



# **Department of Veterans Affairs Office of Inspector General**

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## **Combined Assessment Program Review of the VA Regional Office Salt Lake City, Utah**

## **Office of Inspector General Combined Assessment Program Reviews**

Combined Assessment Program (CAP) reviews are part of the Office of Inspector General's (OIG's) efforts to ensure that high quality health care and benefits services are provided to our Nation's veterans. CAP reviews combine the knowledge and skills of the OIG's Offices of Healthcare Inspections, Audit, and Investigations to provide collaborative assessments of VA medical facilities and regional offices on a cyclical basis. The purposes of CAP reviews are to:

- Evaluate how well VA facilities are accomplishing their missions of providing veterans convenient access to high quality medical and benefits services.
- Determine if management controls ensure compliance with regulations and VA policies, assist management in achieving program goals, and minimize vulnerability to fraud, waste, and abuse.
- Conduct fraud and integrity awareness training for facility staff.

In addition to this typical coverage, CAP reviews may examine issues or allegations referred by VA employees, patients, Members of Congress, or others.

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## **Executive Summary**

### **Introduction**

During the period February 9–13, 2004, the Office of Inspector General (OIG) conducted a Combined Assessment Program (CAP) review of the VA Regional Office Salt Lake City, UT. As part of the review, we also conducted onsite work at the Anchorage, AK outbased office during the week of March 1, 2004. The regional office is part of the Veterans Benefits Administration (VBA) Western Area. The purpose of the review was to evaluate selected regional office operations, focusing on benefits claims processing and financial and administrative controls. We also provided fraud and integrity awareness training to 72 regional office employees in Salt Lake City.

### **Results of Review**

The Salt Lake City Veterans Service Center (VSC) had implemented a flexible scheduling process to effectively manage compensation and pension (C&P) workload. Employee claims folders were properly secured. Reviews of retroactive compensation payments of \$25,000 or more were satisfactory. Security controls over automated information systems, including the Benefits Delivery Network, were effective. To improve operations, the regional office needed to:

- Improve oversight of field examinations and fiduciary estate accountings in the Anchorage Fiduciary and Field Examination (F&FE) outbased unit.
- Update Vocational Rehabilitation and Employment (VR&E) case status data to accurately reflect veterans' training status.
- Strengthen management controls for the Government purchase card program.
- Conduct systematic analyses of operations (SAOs) of all critical program areas as required.
- Promptly adjust C&P payments to veterans hospitalized for extended periods at Government expense.

### **Regional Office Director Comments**

The Regional Office Director agreed with the CAP review findings and provided acceptable improvement plans. (See Appendix A, pages 9–12, for the full text of the Director's comments.) We will follow up on the planned actions until they are completed. This report was prepared under the direction of Mr. David Sumrall, Director, and Ms. Claire McDonald, CAP Review Coordinator, Seattle Audit Operations Division.

**RICHARD J. GRIFFIN**  
Inspector General

## Introduction

### Regional Office Profile

**Organization and Programs.** The regional office provides C&P, VR&E, and burial benefits to eligible veterans, dependents, and survivors in Utah and Alaska. The regional office also manages the VR&E program in Idaho.<sup>1</sup>

The estimated veteran population in the major areas served by the regional office is about 369,000. During Fiscal Year (FY) 2003, the regional office authorized about \$234 million in C&P payments for 30,000 beneficiaries (18,000 beneficiaries in Utah and 12,000 in Alaska). VR&E benefits totaling about \$30.6 million were paid to about 2,700 beneficiaries in Utah, Alaska, and Idaho. In addition, the regional office provided fiduciary oversight for 596 incompetent veterans and other beneficiaries.

**Resources.** In FY 2003, regional office operating expenditures were about \$9.5 million (\$6.9 million for Utah and \$2.6 million for Alaska). As of January 2004, the regional office had 113 full-time employees (78 in Utah, 5 in Idaho, and 30 in Alaska). The overall employee turnover rate for FY 2003 was about 10 percent for Utah and 6 percent for Alaska.

### Objectives and Scope of the CAP Review

**Objectives.** CAP reviews are one element of the OIG's efforts to ensure that our Nation's veterans receive high quality VA health care and benefits services. The objectives of CAP reviews are to:

- Conduct recurring evaluations of selected medical center and regional office operations, focusing on patient care, quality management, benefits delivery, and financial and administrative controls.
- Provide fraud and integrity awareness training to increase employee understanding of the potential for program fraud and the requirement to refer suspected criminal activity to the OIG.

**Scope.** We reviewed selected benefits claims processing, financial, and administrative activities to evaluate the effectiveness of benefits delivery and general management controls. Benefits delivery is the process of ensuring that veterans' claims for benefits and requests for services are processed promptly and accurately. Management controls are the policies, procedures, and information systems used to safeguard assets, prevent errors and fraud, and ensure that organizational goals are met. The review covered facility operations for FY 2003 and FY 2004

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<sup>1</sup> On January 25, 2004, about 2 weeks before the CAP review, the regional office began managing the Fort Harrison Regional Office in Montana. We did not include the Fort Harrison office in the review. It will be covered during the next CAP review of the VA Montana Healthcare System.

through February 2004 and was done in accordance with OIG standard operating procedures for CAP reviews.

In performing the CAP review, we interviewed managers and employees, reviewed beneficiary files and financial and administrative records, and inspected work areas. The review covered the following 10 activities:

Automated Information Systems Security	Fiduciary and Field Examinations
Benefits Delivery Network Security	Government Purchase Card Program
C&P Hospital Adjustments	Regional Office Management
Controls Over Large Retroactive Payments	System Error Messages
Employee Claims Folder Security	Vocational Rehabilitation and Employment

Activities that were particularly effective or otherwise noteworthy are recognized in the Organizational Strengths section of this report (page 3). Activities needing improvement are discussed in the Opportunities for Improvement section (pages 4–8). For these activities, we make recommendations or suggestions. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented. Suggestions pertain to issues that should be monitored by VBA and regional office management until corrective actions are completed. For the activities not discussed in the Opportunities for Improvement section, we did not identify reportable deficiencies.

During the CAP review, we also presented 4 fraud and integrity awareness briefings that were attended by 72 regional office employees. The briefings covered procedures for reporting suspected criminal activity to the OIG and included case-specific examples illustrating benefits fraud, false claims, procurement fraud, and bribery.

## Results of Review

### Organizational Strengths

**The Salt Lake City VSC Scheduling Process Effectively Manages C&P Workload.** The VSC is responsible for processing benefits claims and providing information and assistance to veterans. VSC supervisors meet weekly to review workload data and employee schedules to set priorities and assignments for the next week. A duty roster is prepared to notify employees of their team assignments and specific duties. This process of weekly workload evaluations, assignment rotations, and preparation of a detailed duty roster has resulted in the VSC's ability to respond quickly to changes in workload demands and employee availability. In addition, it has encouraged VSC employees to focus on overall VSC performance rather than the performance of an individual team, and it has promoted cross-training of employees. The process has helped the Salt Lake City office maintain high levels of performance in quality and timeliness of claims processing and veterans assistance.

**Employee Claims Folders Were Properly Secured.** Regional office management had implemented satisfactory controls over employee C&P and other sensitive claims folders. All claims folders for Salt Lake City employees had been properly transferred to the Denver Regional Office, and folders for regional office employees in Denver and Cheyenne were secured in locked cabinets at the Salt Lake City Regional Office. The file clerk controlled sensitive claims folders by using charge-out cards and a sign-in log to ensure that folders were tracked and promptly returned. Regional office employees performed required semiannual audits to verify the inventory and ensure the security of folders located in Salt Lake City.

**Reviews of Large Retroactive Payments Were Effective.** The Regional Office Director, or designee, is required to review all retroactive benefit payments of \$25,000 or more to ensure that the payments are appropriate and properly signed by three VSC employees. We reviewed five of the seven large retroactive payments made during October–December 2003. Award documents for all five payments had the required three signatures. The Director had reviewed the payments within the required 15 days of receiving notification of the payments. The Director had properly certified to VBA that a third signature was obtained for each of the retroactive payments, that payments issued were appropriate, and that no evidence of fraud was identified.

## Opportunities for Improvement

### **Fiduciary and Field Examinations – Timeliness of Field Examinations and Accountings Should Be Improved at the Anchorage Office**

**Conditions Needing Improvement.** Regional office management needed to improve oversight of field examinations and analyses of fiduciary estate accountings in the Anchorage F&FE outbased unit. This unit is responsible for protecting the interests of incompetent or minor beneficiaries by appointing fiduciaries and analyzing their estate accountings to prevent the loss or diversion of beneficiary funds. Field examiners visit beneficiaries to assess their physical, mental, and living conditions. Legal Instruments Examiners (LIEs) review estate accountings submitted by fiduciaries to verify accuracy and identify unusual or questionable expenses.

We analyzed *Work in Process* and *Accounting Due* reports from the Fiduciary-Beneficiary System (FBS) and reviewed a judgment sample of 30 files for 15 beneficiaries in Salt Lake City and 15 beneficiaries in Anchorage. The Salt Lake City F&FE unit performed well and met timeliness standards. However, the Anchorage F&FE unit required improvement in three areas.

- Initial and follow-up field examinations were not timely. An initial field examination is required within 45 days of notification that a beneficiary has been declared incompetent. Follow-up field examinations must be completed within 120 days of the 1-year anniversary of the initial examination and then every 1 to 3 years depending on the circumstances of each beneficiary. At the time of our onsite review, 4 of 6 required initial field examinations did not meet the 45-day standard, and 40 of the 75 required follow-up examinations were 183 to 852 days late.
- Fiduciary estate accountings were not timely, and delinquent accountings were not reported to the proper authorities. When a required accounting is not submitted within 90 days of the due date, LIEs should refer the case to a field examiner, the OIG, or VA Regional Counsel. As of January 20, 2004, 15 required accountings were 90 days to 3 years late. However, beneficiary files did not contain documentation that field examiners had taken follow-up actions or that the delinquent accounts had been reported to the OIG or VA Regional Counsel.
- The FBS contained inaccurate data. For one beneficiary, the estate value recorded in FBS was undervalued by \$60,000. In another case, a documented field examination was not recorded in FBS.

After assuming responsibility for the Anchorage outbased office in May 2003, regional office management identified serious backlogs and resource deficiencies in the F&FE unit. In December 2003, management implemented a detailed work plan to address the backlogs and to meet VBA timeliness requirements for newly assigned cases. The plan includes training additional staff to conduct field examinations and assigning an Intake Specialist to help maintain data in FBS. Progress for implementing the plan and reducing backlogs is tracked through



various weekly, monthly, and quarterly reports. Regional office management needs to continue implementing the work plan and to closely monitor progress at reducing backlogs.

**Recommended Improvement Action 1.** We recommended that the Regional Office Director ensure that (a) field examinations are completed according to VBA timeliness standards; (b) analyses of estate accountings are timely; (c) delinquent estate accountings are reported to field examiners, OIG, or VA Regional Counsel; and (d) all F&FE data is accurately reported in FBS.

The Regional Office Director agreed with the recommendation and reported that F&FE staff in Anchorage continue to make progress on implementing the Fiduciary Workload Plan and to reduce backlogs. The Regional Office Director monitors the progress and receives weekly updates from the VSC Manager. In addition, the Intake Specialist has received training on accounting activities and clerical duties related to estate accountings and FBS. The target date for full implementation of the recommendation is June 30, 2004. The improvement plans are acceptable, and we will follow up on the completion of the planned actions.

## **Vocational Rehabilitation and Employment – Accuracy of Case Status Data Should Be Improved**

**Condition Needing Improvement.** VR&E management needed to improve the accuracy of reporting VR&E case status. VR&E data should accurately reflect the status of program participants, and veterans who are not actively pursuing their approved training programs should be promptly assigned to discontinued or other appropriate program status.

VBA designed the Chapter 31 Case Status System to measure performance and help VR&E staff manage their workloads. VR&E staff assign each program participant to a specific case status at each stage of the rehabilitation process. Generally, veterans actively pursuing training should progress from application through the four stages of evaluation and planning, rehabilitation to employment, employment services, and rehabilitated status. Veterans who are temporarily inactive in the program should be assigned to interrupted status. Veterans who leave the program and have not been rehabilitated should be assigned to discontinued status.

To assess the accuracy of case status data, we reviewed a judgment sample of VR&E folders for 80 veterans (32 for Salt Lake City, 8 for Boise, and 40 for Anchorage). In 11 of the 80 cases (14 percent), VR&E staff did not accurately report the veterans' status. These cases were recorded as active, although the veterans were no longer active in the program. Inaccurate case status data hinders efforts to monitor veterans' progress in the program. In addition, delays in placing veterans in discontinued status inflate the VR&E workload and may skew performance measures.

This problem occurred because VR&E staff did not adequately monitor veterans' progress. For example, three veterans in active status had secured continuous part-time employment, stopped their training programs, and had not pursued VR&E training programs for more than a year. However, VR&E staff only briefly contacted the veterans once or twice during this time. Eight other veterans were shown in active status even though they had experienced intervals of 6–18 months when they did not participate in the program and had no reported contacts with VR&E

staff. VR&E staff should sufficiently monitor each veteran to properly manage the case and ensure that the case status system reflects the most appropriate status.

**Suggested Improvement Action.** We suggested that the Regional Office Director ensure that the VR&E staff monitors program participants to provide proper case management and update the case status data to reflect the most appropriate status. The Regional Office Director agreed with the suggestion and reported that plans had been implemented to periodically review case status and to provide training to VR&E staff on properly evaluating the status of program participants. The improvement plans are acceptable, and we consider the issue resolved.

## **Government Purchase Card Program – Management Controls Should Be Strengthened**

**Conditions Needing Improvement.** The Chief of Support Services needed to improve controls over the administration of the Government purchase card program. During the 3-month period October–December 2003, 5 cardholders made 135 purchases totaling \$52,384. Overall, management controls were effective. The Purchase Card Coordinator (PCC) promptly terminated accounts for employees who no longer needed purchase cards, and she performed monthly audits of purchase card transactions. Our review of a judgment sample of 30 purchase card transactions found that the purchases were valid. However, purchase card program controls needed to be strengthened in three areas.

- An alternate PCC was not properly designated to perform program administration duties in the absence of the PCC. Although the Chief of Support Services identified a billing clerk as the alternate PCC, the billing clerk was not aware of her role and responsibilities.
- Initial and refresher training of cardholders and approving officials were not consistently documented. VA policy requires that cardholders and approving officials attend training courses on the use of purchase cards and certify that they have received the training. As of February 2004, all of the cardholders had been cardholders for at least 18 months. However, none of the cardholders signed training certifications until December 2003. The PCC stated that training was typically informal and not regularly scheduled or documented.
- Cardholders signed monthly purchase card statements but did not always date their signatures. The dates are needed to determine whether the cardholders' reconciliations were timely.

**Suggested Improvement Actions.** We suggested that the Regional Office Director ensure that (a) an alternate PCC is appointed and trained, (b) initial and refresher purchase card training is properly documented for all cardholders and approving officials, and (c) cardholders date their signatures on the monthly purchase card statements. The Regional Office Director agreed with the suggestion and reported that as of April 1, 2004, an alternate PCC had been appointed and trained, cardholder training had been properly documented, and cardholders were signing and dating the monthly purchase card statements. The improvement plans are acceptable, and we consider the issues resolved.

## **Regional Office Management – Systematic Analyses of Operations Should Be Conducted for All Critical Program Areas**

**Condition Needing Improvement.** Regional office management did not conduct SAOs of all critical program areas. SAOs are management assessments used to identify existing or potential problems and to define corrective actions. VBA policy requires that SAOs be conducted annually to assess 10 critical areas in C&P services, 5 critical areas in Support Services, and 1 critical area in VR&E services.

The regional office is responsible for conducting SAOs for both the Salt Lake City and Anchorage offices. As of February 2004, the Salt Lake City office had conducted SAOs for 9 of 10 critical areas in C&P services, but no SAOs had been conducted in Support Services or VR&E services. At the Anchorage office, only 2 of the 10 required SAOs had been conducted. While the Regional Office Director acknowledged that SAOs had not been conducted for all critical areas, he stated that regional office management met regularly to review and discuss important service issues and to implement corrective actions as needed.

**Suggested Improvement Action.** We suggested that the Regional Office Director ensure that SAOs are scheduled and conducted for all critical areas as required by VBA policy. The Regional Office Director agreed with the suggestion and reported that as of April 1, 2004, all required SAOs had been scheduled, and the schedule will be monitored by a Management Analyst to ensure that SAOs are completed as required. The improvement plans are acceptable, and we consider the issue resolved.

## **Hospital Adjustments – Adjustments For Hospitalized Veterans Should Be Improved**

**Condition Needing Improvement.** VSC management needed to improve the processing of hospital adjustments. In certain situations, the law requires the reduction of C&P payments for veterans hospitalized at Government expense for extended periods. As of January 2004, there were 44 veterans who had been hospitalized continuously for 90 days or more at the VA Salt Lake City Health Care System and at the Alaska VA Healthcare System. To determine if the regional office and the Anchorage outbased office were properly processing hospital adjustments, we reviewed a judgment sample of 25 veteran claims folders (15 from Salt Lake City and 10 from Anchorage).

Overall, the program was managed satisfactorily. However, we identified an overpayment of \$37,600 that occurred because special monthly compensation (for aid and attendance benefits) had not been reduced when the regional office received notification that the veteran was hospitalized at a contract nursing home.

**Suggested Improvement Action.** We suggested that the Regional Office Director ensure that VSC staff promptly process all adjustments upon notification to prevent overpayments or underpayments. The Regional Office Director agreed with the suggestion and reported that on March 29, 2004, Veteran Service Representatives received refresher training, which addressed

hospital adjustments. In addition, on March 1, 2004, a VSC Triage Coach began performing validation reviews to ensure that hospital adjustments are properly processed. The improvement plans are acceptable, and we consider the issue resolved.

## Regional Office Director Comments



**Department of  
Veterans Affairs**

### Memorandum

**Date:** April 1, 2004

**From:** Director, VA Regional Office Salt Lake City, Utah

**Subj:** Combined Assessment Program (CAP) Review of the VA Regional Office Salt Lake City, Utah

**To:** Director, Seattle Audit Operations Division Office of Inspector General (52SE)

Enclosed is the Salt Lake City VA Regional Office response to the CAP Review Draft Report. The Salt Lake City Office concurs with the recommendation regarding Fiduciary and Field Examination Timeliness at the Anchorage Office and concurs with the suggested improvement items for our station. Attached are our comments and responses to the specific improvement actions resulting from the review.

We appreciate the professionalism and courtesy exhibited by the audit team members during their review, as well as the analysis provided by the team. This analysis and suggested improvement actions are invaluable in our continued efforts to provide the best possible benefits and services to our veterans.

Please feel free to contact me at (801) 326-2400 with any questions or concerns regarding our reply.

/s/

DOUGLAS WADSWORTH

Enclosure

**Salt Lake City VA Regional Office  
Response to the Office of Inspector General Combined Assessment Report**

**Comments and Implementation Plan**

**OIG Recommendation**

**1. Fiduciary and Field Examinations – Timeliness of Field Examinations and Accountings Should Be Improved at the Anchorage Office**

**Recommended Improvement Action 1.** We recommend the Regional Office Director ensure (a) field examinations are completed according to VBA timeliness standards; (b) analyses of estate accountings are timely; (c) delinquent estate accountings are reported to field examiners, OIG, or VA Regional Counsel; and (d) all F&FE data is accurately reported in FBS.

**Concur with recommended improvement actions.**

**a. Field examinations are completed according to VBA timeliness standards.**

**Planned Action:** Ensure field examinations are completed according to VBA timeliness standards by closely monitoring the progress of the Fiduciary Workload Plan that was implemented by the Director and coordinated through our Western Area Director in December 2003. This plan contains monthly and quarterly targets to reduce the backlog of pending examinations and for Anchorage F&FE activities to be current by the end of the third quarter of fiscal year 2004, as well as a control log to assign new cases to be completed within the required time period. Progress is being made, and management will continue to monitor the F&FE program and make any adjustments as required to meet the VBA timeliness standards.

**b. Analyses of estate accountings are timely.**

**Planned Action:** As stated in (a) above, a workload plan was developed and implemented to ensure the analyses of estate accountings are completed in a timely manner. This workload plan includes a worksheet to track the pending and completed field actions, including accountings, and to report this to the Veterans Service Center Manager. He in turn provides a weekly update to the Director. We will continue to monitor the progress to ensure estate accountings are completed in accordance with VBA standards.

**c. Delinquent estate accountings are reported to field examiners, OIG, or VA Regional Counsel.**

**Planned Action:** To ensure any delinquent accountings are reported to field examiners, OIG, or VA Regional Counsel, the Intake Specialist in Anchorage received training in accounting activities to include tracking accountings, as well as all clerical duties associated with the F&FE unit.

**d. All F&FE data is accurately reported in FBS.**

**Planned Action:** As stated in (c) above, the Anchorage Intake Specialist received training in the clerical duties of updating the FBS system as field visits are completed and tracking pending workload, including all accounting activity. Completed reports are controlled and reviewed for accuracy and quality by the Senior VSR on a weekly basis.

## **OIG Suggestions**

### **2. Vocational Rehabilitation and Employment – Accuracy of Case Status Data Should Be Improved**

**Suggested Improvement Action.** We suggest the Regional Office Director ensure the VR&E staff monitors program participants to provide proper case management and update the case status data to reflect the most appropriate status.

**Concur with suggested improvement actions.**

**Response to Improvement Suggestion:** VR&E acknowledges that some cases may not be in the proper service status. It is a constant challenge for vocational rehabilitation counselors because of the heavy caseloads they carry. Counselors in Salt Lake / Boise average 212 cases per counselor vs. ca. 170 nationally. The recommended standard is 100.

It should be noted that simply because a veteran withdraws from a rehabilitation training program does not always mean that a case should be placed in interrupted status. Current VA guidelines are that if the veteran is pursuing other aspects of the rehabilitation plan, such as medical or psychological treatment, that the case be held in rehabilitation to employment status.

We acknowledge that some cases in interrupted status could have not had contact by a vocational rehabilitation counselor in the intervals in the CAP Review.

**Planned Action:** Conduct a periodic review survey of cases to determine the extent of the problem of cases being in the wrong status and take corrective action to insure proper case management. Also, VR&E management will conduct staff training on this issue to properly evaluate the status of program participants.

### **3. Government Purchase Card Program – Management Controls Should Be Strengthened**

**Suggested Improvement Actions.** We suggest the Regional Office Director ensure (a) an alternate PCC is appointed and trained; (b) initial and refresher purchase card training is properly documented for all cardholders and approving officials; and (c) cardholders date their signatures on the monthly purchase card statements.

**Concur with suggested improvement actions.**

#### **a. Alternate PCC is appointed and trained:**

**Planned Action:** An alternate PCC was appointed and trained in their duties and responsibilities. (Action completed.)

#### **b. Initial and refresher purchase card training is properly documented for all cardholders and approving officials:**

**Planned Action:** Initial and refresher purchase card training has been properly documented for all cardholders and approving officials. Refresher training will be completed on a recurring basis every two years. (Action completed.)

#### **c. Cardholders date their signatures on the monthly purchase card statements:**

**Planned Action:** Cardholders sign and date the monthly purchase card statements, insuring reconciliations are conducted in a timely manner. (Action completed.)

**4. Regional Office Management – Systematic Analysis of Operations Should Be Conducted for All Critical Program Areas**

**Suggested Improvement Action.** We suggest the Regional Office Director ensure SAOs are scheduled and conducted for all critical areas as required by VBA policy.

**Concur with suggested improvement actions.**

**Response to Improvement Suggestion:** SAO schedules for the major business lines and fiscal year are submitted to the Director's Office each year. The Veterans Service Center SAO schedule for Salt Lake City, Anchorage, and Fort Harrison was in place at the beginning of fiscal year 2004. VR&E implemented a new SAO schedule effective January 21, 2004. All three stations have submitted their SAO schedules. All SAOs required by VBA policy are being completed in a timely manner and reviewed for any follow-up actions by the Management Analyst, Assistant Director, and Director.

**Planned Action:** Ensure all station SAOs are scheduled and completed as required by VBA and local policies during the fiscal year. The Management Analyst monitors the station SAO Program and will ensure SAOs are completed in a timely manner, as required by VBA policies.

**5. Hospital Adjustments – Adjustments For Hospitalized Veterans Should Be Improved**

**Suggested Improvement Action.** We suggest the Regional Office Director ensure the VSC staff promptly process all adjustments upon notification to prevent overpayments or underpayments.

**Concur with suggested improvement actions.**

**Response to Improvement Suggestion:** Hospital Adjustment training was conducted with all VSC Veteran Service Representatives (VSRs) in **January 2004**, in accordance with Training Letter 03-05. Refresher training was provided **March 29, 2004**, based on Training Letter 03-05 *revised*. This training topic has been added to the annual refresher training schedule.

The VSC weekly duty roster identifies the Triage VSR as responsible for downloading discharge reports through CAPRI. Effective **March 1, 2004**, the Triage Coach began performing validation reviews to ensure discharge information is obtained and processed timely. This was a change in VSC operational process to ensure hospital adjustments were properly completed.

**Planned Action:** The VSC staff promptly process all adjustments upon notification. Hospital Adjustment training has been added to annual refresher training for the VSC staff. (Action completed.)



## Monetary Benefits in Accordance with IG Act Amendments

<u>Recommendation</u>	<u>Explanation of Benefit(s)</u>	<u>Better Use of Funds</u>
N/A	Payments should be reduced for certain veterans who were hospitalized at Government expense for extended periods.	\$37,600

## OIG Contact and Staff Acknowledgments

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Acknowledgments	Gary Humble Barry Johnson Claire McDonald Thomas Phillips Orlando Velasquez Sherry Ware

## Report Distribution

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