



DEPARTMENT OF VETERANS AFFAIRS  
**OFFICE OF INSPECTOR GENERAL**

*Office of Audits and Evaluations*

VETERANS HEALTH ADMINISTRATION

Program of Comprehensive  
Assistance for Family  
Caregivers: Management  
Improvements Needed

AUDIT

REPORT # 17-04003-222

AUGUST 16, 2018



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## Executive Summary

### Why the OIG Did This Audit

The Veterans Health Administration (VHA) reported spending over \$464 million to run the Caregiver Support Program (CSP) in FY 2017. This was a dramatic increase of about 321 percent from the approximately \$110 million VHA spent during the program's first full year of operations in FY 2012.<sup>1</sup> The majority of the increase is the result of a significant enrollment increase in the Program of Comprehensive Assistance for Family Caregivers (Family Caregiver Program). The Family Caregiver Program pays a monthly stipend to caregivers of enrolled veterans who meet eligibility requirements. To be eligible, veterans must have sustained or aggravated a serious injury in the line of duty on or after September 11, 2001, and need personal care services for supervision and protection or to help them with daily living activities. In FY 2017, VHA reported that family caregiver stipend payments accounted for about 85 percent of the CSP's total spending. For FY 2018, VHA is operating the CSP on an almost \$840 million budget.

In April 2017, the VA Secretary ordered an internal review following concerns reported by Congress and in the media that veterans and their caregivers were being inappropriately discharged from the Family Caregiver Program. The VA Secretary temporarily stopped facilities from discharging veterans from the Family Caregiver Program on the basis that they did not meet the clinical eligibility requirements. The internal review found a need for better communication and improved discharge processes. The VA Secretary ordered VHA to resume full Family Caregiver Program operations in July 2017. Considering the remarkable expansion of the Family Caregiver Program and the temporary halt on program operations, the OIG conducted this audit to determine whether VHA effectively provides program services and support to qualified veterans and their caregivers.

VHA operated the program for more than five years under interim guidance and did not issue the final VHA Directive 1152, *Caregiver Support Program* (the directive), until June 14, 2017.<sup>2</sup> The Family Caregiver Program is run by caregiver support coordinators (CSCs) across 140 medical facilities. VHA is required to monitor enrolled veterans' well-being at least every 90 days and with an annual in-home visit. Regular monitoring ensures that enrolled veterans are healthy, safe, and receiving the right level of care. These required monitoring sessions are also intended to ensure that caregivers have access to support. Veterans and their caregivers may be discharged

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<sup>1</sup> Public Law 111-163, *Caregivers and Veterans Omnibus Health Services Act of 2010*, codified in Title 38 United States Code 1720G.

<sup>2</sup> The OIG found that while the directive outlined the responsibilities of clinical and program personnel, there were no other substantive differences from the program requirements in the draft *Caregiver Support Program Guidebook*.

from the Family Caregiver Program for several reasons, including an improvement in the veteran's condition.<sup>3</sup>

## What the OIG Did

The OIG conducted its audit from June 2017 through June 2018. The audit team selected a random sample of 250 unique veterans from the 1,822 veterans approved to participate in the Family Caregiver Program, and a random sample of 250 unique veterans from the 1,604 veterans who were discharged from the program from January 1 through September 30, 2017.<sup>4</sup> The audit team selected veterans that were discharged from the program for cause, because they no longer needed a caregiver based on a clinical reassessment, or because the veterans or their caregivers were noncompliant with program requirements.<sup>5</sup> The audit team examined these 500 veterans' program files and medical records to assess the manner in which VHA processed eligibility determinations, conducted monitoring, and documented discharges from the Family Caregiver Program.<sup>6</sup> The audit team conducted site visits to six VHA medical facilities and interviewed program personnel. It also interviewed veterans and their caregivers to learn more about their program experiences. Furthermore, the audit team conducted an online survey of CSCs to collect information on how the Family Caregiver Program is implemented locally. Appendix B gives more information on how the audit team conducted its work.

## What the OIG Found

Eligible veterans and their caregivers did not always receive consistent and appropriate access to the Family Caregiver Program. The OIG found that most veterans were made to wait too long for approval of their program enrollment applications. CSCs did not determine veterans' eligibility within 45 calendar days, as required, for an estimated 65 percent of the 1,822 veterans approved for the Family Caregiver Program from January through September 2017. The OIG also found that VHA did not appropriately apply eligibility criteria when initially enrolling veterans into the program. CSCs discharged an estimated 4 percent of the 1,604 veterans discharged from the program from January through September 2017 because these veterans were never eligible for the program. As a result, VHA made improper payments of about \$4.8 million to the caregivers of veterans who were ineligible for the program and discharged.<sup>7</sup>

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<sup>3</sup> 38 Code of Federal Regulations 71.45, *Revocation*, (c).

<sup>4</sup> The OIG's random sample of veteran participants included some veterans who were approved for participating in the Family Caregiver Program and also were discharged from the program. However, in cases where veterans were both accepted and discharged from the program during this nine-month period, the OIG included these veterans only once in its sample.

<sup>5</sup> The discharge category "for cause" can include veterans who were discharged from the program because facility personnel determined that the caregiver relationship was not in the veteran's best interest.

<sup>6</sup> Appendix C provides details on the statistical sampling methodology, projections, and margins of error for the audit.

<sup>7</sup> Appendix D provides detail on the costs questioned by the OIG.

VHA also did not consistently monitor and document the health and well-being of an estimated 50 percent of the 1,604 veterans it discharged from the program from January through September 2017. The OIG found that clinicians and CSCs either did not adequately document how much veterans' health conditions changed, or failed to routinely monitor these veterans and their caregivers prior to the clinical reassessment that led to their program discharge. Without consistently monitoring and documenting changes in these veterans' health conditions, and seeking a timely clinical reassessment of eligibility based on those changes, VHA risked providing an inappropriate level of care or extending caregiver benefits to veterans who were no longer eligible. As a result, the audit team could not determine when CSCs should have discharged veterans from the program and questioned at least \$36.7 million that VHA paid to these veterans' caregivers. However, the audit team did not identify any occasions when CSCs did not document the reason the veteran was discharged in the veteran's electronic medical record. CSCs also communicated the discharge reason to the veteran and their caregiver.

VHA failed to effectively run the Family Caregiver Program because it did not establish governance that promoted accountability for program management. As a result, medical facility directors operated the Family Caregiver Program without performance goals to evaluate application processing timeliness, the accuracy of initial program eligibility determinations, and the consistency of monitoring enrolled veterans and their caregivers. Furthermore, there were no requirements that veterans' program eligibility and need for care were reassessed as a result of the routine monitoring sessions that CSCs are required to perform four times a year. In addition, some Veterans Integrated Service Network directors suffered a compromised ability to effectively monitor the consistent operation of the program across their networks. These directors assigned the CSP oversight and monitoring duties to facility CSCs. These assignments poorly positioned program leads who were responsible for providing oversight across the network through quality assurance audits, but were also responsible for operating a facility-level Family Caregiver Program in the same network. In addition to these governance issues, VHA did not establish a staffing model to ensure medical facilities were well equipped to manage the program's workload, including processing veteran and caregiver applications and routine monitoring of the veteran and their caregiver.

In June 2018, the President signed legislation to expand services provided by the Family Caregiver Program to eligible veterans of all eras.<sup>8</sup> The legislation requires VHA to expand eligibility to caregivers and veterans—including stipends for caregivers—in two phases, starting in 2019. Veterans injured on or before May 7, 1975 and their caregivers, may apply for the program during the first phase. Two years later, eligible veterans injured after May 7, 1975, and before September 11, 2001 and their caregivers, may apply for the program. Considering the

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<sup>8</sup> Public Law 115-182, *John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018*, §§161-163.

anticipated growth of the program, it is more important than ever that VHA ensure the Family Caregiver Program is operated effectively.

### **What the OIG Recommended**

The OIG recommended the VHA Executive in Charge establish policies and implement procedures to improve Family Caregiver Program operations. The OIG recommended the Executive in Charge establish a governance environment for the Family Caregiver Program; ensure all veteran eligibility determinations are accurate; update VHA Directive 1152, *Caregiver Support Program*; establish need for care assessment guidelines; designate program leads at the Veterans Integrated Service Network level with responsibility for Family Caregiver Program oversight; and assess current program staffing levels.

### **Management Comments**

The VHA Executive in Charge concurred with Recommendations 1, 2, and 4 of the report and concurred in principle with Recommendations 3, 5, and 6. The Executive in Charge's planned corrective actions are responsive to Recommendations 1, 3, 4, 5, and 6, and should address the issues identified in the report. While the Executive in Charge agreed with Recommendation 2 and the planned actions are initially responsive, the OIG maintains additional steps are necessary. The OIG will monitor VHA's progress and follow up on implementation of the recommendations until all proposed actions are completed.



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## Abbreviations

CAT	Caregiver Application Tracker
CSC	Caregiver Support Coordinator
CSP	Caregiver Support Program
FY	fiscal year
GAO	Government Accountability Office
HCS	Health Care System
OIG	Office of Inspector General
PTSD	post-traumatic stress disorder
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network





## Introduction

### Objective

The OIG conducted this audit to determine whether the Program of Comprehensive Assistance for Family Caregivers (Family Caregiver Program) effectively provides services and support to qualified veterans and their caregivers.

### Caregiver Support Program

Congress enacted the *Caregivers and Veterans Omnibus Health Services Act of 2010* to assist caregivers of veterans and to improve the delivery of health care to veterans.<sup>9</sup> In May 2011, VA published interim regulations for the Caregiver Support Program (CSP) and VA published final regulations in January 2015. In April 2012, VA issued a draft Veterans Health Administration (VHA) *Caregiver Support Program Guidebook*. VHA operated the program for more than five years under interim guidance and did not issue VHA Directive 1152, *Caregiver Support Program* (the directive), until June 14, 2017.<sup>10</sup>

In March 2017, Congress and the media reported concerns that caregiver support coordinators (CSCs) were inconsistently applying eligibility requirements and inappropriately discharging veterans and their caregivers from the Family Caregiver Program. In April 2017, the VA Secretary responded by temporarily suspending facilities from discharging veterans from the program for clinical ineligibility. After an internal review of the program was completed and the directive was issued, the VA Secretary ordered VHA to resume full program operations in July 2017. VHA's internal review identified the need for improved discharge procedures, including better communication with veterans and caregivers during the discharge process. The National CSP Director issued additional guidance to facility CSCs concerning discharges and communication with veterans and their caregivers in July 2017.<sup>11</sup>

CSCs operate the Family Caregiver Program across 140 VHA medical facilities. In FY 2017, VHA reported spending over \$464 million to operate the CSP, which includes the Family Caregiver Program and the Program of General Caregiver Support Services. Caregiver stipend payments accounted for the majority of VHA's spending to operate the program. In FY 2017, VHA reported spending about \$396 million on caregiver stipend payments, accounting for about 85 percent of VHA's total spending of over \$464 million on the program. Program spending

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<sup>9</sup> Public Law 111-163, *Caregivers and Veterans Omnibus Health Services Act of 2010*, codified in Title 38 United States Code 1720G.

<sup>10</sup> The OIG determined that while the directive outlined the responsibilities of clinical and program personnel, there were no other substantive differences from the program requirements in the draft *Caregiver Support Program Guidebook*.

<sup>11</sup> CSP Standard Operating Procedure, *Tier Reductions and Discharge Procedures - Veteran No Longer Clinically Eligible Based on Clinical Reassessment*, dated July 24, 2017.

dramatically increased by about 321 percent from the approximately \$110 million that VHA spent during the first full year of program operations in FY 2012. The majority of this spending increase was because of the growth in the number of veterans enrolled in the Family Caregiver Program and related stipend payments to their caregivers. For FY 2018, VHA is operating the CSP on an almost \$840 million budget.

Both the Family Caregiver Program and the Program of General Caregiver Support Services provide training, counseling, mental health services, and respite care to a veteran's caregiver. In addition to those services, the Family Caregiver Program also provides a monthly stipend payment to caregivers of veterans who meet certain eligibility requirements. Caregivers of these veterans also may be eligible for Civilian Health and Medical Program of the VA health insurance benefits. The National CSP Office oversees both caregiver programs.

## **Veteran Eligibility for the Family Caregiver Program**

To be eligible for Family Caregiver Program services, veterans must have sustained or aggravated a serious injury in the line of duty on or after September 11, 2001, and need personal care services for specific conditions:

- The inability to perform one or more activities of daily living. Veterans who need help with dressing or undressing, bathing, grooming, toileting, and eating may qualify for the program. Activities may also relate to mobility, such as moving from the bed to a chair and needing assistance adjusting a prosthetic or orthopedic device.
- The need for supervision or protection based on symptoms of neurological impairment or injury.

In June 2018, the President signed the *VA Mission Act of 2018*, further expanding the Family Caregiver Program to eligible veterans of all eras.<sup>12</sup> The legislation requires VHA to expand eligibility to caregivers and veterans—including stipends for caregivers—in two phases starting in 2019. Veterans injured on or before May 7, 1975 and their caregivers, may apply for the program during the first phase. Eligible veterans injured after May 7, 1975, and before September 11, 2001 and their caregivers, may apply for the program two years after the first phase.

## **Family Caregiver Program Application Process**

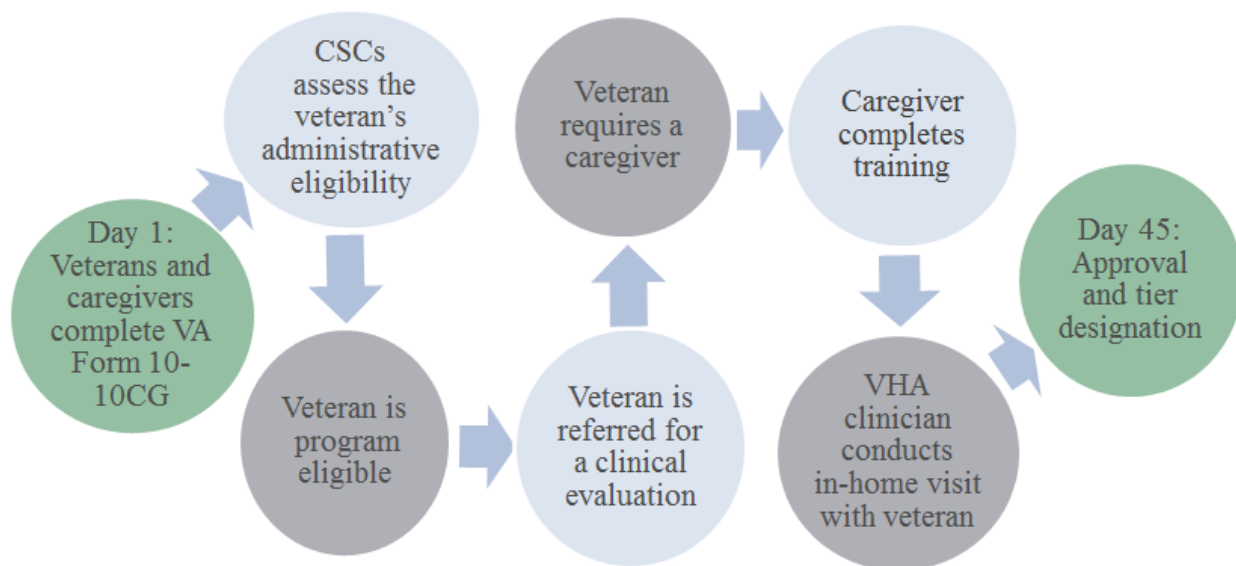
Veterans and their caregivers go through a multistep application process that should be completed, according to the directive, within 45 calendar days after the medical facility receives the application. This application review timeline can be extended an additional 45 days by facility CSCs under two circumstances: (1) if the caregiver has not completed the required

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<sup>12</sup> Public Law 115-182, *John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018*, §§161-163.

training or (2) the veteran is hospitalized during the application process. If these circumstances exist, the application review process can extend up to 90 days after the medical facility receives the application.

At the end of this process, a CSC and the veteran’s primary care team determines if a veteran is eligible, and if so, approves the application. The CSC also determines the required personal care needs of the veteran designated as a tier level. The caregiver’s stipend payment is calculated based on the veteran’s geographic area and their tier level. Tier levels range from the highest (tier 3) to the lowest (tier 1). Tier 3 presumes the veteran requires 40 hours of care per week, while tier 2 presumes 25 hours per week, and tier 1 presumes 10 hours per week. VHA pays the caregiver retroactively to the date the CSC received the veteran’s application. In FY 2017, stipend amounts ranged from about \$400 to about \$4,300 per month. Figure 1 details the steps veterans and their caregivers take when applying for the program.



**Figure 1.** 45 Day Family Caregiver Program Application Process  
 Source: VA OIG analysis of VHA Directive 1152

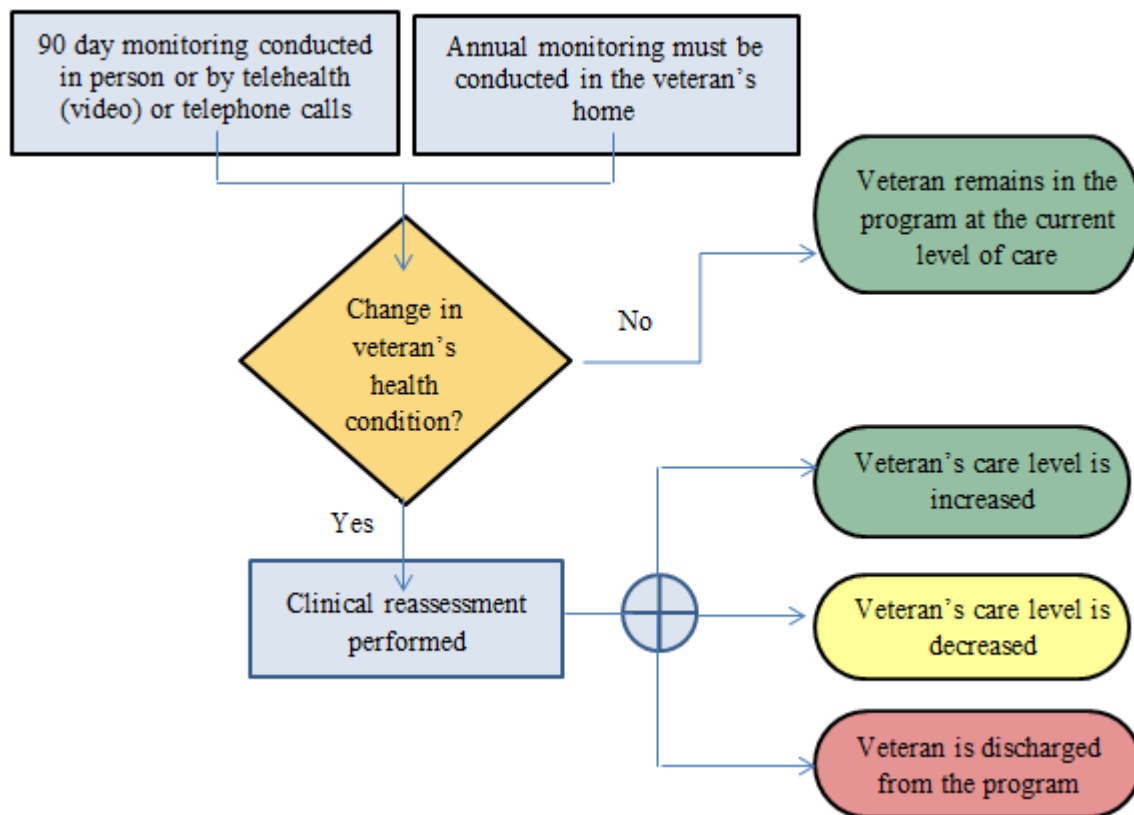
## Family Caregiver Program Monitoring Requirements

Enrollment in the Family Caregiver Program requires ongoing evaluation to monitor the veteran’s well-being, adequacy of care, and supervision being provided.<sup>13</sup> As mandated by the statute, which requires VHA to monitor enrolled veterans’ well-being, clinicians must conduct monitoring sessions every 90 days and annually.<sup>14</sup> The directive does not require clinicians to assess a veteran’s program eligibility or needed level of care during these monitoring sessions. CSCs are, however, required to coordinate with clinicians to ensure that the veteran’s health and

<sup>13</sup> 38 Code of Federal Regulations 71.40, *Caregiver Benefits*, (b)(2).

<sup>14</sup> Public Law 111-163.

safety is monitored. If the CSCs or clinicians identify any changes in a veteran’s condition, these monitoring sessions can lead to a reassessment of eligibility.<sup>15</sup> The reassessment could also lead to an increase or decrease in the level of care, or to the veteran’s discharge from the program. CSCs may provide the caregiver with information on respite care and mental health services. Figure 2 details the required monitoring of enrolled veterans and their caregivers.



**Figure 2.** Family Caregiver Program Monitoring Process  
 Source: VA OIG analysis of VHA Directive 1152 and CSP Standard Operating Procedure

## Family Caregiver Program Discharge Process

According to regulations, VHA may immediately discharge a veteran or caregiver if they no longer meet the program requirements, or if VHA makes the clinical determination that having a caregiver is no longer in the veteran’s best interest.<sup>16</sup> However, regulations and the directive do not specify the steps that CSCs and clinicians should take to determine if a veteran is no longer eligible for the program. The National CSP Director reported to the OIG that medical facilities may have different processes to review eligibility, when necessary. In all cases, a clinician or a clinical team must make the medical determination to remove the veteran from the program

<sup>15</sup> CSP Standard Operating Procedure.

<sup>16</sup> 38 Code of Federal Regulations 71.45, *Revocation*, (c).

when care is no longer needed. The National CSP Director issued additional guidance in July 2017 that details how CSCs should conduct eligibility reassessments when a veteran's condition improves to a point that a caregiver is no longer clinically indicated.<sup>17</sup>

If a Veteran participating in the Program of Comprehensive Assistance for Family Caregivers (PCAFC) has the potential for increased independence as determined by his/her treatment team, progress towards an increased level of independence will be discussed with the Veteran and caregiver at each monitoring visit. Gradual tier level reductions reflecting the Veteran's increasing independence prepare Veterans and caregivers for possible discharge at a future date.

When it is determined that a Veteran has demonstrated a change in condition, whether an improvement in functioning or a decline in functioning, a re-evaluation may be necessary to assess for continued eligibility for the PCAFC to include appropriate tier level. Caregivers and Veterans must be made aware of these observations and notified of an upcoming re-evaluation of continued eligibility for the PCAFC and/or tier level reassessment *prior* to a re-assessment. Caregivers and Veterans should be encouraged to provide records from community providers and be invited to provide direct input into the eligibility determination as part of the assessment process.

This guidance also details procedures for discharging the veteran and caregiver from the Family Caregiver Program:

When it is determined that a Veteran no longer meets clinical eligibility, discharge from the PCAFC will occur. CSCs are responsible for clear and direct communication with the Veteran and caregiver throughout the reevaluation and potential discharge process including factors that led to such a determination. Input from the Veteran and caregiver should be invited throughout the reassessment and discharge process.

VHA may also discharge a veteran from the program at his or her own request, but only after completing a review to ensure the veteran's well-being. In these cases, and upon the death or permanent hospitalization of the veteran, VHA provides caregivers with benefits and stipends for 30 to 90 days to help them transition from the program.

If CSCs identify concerns regarding abuse or the safety of the veteran, they will discharge the caregiver from the program. The caregiver will not receive additional benefits if this occurs or if the caregiver requests to leave the program. In addition, CSCs may discharge a veteran and caregiver, without extended benefits, if they do not follow program requirements, such as being available for home visits. In all cases, CSCs must notify the veteran and their caregiver of the

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<sup>17</sup> CSP Standard Operating Procedure.

reason for the discharge verbally and in writing, and include information on how to appeal the decision.

### **Caregiver Application Tracker**

VHA's Caregiver Application Tracker (CAT) captures data on veteran and caregiver applications, eligibility, monitoring, and program discharges. Medical facility personnel use the CAT to process applications and administer the Family Caregiver Program. The database also captures medical facility information on participant approvals and denials.

## Results and Recommendations

### **Finding 1: Eligible Veterans and Their Caregivers Did Not Always Have Consistent and Appropriate Access to the Family Caregiver Program**

The audit team found that most veterans were made to wait too long for approval of their program enrollment applications from January through September 2017. During this period, VHA discharged veterans from the program after determining they were ineligible. Furthermore, VHA discharged veterans without consistently monitoring their health conditions. Clinicians and CSCs either did not adequately document the extent to which veterans' health conditions changed in their electronic health records or failed to routinely monitor these veterans and their caregivers prior to the clinical reassessment that led to their program discharge. However, when veterans were discharged from the program, CSCs did document the reason for the discharge in these veterans' electronic health records. CSCs also documented that they communicated the discharge reason to veterans and their caregivers, as required by the directive.

VHA struggled to operate the Family Caregiver Program consistently and appropriately when it did not establish effective governance that promoted accountability for program management. As a result, medical facility directors operated the Family Caregiver Program without performance goals to evaluate application processing timeliness and the consistency of monitoring enrolled veterans and their caregivers. Furthermore, there was no specific program requirement to perform assessments of a veteran's eligibility or needed level of care as a result of ongoing monitoring to determine if a veteran is no longer eligible for the program. In addition, some Veterans Integrated Service Network (VISN) directors' ability to effectively monitor consistent program operation across their networks was compromised. VISN directors assigned program lead responsibilities to CSCs who also worked at the facility level. In addition to these governance issues, VHA did not establish a staffing model to ensure medical facilities were equipped to manage the program's workload. In total, the audit team questioned about \$41.6 million that VHA paid to caregivers of veterans discharged from the program from January through September 2017 because the required monitoring to determine ongoing eligibility for the program was not performed.<sup>18</sup>

### **Veterans Experienced Significant Delays Enrolling in the Program**

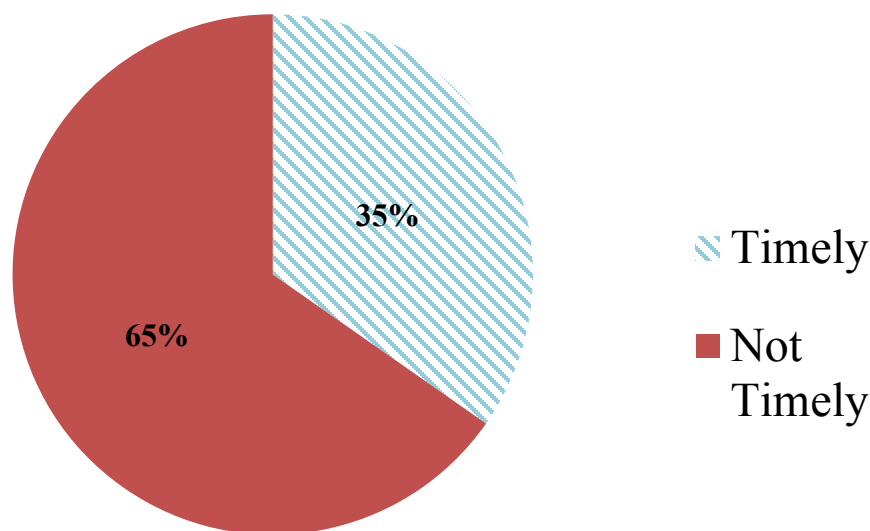
CSCs took too long to determine if veterans were eligible for the Family Caregiver Program. The regulations and the directive require that medical facility directors ensure the determination of a veteran's eligibility for benefits under the program is completed within 45 days of receipt of the

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<sup>18</sup> Appendix D provides details on these questioned costs.

application. This timeline can be extended to 90 days if the proposed caregiver has not completed the required training or the veteran is hospitalized.

The audit team analyzed the time it took to process a random sample of 250 veteran applications that CSCs approved from January through September 2017.<sup>19</sup> After excluding veterans whose application review timeline was extended to 90 days following the regulations and the directive, the audit team found that about 65 percent of the 1,822 veterans approved to participate in the program were not processed timely. Figure 3 details the extent to which CSCs did not process veterans' applications within 45 days.



**Figure 3.** *Timeliness of Veteran Applications Approved from January through September 2017*

*Source: VA OIG analysis of CAT records*

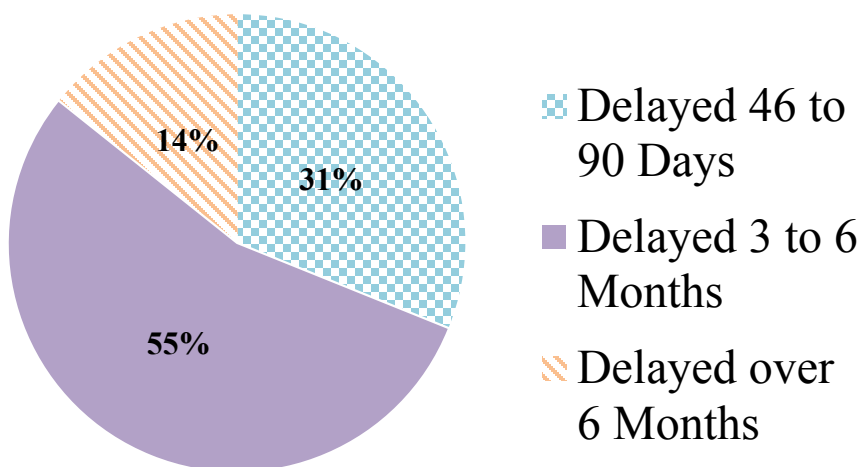
Most veterans waited at least three months for their applications to be approved when CSCs did not meet VHA's 45-day standard. CSCs took from three to six months to approve over half (55 percent) of the overdue applications.<sup>20</sup> An estimated 14 percent of veterans waited over six months for their applications to be processed to take part in the program.

<sup>19</sup> The OIG did not include denied applications in its analysis of the timeliness of VHA's application review process. Appendix B provides additional detail on the scope and methodology used during the audit.

<sup>20</sup> The OIG team performed this work in consultation with an OIG statistician. Appendix C provides details on the audit's statistical sampling methodology, projections, and margins of error.



Figure 4 details how long veterans waited to have their applications approved when CSCs did not meet the 45-day application processing standard.



**Figure 4.** Processing Times for Delayed Veteran Applications That Were Approved from January through September 2017

Source: VA OIG analysis of CAT records

When a veteran and their caregiver are enrolled in the Family Caregiver Program, VHA will pay the caregiver their approved stipend amount backdated to when the medical facility received the veterans’ application. Veterans and their caregivers may take advantage of VHA-provided training and other support services, such as counseling and respite care, while their application to participate in the Family Caregiver Program is reviewed. The audit team did not identify significant differences in how long it took CSCs to process veteran applications submitted before or after VHA issued the directive in June 2017. The following examples illustrate the effect of CSCs’ application processing delays on veterans and their caregivers.

### Example 1

*A veteran with post-traumatic stress disorder (PTSD) and his spouse applied for the program in July 2016 at the VA Southern Nevada Health Care System (HCS) in North Las Vegas, Nevada. The veteran reported to the CSC that his family was experiencing financial strain because his spouse left the workforce to tend to his needs. The CSC then took 238 days—193 days beyond the allowable 45-day requirement—to approve the application. The CSC reported to the OIG that the medical facility was experiencing a clinical staffing shortage, which affected how quickly they could process this veteran’s application. In March 2017, the medical facility determined the veteran required 40 hours of care per week.*

## Example 2

*A veteran with mental health disorders and his spouse applied for the program in November 2014 at the Huntington VA Medical Center, West Virginia, and waited almost three years to be enrolled into the program. The audit team found that the CSC incorrectly determined that the applicant did not sustain or aggravate his injury on or after September 11, 2001, and rejected the veteran's application in December 2014. In January 2017, the veteran and his caregiver reapplied to the program, but CSCs reported losing the application. The CSCs finally approved the veteran's application for 10 hours of care in August 2017, 204 days after the application was submitted in January 2017.*

Without actions to ensure medical facilities are timely in processing veterans' applications, VHA has little assurance that eligible veterans and their caregivers have consistent access to the program. VHA needs to ensure medical facilities process veteran applications for the Family Caregiver Program within the required 45-day timeliness standard.

## VHA Made Inaccurate Initial Eligibility Determinations and Took Too Long to Resolve Errors

An estimated 4 percent of the 1,604 veterans discharged from the program during the review period were determined by the CSCs as never having been eligible for the program.<sup>21</sup> VHA also took too long to correct these eligibility errors. On average, these veterans were enrolled in the program for about four years before CSCs identified that they were not eligible.<sup>22</sup> The audit team determined that VHA made improper payments of about \$4.8 million to caregivers because of the how long it took CSCs to identify and discharge these ineligible veterans.<sup>23</sup>

These errors may have occurred because most CSCs reported not using the draft *Caregiver Support Program Guidebook* or the directive when making eligibility determinations. Only 84 of 211 CSCs (about 40 percent) reported in an OIG survey that they used these standards when determining veterans' clinical eligibility.<sup>24</sup> In fact, medical facility CSCs more frequently reported using other information sources, such as the *Caregivers and Veterans Omnibus Health*

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<sup>21</sup> The audit team selected veterans who were discharged from the program for cause, or because the veteran no longer needed a caregiver based on a clinical reassessment, or because the veteran or caregiver was noncompliant with program requirements.

<sup>22</sup> VA clinicians complete the eligibility assessments of veteran participants, which result in clinical determinations. The OIG did not review these determinations.

<sup>23</sup> According to the Office of Management and Budget Circular A-123, Appendix C, Part I-A(2), *Requirements for Effective Estimation and Remediation of Improper Payments*, "an improper payment is any payment that should not have been made or that was made in an incorrect amount under statutory, contractual, administrative, or other legally applicable requirements."

<sup>24</sup> The OIG surveyed CSCs at 140 medical facilities.

*Services Act of 2010*, regulations, local policies, and peer support when determining veterans' program eligibility.

The directive does not require facilities to conduct reassessments of initial eligibility. Medical facilities are still at risk that CSCs have not identified all potentially ineligible veterans. CSCs at the six facilities visited by the audit team reported that they believed their medical facility enrolled ineligible veterans into the program. However, CSCs at only two of these medical facilities reported that they conducted eligibility reassessments for more than half of all enrolled veterans.

The VHA Executive in Charge needs to ensure CSCs are properly applying eligibility criteria with processes to ensure the accuracy of all veteran eligibility determinations, such as pre- or post-approval reviews. Without doing so, VHA will remain at risk for the possibility of fraud or waste from inaccurate program eligibility determinations.

### **VHA Did Not Consistently Monitor Veterans and Their Caregivers**

VHA discharged an estimated 50 percent of 1,604 veterans from the program from January through September 2017 whose health condition had not been consistently monitored, as required. The audit team found that clinicians and CSCs failed to routinely monitor these veterans and their caregivers, or failed to adequately document the extent to which veterans' health conditions changed. A documented change in a veteran's health condition should lead to a reassessment of the need for care, which could lead to a different tier level or discharge. Without appropriate monitoring, the audit team could not determine when CSCs should have discharged these veterans from the program and questioned the payments of at least \$36.7 million that VHA made to caregivers.<sup>25</sup>

CSCs and clinicians should perform monitoring no less than every 90 days. These procedures include an evaluation of a veteran's and caregiver's physical and emotional well-being to identify any additional needs. This monitoring is also intended to review the adequacy of care and supervision provided, and could lead to an identification of a change in condition that may warrant a clinical reassessment of eligibility. The National CSP Director reported to the OIG that there is no requirement in the regulations or the directive for a clinical reassessment. However, the National CSP Office provided guidance to CSCs that reassessments are appropriate if a veteran's health condition has changed. This change can be noted by the veteran or caregiver self-reporting; during monitoring sessions; or through other means, such as clinical visits to other VHA programs.

While monitoring is specified in the directive, it is also important to assess the ongoing eligibility of enrolled veterans. Monitoring is essential to identify when a veteran's health has declined and

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<sup>25</sup> The OIG considered all payments made to caregivers of these veterans received prior to their discharge, as of November 1, 2017. See Appendix C for additional details.

more care is needed, or when a veteran's health has improved, necessitating less care or even discharge from the program. However, the directive does not describe actions CSCs should take when considering the eligibility of veterans during monitoring sessions.

In response to concerns about discharges, the National CSP Director issued guidance in July 2017 outlining how CSCs should communicate with veterans and caregivers about their increasing independence and a potential future discharge from the program.<sup>26</sup> This guidance also detailed how CSCs should conduct eligibility reassessments and how veterans' tier levels should be gradually reduced before they are discharged from the program. The audit team found that CSCs did not consistently gradually reduce veterans' tier levels before being discharged from the program from August through September 2017—after the guidance was issued.

Without consistently monitoring and documenting changes in veterans' health conditions and seeking a timely clinical reassessment of eligibility based on those changes, VHA risked providing an inappropriate level of care or continuing to provide caregiver benefits to veterans who were no longer eligible. The following examples illustrate instances when CSCs and clinicians missed opportunities to identify and respond to noted changes in the health of veterans before they were discharged from the program.<sup>27</sup>

### Example 3

*The VA Loma Linda HCS, California, did not check on the well-being of an enrolled veteran with a traumatic brain injury and PTSD every three months, as required. Clinicians did not record whether there was any change in the veteran's condition in the four monitoring sessions that were completed by telephone or in the home. Furthermore, medical facility CSCs and clinicians missed 10 quarterly and two annual monitoring sessions to document the health of this veteran, who received 25 of hours of care per week since 2012. However, in January 2017, a team of facility clinicians conducted a clinical reassessment and determined the veteran no longer needed a caregiver. The CSCs discharged the veteran and his caregiver from the program. In addition, a CSC reported that the medical facility did not complete monitoring sessions because of program staffing shortages.*

### Example 4

*The New Mexico VA HCS in Albuquerque, New Mexico, did not have regular check-ins with a veteran with PTSD enrolled in the program since 2011. Clinicians did not record whether there was any change in the veteran's condition during five annual in-home monitoring visits. In addition, medical*

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<sup>26</sup> CSP Standard Operating Procedure.

<sup>27</sup> The OIG reviewed discharged veterans from January through September 2017. As a result, the OIG was not able to determine if monitoring improved after the issuance of the directive in June 2017.

*facility CSCs did not complete one annual and 15 quarterly monitoring sessions to evaluate the level of care provided to the veteran because of a reported lack of staffing. In September 2017, the CSCs discharged the veteran and his caregiver after a team of facility clinicians determined the veteran no longer needed 25 hours of care per week.*

## **VHA Did Not Take Timely Action to Reassess Eligibility When Veterans Needed Less Care**

CSCs did not take timely action to reassess veterans' eligibility for program services and initiate a reduction in the veterans' caregiver stipend after clinicians documented that the veteran needed less care during monitoring sessions.<sup>28</sup> The audit team, however, found no instances warranting a specific response, such as increasing veterans' tier levels when their health declined, where CSCs did not take appropriate action.

### **Example 5**

*In January 2017, a clinical eligibility team from the Central Alabama VA HCS located in Montgomery and Tuskegee, Alabama, reassessed and discharged a veteran with PTSD and his caregiver, who had been receiving stipend payments for providing 40 hours of care since December 2012. During monitoring sessions in 2015 and 2016, two different nurses had determined and noted in the veteran's electronic health record that the veteran required only 25 hours of care, but a change in the stipend payment was never made. The CSC reported to the audit team that results of monitoring sessions were unreliable because nurses used different methods to assess the veteran's caregiving needs, and thus the caregiver's stipend payment was not reduced. However, as a result, VHA potentially overpaid the caregiver about \$20,000 for care the veteran may not have needed.*

### **Example 6**

*After a clinical reassessment in September 2017, the VA Southern Nevada HCS discharged a veteran with a traumatic brain injury and PTSD who had been receiving 25 hours of care since December 2013. CSCs and clinicians missed five monitoring sessions while the veteran was participating in the program. A nurse had noted in the veteran's electronic health care record during a 2014 monitoring session that the veteran was working full time. A different nurse determined*

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<sup>28</sup> VA Caregiver Support, *VA Caregiver Support Program Staff Orientation Manual*, dated March 1, 2013, recommends that CSCs check VA's Computerized Patient Record System for clinical alerts related to enrolled veterans' health, as well as review and update CAT daily.

*during a monitoring session in March 2015 that the veteran needed less care, but CSCs did not take steps to initiate a reduction in the caregiver's stipend payment. Furthermore, CSCs did not ensure clinicians conducted four of the remaining nine monitoring sessions prior to discharging the veteran from the Family Caregiver Program. As a result, VHA potentially paid the caregiver about \$31,000 for a level of care that this veteran may not have needed.*

### **Example 7**

*In September 2017, after a clinical reassessment, the Lexington VA Medical Center, Kentucky, discharged a veteran with mental health disorders who had been receiving 25 hours of care since 2015. Facility clinicians conducted multiple monitoring sessions with the veteran over the telephone. These calls occurred while the veteran was working full time. The clinician remarked in the veteran's electronic health care record that he was independent and attended school three nights per week, but preferred a caregiver. The CSC reported to the audit team that they did not take action because the medical facility did not have a clinical team to reassess the veteran's eligibility for the program at that time. Because of the CSC's inaction, VHA potentially overpaid the veteran's caregiver about \$10,000 for care that may not have been needed.*

Without consistent monitoring of enrolled veterans and their caregivers, as well as improved documentation of changes in the status of veterans' health, VHA cannot take timely action when veterans need more or less care. VHA needs to take this action to both support the needs of veterans and their caregivers and to identify veterans who need less care or no care at all. The VHA Executive in Charge needs to update the directive to include a well-defined process for documenting changes in veterans' health conditions during monitoring sessions to determine if those changes warrant a reassessment of the veteran's need for care or the level of care. The Executive in Charge also needs to establish assessment guidelines that CSCs should follow when a veteran's need for care changes.

### **VHA Communicated Discharge Decisions to Veterans**

The VA Secretary temporarily stopped discharges from the Family Caregiver Program in April 2017 because of congressional and media concerns. Congress and the media called into question the appropriateness of clinical eligibility discharges and how VHA communicated the reason to the veteran. VA lifted its temporary suspension in July 2017 after VHA completed an internal review of the program. The audit team's random sample included veterans discharged from the Family Caregiver Program before and after this period. CSCs discharged these veterans after a clinical determination that the veteran no longer needed a caregiver. However, the audit team did not identify any occasions when CSCs did not document in the veteran's electronic

medical record the reason why the veteran was discharged. These records also showed that CSCs communicated the discharge reason to the veteran and their caregiver.

## **Lack of Effective Governance Affected Program Operations**

VHA lacked effective governance that promoted accountability for program management. As a result, medical facility directors ran the Family Caregiver Program without performance goals to evaluate application processing timeliness, the accuracy of initial program eligibility determinations, and the consistency of monitoring enrolled veterans and their caregivers. In addition, some VISN directors' ability to effectively monitor the consistency of program operations across their networks was compromised. For example, VHA assigned VISN program leads the responsibility for quality assurance of facilities' Family Caregiver Programs. However, 13 of the 20 VISN program leads (65 percent) were poorly positioned to provide adequate program oversight. This occurred because the VISN directors assigned the CSP oversight and monitoring duties to facility CSCs.<sup>29</sup> The VHA Executive in Charge needs to establish a governance environment for the Family Caregiver Program to ensure medical facilities comply with program requirements. The Executive in Charge also needs to make sure that VISN directors designate program leads at the network level, rather than at the facility level, with responsibility for Family Caregiver Program oversight.

In addition to these governance issues, VHA did not establish a staffing model to ensure medical facilities were equipped to manage the program's workload, including program application processing and monitoring. The directive requires medical facility directors staff the Family Caregiver Program with a minimum of one CSC. However, 129 of 211 of CSCs (61 percent) reported in the OIG survey that their workload affected their ability to review and process veteran applications timely. CSCs reported concerns that workload and staffing affected how quickly they processed veteran applications or performed monitoring. Of the CSCs surveyed by the audit team, 84 of 211 (about 40 percent) reported they did not monitor veterans and their caregivers every 90 days, as required by the directive. In addition, at two of the six sites the audit team visited, CSCs reported that monitoring sessions were missed or not completed due to workload and staff shortages. The audit team could not determine how staffing ratios and workload affect application processing timeliness and monitoring because of the lack of reliable and complete program workload data. The VHA Executive in Charge needs to assess the extent to which current staffing levels at medical facilities are adequate to implement the program, as intended.

## **Conclusion**

Veterans encountered application delays, inaccurate initial eligibility determinations, and inconsistent monitoring at medical facilities. Until the VHA Executive in Charge takes steps to

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<sup>29</sup> The OIG found that these 13 VISN leads were also medical facility CSCs as of October 2017.

ensure effective program management, VHA risks not providing the services and support needed by eligible veterans and their caregivers. The possibility of fraud or waste associated with improper eligibility determinations is another program risk, as is the inconsistent monitoring prior to the discharge of veterans from the program. As a result, the audit team questioned approximately \$41.6 million of payments made to caregivers of veterans. With the expected expansion of the Family Caregiver Program to caregivers of veterans of other eras, this dollar amount will be significantly higher if VA does not take steps to improve its management of the program.

## Recommendations 1–6

1. The Executive in Charge, Veterans Health Administration, will establish a governance environment for the Program of Comprehensive Assistance for Family Caregivers to ensure medical facilities process veteran applications within the required 45-day timeliness standard, consistently monitor veterans and their caregivers, adequately document the results and changes in veterans' health status, and adjust the level of support provided or discharge veterans and their caregivers, as appropriate.
2. The Executive in Charge, Veterans Health Administration, will take steps to ensure caregiver support coordinators are properly applying eligibility criteria with processes, such as pre- or post-approval reviews, to ensure the accuracy of all veteran eligibility determinations.
3. The Executive in Charge, Veterans Health Administration, will update Directive 1152, *Caregiver Support Program*, to include a well-defined process for documenting changes in veterans' health conditions during monitoring sessions to determine if those changes warrant a reassessment of the need for care or the level of care.
4. The Executive in Charge, Veterans Health Administration, will establish assessment guidelines that caregiver support coordinators should follow when a veteran's need for care changes.
5. The Executive in Charge, Veterans Health Administration, will make sure that Veterans Integrated Service Network directors designate program leads at the network level with responsibility for Program of Comprehensive Assistance for Family Caregivers oversight.
6. The Executive in Charge, Veterans Health Administration, will assess the extent to which current staffing levels at medical facilities are adequate to implement the Program of Comprehensive Assistance for Family Caregivers, as intended.

## Management Comments

The Executive in Charge, Veterans Health Administration, concurred with Recommendations 1, 2, and 4, and concurred in principle with Recommendations 3, 5, and 6. To address Recommendation 1, the CSP Office will establish governance that will determine performance



goals and metrics to evaluate application timeliness, review the accuracy of the initial program eligibility determinations, and ensure consistent monitoring of enrolled veterans and their caregivers. To address Recommendation 2, the CSP Office will take steps, including the implementation of initial and annual refresher training, to ensure CSCs and VHA staff involved in making eligibility decisions apply the appropriate criteria.

The Executive in Charge agreed that a process for documenting changes in a veteran's health conditions requires written clarification; however, revising Directive 1152 is unlikely to ensure the field has sufficient information to effectively implement those processes. Instead, to address Recommendation 3, the CSP Office will develop standard operating procedures for VHA clinical staff to follow when a veteran's level of functioning has changed. The CSP Office will develop and implement a training plan and materials to provide additional education and guidance on the monitoring process, the type and frequency of monitoring, how to document such assessments, and how communicate such assessments to Family Caregiver Program participants. The CSP Office will also explore the feasibility of implementing and tracking a managerial cost accounting code to identify specific monitoring visits in a veteran's home, via telephone, through telehealth, or through in-person visits at a medical center.

To address Recommendation 4, the CSP Office will establish clear guidelines for VHA clinical staff to follow when a veteran's level of functioning has changed. Related to Recommendation 5, a team with representatives from the Office of the Deputy Under Secretary for Health for Policy and Services and the Office of the Deputy Under Secretary for Health for Operations and Management will develop a plan to identify the VISN support necessary for oversight of the program. The Deputy Under Secretary for Health for Operations and Management will also review and consider the implementation of the plan, which will include VISN leadership governance.

To address Recommendation 6, the CSP Office will identify key performance indicators to ensure that Family Caregiver Program services and supports are delivered timely and that medical centers are compliant with policy expectations. In addition, the CSP Office will assess and evaluate the impact of staffing levels as part of medical facilities' ability to meet the key performance indicators. This assessment will also include evaluating factors such as facility complexity, number of applicants, and approved participants. Medical facilities not meeting key performance indicators will be provided with additional support.

## **OIG Response**

The Executive in Charge's planned corrective actions are responsive to Recommendations 1, 3, 4, 5, and 6 and should address the issues identified in the report. While the Executive in Charge agreed with Recommendation 2 and the planned actions are initially responsive, the OIG maintains additional steps are necessary.

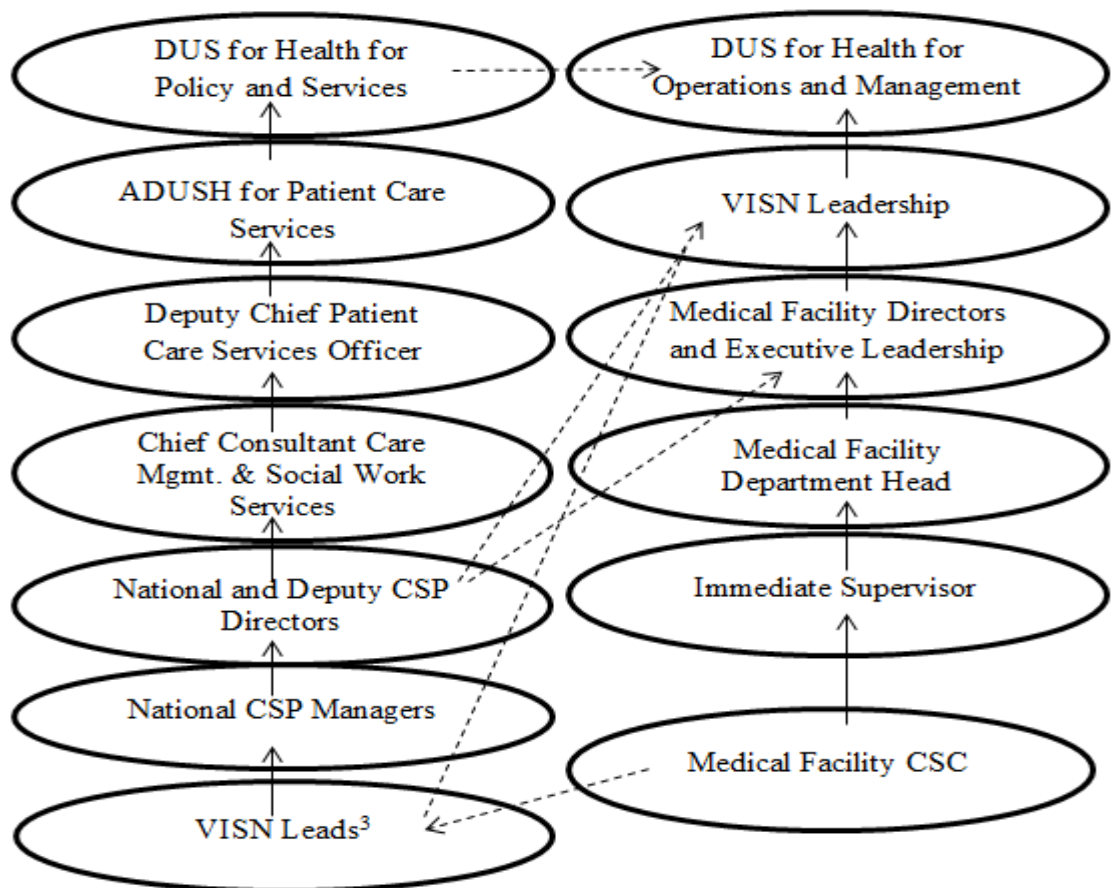
In response to Recommendation 2, the Executive in Charge reported that VHA will take steps to train CSCs and VHA clinical staff involved in eligibility determinations, but did not provide details on how it will ensure the accuracy of all veteran eligibility determinations. While training can be initially helpful in disseminating information on how to accurately determine a veteran's eligibility, it is not an effective internal control to ensure that veteran eligibility determinations are in fact accurate. The OIG maintains that VHA needs to develop steps to ensure the accuracy of all veteran eligibility determinations.

The OIG will monitor VHA's progress and follow up on the implementation of the recommendations until all proposed actions are completed. Appendix E provides the full text of the Executive in Charge's comments.

## Appendix A: Background

### CSP Field Operations

CSCs report to a local manager of the CSP, but can also ask for assistance from VISN program leads or national program managers. The National CSP Director is responsible for developing and implementing program policy, as well as consulting with VISNs and medical facilities about the program. The national director reports to the chief consultant for care management and social work services, under the leadership and direction of the Office of the Deputy Under Secretary for Health for Policy and Services. In contrast, VISN and medical facility directors report to the Office of the Deputy Under Secretary for Health for Operations and Management. Figure 5 details the program’s organizational infrastructure responsible for achieving the goals of the Family Caregiver Program.



**Figure 5. Family Caregiver Program Infrastructure<sup>1, 2, 3</sup>**

Source: VA OIG analysis of VHA organizational charts

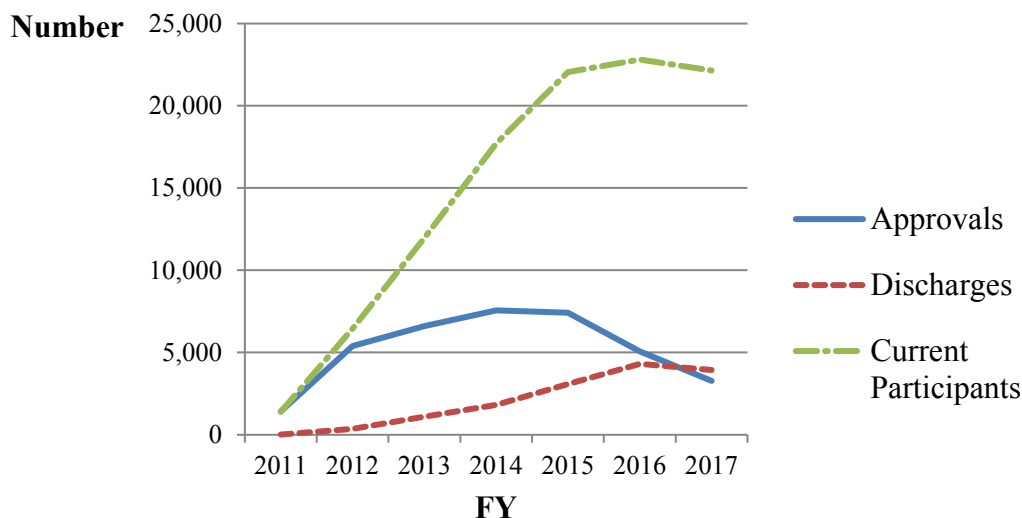
<sup>1</sup>DUS=Deputy Under Secretary and ADUSH=Assistant Deputy Under Secretary for Health.

<sup>2</sup>A solid line represents direct reporting. A dashed line indicates indirect reporting.

<sup>3</sup>VISN leads are either VISN employees or medical facility CSCs.

## Program Participants

According to VHA, enrollment in the program peaked at about 22,800 veterans in FY 2016 and has since declined to about 22,200 veterans as of September 2017. The number of enrolled veterans discharged from the Family Caregiver Program peaked from about 4,300 veterans in FY 2016, and then decreased to about 3,900 veterans in FY 2017.<sup>30</sup> Since FY 2011, VHA enrolled an average of about 5,300 veterans and discharged an average of about 2,100 veterans annually. Figure 6 shows the number of veterans in the Family Caregiver Program from May 2011 through September 2017, as well as the number of program applicants and discharges.



**Figure 6.** Family Caregiver Program Enrollment and Discharge Trends from May 2011 through September 2017

Source: VHA reported CAT data

## Prior GAO Report on the Family Caregiver Program

In 2014, the Government Accountability Office (GAO) reported in *Actions Needed to Address Higher-Than-Expected Demand for the Family Caregiver Program* (GAO-14-675, September 2014) that VHA did not have sufficient staff to manage the responsibilities needed to support the Family Caregiver Program. In addition, the National CSP Office did not have ready access to the type of workload data that would allow it to monitor the effects of the program on VHA medical facilities' resources due to limitations with the program's CAT information system. This occurred because VHA significantly underestimated how quickly the program would grow. GAO recommended VA expedite the process for implementing a new information system that will enable officials to obtain workload data. GAO also recommended VHA identify solutions to alleviate medical facilities' workload burden in advance of obtaining a new

<sup>30</sup> The VA Secretary temporarily suspended Family Caregiver Program discharges from April through July 2017.

information system, and use data from the new system to re-assess the program and implement changes, as needed. While VA concurred with GAO's recommendations, they had not all been implemented as of January 2018.

## Appendix B: Scope and Methodology

### Scope

The audit team conducted its audit work from June 2017 through June 2018. The scope of the audit included veterans approved for and discharged from the Family Caregiver Program from January through September 2017. The review of veteran participants focused on initial and ongoing eligibility determinations. The audit team also examined the following categories that represented the greatest number of veterans discharged from the program:

- Caregivers discharged for cause (such as due to abuse, relationship not in the best interest of the veteran, or safety issues),
- Caregivers no longer needed based on clinical reassessments, and
- Caregivers or veterans who were no longer compliant with program requirements (such as not being available for home visits for an extended time without contact with CSCs and without a treatment related reason).<sup>31</sup>

The audit work included a review of when a veteran appealed an eligibility or discharge determination. However, the audit team did not assess the decisions made by the clinicians involved with these appeals. Appendix C provides details on the specific scope for each statistically sampled population.

### Methodology

To gain an understanding of the Family Caregiver Program, the audit team examined relevant criteria, including Public Law 111-163, *Caregivers and Veterans Omnibus Health Services Act of 2010*; Title 38 United States Code §1720G, *Assistance and support services for caregivers*; the draft *Caregiver Support Program Guidebook*; and VHA Directive 1152, *Caregiver Support Program*. In addition, the audit team reviewed the *Caregiver Application Tracker User Manual* to gain an understanding of the information system used to manage the Family Caregiver Program.

The audit team interviewed four program personnel from the National CSP Office at VA's Central Office to learn about the application process for the Family Caregiver Program, including initial and ongoing eligibility determinations and discharges and information in CAT. The audit team also interviewed national CSP personnel to learn more about managing the Family Caregiver Program. During its visit to the VHA Office of Community Care, the audit team interviewed 10 personnel about the management of stipend payments made to program

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<sup>31</sup> VHA defines these three discharge reasons in the *Caregiver Application Tracker User Manual*, issued on April 28, 2014.

participants. The audit team also interviewed officials from the Rosalynn Carter Institute for Caregiving and the Elizabeth Dole Foundation about veteran and caregiver needs.

## Site Visits

The audit team visited six VHA medical facilities that were judgmentally selected based on several factors, including the number of veterans participating in the Family Caregiver Program, average application processing time, and geographic diversity. The audit team conducted a total of 22 interviews with officials responsible for overseeing and implementing the program, including VISN program leads, medical facility directors, social work and extended care managers, and CSCs. The audit team also interviewed 32 clinicians responsible for conducting clinical eligibility and monitoring screenings, annual monitoring, and appeals reviews. In addition, the audit team interviewed nine patient advocates to determine how enrolled veterans and their caregivers appeal eligibility determinations and discharges from the program. Finally, the audit team interviewed 10 caregivers and seven veterans to gain an understanding of their experiences with the program, including the services they received through the program. Table 1 details sites the audit team visited.

**Table 1. OIG Site Visit Locations**

Facility Name	Location
VA Eastern Colorado HCS	Denver, CO
VHA Office of Community Care	Denver, CO
National CSP Office	Washington, DC
Central Alabama Veterans HCS	Tuskegee, AL
James J. Peters VA Medical Center	Bronx, NY
VA San Diego HCS	San Diego, CA
Robley Rex VA Medical Center	Louisville, KY
VA St. Louis HCS	St. Louis, MO

*Source: VA OIG*

## Data Collection Instrument

The audit team developed an electronic data collection instrument to review a random sample of 500 unique veteran participant files in CAT, as well as medical records in VA’s Computerized Patient Record System, to assess the extent to which VHA processed program eligibility

determinations, conducted monitoring, and documented discharges. This instrument captured the elements required by Public Law 111-163, Title 38 United States Code §1720G, and the draft *Caregiver Support Program Guidebook*. These criteria were applicable for OIG-sampled records from January through June 2017. The audit team determined eligibility, monitoring, and discharge requirements were consistent with the directive, issued in June 2017, for the review of records from June through September 2017.

The audit team took steps in the development of the data collection instrument to ensure the collection of accurate information, and incorporated second-level reviews of the analysis of veterans' files and medical records.

## **CSC Survey**

The audit team conducted an online survey of 211 CSCs at all medical facilities operating a CSP from July 25 through August 31, 2017. The survey was designed to collect information on Family Caregiver Program criteria, application processing, veteran clinical eligibility assessments, workload, and program challenges. The audit team obtained a 100 percent response rate.

## **Fraud Assessment**

The audit team assessed the risk that fraud, violations of legal and regulatory requirements, and abuse could occur within the context of the audit objective. Alert to these risks, the audit team exercised due diligence in taking the following actions:

- Coordinated with the OIG's Office of Investigations concerning potential fraud indicators
- Examined the survey results reported by CSCs to identify potentially fraudulent activities involving program participants
- Considered potential fraud indicators when reviewing veteran participant files

The audit team did not identify any instances of potential fraud during this audit.

## **Data Reliability**

The audit team assessed the reliability of CAT data on the number of veterans approved and discharged from the Family Caregiver Program from January through September 2017. While the audit team determined CAT national reporting was not reliable for an assessment of staffing and workload, it worked to determine if CAT was sufficient for selecting a random sample. The audit team also assessed the reliability of VA's Financial Management System data to determine if it was sufficient for calculating stipend payments made to caregivers of enrolled veterans during the same period.



The audit team tested CAT data by verifying that individual files were maintained in the system. In addition, the team compared data in these files with veterans' information contained in documentation, such as VA Form 10-10CG, and the Computerized Patient Record System. The audit team examined application approval and removal dates; zip codes in veterans' and caregivers' mailing addresses; and payment tier levels with supporting documentation, including VA Form 10-10CG, to identify incorrect or incomplete information. The audit team also included data reliability questions in the data collection tool, used during the audit as an additional verification of the data obtained from CAT. Furthermore, the audit team verified the accuracy of information collected from veteran files in CAT with CSCs at selected medical facilities. The audit team compared stipend payment data from CAT with information from VA's Financial Management System. The team also discussed the reliability of stipend payment data captured in VA's Financial Management System with responsible personnel. Based on this reliability assessment, the audit team concluded these data were appropriate and sufficient for purposes of the audit.

## **Government Standards**

Our assessment of internal controls focused on the controls relating to the audit objective. We conducted this performance audit in accordance with generally accepted government auditing standards. These standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the report's findings and conclusions based on the audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on the audit objective.

## Appendix C: Statistical Sampling Methodology

### Sampling Methodology

The audit team obtained monthly data from CAT to identify participants in the Family Caregiver Program approved and discharged from the program from January 1 through September 30, 2017. From these data, the audit team randomly selected and reviewed 500 unique veteran participant records whose caregivers received approximately \$14.4 million in stipend payments.<sup>32</sup> The audit team's random sample of veteran participants included some veterans who were approved for participating in the Family Caregiver Program and discharged from the program from January through September 2017. However, in cases where veterans were both accepted and discharged from the program during this nine-month period, the audit team reviewed the veteran's program file and medical record only once. Because the results were based on a sample of randomly selected veteran participants, the audit team projected findings from this sample onto the universe of veterans approved and discharged from January through September 2017.

### Population

Data obtained from CAT identified 1,822 veteran participant approvals and 1,604 discharges from 140 medical facilities from January 1 through September 30, 2017. This universe included all medical facilities operating a CSP. The audit team took steps to ensure that the veterans approved for and discharged from the program during this nine-month period were typical of veterans enrolled in or discharged from the Family Caregiver Program.

### *Weights*

The audit team calculated estimates in this report using weighted sample data. Sampling weights are computed by taking the product of the inverse of the probabilities of selection at each stage of sampling. The audit team used these weights to compute universe estimates from the sample findings.

### *Projections and Margins of Error*

The audit team employed WesVar software to calculate the weighted population estimates and associated sampling errors. WesVar uses a replication methodology to calculate margins of error and confidence intervals that correctly account for the complexity of the sample design.

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<sup>32</sup> From January through June, the audit team selected 25 approved veterans and 25 discharged veterans per month. Thirty-three veterans were selected in July and August, and 34 in September for each group, respectively.

The margins of error and confidence intervals are indicators of the precision of the estimates. If the team repeated this audit with multiple samples, the confidence intervals would differ for each sample, but would include the true universe value 90 percent of the time.

The following tables detail the audit projections related to veteran application processing timeliness, veteran eligibility determination errors, and inconsistent monitoring of veterans and their caregivers. Because the audit team could not determine when veterans who were not consistently monitored by VHA should have been discharged, the audit team considered all stipend payments made to caregivers of enrolled veterans prior to their discharge from the program. The audit team did not capture in its calculation any payments that VHA may have made after November 1, 2017, to caregivers of veterans discharged in September 2017. These projections are the basis of the estimated potential monetary benefits for the audit, detailed in Appendix D.

**Table 2. Veteran Application Processing Timeliness**

Category	Estimate	Margin of Error	90% Confidence Interval Lower Limit	90% Confidence Interval Upper Limit	Sample Count
Total Number of Applications	1,822	N/A*	N/A	N/A	250
Count of Applications Not Processed Timely	1,189	93	1,096	1,282	164
Percentage of Applications Not Processed Timely	65.3	5.1	60.2	70.4	164

Source: *OIG analysis of a random sample of veteran program applications approved from January through September 2017*

\*N/A=No sampling error because known population value.

**Table 3. Delayed Application Processing Times**

Category	Estimate	Margin of Error	90% Confidence Interval Lower Limit	90% Confidence Interval Upper Limit	Sample Count
Count of Applications Processed from 46 to 90 Days	368	78	290	446	52
Percentage of Applications Processed from 46 to 90 Days	31	6.1	24.9	37.1	52
Count of Applications Processed from Three to Six Months	654	94	560	748	88
Percentage of Applications Processed from Three to Six Months	55	6.6	48.4	61.5	88
Count of Applications Processed over Six Months	168	54	113	222	24
Percentage of Applications Processed over Six Months	14.1	4.5	9.6	18.6	24

Source: *OIG analysis of a random sample of veteran program applications approved from January through September 2017*

**Table 4. Veteran Eligibility Determination Errors (Dollars in Millions)**

Category	Estimate	Margin of Error	90% Confidence Interval Lower Limit	90% Confidence Interval Upper Limit	Sample Count
Total Number of Discharges	1,604	N/A*	N/A	N/A	250
Count of Discharges with Eligibility Errors	71	27	44	97	25
Percentage of Discharges with Eligibility Errors	4.4	1.7	2.8	6.1	25
Value of Discharges with Eligibility Errors	\$4.8	\$2.4	\$2.5	\$7.2	25
Average Years in the Program	4.0	0.5	3.6	4.5	25

Source: *OIG analysis of a random sample of veteran program discharges from January through September 2017*

\*N/A=No sampling error because known population value.

**Table 5. Inconsistent Monitoring of Veterans and Their Caregivers  
(Dollars in Millions)**

Category	Estimate	Margin of Error	90% Confidence Interval Lower Limit	90% Confidence Interval Upper Limit	Sample Count
Total Number of Discharges	1,604	N/A*	N/A	N/A	250
Count of Discharges with Inconsistent Monitoring	794	98	696	892	85
Percentage of Discharges with Inconsistent Monitoring	49.5	6.1	43.4	55.6	85
Value of Discharges with Inconsistent Monitoring	\$36.7	\$6.7	\$30.0	\$43.5	85

Source: OIG analysis of a random sample of veteran program discharges from January through September 2017

\*N/A=No sampling error because known population value.

## Appendix D: Potential Monetary Benefits in Accordance With Inspector General Act Amendments

Recommendation	Explanation of Benefits	Better Use of Funds	Questioned Costs
2	Value of improper payments to caregivers of veterans discharged from the Program of Comprehensive Assistance for Family Caregivers due to initial eligibility errors.		<b>\$4,848,982</b>
1 and 3	Value of payments to caregivers of veterans discharged from the Program of Comprehensive Assistance for Family Caregivers without consistent monitoring.		<b>\$36,723,931<sup>33</sup></b>
	<b>Total</b>		<b>\$41,572,912<sup>34</sup></b>

<sup>33</sup> Because the audit team could not determine when veterans who were not consistently monitored by VHA should have been discharged, it considered all stipend payments made to caregivers of enrolled veterans prior to their discharge from the program. The audit team did not capture in its calculation any payments that VHA may have made after November 1, 2017, to caregivers of veterans discharged in September 2017.

<sup>34</sup> The audit team's questioned cost total is based on the sum of the estimated stipend payments VHA made to caregivers of enrolled veterans discharged from January through September 2017. Differences are due to rounding.

## Appendix E: Management Comments

### Department of Veterans Affairs Memorandum

Date: July 16, 2018

From: Executive in Charge, Office of the Under Secretary for Health (10)

Subj: OIG Draft Report, Veterans Health Administration Program of Comprehensive Assistance for Family Caregivers: Management Improvements Needed (VIEWS 00074194)

To: Assistant Inspector General for Audits and Evaluations (52)

1. Thank you for the opportunity to review the Office of Inspector General (OIG) draft report, Veterans Health Administration (VHA) Program of Comprehensive Assistance for Family Caregivers: Management Improvements Needed. I concur with recommendation 1, 2, 4, and concur in principle with recommendations 3, 5, and 6. I provide the attached action plan to address OIG's 6 recommendations.
2. Caregivers play an important role in the health and well-being of Veterans. Family members and other informal caregivers, such as friends and neighbors, serve as an essential part of the Department of Veterans Affairs (VA) health care delivery system, providing assistance to loved ones with complex physical and mental disabilities. Caring for those who provide personal care services and supports to the men and women "who have borne the battle" has become an essential part of supporting Veterans.
3. VA's successful implementation of P.L. 111-163, Caregivers and Veterans Omnibus Health Services Act of 2010, demonstrates our dedication to serving caregivers of Veterans – VA's partners in providing the best care possible to our Nation's Veterans. The VA MISSION Act, which will allow VHA to expand the Program of Comprehensive Assistance for Family Caregivers is the subject of intensive detailed analysis in the Department's project management process. VHA will continue to work with Congress and all of our partners to deliver the program that meet the needs of Veterans and their families.
4. Activities are underway to develop improved efficiencies and standardization in the areas of monitoring and oversight, including the development of training plans, targeted audits and site visits. Similarly, efforts are underway to assess and evaluate factors impacting facility based key performance indicators including staffing levels.
5. VA continues to streamline access to information about caregiver resources, supports, and services. VA has implemented a National caregiver website to provide education and resources to caregivers of Veterans from all eras, as well as highlight the services available to eligible Post-9/11-era Veterans and their family caregivers, ensuring that information about caregiver resources can be easily accessed by the general public. The Caregiver Support Line (1-855-260-3274) has proven to be an invaluable asset to Veterans, caregivers, and the broader community as is demonstrated by its high level of use.
6. Through programs, supportive services, and outreach activities, VHA has created a knowledgeable community of caregivers, as well as provided an opportunity for caregivers of Veterans to learn from one another. Dedicated Caregiver Support Coordinators at every medical facility have ensured that Veterans, caregivers, and staff have access to a clinical subject-matter expert to navigate VA and non-VA resources with the goal of ensuring caregivers receive necessary supports to allow them to successfully care for Veterans at home.

7. VA is dedicated to supporting our newest group of seriously injured eligible Veterans and their family caregivers. Additional services for qualified family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001, include mental health care, a monthly stipend paid directly to primary family caregivers, and enrollment in CHAMPVA. Caregivers are truly unsung heroes who sacrifice so much in order to care for our Nation's Veterans.
8. If you have any questions, please email Karen Rasmussen, M.D., Director, Management Review Service at [VHA10E1DMRSAction@va.gov](mailto:VHA10E1DMRSAction@va.gov).

(Original signed by)

Carolyn M. Clancy, M.D.

Attachment



**VETERANS HEALTH ADMINISTRATION (VHA)  
Action Plan**

**OIG Draft Report: Veterans Health Administration Program of Comprehensive Assistance for Family Caregivers: Management Improvements Needed**

**Date of Draft Report: June 14, 2018**

Recommendations/ Actions	Status	Completion Date
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**Recommendation 1:** The Executive in Charge, Veterans Health Administration, will establish a governance environment for the Program of Comprehensive Assistance for Family Caregivers to ensure medical facilities process veteran applications within the required 45-day timeliness standard, consistently monitor veterans and their caregivers, adequately document the results and changes in veterans' health status, and adjust the level of support provided or discharge veterans and their caregivers, as appropriate.

**VHA Comments:** Concur

The Veterans Health Administration (VHA) Caregiver Support Program Office will establish governance for the Program of Comprehensive Assistance for Family Caregivers (PCAFC). The governance will determine performance goals and metrics in order to evaluate application timeliness, accuracy of the initial program eligibility determinations, and ensure consistent monitoring of enrolled Veterans and their caregivers.

Status	Target Completion Date
In progress	December 2018

**Recommendation 2:** The Executive in Charge, Veterans Health Administration, will take steps to ensure caregiver support coordinators are properly applying eligibility criteria with processes such as pre or post approval reviews, to ensure the accuracy of all veteran eligibility determinations.

**VHA Comments:** Concur

The Caregiver Support Program Office recognizes the importance of making accurate Veteran eligibility determinations in order to reduce fraud or waste for inappropriate stipend payments. The Caregiver Support Program Office will take steps to ensure Caregiver Support Coordinators (CSC) and VHA staff involved in making eligibility decisions, apply appropriate eligibility criteria. These steps include:

1. Implement required clinical eligibility training for all new CSCs and Veterans Integrated Service Networks (VISN) leads.
2. Provide annual clinical eligibility refresher trainings for CSCs and VISN leads.
3. Develop and implement annual training for VHA clinical providers who participate in eligibility determinations and the interdisciplinary clinical staff responsible for conducting home visits, on the clinical eligibility requirements.

Status	Target Completion Date
In progress	June 2019

**Recommendation 3: The Executive in Charge, Veterans Health Administration, will update Directive 1152, Caregiver Support Program, to include a well-defined process for documenting changes in veterans' health conditions during monitoring assessments to determine if those changes warrant a reassessment of the need for care or the level of care in respect to eligibility for the program.**

**VHA Comments:** Concur in principle

VHA agrees that the process for documenting changes in Veteran's health conditions requires written clarification, however, revising Directive 1152 is unlikely to ensure the field has sufficient information to effectively implement those processes. The Caregiver Support Program Office will develop Standard Operating Procedures to further define the process for monitoring and documenting changes in Veterans' functional status to ensure timely reassessment of clinical eligibility. Consistent monitoring and documentation of Veterans' changing health conditions in the medical record will ensure that Veterans receive the appropriate level of care and determine that the Veteran's existing eligibility status is appropriate.

Additionally, the Caregiver Support Program Office will develop a training plan and provide subsequent staff training and materials to provide further education on the monitoring process and expectations, to include guidance on the type and frequency of monitoring assessments, documentation of such assessments, and communication of such assessments to participants of the Program of Comprehensive Assistance for Family Caregivers. The Caregiver Support Program Office will determine the feasibility of implementing a managerial cost accounting code to identify specific monitoring visits to be provided by clinical staff in the Veteran's home, via telephone, through telehealth or through a face-to-face visit at a medical center. The Caregiver Support Program Office will ensure these Patient Care Encounters from the medical record are properly recorded in the National Patient Care Database for the purposes of ensuring adequate workload capture of this required monitoring.

The Caregiver Support Program Office will monitor the impact of this training plan through targeted audits and through the implementation of a site visit plan.

Status	Target Completion Date
In progress	February 2019

**Recommendation 4: The Executive in Charge, Veterans Health Administration, will establish assessment guidelines that caregiver support coordinators should follow when a veteran's need for care changes.**

**VHA Comments:** Concur

The Caregiver Support Program will establish clear guidelines for VHA clinical staff to follow when a Veteran's level of functioning has changed. The Caregiver Support Program Office agrees that timely action to reassess a Veteran's eligibility based upon a change in the Veteran's level of functioning is a critical component to ensure that Veterans are receiving the appropriate level of support and services.

At completion of this action, VHA will provide OIG with a copy of these guidelines.

Status	Target Completion Date
In progress	January 2019

**Recommendation 5:** The Executive in Charge, Veterans Health Administration, will make sure that Veterans Integrated Service Network directors designate program leads at the network level with responsibility for Program of Comprehensive Assistance for Family Caregivers oversight.

**VHA Comments:** Concur in principle

The Caregiver Support Program Office strongly agrees that having a lead at the network level would increase accountability and ensure consistent implementation of the Program of Comprehensive Assistance for Family Caregivers across medical centers. The National Director for the Caregiver Support Program and the Deputy Under Secretary for Health for Policy and Services (DUSHPS) will coordinate with the Deputy Under Secretary for Health for Operations and Management (DUSHOM) to create an implementation team, with representatives from both offices. This implementation team will review and evaluate current program operations and then develop a plan to identify the Veterans Integrated Service Networks (VISN) support necessary for appropriate oversight of the Caregiver Support Program. The National Director for the Caregiver Support Program and the DUSHPS will present this plan to the DUSHOM for review and consideration for implementation. The plan will include VISN leadership governance and ensure that operational performance goals are consistent across VHA.

Status	Target Completion Date
In progress	June 2019

**Recommendation 6:** The Executive in Charge, Veterans Health Administration, will assess the extent to which current staffing levels at medical facilities are adequate to implement the Program of Comprehensive Assistance for Family Caregivers, as intended.

**VHA Comments:** Concur in principle

The Caregiver Support Program Office concurs in principle noting staffing is only one aspect of ensuring that the Program of Comprehensive Assistance for Family Caregivers is implemented as intended. The Caregiver Support Program Office will identify Key Performance Indicators (KPI) to ensure that services and supports provided to family caregivers are delivered timely and that medical centers are compliant

with policy expectations. The Caregiver Support Program Office will assess and evaluate the impact of staffing levels on meeting KPIs to include influencing factors such as facility complexity, number of applicants and approved participants. Those medical centers not meeting the KPI model will be provided with additional support.

At completion of this action, The Caregiver Support Program Office will provide OIG with a copy of the KPI assessment results

Status	Target Completion Date
In progress	June 2019

*For accessibility, the original format of this appendix has been modified to comply with Section 508 of the Rehabilitation Act of 1973, as amended.*

## OIG Contact and Staff Acknowledgments

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<b>Contact</b>	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
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