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BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
ON**

**"A CALL TO ACTION: MEETING THE NEEDS OF THE SPINAL CORD
INJURY AND DISORDERS (SCI/D) VETERAN COMMUNITY"**

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Good afternoon, Chairman Bost, Ranking Member Takano, and Committee Members. Thank you for the opportunity to testify before you today to discuss SCI/D, which present unique challenges and complexities requiring specialized care and support. At VA, we are dedicated to addressing the diverse needs of Veterans with SCI/D, ensuring access to rehabilitation services; specialty benefits; and services, and assistive technologies. Joining me today is Jeffrey London, Executive Director for the Medical Disability Examination Office, with the Veterans Benefits Administration (VBA).

Overview of Care

VA's SCI/D System of Care is the largest and most comprehensive network in the U.S. dedicated to providing exceptional care for individuals with SCI/D, and it is the preferred choice for most Veterans. Its objective is to enhance the health, well-being, functionality, and quality of life for Veterans through a coordinated system of care. The system operates on a "Hub-and-Spoke" model, with 25 regional SCI/D Centers (Hubs) offering comprehensive care, while primary care services are delivered at VA medical centers (VAMC) without SCI/D Centers (Spokes) by SCI/D Patient Aligned Care Teams (PACT).

The SCI/D Centers cater to Veterans with SCI/D, as well as those with motor neuron diseases and multiple sclerosis with spinal cord involvement, offering acute/sustaining and long-term care beds. Interdisciplinary teams of highly trained SCI/D clinicians provide a full continuum of services through the SCI/D System of Care, including acute rehabilitation, medical and surgical treatment, primary and preventative care, prescribed durable medical equipment, prosthetics/rehabilitative devices, respite care, and end-of-life care.

Mental health services are provided or coordinated throughout the SCI/D System of Care as part of the overall integrated care team plan. Annual evaluations ensure ongoing assessments of Veterans' needs, including psychological, social, and vocational assessments. SCI/D-trained psychologists and social workers are embedded into the care teams and serve as excellent resources and mental health providers for

enrolled Veterans. When needed, these SCI/D-trained psychologists and social workers make additional mental health referrals, which are facilitated by the SCI/D Center or PACT. Peer counseling services and programs are also offered directly at the SCI/D Center, and through Veterans Service Organizations (VSO) and community-based programs. These help Veterans adjust to new impairments, understand the rehabilitation process, develop social skills, and transition to community living. Additionally, VHA offers comprehensive pain treatment options tailored to the unique needs of SCI/D Veterans, ensuring they receive the highest quality of care and support.

Mobility Interventions and Walking Aids

The prescriptive use of mobility interventions and walking aids is individualized to the Veteran and often specific to the setting where the Veteran is seen. Evaluations typically include reviews of pathology, impairments, functional limitations, and risk factors. If deemed medically appropriate, the inclusion of mobility devices and technologies is matched based on the individual Veteran's functional goals, focusing on enhancing mobility, independence, and overall quality of life. These can include walking assistive devices, bracing supports, prostheses, orthotics, shoe modifications, functional electrical stimulation devices, powered exoskeletons, body-weight support treadmills, and virtual reality gait training.

VA has implemented rigorous quality control measures and continues to advance prosthetic technology to deliver the highest standard of care to Veterans. This approach aims to empower Veterans to live their lives to the fullest, despite the challenges their SCI/D presents. In line with this goal, the Office of Advanced Manufacturing is developing technologies to improve the efficiency and effectiveness of prosthetic, orthopedic, and assistive devices. The resulting 3D-printed devices can increase a Veteran's quality of life, maintain the Veteran's independence, and reduce caregiver burnout.

Long-Term Care Options

VHA recognizes that SCI/Ds are not limited to the geriatric population and that Veterans with SCI/D have complex and personalized needs. To address these needs, VA offers a comprehensive SCI/D System of Care that focuses on providing Veteran-centric care and support in the least restrictive environment possible. VA offers a range of non-institutional and home-based primary care options to eligible Veterans based on their clinical needs, regardless of age, including medical foster homes, Veteran-directed care, bowel and bladder care, SCI/D home care, home health aide care, skilled home health care, community or VA-provided adult day health care, respite care, and telehealth. Additionally, many Veterans in the SCI/D System of Care receive support through the Caregiver Support Program, which includes the General Caregiver Support Services and the Program of Comprehensive Assistance for Family Caregivers. For Veterans who require institutional care, available options include assisted living facilities, VA Community Living Centers, community nursing homes, State Veterans Homes, and VA SCI/D Long Term Care Centers.

Patient Safety Practices in Emergency Departments

VA emergency departments are required to offer a medical screening evaluation to all Veterans, including those with SCI/D, to determine if an emergency medical condition exists. This is the general expectation of emergency medical care, and our policies require a posture of continuous readiness to initially stabilize almost any medical emergency. We can then call upon community providers if there are ongoing clinical needs beyond what would typically be expected in a VA emergency care setting, ensuring integrated care for the Veteran. While there are emergent disease processes more prevalent in the SCI/D population, including sepsis and autonomic dysreflexia, the role of the emergency department in providing emergency stabilizing treatment would apply equally.

If deemed stable for discharge after an episode of emergent care, there would typically be coordination or follow-up with the Veteran's primary or specialty care team to ensure appropriate care. Veterans receive specific information and education when discharged from the emergency department. This communication often involves caregivers—with the Veteran's permission—to provide them an opportunity to ask questions and gain an understanding of the necessary next steps and safety precautions in the Veteran's care journey.

All clinically active emergency department providers undergo ongoing professional practice evaluation to ensure an appropriate standard of care. This is in addition to existing quality controls within VHA to ensure high-quality care, including formal peer review and patient safety reporting. Additional specialized education is available through VA's Talent Management System and VA Library resources. Specialized training specific to SCI/D is not mandated for VHA emergency care clinical staff, as recognition and treatment of unstable emergency conditions would be a pre-existing standard across all clinical presentations.

Staff and Provider Training

Clinician training for providers, nurses, and interdisciplinary teams involved in caring for individuals with SCI/D is facilitated through various channels. ¹ SCI/D Centers offer local and regional training, while the SCI/D National Program Office provides national-level training opportunities. These programs include monthly expert learning series, continuing education credits, and VA-professional community networking sessions. Additionally, annual training is provided for SCI/D PACTs located throughout the country and PACTs are also invited to annual leadership summits with SCI/D Centers. The primary objective of these training channels is to stay updated on best practices and ensure we deliver optimal care.

¹ Training requirements for the SCI/D System of Care are described in VHA Directive 1176(2), Spinal Cord Injuries and Disorders System of Care (Sept. 30, 2019; amended Feb 7, 2020).

Addressing Transportation Concerns

VA recognizes that transportation can pose a significant barrier for Veterans with SCI/D and, as a result, VA provides various assistance options. Eligible Veterans can receive beneficiary travel (BT) benefits for regular and special mode transportation, such as ambulances and wheelchair-accessible vehicles. In 2016, Congress expanded BT eligibility to include Veterans with SCI/D, among other populations, when their travel is connected to care provided through a VA special disabilities rehabilitation program if that care is provided on an inpatient basis or during a period in which VA provides the Veteran temporary lodging at a VA facility to make the care more accessible. Additionally, VA operates the Veterans Transportation Program, offering door-to-door transportation to appointments, including wheelchair service, regardless of BT eligibility. To support Veterans in rural areas, VA oversees the Highly Rural Transportation Grant Program in 13 states, where VA provides funding to State Veterans Service Agencies or VSOs coordinating transportation in highly rural counties.

Construction and Facilities Management

VA is committed to ensuring accessibility across all aspects of its medical facilities, particularly in older facilities. This includes targeted upgrades, renovations, and integrating advanced assistive technologies to create modern, inclusive spaces that cater to the diverse needs of Veterans. VA has also pioneered the deployment of dedicated mobile units equipped with state-of-the-art equipment and resources, which serve as vital extensions of the health care network, reaching Veterans in remote or underserved areas and providing essential services and support. While not specific to SCI/D care, the Mobile Prosthetic and Orthotic Care program, supported by the VHA Innovators Network, aims to increase access to care for Veterans in rural areas. The program, already adopted in 10 VAMCs and set to roll out in 5 new areas in 2024, has improved the experience for Veterans who previously had to travel long distances for VA appointments.

VA's commitment to enhancing accessibility extends beyond physical infrastructure to a holistic approach to care. The organization has taken proactive steps to address the unique needs of women Veterans, implementing specialized facilities that ensure privacy, comfort, and tailored care. These spaces serve as safe havens for women Veterans to access the services and support they need in a compassionate and supportive environment that prioritizes their well-being and dignity.

As part of ongoing efforts to prioritize the health and safety of all Veterans, VA is also dedicated to reducing infection transmission rates within its facilities. Through rigorous infection control protocols, regular monitoring, and continuous staff training, VA is working tirelessly to create a safe and sterile environment that minimizes the risk of infections for patients, including those with SCI/D.

Overview of Benefits and Services

Spinal cord injuries are a significant cause of disability, with profound and, in many cases, devastating consequences. VBA's foremost concern is ensuring that the most catastrophically disabled Veterans receive the benefits they deserve and have earned through their military service. This includes disability compensation, employment and independent living training, and support through VA's Veteran Readiness and Employment (VR&E) program, housing benefits, and the Specially Adapted Housing Program.

Contract Examinations

As part of the disability compensation process, VBA oversees medical disability exam (MDE) contracts and related ancillary support and oversight contracts. VBA provides oversight of the exam contracts by setting metrics expectations for the Veteran experience, quality, timeliness, and production; overseeing ancillary contracts to verify examiners' credentials; and providing financial and data audits, to include invoice validation and beneficiary travel.

VBA conducts frequent in-person site visits and administrative site visits (virtual desk reviews) to ensure facilities are safe, clean, and accessible. In-person site visits allow VBA to visually inspect vendor examination locations for compliance with VA standards. In addition to in-person site visits, VBA conducts administrative site reviews (virtual desk reviews) to supplement on-site facility inspections and increase overall oversight of all locations where Veterans obtain examinations. Post-site visit reports note best practices and items that require vendor actions. All action items are tracked until completed.

In fiscal year (FY) 2023, VBA conducted 288 site visits and has already conducted 288 site visits in FY 2024, with plans to complete at least another 112 site visits by the end of the fiscal year. To improve oversight, VBA also conducted a series of joint site visits with all MDE contract vendors to ensure consistency in site inspections and MDE vendor compliance.

In May 2024, the Office of Inspector General (OIG) issued a report titled "Better Oversight Needed of Accessibility, Safety, and Cleanliness at Contract Facilities Offering VA Disability Exams." Contract facilities are required to comply with the Americans with Disabilities Act and Occupational Safety and Health Administration standards to ensure every facility where exams are performed is accessible, safe, and clean. VBA takes Veterans' safety as its utmost priority and continues to work diligently to enhance Veteran safety and the overall Veteran experience. OIG made nine recommendations, which VBA is acting on, including updating contract requirements and standard operating procedures, and implementing improved customer feedback mechanisms. VBA is targeting to complete these actions by the end of FY 2024.

Increasing Examination Access

VBA continues to work with MDE vendors to ensure all Veterans, including those with SCI/D, have access to VA exams by using modalities such as acceptable clinical evidence (ACE) exams and telehealth appointments that limit travel for in-person exams. MDE vendors use traveling providers, claims clinics, and per-diem or rented locations to assist Veteran populations that require additional support. Vendors have mobile units deployed throughout the country and are equipped to complete most exam types, as well as diagnostic testing. The units are accessible, with wheelchair lifts and ramps, and are fully self-contained with power supply and internet connectivity. Vendors continue to expand their mobile unit fleets and collectively have 28 operational individual units. For Veterans with SCI/D who are homebound or have transportation barriers, traveling providers, mobile units, and non-in-person examinations allow greater access. They reduce wait times without degrading the quality of the exam. In FY 2024, through April 2024, vendors have completed over 1.9 million appointments consisting of over 200,000 (11.9%) ACE exams and over 160,000 (8.2%) telehealth appointments.

In addition to increasing exam modality options, during the examination scheduling process, MDE vendors are required to include specific language in appointment notification letters regarding accessibility needs. VBA is also partnering with VA's Veterans Experience Office (VEO) to improve the scheduling process and increase Veterans' understanding of the examination process to build clarity, predictability, and flexibility to meet Veteran needs.

Customer Satisfaction and Feedback

In April 2024, VBA implemented improvements to the Customer Satisfaction survey process. A new customer service contract vendor mails survey cards to Veterans to improve process integrity. Before April 2024, MDE vendors were responsible for releasing survey cards directly to Veterans. VBA also enhanced the actual customer satisfaction survey by incorporating a VA trust question, allowing VA to gain better insights into Veterans' confidence in the contract examination process, like other Veteran Experience surveys across the VA enterprise. VA also incorporated a quick-response code onto the survey, reducing the Veterans' burden of responding by allowing them immediate access to their survey by using a smartphone or computer.

VBA takes feedback from Veterans and stakeholders seriously. As an example, based on a suggestion from Paralyzed Veterans of America, VBA made interim updates and clarified existing guidance regarding the Remaining Effective Function of the Extremities sections on the Amyotrophic Lateral Sclerosis (ALS), Multiple Sclerosis, Central Nervous System and Neuromuscular Diseases, and Peripheral Nerves Conditions Disability Benefits Questionnaires (DBQ). Additionally, in May 2024, VBA attended an ALS workshop in Seattle, Washington, which VHA hosted. VEO led this workshop and received a list of 29 suggested revisions to the ALS DBQ. VBA is evaluating these requests through its joint VBA-VHA DBQ Change Control Group.

VR&E

The mission of VA's VR&E program is to assist qualified Service members and Veterans with service-connected disabilities prepare for, obtain, and maintain suitable employment or maintain a life of independence. VR&E achieves this mission by providing comprehensive vocational counseling services to transitioning Service members and Veterans to ensure goals are suitable and attained.

During FY 2023, VA provided VR&E services to 131,179 Veterans and Service members, and 17,135 Veterans successfully completed their VR&E program. During FY 2023, VBA paid over \$1.6 billion in VR&E benefits. As of May 1, 2024, VR&E has 151,769 Veteran participants, with 90,380 enrolled in Long-Term Services, which helps program participants obtain the education and training they need to find work in a different field that better suits their current abilities and interests.

VR&E assists Veterans with SCI/D, and any other Veteran who meets the eligibility and entitlement criteria. A Vocational Rehabilitation Counselor (VRC) works with the individual to develop a plan of action that includes structured, individualized services ranging from education or necessary training to find work in a suitable field to services that assist with living as independently as possible if returning to work is not an option at the time the plan is developed.

VR&E Independent Living Services

The VRC conducts an assessment to determine if achieving a vocational goal is currently reasonably feasible. To qualify for independent living (IL) services, the following requirements must be met:

- Service-connected disability of 20% or more,
- Serious employment handicap resulting in substantial part from the service-connected disability(ies),
- Inability to achieve a vocational goal,
- Limitations in activities of daily life impacting the individual's level of independence, and
- Reasonable likelihood that the gains in independence will continue after completing the program of IL services.

The VRC works with the individual to conduct a preliminary IL assessment to determine if there are any impairments in activities of daily living. Areas such as housing, emotional, spiritual, leisure, and avocational needs are discussed to ensure all aspects of the individual's needs are considered.

If the preliminary IL assessment confirms impairments in activities of daily living, the VRC must coordinate a comprehensive evaluation. A comprehensive in-home evaluation delves deeper into the preliminary assessment findings and any other areas of need, particularly potential barriers to living independently.

The VRC works with the Veteran to develop an individualized independent living plan, enabling the individual to live independently and participate in family and community life to the maximum extent possible. IL services may increase the Veteran's potential to return to work by providing services designed to lessen or accommodate the effects of the disabilities. Veterans may receive:

- Assistive technology/modifications,
- Referrals for IL skills training,
- Referrals to community-based support services,
- Case management services,
- Coordination assistance with VA and non-VA service providers, and
- Support of an avocational activity.

VA Specially Adapted Housing (SAH) Program

This year marks the 76th anniversary of the VA SAH grant program, which provides essential financial support for home adaptations, and addresses the unique accessibility needs of eligible Service members and Veterans with specific severe, service-connected disabilities, including SCI/D. The SAH program assists Service members and Veterans in constructing an adapted home, purchasing a home with adapted features, or adapting their own home. These projects, funded through this critical benefit, make Veterans' homes more accessible by removing barriers for those with qualifying disabilities. Since the program's inception in 1948, VA has administered over 52,000 SAH grants to eligible Service members and Veterans, totaling over \$2.1 billion. For FY 2024, through May 2024, VA has approved 1,507 SAH grants totaling \$94.3 million.

With the enactment of P.L. 115-177 in June 2018, the funding and construction activities for home adaptations made necessary by VR&E rehabilitation program transitioned to VA's Loan Guaranty Service (LGY) SAH program. The VR&E and LGY SAH programs have worked together to develop the qualifying factors for the grant process, including the use of licensed contractors, permits, technical drawings, and compliance inspections. Generally, VA may provide home adaptations up to \$107,357 as part of an approved VR&E rehabilitation program for individuals who are unable to work due to service-connected disabilities or who require home adaptations to achieve a vocational goal. The amount can change, based on inflationary adjustments.

Other types of grants administered under the SAH program include the section 2101(a) grant (sometimes referred to as Specially Adapted Housing) and the section 2101(b) grant (sometimes called Special Home Adaptation). Also, the Temporary Residence Adaptation allows eligible individuals to adapt a family member's home where the Veteran or Service member is temporarily residing. The physical criteria for eligibility are defined by statute and, depending on the type of grant, include loss of use of extremities or blindness. Based on the type and level of a Veteran's service-connected disability, Veterans may be eligible for up to \$117,014 in assistance under a section 2101(a) grant or \$23,444 under a section 2101(b) grant. These amounts

represent the maximum grant amounts in FY 2024, which change annually based on an industry cost-of-construction index.

Conclusion

Chairman Bost, Ranking Member Takano, this concludes my testimony. Thank you once again for the opportunity to update you on VA's holistic approach, encompassing innovative technologies, specialized care, and unwavering support, to ensure Veterans with SCI/D receive the highest quality of care and services possible. Our commitment to ensuring that all Veterans receive the care, support, and respect they deserve remains unwavering. My colleagues and I are prepared to answer any questions.