC OPPORTUNITY  
CONCERNING  
A REVIEW OF VA'S SPECIALLY ADAPTIVE HOUSING GRANT PROGRAMS  
SEPTEMBER 6, 2018**

Chairman Arrington, Ranking Member O'Rourke, and members of the Subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to offer our views on the Department of Veterans Affairs' (VA's) Specially Adaptive Housing Grant Programs.

The Specially Adaptive Housing Grant Programs help veterans with certain service-connected disabilities to live independently in a barrier-free environment by providing critical housing adaptations. Many PVA members have benefited greatly from the Specially Adapted Housing (SAH) grant program. The accessibility provided through this program greatly increases the quality of life for these veterans. PVA also represents a large number of veterans who have been diagnosed with Amyotrophic Lateral

Sclerosis (ALS). For these veterans, time is of the essence in providing the dignity of accessible housing.

In any construction project, whether it's a federal project or one carried out by a private homeowner, there are checks, balances, and procedures that must be followed due to legal constraints. Projects completed under the SAH program are no different. Under VA's manual, M26-12, the following steps occur during the grant process.

- SAH Application / Eligibility
- Pre-grant Approval: Initial Interview
- Pre-grant Approval: Feasibility and Suitability
- Getting to Conditional Approval
- Getting to Final Approval
- SAH Agent's Responsibility During Construction and Handling Disputes/ Complaints
- Compliance Inspection and Review of Compliance Inspection Reports
- Escrow
- Supplemental Grants

PVA employs a highly-trained force of over 70 National Service Officers (NSOs) across the nation who develop benefits claims for both member and non-member clients. After recently surveying our NSOs, we heard time and again that SAH is a great program and the SAH agents are dedicated employees who work tirelessly in assisting veterans with completing the grant process. Even with the dedication of the SAH agents, however, veterans are still encountering difficulties. In our survey, we found three consistent concerns with the SAH program: finding a contractor, timeliness of the modifications, and inconsistency among SAH regional offices.

PVA's first concern with the SAH program is a veteran's inability to locate a responsible and experienced contractor to complete SAH modifications. One of the complicating factors with the SAH program is that a veteran must submit three bids to VA as part of the SAH process. Normally, this would not be terribly difficult for a homeowner who is completing a typical project; however, there are very few contractors who actually have

experience with making home modifications for disability access. If a veteran resides in a rural area, it's even more difficult to find an appropriate contractor.

With government bureaucracy comes a lot of red tape, which in the case of SAH is a lot of paperwork and procedures. VA will often ask repeatedly for the same paperwork making the process very redundant. Consequently, many contractors are not willing to work with VA. Furthermore, VA is known to take a long time to pay SAH contractors, so they must complete the work before being compensated. This results in contractors having to carry construction costs on their own. Normally, contractors have a payment schedule so they are not forced to do this. To improve the relationship between contractors and VA, we recommend that VA work more closely with building associations to educate their members about SAH. Such relationships would not only ensure that contractors have more knowledge about the required paperwork but they could also lead to improved processes as VA learns more from contractors about how to facilitate their participation.

PVA's second concern is the timeliness of modifications. After surveying our NSOs, we have found that many veterans are waiting an average of 6-8 months (up to two years in some cases) to have the modifications completed. The ability to safely live independently is priceless and any processes that foster delays must be addressed.

For example, the average person diagnosed with ALS lives an average of two to five years after diagnosis. Many veterans represented by PVA rarely live past one year after diagnosis; therefore, timely completion of SAH modifications is imperative. There have been instances where veterans have passed away before the modifications have been completed.

Recently, PVA met with VA executive leadership to discuss the SAH program and to voice our concerns. We raised our concern with timeliness and how long veterans have to wait to receive SAH modifications. Although VA will not prioritize the cases of veterans with terminal illnesses, their cases are expedited. An example of a case being expedited is instead of completing all the necessary work at one time, only the most important modifications will be completed. Then, as more work becomes necessary, it will be completed using supplemental grants.

Despite the ability for cases to be expedited, PVA still finds timeliness to be an issue. For veterans who have been diagnosed with ALS, after eight months, their condition can be so advanced that their abilities are severely restricted. PVA is concerned about these veterans' quality of life. It is unacceptable for them to wait months, only to die before receiving the needed modifications.

The very nature of ALS presents different circumstances than those present for many other SAH eligible veterans. For veterans who have been diagnosed with ALS, their health declines so quickly it's imperative they receive modifications as soon as possible to increase what life they have left. PVA believes that the cases of veterans with terminal illnesses, like ALS, should be prioritized. If VA is unwilling to do so, then Congress must pass legislation directing it.

Lastly, PVA is concerned about consistency in the administration of the SAH program across the nation. PVA found a general consensus from our NSOs about concerns with the SAH program; however, some NSOs also raised concerns about the quality and speed of the work which seemed to depend entirely on the geographic location of the veteran. This is troubling based on the fact that compared to other programs, SAH is very small. It should not be as difficult for VA to maintain a standard across the board. Veterans should not be punished for where they choose to reside. Instead, they should be able to receive quality service regardless of the location of their residence.

In some locations, SAH agents are tasked with additional duties, including having to complete home appraisals for VA home loans and for veterans who are going through the process to refinance their VA mortgage. Those same agents are also required to answer phone calls from VA's general hotline number that have nothing to do with the SAH program. PVA understands all positions carry the need to perform additional duties; however, to require SAH agents to complete tasks unrelated to SAH is unacceptable. We have also discovered that at least one SAH office communicated to its agents that cases of terminal veterans were not to be expedited, that "all veterans were to be treated the same."

In light of our various concerns, we will begin meeting with the national SAH program leaders on a monthly basis to increase feedback on the program. We are very pleased

to have this type of open communication with VA. We hope that through heightened communication with program leaders and the oversight of this Subcommittee that the program's administration will improve and result in better experiences with this program for PVA members.

Aside from changes VA could make to improve the administration of SAH, we also believe that Congress must act to improve access to needed housing adaptations. In its recommendations to the 115<sup>th</sup> Congress, the co-authors of *The Independent Budget* (IB), Disabled American Veterans, PVA, and the Veterans of Foreign Wars, recommended that Congress establish a supplementary housing grant that would cover the cost of new home adaptations for eligible veterans who have already used their initial grants. Without the ability to access such a grant, veterans may be forced to choose between surrendering their independence by moving into an inaccessible home or staying in their current home simply because they are unable to afford the cost of modifying a new home.

Alternatively, we would support Congress providing increased funding for the grant to better meet the needs of veterans throughout their lives. Although PVA appreciates previous changes that resulted in the grant being increased based on the Commercial Construction Index (CCI), the current benefit of \$81,080 for SAH is not enough to cover the costs associated with making the necessary modifications to a home. Veterans with catastrophic disabilities related to their military service have the right to live as independently as possible for as long as they are able. The SAH program must support that independence.

PVA would like to thank you for the opportunity to offer our views on VA's Specially Adaptive Housing Grant Programs. We look forward to any follow up questions you may have.

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

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

### ***Fiscal Year 2018***

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — \$181,000.

### ***Fiscal Year 2017***

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — \$275,000.

### ***Fiscal Year 2016***

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — \$200,000.

### ***Fiscal Year 2015***

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — \$425,000.

## **Disclosure of Foreign Payments**

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.

## Biography of Steven J. Henry

Steven Henry is an Associate Legislative Director for Paralyzed Veterans of America (PVA) representing PVA to federal agencies, most notably the Department of Veterans Affairs (VA) on issues regarding veteran's benefits. Prior to joining PVA, Steven represented The American Legion at the Board of Veterans Appeals, served as American Legion's only service officer in Washington, DC and conducted site visits to VA Medical Centers across the United States to assess them for timeliness and quality of care.

Steven currently represents PVA on VA's VSO Advisory Council on preventing veteran suicide.

Steven grew up in Severna Park, Maryland and enlisted into the Marines at the age of 17. He started his career as a veterans advocate in 2010 with the American Legion. Steven currently resides in Bowie, Maryland with his wife Jennifer and his son Ethan.