



National Service & Legislative Headquarters
807 Maine Avenue, S.W.
Washington, D.C. 20024-2410
Phone (202) 554-3501
Fax (202) 554-3581
www.dav.org

**STATEMENT OF
ADRIAN ATIZADO
DAV ASSISTANT NATIONAL LEGISLATIVE DIRECTOR
SUBMITTED FOR THE RECORD TO THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
December 3, 2014**

Chairman Benishek, Ranking Member Brownley and Members of the Subcommittee—

On behalf of the DAV and our 1.2 million members, all of whom are wartime wounded, injured and ill veterans, I am pleased to present our views for this oversight hearing. DAV is dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity. For many severely ill and injured veterans, such lives would be difficult to achieve without the love, support and daily sacrifice of their family caregivers. Therefore, DAV is grateful that the Subcommittee is turning its attention to the Department of Veterans Affairs (VA) Comprehensive Assistance for Family Caregivers Program, and is reviewing the feasibility of expanding this program to family caregivers of veterans who were injured, wounded or became ill before September 11, 2001.

According to a recent report by the RAND Corporation, *Hidden Heroes: America's Military Caregivers*, the loving assistance provided by family caregivers saves the United States government many millions of dollars each year in health care costs, and enables millions of veterans to live at home rather than in institutions.¹

Enactment of Public Law 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010, required VA to create and implement across VA's vast health care system an entirely new, comprehensive and integrated program designed primarily for a population it had not served in such a manner before—and DAV was under no illusions that nationwide implementation of the caregiver support program would not encounter its share of obstacles along the way. Those obstacles have emerged, but we believe VA has done a creditable job with the tools it possesses to implement this important program.

As a September 2014 Government Accountability Office (GAO) report points out, thousands of caregivers and their families' wounded and injured veterans are benefiting today from VA's Comprehensive Assistance for Family Caregivers Program. However, the report also describes how the VA health care system has been slow to react to the needs at the front lines of this program and to the caregivers it is charged to assist.²

¹ http://www.rand.org/pubs/research_reports/RR499.html

² <http://gao.gov/products/GAO-14-675>

DAV agrees with GAO's findings and recommendations, and we look forward to VA's reporting whether it met its self-established goals due in January, April, and June of this year, as well as to learn the status of VA's identifying, developing and deploying a new IT system for the caregiver support program.

The GAO's report, unfortunately, did not discuss other aspects of concern to DAV regarding the caregiver support program. Among our concerns, currently a single individual is serving as both the Acting Director and Deputy Director of the caregiver program in VA Central Office. Thus, the program and the caregivers of severely injured veterans participating in both the Comprehensive Assistance for Caregiver Program (post-9/11) and VA's general caregiver services (pre-9/11) are not being effectively represented in higher organizational policy and priority discussions. Further, unlike other clinical programs under the Veterans Health Administration's (VHA) current organizational structure, the caregiver support program office has no "clinical operations" counterpart office with which to work collaboratively to support consistent field operations across the VA system.

With a disadvantaged program office trying to implement and integrate a new national program, including the development of a more robust IT system, among other competing priorities within VA, successful program management is proving to be extremely challenging. As validated by the GAO report, without reflective program data, DAV is rightly concerned about VA's ability to project the resources needed to address the backlog of pending applications and continue supporting the growing caregiver population and their family veterans who were severely disabled from military service.

In addition, the DAV continues to have other concerns regarding the VA Caregiver Support Program such as delay in the agency's response to our comments made to the interim final rule for the program, the apparent lack of due process and transparency in the decision and appeal process for program applicants, and the lack of a publicly accessible program handbook or directive that would shed light on program policies and processes.

Irrespective of whether because of inadequate staffing for the caregiver support program from VA Central Office to local VA facilities, or not having the right tools and sufficient resources or support to properly manage, evaluate and improve the program, caregivers of and injured veterans themselves are being adversely affected and are not receiving the full benefits intended by Congress.

DAV urges Congress and the Administration to work together to overcome these weaknesses while continuing to support thousands of caregivers and their family veterans who need these services. In light of the current situation, this Subcommittee should look closely at the Administration's FY 2015 budget request and the flat-line FY 2016 advance appropriations request for caregiver support programs. The unmet needs of severely ill and injured veterans and their family caregivers deserve your close attention.

Ending the Inequity: Eligibility for Comprehensive Assistance for Caregivers Program

DAV thanks the Subcommittee for working with us to begin a discussion on how to reasonably and responsibly end the current inequity of denying participation by caregivers of severely ill and injured pre-9/11-veterans in the Program of Comprehensive Assistance for Caregivers. Our members and their family caregivers look forward to having a seat at the table in any future discussions this Subcommittee will sponsor on this crucial topic.

Today, many veterans' family caregivers remain unserved or underserved. Research published by RAND in October 2014, *The Opportunity Costs of Informal Elder-Care in the United States*, estimated the value of informal family-based care at \$522 billion per year. As the report states, “[r]eplacing that care with unskilled paid care at minimum wage would cost \$221 billion, while replacing it with skilled nursing care would cost \$642 billion annually.”³

Moreover, RAND's *Hidden Heroes: America's Military Caregivers* report estimates that of the current adult caregiving population in the United States, 24.3 percent (over 5.5 million) support wounded, ill or injured military or veterans. More specifically, the report points out that over 80 percent of the 5.5 million caregivers of veterans, or approximately 4.4 million caregivers of veterans severely ill and injured, **are not eligible** to participate in the Comprehensive Assistance for Caregivers Program.

Given that the purpose of RAND's *Hidden Heroes* report was to identify the systematic differences between post-9/11 military caregivers and other military caregiver groups, and to recommend tailored approaches to meet the unique needs and characteristics of post-9/11 caregivers, it is encouraging that the report validates the need for integrated and coordinated services and supports as is currently provided through VA's caregiver support program.

Perhaps it is because of its focus that the RAND report inadvertently suggests VA's general support services program is comparable to the Comprehensive Assistance for Caregivers Program. By law and in reality, however, they are far from equal. For example, the RAND report ascribes a monthly financial stipend under the general caregiver support services as the “Aid and Attendance program.”⁴ First, Aid and Attendance (A&A) is not a program; it is a compensation benefit and has no formal connection to the general caregiver support services.⁵ Second, the A&A benefit is awarded to a veteran, not a caregiver. Third, the veteran must present a higher level of disability to meet the eligibility criteria for A&A compensation discussed in the RAND report, compared to the eligibility criteria for the monthly financial stipend available under the Comprehensive Assistance for Caregivers Program.

³ http://www.rand.org/pubs/external_publications/EP66196.html

⁴ *Hidden Heroes: America's Military Caregivers*. The RAND Corporation. Pg. 220

⁵ Aid and Attendance is not administered by the Veterans Health Administration (VHA), which is responsible for VA's Caregiver support program, but by the Veterans Benefits Administration (VBA)

There are similarly significant differences that apply to the eligibility criteria for the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) health coverage for general caregivers versus primary caregivers under the Comprehensive Assistance for Caregivers Program.⁶

Primary caregivers in the Comprehensive Assistance for Family Caregivers Program, who are not otherwise insured, are provided CHAMPVA coverage. Uninsured caregivers of pre-9/11-injured veterans in the General Caregiver Support Program must also meet the following criterion: (1) the veteran must be rated permanently and totally disabled due to a service-connected condition(s); (2) the caregiver can only be the veteran's spouse or child (not parent, step-family member, or extended family member, etc.), and; (3) if the designated caregiver is the veteran's dependent child, the eligibility for CHAMPVA ends at the age of 18, unless that individual is enrolled in an accredited school as a full-time student until the age of 23. If he or she marries, or is a stepchild who no longer lives in the household of the CHAMPVA sponsor, eligibility for CHAMPVA coverage is lost.

In the view of DAV, any discussion purporting that the General Caregiver Support Services program (pre-9/11) is somehow equivalent to the Program of Comprehensive Assistance for Family Caregivers (post-9/11) must simply consider the plain differences in the law discussed here. Addressing the differences mentioned above and others—such as including “illness” in the eligibility criteria for the Comprehensive Assistance for Caregivers Program and addressing the eligibility differences with the Department of Defense's Special Compensation for Assistance with Activities of Daily Living—need to be adjusted legislatively to correct current inequities and provide comprehensive and coordinated caregiver support and services for caregivers of all severely ill and injured service members and service-disabled veterans.

DAV recommends the Subcommittee consider whether there is any difference in status or needs between a service member injured or ill on September 10, 2001 and one injured or ill on or after September 11, 2001. We see no difference at all, despite the symbolism since embraced by Congress that 9/11 was an important demarcation date for eligibility for VA services and benefits. DAV vigorously and firmly disagrees with such a two-tiered and unjustified policy. If a veteran is severely injured or ill due to active military service, his or her needs should be fully addressed by the government, without equivocation, and without respect to when a particular illness or injury occurred.

Veteran-Directed Home- and Community-Based Services Program

Mr. Chairman, the *Hidden Heroes* report also highlighted several existing federal caregiver support programs, but only mentions one other VA program—the Veteran-Directed Home- and Community-Based Services Program (VD-HCBS).

⁶ According to the RAND report, “ensuring that caregivers have health care coverage is critical for their health and well-being, and as many as 40 percent of post-9/11 military caregivers do not have such coverage. Also alarming is that 20 percent of pre-9/11 and civilian caregivers do not have such coverage.”

The mission of VD-HCBS is to provide flexible care that respects veterans' choices and desires in how they receive needed health care services. It uses state-of-the-art, person-centered planning coupled with a flexible service model that puts veterans in the driver's seat in making their own choices about the types of services they receive, and when they receive them. This is truly a veteran-centric approach to obtaining long-term services and supports. In addition, studies conducted by four different VA medical centers (VAMC) demonstrated VD-HCBS can keep veterans at home in their communities, rather than be placed in nursing home beds, saving funds in both VA nursing home and in acute care program spending, thus freeing up precious resources to serve more veterans in communities and reduce VA waiting lists. Equally important to DAV, other studies have shown that veterans are extremely satisfied with this program.

Since 2008, the VHA has been collaborating with the Department of Health and Human Services (HHS) through the HHS Administration for Community Living, to allow states and local aging and disability network agencies to serve, through VD-HCBS, at-risk veterans of all ages who are candidates for nursing home placements. The DAV applauds this innovative and cost-effective partnership.

Since its inception, approximately 1,900 veterans have received VD-HCBS services across 48 VAMCs in 27 States and the District of Columbia. This program provides one-on-one counseling to veterans, their caregivers, and their family members, and helps affected veterans to determine how to use a flexible budget to meet long-term service and support needs, goals, and preferences using local community resources.

As it relates to this hearing, because veterans are more comfortable having family caregivers provide the personal care services they require on a regular basis, and in this program veterans can use their VD-HCBS monthly spending budget to hire and pay their caregivers, veterans have largely hired and paid their spouses, children or other family members who live with or near them to provide personal care services to maximize their own independence, allowing them to remain safely in their homes.

For example, 60 percent (139 of 231) veterans participating in 10 VD-HCBS programs in five states reported using their monthly spending budgets to pay 205 family caregivers (an average of 1.47 family caregivers per veteran) for personal care services. These veterans used on average 72 percent of their VD-HCBS monthly budget for personal care to hire family caregivers, which equates to receiving an average of 94 hours of personal care services per month. Unfortunately, because the law now only allows VA to use provider agreements with Medicare- and Medicaid-certified providers, it appears that 26 local aging and disability network agencies that were established under the Older Americans Act and the Rehabilitation Act would no longer be able to serve veterans under this VD-HCBS program.

That is, access to the VD-HCBS program will soon start to cease for over 400 veterans served by these 26 organizations in the states of Florida, Idaho, Illinois, Louisiana, Maine,

Massachusetts, Michigan, Minnesota, New York, Oregon, South Carolina, Texas, and Wisconsin. Without a resolution, veterans currently being served by these agreements would be forced into institutional care or to use provider-driven home health care services. Neither of these options reflects the personal choices or preferences of veterans.

The DAV recognizes VA is working to resolve this provider agreement issue within existing authorities. However, in the absence of a clear and timely resolution to this challenge, multiple VA medical centers with established VD-HCBS programs are beginning to curtail veterans' access to this program while other VA medical centers ready to start a program to help local veterans and their caregivers are left waiting.

DAV urges this Subcommittee to author, and the Congress to pass legislative language to allow local aging and disability network agencies to be made eligible recipients once again for provider agreements with VA and facilitate veterans' access to VD-HCBS nationally.

Conclusion

Congress has before it numerous legislative options it can take to fully recognize and support caregivers of all severely ill and injured veterans and service members, from fully funding the Lifespan Respite Care Act; reauthorizing the Older Americans Act and the Rehabilitation Act; eliminating the inequity in the eligibility for VA's Program of Comprehensive Assistance for Family Caregivers; and, amending VA's provider agreement authority as discussed above.

Despite the weaknesses identified by GAO in VA's Program of Comprehensive Assistance for Family Caregivers, the RAND report validates the need for integrated and coordinated services and supports as is currently provided through VA's caregiver support program. Moreover, VA's recent report to Congress on the feasibility of expansion of family caregiver assistance, required by Public Law 111-163, provides information about program effectiveness in supporting primary caregivers and reducing VA's direct health care costs. We call the attention of the Subcommittee to this important report.

VA's report describes the merit in resolving the inequity created by the current eligibility requirements, and would further recognize the sacrifice and the needs of the family caregivers of all severely ill and injured veterans.

“VA believes, apart from resource issues... such an expansion is operationally feasible. There would be challenges in a surge of new applications upon an expansion. VA estimates an additional 2,000 full-time equivalent staff would need to be in place to assist with the workload of an expanded program. With planning, the increased workload could be managed. Additionally, the application of

eligibility criteria for serious injuries that occurred decades ago may take more time and analysis than we experience today and the availability of evidence for those decisions may be limited. This, too, can be mitigated with planning and preparation.”

In light of VA’s statement, we turn to a March 2011 letter to VA from a Congressional leader that asserted—

“Further delay of this program hurts veterans and caregivers in need of these critical benefits and services. Further, limiting eligibility to arbitrary and stringent criteria... creates undue hardship for veterans and family caregivers meant to be helped by the new program.”

While this letter was penned to address VA’s delay in implementing the Comprehensive Assistance for Family Caregivers program, as well as VA’s proposed actions at that time to severely limit access of family caregivers to the then-new benefit, it is a fitting letter speaking to the current inequity faced by caregivers of veterans who became severely ill and injured before September 11, 2001.

Mr. Chairman, this concludes DAV’s submission of testimony for the record of this hearing. Should this statement prompt questions by you or other Members, please forward them and DAV will supply our written responses to better inform the record of this important hearing, or to meet with you to discuss them. Also, DAV would be pleased to work with your professional staff to craft legislation to remedy the issues DAV has raised in this statement or others that may be discussed during today’s hearing. Thank you for accepting this testimony.