S. HRG. 113–599

THE FISCAL YEAR 2015 BUDGET FOR VETERANS' PROGRAMS

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE

ONE HUNDRED THIRTEENTH CONGRESS

SECOND SESSION

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MARCH 12, 2014

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THE FISCAL YEAR 2015 BUDGET FOR VETERANS' PROGRAMS

WEDNESDAY, MARCH 12, 2014

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 2:02 p.m., in room 418, Russell Senate Office Building, Hon. Bernard Sanders, Chairman of the Committee, presiding.

Present: Senators Sanders, Murray, Brown, Tester, Blumenthal, Hirono, Isakson, Johanns, Moran, and Boozman.

OPENING STATEMENT OF HON. BERNARD SANDERS, CHAIRMAN, U.S. SENATOR FROM VERMONT

Chairman SANDERS. OK, let's get to work.

I want to thank all of our guests from VA for being with us today to discuss the budget.

Let me begin by thanking General Shinseki and others for tackling some enormously difficult problems in this enormously difficult period facing our veterans. I think if there is anything that I have learned in the year and 3 months that I have been Chairman of this Committee it is that the cost of war is much, much greater, I think, than most Americans perceive.

We are dealing now with hundreds of thousands of men and women who have come home from Iraq and Afghanistan, dealing with traumatic brain injury and post traumatic stress disorder. Those are tough illnesses to deal with, and the magnitude, the numbers, are extraordinary. That is an issue I think we will focus on today—the magnitude of that problem—hundreds of thousands of men and women dealing with TBI and PTSD is a huge issue.

We have seen 2,300 individuals suffer wounds in war that make it impossible for them to have kids. How do we respond to that?

We have seen a situation within the VA and throughout our country there is a feeling that too many patients are being overmedicated. What kind of alternatives are out there?

And I think VA, by the way, is doing some cutting-edge work in trying to respond to pain and other problems through complementary and alternative medicine. How do we address that?

We are dealing with an issue that several years ago the U.S. Congress passed a very, very important piece of legislation, making sure that people who served in Iraq and Afghanistan have the ability to go to college. That has worked, by and large, very, very well. Problems remain. How do we address that?

Going back to the issues of mental health, we are all distressed and saddened by the number of suicides that we face, a very difficult issue inside the military, inside the VA, inside the United States of America, our general population. How do we deal with that?

We are dealing with the issue that the VA, in the last several years, has transformed their claims system—going from paper to digital. We think we are making some progress. We want to continue that progress. How do we make sure that we continue that progress so that every veteran in this country gets their claim adjudicated in a timely manner?

The VA has, in my view, over the years done a good job in terms of reaching out in primary health care through CBOCs. How do we make sure that the proper number of CBOCs continue to be built and maintained?

So, we have a whole lot of issues facing us. These are tough times for the veterans' community, coming out of two wars, dealing with older veterans from World War II, Korea, Vietnam, and we are not going to turn our backs on those veterans.

I, again, want to thank the VA. It is very easy to beat up on the VA because they are big, they are bureaucratic, and they are public, so that every problem they have, which is many when you run 151 medical centers—I am sure that there is a problem at every one every day, and often they get on the front pages. But sometimes we forget that many millions of veterans are accessing them and are very proud and happy with the care that they are getting.

So, our job is to keep the VA moving forward, address the serious problems they have, give them the support they need, and that is what this budget hearing is about.

Senator Isakson.

STATEMENT OF HON. JOHNNY ISAKSON, U.S. SENATOR FROM GEORGIA

Senator ISAKSON. Well, thank you, Mr. Chairman.

I appreciate Secretary Shinseki, Dr. Petzel and the rest of you for being here today. I appreciate the job that you do.

Chairman Sanders made a very obvious statement; you all are very easy to pick on, but you probably have the hardest job in Washington, DC, and the biggest responsibility in the years to come. We are grateful for your service and grateful for what you do.

As I understand it, your request calls for $10 billion in an increase in VA's overall budget and $2 billion in discretionary spending.

You know, our responsibilities in Washington are to appropriate and to legislate, but we also have another responsibility in our committees, and that is oversight.

Some issues came up this morning that I think I want to address in my opening statement so that Secretary Shinseki can possibly address them in his responses later in the hearing.

As we heard from the Wounded Warrior Project this morning, one area that needs oversight is the caregiver program. What we know about this program so far included inconsistent decisions regarding eligibility, no quality assurance to monitor the quality, consistency, and timeliness of decisions, and no formal process to appeal the decision or eligibility for caregiver assistance.

I know many, including Chairman Sanders, believe this program should be expanded and included to all veterans. Yet, we need to ensure its proper implementation before we expand this program. We should do this for any program and provide the oversight necessary to do it right.

Since the beginning of 2013, the Veterans Health Administration has been plagued by a series of quality management issues that have resulted not only in patient harm but also patient death. These issue range from the misuse of a single patient multi-use insulin pen to an outbreak of Legionella to delays in mental health care and GI consults.

You all know what we have experienced in the Atlanta VA, at the medical center in Atlanta, with regard to mental health and suicide.

The inspector general has released over 40 health care inspections during the Congress. That is roughly three per month.

Veterans have sacrificed so much already and deserve world-class health care, yet our Nation's veterans are facing long delays in scheduling appointments and assessing needed services.

Another area the veterans face is the longtime backlog in claims, which I know you are making progress on. I know by 2015—we have goals that are terrific, but we have got to make sure we deal not just with statistics but with the actual effect on the lives of these veterans and their families.

So, this work on reducing the claim times and the waste is going to be critically important. 1.2 million veterans still wait today for a determination. That is a huge number; there are way too many.

On the issue of suicide, I want to thank Robert Petzel immensely for three things—one, his willingness to come to Atlanta in the field hearing that we conducted in August including 2-½ hours of emotional, and I am sure painful to a certain extent, information about the tragedies we had in the Atlanta VA with three suicide deaths and one drug overdose.

Mr. Secretary, I want to commend you on the replacement of the director at the hospital. The new director, Ms. Wiggins, is doing an outstanding job.

Unfortunately, we had another incident about 2 weeks ago. She was on the phone to me first when it happened, took immediate action in terms of that incident, and accepted responsibility where responsibility was needed to be accepted.

That is a great indication of the emphasis you, the Secretary, have put—and Robert Petzel has put—on this issue of suicide, which we must get our arms around. It is one area where I think oversight is going to be critical for us to move the paradigm and get best practices in every VA medical center in the country.

Soft tissue injuries are the toughest to deal with. TBI and PTSD are the legacy of the contemporary wars we have been fighting. And suicide is the nasty byproduct of a drug overdose and misuse of drugs in terms of treating people and not having the right mental health follow-up with those patients.

I am going to personally dedicate a lot of my time—I know John Boozman on our Committee is going to do the same—to delve into the issues of suicide, find out where those tragedies are taking place, and see if we can find common threads where we can implement best practices in the Veterans Administration so we do not lose so many soldiers by taking their own lives.

Right now, we are losing an average of 22 a day, which is 8,000 a year, and that is far too many. And it is not just combat veterans from Afghanistan and Iraq. In fact, in Atlanta, three of the four victims were veterans of the Vietnam-era war.

It is a pervasive issue in the VA. It is actually a pervasive issue in the United States. We owe it to our veterans and to our country to see to it that we find every best practice possible and implement them.

One of the things I am going to do, Mr. Chairman, is I am going to, as a one-man band or vigilante of one, is have field hearings—or, as a Committee representative, have field hearings—and do the oversight around the country necessary to bring the best practices to light, to try to do what Robert Petzel is doing right now, which is meeting with these veterans, getting the right answers, and trying to correct the paradigm, which I am grateful for you to do.

I yield back the balance of my time.

Chairman SANDERS. Thank you.

Senator Brown.

STATEMENT OF HON. SHERROD BROWN, U.S. SENATOR FROM OHIO

Senator BROWN. Thank you, Mr. Chairman. I appreciate your leadership.

Thank you, Mr. Secretary and all of you who are serving our veterans and serving our country so ably and so selflessly. Thank you for that.

I reiterate the Chairman's comments about the cost of war.

I think that Senator Isakson's aptly pointing out the terrible affliction—and Senator Tester has talked to me about this, too—of suicide in the military attests to that, as do unemployment rates, as do mental health problems, as do drug addiction, all of those costs of war that we should think about in this body more than we do.

A couple of things I wanted to mention—one is VRAP and the significant contribution the Veterans Retraining Assistance Program has made to our veterans, to our communities.

I have one brief story. Everett Chambers in Cleveland used VRAP funds to get retrained as an electrical engineering technician at Cuyahoga County Community College. He is one of a number of people I have met in Youngstown, Cincinnati, and all of over my State, who have benefited from VRAP. It is a program that works. We should do all we can to make sure that more people have that opportunity.

Obviously, you cannot come in front of us without discussing the disability claims backlog and disability ratings—the unevenness of the ratings from a bum knee in San Diego being rating differently in terms of dollars than a bum knee in Columbus or Cleveland. The fixing of both the backlog and the disability ratings together makes sense.

The last issue I would like to mention is I remain concerned with the Department's outsourcing more and more work. First, I believe the quality of outsourced work is often subpar. Second, many contractors lack the dedication of career civil servants, especially when you realize that places like the VA in Chillicothe, how assiduous they have been about hiring veterans, and I know that VA centers and CBOCs all over the country strive for that.

We should not be outsourcing these jobs. Civil servants who decide to pursue a career assisting veterans lead to better services compared to services provided by those that are motivated by profit. I think we have seen that in example after example after example.

It does not save taxpayer dollars. It may help politicians, but it does not save taxpayer dollars. We saw this at the very basic level in places like the Dayton VA medical center where laundry was outsourced and now workers say the clothes come back not as clean as they were.

If the VA continues to outsource more and more activities, at some point, we are going to reach a point where the VA is a health insurance provider and not a health care provider. That does not serve veterans. It does not serve taxpayers. It does not serve the public.

So, again, I thank you for your service, all of you.

Chairman SANDERS. Thank you, Senator Brown.

Senator Johanns.

STATEMENT OF HON. MIKE JOHANNS, U.S. SENATOR FROM NEBRASKA

Senator JOHANNS. Mr. Chairman, thank you.

And to the team that is here today on behalf of the Veterans Administration, let me just say, welcome; we are glad to have you here.

Mr. Secretary, thank you. You stopped by a couple weeks ago, and that is always appreciated. So, I want to thank you publicly for making that effort.

In the past years, as we all know, Congress has made the VA a priority, and I believe appropriately so. The budget has been provided and there have been personnel increases. In some departments in the Federal Government, that is unheard of, but I think it indicates this Committee's commitment to our veterans and the commitment of the Congress to our veterans.

Quite honestly, I doubt that this year will be any different. I think, again, veterans will be a priority, and we will make sure that that happens.

Now, having said that—because I think that is on the good news piece of the equation—there are still challenges that we face. I do not think anybody in this hearing today is going to make the case that we are doing a great job in terms of the list to get disability ratings and get people an answer, which is really what we are trying to do, get people information.

I keep hoping that we find that we are making progress. I hope your testimony will deal with that issue, but the claims backlog is a concern to all of us. It is not a partisan issue. It is a very, very bipartisan concern.

The other thing that I am hoping there will be some discussion about is capital improvements. I scratch my head about this. And, Mr. Secretary, no reflection on you, but we have a project in Omaha, probably like other places around the United States, that is waiting for good news that we are moving up the list. Every time I meet with you, we slip further down.

So, I am not saying there is a correlation. I am just saying, gosh, it is frustrating for us. So, I am hoping to hear your thoughts on that.

I just think we are going to have to be creative in this area. I think you get near the bottom of the list, and these are still 1940s–50s facilities that are outdated. We have great employees trying to do the best they can under the circumstances, but at the end of the day, some of the folks near the bottom are going to be waiting a long time.

I may not live long enough to see this, but I would like to see something creative to try to deal with that backlog.

Again, thank you for being here. I know you come here with hearts that are pure. You want to help the veterans just like we do, and maybe we can have a good dialog on how best to do that in some of these areas.

Mr. Chairman, thank you.

Chairman SANDERS. Thank you.

Senator Tester.

STATEMENT OF HON. JON TESTER, U.S. SENATOR FROM MONTANA

Senator TESTER. Thank you, Mr. Chairman.

I want to welcome everybody from the Veterans Administration here today, too.

I do not have my reading glasses, so all the beautiful notes that my staff wrote for me to tell you guys won't be read. [Laughter.]

So, you are going to hear what I have to say. OK?

I think the backlog issue is always a big issue. You know, we helped create that in Congress by doing the right thing a few years back with the Vietnam Vets.

General Shinseki, having visited with you several times, I know it is a high priority for you. We will keep working on it; and this Committee is committed to help you get that backlog down.

Staffing. I talked with Under Secretary Petzel a day or two ago about this issue. It is critically important in rural America. We are deficient. I think you guys are on top of it. We just need to make sure we get some things done in that area.

I want to say a special thanks to Steve Muro. Thank you very much, Steve, for your work on cemeteries. It is a very, very important issue across the country, and I think you have done some great work.

Mental health. It may be the biggest issue this country faces, whether you are in the military or you are out, but it is absolutely a critical issue in the military, and we need to figure out how we can handle it.

It is very expensive, but we need to do everything we can do, whether it is best practices or whether it is just plain, old experts in the field, to be able to develop partnerships, to be able to make sure that we give our veterans—as you guys have heard from me before, particularly in rural America, that those veterans need help. They are isolated anyway. It is a big issue, and we need to work together to get that done.

Construction. I would just say that I understand, and I think that you guys have done a great job on the CBOCs and the Vet Centers and those things around the country. I think that there is opportunity for some advancement there. But I think you are dealing with operations and maintenance issues right now in many of your buildings, getting them up to snuff so that the potential for things like the veterans' home in Butte, MT, does not hit the list.

I appreciate that prioritization, but I certainly would look forward to working together with you guys and through the Appropriations Committee to figure out some way in which we can address some of these senior veterans who served this country so very well in the military and in the private sector that need and deserve a place to live their later years.

Next, I say thank you to the VSOs that are in the room—thank you guys very, very much for your input to us regarding the VA. They are not perfect. There are things that they have to do, but I think it is through the leadership of the VSOs that we are able to advocate on the issues that you think are important.

And the one other issue I am going to talk about is advanced appropriations. I think that is a big win for the VA, and it would not have had happened without the veterans service organizations all being on the same page.

Thank you, Mr. Chairman.

Chairman SANDERS. You did very well without your staff notes. Senator Hirono.

STATEMENT OF HON. MAZIE HIRONO, U.S. SENATOR FROM HAWAII

Senator HIRONO. Thank you, Mr. Chairman.

I want to add my thanks to that of the Members of this Committee. All of us are very much in support of the priorities, Mr. Secretary, that you have articulated.

Certainly, increasing access to VA benefits, cutting or eliminating the backlog to claims, ending homelessness, the mental health issues, the suicide rates—these are all areas that we have bipartisan support on the Committee.

Of course, Hawaiian veterans face many of the same challenges that veterans across the country face, and add to that the fact that our veterans are—the distance is water, not just land, as they live on all of our major islands.

I think it is really important to focus on the issue of veteran homelessness. I recently visited the VET house in Kalihi. I think it is an area of our community that, Mr. Secretary, you know.

But, on the issue of homelessness, the support that we give to programs such as the Veterans Engaged in Transition, VET, houses, I think really hold promise.

So, this VET house that I visited is an eight-bedroom home in a community in Kalihi. What very much impressed me was that this was a situation where the veterans that were homeless are in transitional housing. They have places to go after they spend their

90 days in a stable environment because a lot of the homeless veterans do not have that stability in their lives. So, just to have a calm, supportive place for a period of time to enable them to get on with their lives is what I saw in this VET house.

This particular house was created by a non-profit entity in partnership with money from a grant from the VA of $233,000. They worked with the Institute of Human Services, which is a non-profit organization in Hawaii that works to provide shelter for the homeless. So, they are in the community.

The Lions, the Elks Club, other individuals and entities, including Home Depot, by the way, which as a company has made a huge commitment, as I am sure you know, to support veterans' programs, but to supply beds and all of that, and then the bedrooms were adopted by these community organizations.

It was a terrific combination of people coming together, but it also would not have happened without the money from the VA grant.

So, these are the kinds of programs that I very much support as hands-on. And, yes, it is aid to veterans, but I figure—you know what? Each one that we help to get on in a positive way with their lives, that is worth doing.

So, I just wanted to let you know that every time I go home, as I am sure my colleagues do, we visit with veterans, which I did when I was home a couple weeks ago.

Thank you very much for your service.

Of course, I look forward to working with my colleagues to make sure that we provide the kind of support that will enable us to meet the challenges of our veterans.

Chairman SANDERS. Thank you very much, Senator Hirono.

We may have some votes soon. So, we are going to have to juggle things, and people will be leaving and coming.

So, let me begin and request short answers from the panelists.

Oh, testimony. I knew I forgot something. You probably wanted to say something, right?

Secretary SHINSEKI. I will try to be short in light of the——

Chairman SANDERS. Take your time. I am sorry.

Secretary SHINSEKI [continuing]. Very supportive comments made by all the Members here today.

STATEMENT OF HON. ERIC K. SHINSEKI, SECRETARY, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY HON. ROBERT A. PETZEL, M.D., UNDER SECRETARY FOR HEALTH; HON. ALLISON A. HICKEY, UNDER SECRETARY FOR BENEFITS; HON. STEVE L. MURO, UNDER SECRETARY FOR MEMORIAL AFFAIRS; STEPHEN W. WARREN, EXECUTIVE IN CHARGE FOR INFORMATION AND TECHNOLOGY; AND HELEN TIERNEY, EXECUTIVE IN CHARGE FOR THE OFFICE OF MANAGEMENT AND ACTING CHIEF FINANCIAL OFFICER

Secretary SHINSEKI. Chairman Sanders, Senator Isakson, and other Members of the Committee, thanks for this opportunity once again to present the President's 2015 budget and 2016 advance appropriations requests for the Department of Veterans Affairs.

I am working my sixth budget cycle. I find that almost incredible to understand, but it is the sixth budget cycle for me.

Together all of us here have accomplished a lot, and I deeply appreciate—all of us appreciate—your unwavering support of our Nation's veterans. It does not just occur in testimony. It occurs day to day as we engage with you.

Let me also acknowledge, as others have, the representatives of our veterans service organizations who are here today. Their insights and support make us better at our mission, caring for veterans and families and survivors.

Mr. Chairman, I am going to take a few seconds just to introduce the members of my panel here. To my extreme left is Stephen Warren, the Executive in Charge for Information and Technology. Next to him is Helen Tierney, VA's Executive in Charge of the Office of Management, and she is also our Acting Chief Financial Officer. To my right, Dr. Robert Petzel, Under Secretary for Health, and then Allison Hickey, Under Secretary for Benefits, and to her right, Steve Muro, Under Secretary for Memorial Affairs.

Mr. Chairman, I do have a written statement. I ask that it be included in the record.

Chairman SANDERS. Without objection.

Secretary SHINSEKI. Thank you, Mr. Chairman.

The fiscal year 2015 budget and fiscal year 2016 advance appropriations requests demonstrate once again President Obama's steadfast commitment to our Nation's veterans. His leadership, the support of the Congress, especially this Committee, have allowed us for 5 years now to answer President Lincoln's charge from 149 years ago, "To care for him who shall have borne the battle and for his widow and his orphan."

I thank the Members for your commitment to veterans and seek once again your support of these budget requests.

The President's vision reflected in these requests is about empowering veterans to help lead the rebuilding of the middle class in this country, much as they did after World War II, through access to quality health care, through benefits, through education and training, the original GI Bill, and then employment that enabled achieving the American dream.

The VA's 2015 budget request seeks $163.9 billion—$68.4 billion of that amount is in discretionary funding, including medical care collections, an increase of 3 percent above our 2014 enacted funding level, this year's budget.

It also $95.6 billion in mandatory funding.

This budget also requests $58.7 billion for the fiscal year 2016 advance appropriations for medical care, an increase of $2.7 billion, or 4.7 percent, above the fiscal year 2015 request that I am also submitting today.

It is another strong budget, and your support of it is critical to providing veterans the care and benefits they have earned through their service and sacrifice.

It enables VA to further the significant progress our Department has already made on the top three priorities we outlined years ago and have been working at during this intervening time. One is to expand veterans' access to benefits and services; second, eliminate the disability claims backlog in 2015, as has been mentioned by a number of members; and then, third, end the rescue of homeless veterans in 2015.

Since 2009, we focused the resources you provided to address these three key priorities, among other requirements, but these three priorities, to best serve veterans.

I would say, in terms of access, here is what we have accomplished:

More than two million additional veterans have been enrolled in VA health care.

We opened our 151st hospital, the first in 17 years, and we have increased our community-based outpatient clinics by 55, bringing our total to 820 community-based outpatient clinics today.

More than a million veteran family members and students have received VA educational assistance and vocational training.

Nearly 90 percent of all veterans today have a burial option within 75 miles of where they live, thanks to Steve Muro's great work. We expect that that will increase out through 2017. We have plans to do that, at which point we will be at the 96th percent mark.

In terms of disability claims, the backlog has declined 40 percent in the past 12 months. We are transitioning from paper to digital processing, and we are on track to end the backlog in 2015.

In terms of veterans' homelessness, the estimated number of homeless veterans fell by 24 percent between 2010 and 2013, and we expect another reduction when this year's point-in-time count is finally tallied up.

These are some of our key accomplishments.

I would also report to the Committee that our momentum is up, we are making good progress across the board, and, as I have in each of my appearances here, assure you that we will continue to leverage every resource of the budget—money, time, people—to do what is right for veterans.

As I have for 5 years now, I will assure you that we will use these resources that the Congress provides effectively, efficiently, and accountably to best care for veterans.

Again, thank you for this opportunity to appear here today and for your continued support of veterans. I look forward to your questions.

Thanks, Mr. Chairman.

[The prepared statement of Secretary Shinseki follows:]

PREPARED STATEMENT OF HON. ERIC K. SHINSEKI, SECRETARY, U.S. DEPARTMENT OF VETERANS AFFAIRS

Chairman Sanders, Ranking Member Burr, Distinguished Members of the Senate Committee on Veterans' Affairs: Thank you for the opportunity to present the President's 2015 Budget and 2016 advance appropriations requests for the Department of Veterans Affairs (VA). This budget continues the President's historic initiatives and strong budgetary support for Veterans, their families, and survivors. We value the sustained support that Congress has demonstrated in providing the resources and legislative authorities needed to honor our Nation's promises to these unique and special citizens. Let me acknowledge our partners here today—the Veterans Service Organizations—whose insight and support make us better at fulfilling our mission.

After more than a decade of war, many Servicemembers are returning home and making the transition to Veteran status. As the war in Afghanistan enters its final chapter, our work is more urgent than ever. The current generation of Veterans will help to grow our middle class and provide a significant return on the Nation's investments in them. The President fully supports Veterans and their families, and by providing them the care and benefits they have earned, we pay tribute to the sacrifices that Veterans have made for this Nation.

The 2015 Budget for VA requests $163.9 billion—$68.4 billion in discretionary funds, including medical care collections, and $95.6 billion in mandatory funds for Veterans benefits programs. The discretionary request reflects an increase of $2.0 billion (3.0 percent) above the 2014 Budget level. The Budget also requests a 2016 advance appropriation for Medical Care of $58.7 billion, an increase of $2.7 billion (4.7 percent) above the 2015 Budget. The President's 2015 Budget will allow VA to operate the largest integrated healthcare system in the country, including nearly 1,750 VA points of healthcare and approximately 9.3 million Veterans enrolled to receive healthcare; the ninth largest life insurance provider, covering both active duty Servicemembers and enrolled Veterans; an education assistance program serving nearly 1.1 million students; a home mortgage program with a portfolio of over 2 million active loans, guaranteed by the agency; and the largest national cemetery system that leads the Nation as a high-performing organization, with projections to inter 128,100 Veterans and family members in 2015.

GROWING DEMAND FOR VA SERVICES AND BENEFITS

Long after conflicts end, VA requirements continue to grow, due to the substantial needs of Veterans. VA's budgetary requirements arise from our Nation's national security engagements, which are not within our control. As the President said on Veterans Day last November, "when we talk about fulfilling our promises to our Veterans, we don't just mean for a few years; we mean now, tomorrow, and forever." Over the next decade, the Department of Defense (DOD) predicts that military separations will approach three million. This growing population is demanding more services from VA than ever before. Currently, 11 million of the approximately 22 million Veterans in this country are registered, enrolled, or use at least one VA benefit or service, and this number will undoubtedly continue to grow.

MEETING VA'S TOP THREE GOALS

In 2015, our challenges are clear and significant. VA must deliver on the ambitious goals we established 5 years ago, which are to:

- Increase Veterans' access to VA benefits and services;
- Eliminate the disability claims backlog in 2015; and
- End Veterans' homelessness in 2015.

The 2015 Budget is critical to VA meeting these goals. Without the proper level of funding to meet the growing demand for benefits and services, investing in our physical and Information Technology (IT) infrastructure to assure reliable access, eliminating the disability claims backlog, and completing the rescue phase of ending Veterans' homelessness become even more difficult. VA remains committed to meeting these challenges and appreciates the continued support of the Congress.

STEWARDSHIP OF RESOURCES

At VA, we are committed to responsible stewardship, using resources effectively and efficiently and aggressively identifying budget savings. Over the past three years, we have averaged $1.6 billion annually in efficiencies and budget savings, and in 2015, that commitment to budget efficiencies and savings is more than $2 billion. We are attentive to areas in which we need to improve our operations, and are committed to taking swift corrective action to eliminate any practices that do not deliver value for Veterans. For 15 consecutive years, VA delivered clean financial audits, during which time material weaknesses were reduced from four to one, and in 2013, for the first time, we had no significant deficiencies, having eliminated 16 prior significant financial deficiencies. This is an area of major accomplishment in our internal controls and fiscal integrity.

INFORMATION TECHNOLOGY

To serve Veterans as well as they have served us, we are working to deliver a 21st century VA that provides medical care, benefits, and services through a secure digital infrastructure. IT affects every aspect of what we do at VA. It has a direct impact on the quality of healthcare we provide Veterans; our ability to process claims efficiently; and our ability to provide Veterans' benefits and services. In 2013, VA IT systems supported nearly 1,750 VA points of healthcare: 151 medical centers, 135 community living centers, 103 domiciliary rehabilitation treatment programs, 820 community-based outpatient clinics, 300 Vet Centers, and 70 mobile Vet Centers. The corresponding increase we have seen in the medical care spending for these facilities directly translates to new and increased services provided to Veterans. To provide Veterans access and benefits, we must make the necessary investments in IT innovations and deployments.

Our 2015 Budget requests $3.9 billion for IT, consisting of $531 million for development; $2.3 billion for sustainment; and $1 billion for more than 7,400 staff, most of whom serve in VA hospitals and regional offices. The request will sustain our infrastructure while making necessary investments in critical business processes, such as modernizing healthcare scheduling, streamlining benefits processing, enhancing and modernizing VA's electronic health record, enhancing data security, and achieving health data interoperability with DOD.

Information security is a top priority at VA. The 2015 Budget requests $156 million for information protection and cyber security, an increase of $33 million (27 percent) over 2014. VA is constantly strengthening information security and improving technology and processes to ensure Veteran data and VA's network are secure. Like any organization, public or private, we must continue to adapt. Our security posture is based on a "defense—in-depth" approach, which includes our partners at the Department of Homeland Security who maintain an over watch on our exterior perimeter. Working inward from our firewalls, VA has additional layers and protections that are constantly monitoring potential threats.

Technology is also a critical component for achieving our goal to eliminate the disability claims backlog in 2015. The 2015 Budget requests $137 million in IT funding for the Veterans Benefits Management System (VBMS), including $44.5 million for development and $92.5 million for sustainment. The 2015 development funds will allow VA to electronically process disability compensation claims in VBMS, from establishment to award. Planned enhancements and increased automation will allow end-users to focus on more difficult disability compensation claims by reducing the time required to process less complex claims. Sustainment funds will support the infrastructure behind VBMS as well as the deployment of additional new functionality features.

The 2015 Budget continues our progress toward evolving VA's VistA electronic health record (EHR) and achieving seamless integration of health data with the DOD by 2017. The budget requests $269 million to help achieve our shared goal of providing the best possible support for Servicemembers and Veterans. In the near term, we are working to create seamless integration of DOD, VA, and private provider health data. In the mid-term, we are working to modernize the software supporting DOD and VA clinicians. Together, these two goals will help to create an environment in which clinicians and patients from both Departments are able to share current and future healthcare information for continuity of care and improved treatment. As we strive to build on our successful history of health data sharing and collaboration, we understand our EHR modernization efforts are complicated, dynamic, and multi-faceted.

IMPROVING AND EXPANDING ACCESS TO BENEFITS AND SERVICES

The number of Veterans receiving VA benefits and services has grown steadily and will continue to rise as overseas conflicts end and more Servicemembers transition to Veteran status. In 2015, the number of patients treated within VA's healthcare system is projected to reach 6.7 million, an increase of nearly one million patients (17.4 percent) since 2009. Within VBA, the number of Veterans and survivors receiving Compensation and Pension benefits will approach 5 million in 2015, while the number of Education and Vocational Rehabilitation beneficiaries will exceed 1.1 million.

We continue to improve access to VA services by opening new, and improving current, facilities closer to where Veterans live. Since January 2009, we have added approximately 55 community-based outpatient clinics (CBOCs), for a total of 820 CBOCs, and the number of mobile outpatient clinics and Mobile Vet Centers, serving rural Veterans, has increased by 21, to the current level of 78. In addition, while opening new and improved facilities is essential for VA to provide world-class healthcare to Veterans, so too is enhancing the use of ground breaking new technologies to reach countless other Veterans. We continue to invest in "taking the facility to the Veteran"—through expanded access to telehealth, sending Mobile Vet Centers to reach Veterans in rural areas where certain services are limited or difficult to reach, and by deploying social media to connect with Veterans to share information on the VA benefits they have earned.

The Affordable Care Act (ACA) expands access to coverage, provides new ways to bring down healthcare costs, improves the Nation's healthcare delivery system, and has important implications for VA. VA is ensuring a coordinated and collaborative approach to ACA implementation. We estimate that there are approximately 1.3 million uninsured Veterans, of which 1 million may be eligible for, but not enrolled in VA healthcare. We will continue our education and outreach efforts so Veterans know the healthcare law does not affect their VA health benefits or out-of-pocket costs, and that Veterans enrolled in VA healthcare do not need to take additional steps to meet ACA's new coverage standards. We will also encourage Veterans' family members not enrolled in a VA healthcare program to obtain coverage through the Health Insurance Marketplaces.

A large part of our Veteran population hails from the small towns of rural America. Some 3.1 million Veterans enrolled in VA's healthcare system live in rural or highly rural areas, about 36 percent of all enrolled Veterans. In total, more than $17.36 billion were obligated in 2013 for the health care needs of rural Veterans. As technology advances and broadband access expands across rural America, we have been able to extend the availability of VA healthcare through telemedicine, web-based networking tools, and the use of mobile devices—all of which help improve access to care and support economic development for people in rural areas. Telehealth is a transformative breakthrough in healthcare delivery in 21st century medicine, allowing care to reach Veterans who otherwise may not have access, especially those who live in rural and extremely remote areas. The 2015 Budget requests $72 million for Rural Health telehealth.

Changing demographics are driving transformation at VA. Women now comprise nearly 15 and 18 percent of today's active duty military forces and Reserve component, respectively. Women are the fastest growing segment of our Veteran population. Since 2009, the number of women Veterans enrolled in VA healthcare increased by almost 29 percent, to 629,683. The 2015 Budget includes $403 million for gender-specific healthcare services for women Veterans. Today, nearly 49 percent of our facilities have comprehensive women's clinics, and every VA healthcare system has designated women's health primary care providers and a women Veterans' program manager on staff.

The Caregivers and Veterans Omnibus Health Services Act (Caregivers Act) marked a major step forward in America's commitment to those who provide daily care for wounded warriors, who have borne the battle for us all. The sustainment phase of the Caregivers program began in 2013, and includes application processing; stipends; travel and healthcare coverage; education, training, and competency; and IT support. The 2015 Budget includes $306 million for the Caregivers program, including $235 million for caregiver stipends.

Since VA began implementation of the Honoring America's Veterans and Caring for Camp Lejeune Families Act in August 2012, more than 10,100 Veterans have contacted VA concerning Camp Lejeune-related treatment, as of February 27, 2014. Of these, roughly 8,300 were already enrolled in VA healthcare. Veterans who are eligible for care under the Camp Lejeune authority, regardless of current enrollment status with VA, will not be charged a co-payment for healthcare related to the 15 illnesses or conditions recognized, nor will a third-party insurance company be billed for these services. VA continues a robust outreach campaign to these Veterans and family members while we press forward with implementing this law. The 2015 Budget includes $51 million to provide healthcare for Veterans and family members who were potentially exposed to contaminated drinking water at Camp Lejeune.

The 2015 Budget requests $99.6 million in IT funding for the Veterans Relationship Management (VRM) initiative, which is transforming Veterans' access to VA benefits and services by empowering Veterans with new self-service tools. In addition, VRM is essential to achieving our access goals. We are transforming VA's national call centers into service centers by delivering enhanced, integrated, systemwide telephone capabilities. VBA is also implementing the Client Relationship Management Unified Desktop that provides Veterans or beneficiary contact history and a consolidated view of benefit programs for our employees to enhance the customer's experience and provide responsive and complete information.

As part of this experience, VBA aggressively promoted eBenefits and improved Veterans ability to enroll in and access VA benefits and services. The joint VA/DOD eBenefits Web portal is a personalized central location for Veterans, Servicemembers, and their families to research, access, and manage their benefits and personal information. More than 3.2 million Servicemembers and Veterans are enrolled in eBenefits, and our goal is to expand enrollment to 5 million users in 2015. Over 50 self-service features, including online filing of claims, online uploading of evidence, and claim status tracking are now available in eBenefits; VA and DOD continue to expand functionality with each quarterly release.

VA also continues to increase access to burial services for Veterans and their families through the largest expansion of its national cemetery system since the Civil

War. At present, approximately 90 percent of the Veteran population—about 20 million Veterans—has access to a burial option in a national, state, or tribal Veterans cemetery within 75 miles of their homes. In 2004, only 75 percent of Veterans had such access. This dramatic increase is the result of a comprehensive strategic planning process that efficiently uses resources to serve the greatest number of Veterans.

IMPROVING ACCESS TO MENTAL HEALTH SERVICES

We have been a Nation at war for more than a decade, and the state of Servicemembers' and Veterans' mental health is a National priority. At VA, meeting the individual mental health needs of Veterans is more than a system of comprehensive treatments and services; it is a philosophy of ensuring that Veterans receive the best mental healthcare possible, while focusing on the overall mental well-being of each Veteran. VA remains committed to doing all we can to meet this challenge.

Through the strong leadership of the President and the support of Congress, Veterans' access to mental healthcare has significantly improved. Some of the stigma associated with seeking help has diminished. We proactively screen all Veterans for PTSD, depression, TBI, problem drinking, substance abuse, and military sexual trauma (MST) to identify issues early and provide treatments and intervention opportunities. We know that when we diagnose and treat people, they get better. Rates of suicide among those who use VHA services have not shown increases similar to those observed in all Veterans and the general U.S. population. Since 2006, the number of Veterans receiving specialized mental health treatment has risen each year from 927,000 to more than 1.3 million in 2013. In addition, Outpatient visits and encounters will increase to 12.8 million in 2015, from 12.1 million in 2013. Vet Centers are another avenue for mental healthcare access, providing services to 195,913 Veterans and their families in 2013.

While we made significant progress in serving the growing number of Veterans seeking mental healthcare, our work is not done. The 2015 Budget includes $7.2 billion for mental healthcare, an increase of $309 million (4.5 percent). VA efforts are crucial to dispel the lingering stigma surrounding treatment, and help Veterans regain their dignity and the ability to hold meaningful employment and maintain a home, which helps, in turn, strengthen our Nation's economy.

In response to the growing demand for mental health services, VA enhanced capacity and improved the system of care so that services are more readily accessible. In 2012, VA completed a comprehensive assessment of the mental health program at every VA medical center and is using the results of that assessment to improve programs and share best practices across VISNs and facilities. VA also held mental health summits at each of our 151 medical centers, broadening the community dialog between clinicians and stakeholders.

We are developing new measures to gauge mental healthcare performance, including timeliness, patient satisfaction, capacity, and availability of evidence-based therapies. Evidence-based staffing guidelines are being written for specialty and general mental health. In addition, VA is working with the National Academy of Sciences to develop and implement measures and corresponding guidelines to improve the quality of mental healthcare. To help VA clinicians better manage Veteran patients' mental health needs, VA is developing innovative electronic tools. For example, Clinical Reminders give clinicians timely information about patient health maintenance schedules, and the High-Risk Mental Health National Reminder and Flag system allows VA clinicians to flag patients who are at-risk for suicide. When an at-risk patient does not keep an appointment, Clinical Reminders prompt the clinician to follow up with the Veteran.

Since its inception in 2007, the VA's Veterans' Crisis Line in Canandaigua, New York, answered nearly 1,000,000 and responded to more than 143,000 texts and chat sessions from Veterans in need. The Veterans' Crisis line provides 24/7 crisis intervention services and personalized contact between VA staff, peers, and at-risk Veterans, which may be the difference between life and death. In the most serious calls, approximately 35,000 men and women have been rescued from a suicide in progress because of our intervention—the rough equivalent of two Army divisions.

ELIMINATING THE CLAIMS BACKLOG

VA has no greater responsibility than ensuring Veterans and their survivors receive timely, accurate decisions on their disability compensation and pension claims. Too many Veterans have waited too long to receive their benefits—and this has never been acceptable to VA, including the employees of VBA, over half of whom are Veterans. To attack this longstanding problem, we launched a historic plan to transform our people, processes, and technology. Our strategy advances VBA's tools, streamlines claims processes, trains its workforce, improves workload management, and meaningfully enhances interaction with Veterans and stakeholders to deliver more timely and accurate benefit decisions and services to Veterans and their families. Despite an escalating workload brought about by the correct decisions for Veterans on Agent Orange, Gulf War, and combat PTSD presumptions—and successful outreach to Veterans informing them of their benefits—we are making steady progress toward our goal of eliminating the disability claims backlog in 2015.

The 2015 Budget requests $2.5 billion for VBA, an increase of $28.8 million from 2014. VBA projects a beneficiary caseload of 5.1 million in 2015, with more than $78.7 billion in disability compensation and pension benefits obligations. We expect to process 1.5 million compensation and pension claims in 2015, up from 1.25 million claims in 2014, an increase of nearly 17 percent over 2014.

Through our claims transformation initiatives, the use of mandatory overtime, and other innovative strategies, we are making real progress in reducing the disability claims backlog. As of March 8, 2014, the backlog stood at 368,829 claims, down 242,244 (40 percent) from its highest point on March 25th, 2013. Additionally, under its Oldest Claims Initiative that began in April 2013, VA provided decisions to over 500,000 Veterans whose claims had been pending the longest. VA continues to work closely with DOD, the Internal Revenue Service, the Social Security Administration, and our other Federal partners to identify electronic data-sharing opportunities and process reforms to streamline workflows and limit paper claims filing.

VBMS is key to VBA's transformation and success in meeting our 2015 goal. In June 2013, VBA completed national deployment of VBMS—six months ahead of schedule—providing access to over 25,000 end-users. Approximately 80 percent of VA's pending disability claims are in a digital format for electronic processing in VBMS. Moving to a digital environment is critical. VA anticipates there will be approximately 250,000 new Servicemembers transitioning to Veteran status each of the next 4 years, for a total of one million new Veterans added during the next four years. As a result of our increased efforts to enable more Veterans to access the benefits they have earned and deserved, many of these Veterans are likely to file a claim with VBA within the first year of separation.

The 2015 Budget includes $138.7 million for continued investment in the Veterans Claims Intake Program (VCIP), which converts paper claims into an electronic format and enables electronic transfer of medical and personnel records. This electronic transfer is critical to creating the necessary digital environment for populating the eFolders and supporting end-to-end electronic claims processing for each stage of the claims lifecycle. Although VA continues to accept paper claims from Veterans who are not familiar with or cannot access computer technology, VBA is working with stakeholders to increase the number of claims submitted electronically. VBA now converts paper claims to electronic format as we receive them, saving time and effort and improving accuracy. As of December 2013, over 25,000 VBMS users could access 424 million electronic images converted from paper.

The 2015 Budget includes $94.3 million for the Board of Veterans' Appeals (the Board), which we are requesting as a new appropriation separate from the General Administration appropriation. The Board provides direct service to Veterans and their families by conducting hearings and issuing final appeals decisions. VA is actively pursuing initiatives to improve the appeals process and reduce wait times for Veterans, including a Board-led initiative that pre-screens appeals to ensure that the record is fully developed and ready for adjudication. The Board is also streamlining decision writing to increase output and efficiency. Expanded use of VBMS and the eventual incorporation of appeals functionality in VBMS will save resources currently spent handling, accessing, storing, and transporting paper claims files between the Board and VBA Regional Offices. The Board completed major technological upgrades to its video teleconference (VTC) equipment and the Board now conducts slightly over half of their hearings by video teleconference, a significant increase from 29 percent in 2009. We project appeals will increase to 72,786 cases in 2015, an increase of 12 percent from 2014's 64,941 cases.

ENDING VETERAN HOMELESSNESS

Every Veteran who has served America ought to have a home in America. We made great progress toward achieving our goal to end Veteran homelessness in 2015. VA will use knowledge gained over the past four years to ensure robust prevention programs are in place for future years. The 2015 Budget request is essential for VA to successfully achieve an end-to-the-rescue phase, and prevent future homelessness among Veterans at-risk in the years to come.

Since 2009, VA, together with our Federal, state, and local partners, has reduced the estimated number of homeless Veterans by 24 percent. We have conducted over six million clinical visits with over 600,000 Veterans who were homeless, at-risk of homelessness (including formerly homeless). In 2013 alone, VA served more than 240,000 Veterans who were homeless or at-risk of becoming homeless—21 percent more than the year before. Over the past four years, the Point-in-Time (PIT) count of homeless Veterans declined steadily, despite challenging economic times. The PIT count estimate of the number of homeless Veterans dropped from 75,609 in January 2009, to 57,849 in January 2013, a 24 percent decrease.

VA's programs constitute the largest integrated network of programs with components of homeless assistance in the Nation. They provide homeless Veterans with nearly 80,000 beds or units, including permanent supportive housing through the Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) program; link Veterans with needed mental health and other medical care; and provide supportive services and opportunities to reintegrate Veterans back into the community and workforce. VA's cost-effective, evidence-based homeless programs produce large savings and cost avoidance in budgetary, social, and economic terms. Using a Housing First strategy, VA relies on research that shows that placing homeless Veterans into Housing First reduces emergency room visits, other forms of intensive hospitalization, and substance overdose. Medical care costs are roughly three times as expensive for homeless compared to Veterans who are not homeless.

Despite significant progress and important accomplishments, much work remains. We estimate that between 2013 and 2015, approximately 200,000 Veterans will experience homelessness at some point in time. To reach our goal of ending Veteran homelessness in 2015, the Budget requests $1.6 billion for VA homeless-related programs, including case management support for the HUD-VASH voucher program, the Grant and Per Diem Program, the Supportive Services for Veteran Families (SSVF) program, and VA justice programs. This represents an increase of $248 million (17.8 percent) over the 2014 Budget level. This budget supports VA's long-range plan to end Veteran homelessness by emphasizing rescue for those who are homeless today, and prevention for those at risk of homelessness.

HUD-VASH provides permanent supportive housing to the most vulnerable of our homeless Veterans. The 2015 Budget requests $374 million for HUD-VASH, an increase of $47 million (14 percent) over the 2014 Budget level. This funding will support nearly 3,500 case managers to provide intensive wraparound services to nearly 80,000 Veterans. These case managers provide an average number of 12 clinical visits per year to these Veterans to ensure that they remain in housing and do not become homelessness again. Veterans in HUD-VASH are vulnerable; the majority meets criteria for chronic homelessness, and suffers from serious mental illness, substance use disorders, and chronic medical conditions. This partnership remains the most responsive housing option available to VA and is a critical component of our strategy to move homeless Veterans from the streets to a safe and stable home.

The Grant and Per Diem Program helps fund community agencies providing services to homeless Veterans with the goal of helping them achieve residential stability, increase their skill levels and/or income, obtain greater self-determination, independent living, and employment as soon as possible. The 2015 Budget requests $253 million for the Grant and Per Diem Program, an increase of $3 million (1.1 percent) over the 2014 Budget level. In 2015, the program will provide over 15,500 transitional housing beds to Veterans through partnerships with more than 650 projects.

VA's SSVF is a critical aspect of our strategy to prevent and end Veteran homelessness. This program provides both prevention and rapid rehousing services to Veterans and family members. In 2013, SSVF successfully prevented over 60,000 at-risk Veterans and family members from falling into homelessness, and successfully placed over 84 percent of homeless Veterans and family members into permanent housing. In the last three years, VA awarded grants totaling $459.6 million to 324 community agencies in all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands. SSVF grants to private non-profit organizations and consumer cooperatives provide a range of supportive services to include outreach, case management, assistance in obtaining VA benefits, and assistance in obtaining and coordinating other public benefits. In 2015, VA will deploy SSVF grants strategically to target resources to communities with concentrations of homeless Veterans.

In addition, VA's Justice Programs, which facilitate access to needed VA treatment for Veterans in criminal justice settings such as Veterans Treatment Courts, are an important prevention effort for homeless and at-risk Veterans. The goal of these Courts is to divert those with mental health issues and homelessness risk from the traditional justice system and give them treatment and tools for rehabilitation and readjustment. The first Veterans court was established in 2008 in Buffalo, N.Y. By the end of 2013, there were 257 courts nationwide, positively affecting the lives of 7,724 Veterans; VA serves Veterans in each of these courts. Many of the participating Veterans have avoided incarceration and the cycle of homelessness, that often follows incarceration. The 2015 Budget requests $35 million for Veterans Justice Programs, an increase of $1.5 million (4 percent) over the 2014 Budget level.

To increase homeless Veterans' access to benefits, care, and services, VA established the National Call Center for Homeless Veterans (NCCHV). The NCCHV provides homeless Veterans and Veterans at-risk for homelessness free, 24/7 access to trained counselors. The call center is intended to assist homeless Veterans and their families; VA medical centers; Federal, state, and local partners; community agencies; service providers; and others in the community. In 2013, the National Call Center for Homeless Veterans received 111,096 calls (38 percent increase over 2012) and made 78,622 referrals to VA medical centers (55 percent increase over 2012). The 2015 Budget requests $5.6 million for NCCHV, an increase of $1.7 million (45 percent) over the 2014 Budget level. VA has established 28 Community Resource and Referral Centers (CRRC) to provide rapid assistance to homeless Veterans.

MULTI-YEAR BUDGET FOR MEDICAL CARE

Due to Congress's foresight, under the Veterans Health Care Budget Reform and Transparency Act of 2009, VA includes a request for an advance appropriation for its medical care budget. The legislation requires VA to plan its medical care budget using a multi-year approach, which ensures that VA requirements are reviewed and updated based on the most recent data available and actual program experience. The 2015 medical care budget of $59.1 billion, including collections, will fund treatment to over 6.7 million unique patients, an increase of 4 percent over the 2013 estimate. Of those unique patients, 4.7 million Veterans are in Priority Groups 1–6, an increase of more than 204,836 (4.5 percent). Additionally, VA anticipates treating over 757,600 Veterans from the conflicts in Iraq and Afghanistan, an increase of over 141,100 patients (23 percent) over the 2013 level. VA also provides medical care to non-Veterans through programs such as the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) and the Spina Bifida Health Care Program; we expect this population to increase by over 42,600 patients (6.3 percent), during the same period.

Based on updated 2015 estimates largely derived from the Enrollee Health Care Projection Model, the 2015 Budget will allow VA to increase funding for programs to end Veteran homelessness; continue implementation of the Caregivers and Veterans Omnibus Health Services Act; fulfill multiple responsibilities under the ACA; provide for activation requirements for new or replacement medical facilities; and invest in strategic initiatives to improve the quality and accessibility of VA healthcare programs. The 2015 appropriations request includes an additional $368 million above the enacted 2015 advance appropriations level. Our multi-year budget plan assumes that VHA will carry over a small percentage of unobligated balances from 2014 into 2015 to ensure that funds are available at the beginning of the fiscal year to cover any unforeseen costs.

The 2016 medical care budget of $61.9 billion, including collections, provides for healthcare services to treat over 6.8 million unique patients, an increase of 1.5 percent over the 2015 estimate. The 2016 request for medical care advance appropriations is an increase of $2.9 billion, or 4.9 percent, over the 2015 budget request. Medical care funding levels for 2016, including funding for activations, non-recurring maintenance, and initiatives, will be revisited during the 2016 budget process, and could be revised to reflect updated information on known funding requirements and unobligated balances.

MEDICAL AND PROSTHETIC RESEARCH

VA supports the President's national action plan to guide mental health research across government, industry and academia, and develop more effective ways to prevent, diagnose, and treat mental health conditions like TBI and PTSD. VA's medical research programs demonstrate the creativity and ingenuity of our Nation's greatest minds to help save Veterans' lives, limit their incapacitation, and build a better world for their families. Projects funded in 2015 will focus on identifying or developing new treatments for Gulf War Veterans, improving social reintegration following Traumatic Brain Injury, reducing suicide, evaluating the effectiveness of complementary and alternative medicine, developing blood tests to assist in the diagnosis of PTSD and mild Traumatic Brain Injury, and advancing genomic medicine.

In 2015, Medical Research will be supported through a $589 million direct appropriation, and an additional $1.3 billion from VA's medical care program, Federal grants, and non-Federal grants. Including Medical Care support, other Federal resources, and private resources, total funding for Medical and Prosthetic Research will be nearly $1.9 billion in 2015. VA's research program benefits Veterans, their families, and the Nation.

INCREASING EMPLOYMENT OPPORTUNITIES FOR VETERANS

Under the President's leadership, VA, the Department of Labor, DOD, and the entire Federal Government made Veterans' employment one of their highest priorities. At VA, we led by example. We made great strides during the last five years and remain committed to meeting our goal of 40 percent of VA employees being Veterans, compared to 32.4 percent currently. During 2013, 33.8 percent of all new hires at VA were Veterans, including an impressive 78.5 percent of all new employees in our National Cemetery Administration (NCA).

We continue to work to ensure that all of America's Veterans have the support they need and deserve when they leave the military, look for a job, and enter the civilian workforce. The interagency Employment Initiative Task Force, co-led by VA and DOD, developed a new training and services delivery model to help strengthen the transition of our Veteran Servicemembers from military to civilian life. Accordingly, the 2015 Budget includes $106 million to meet VA's responsibilities under the President's Veterans Employment Initiative and the VOW to Hire Heroes Act. In addition, the 2015 Budget includes $1 billion in mandatory funding over 5 years to develop a Veterans Job Corps conservation program that will put up to 20,000 Veterans back to work over the next 5 years protecting and rebuilding America. Jobs will include park maintenance projects, patrolling public lands, rehabilitating natural and recreational areas, and law enforcement-related activities. Additionally, Veterans will help make a significant dent in the deferred maintenance of our Federal, state, local, and tribal lands, including jobs that will repair and rehabilitate trails, roads, levees, recreation facilities, and other assets. The program will serve all Veterans, but have a particular focus on post-9/11 Veterans.

Since 2009, VA provided over $31.8 billion in Post-9/11 GI Bill benefits in the form of tuition and other education-related payments to cover the education and training of more than 1 million Servicemembers, Veterans, family members, and survivors. As part of this effort VBA launched an online GI Bill Comparison Tool to make it easier for Veterans, Servicemembers, and dependents to calculate their Post-9/11 GI Bill benefits and learn more about VA's approved colleges, universities, and other education and training programs across the country. The GI Bill Comparison Tool provides key information about college affordability and brings together information from more than 17 online sources and 3 Federal agencies, including the number of students receiving VA education benefits at each school.

VA is also now working with Student Veterans of America to track graduation and training completion rates, and we expect a draft report by the end of 2014 to quantify program outcomes. The Post-9/11 GI Bill continues to be a focus of VBA transformation, as it implements the automated Long-Term Solution (LTS), VA's end-to-end claims processing solution that utilizes rules-based, industry-standard technologies for the delivery of education benefits. At the end of January 2014, we had 68,215 education claims pending, 21 percent lower than the total claims pending the same time last year. The average days to process Post-9/11 GI Bill supplemental claims decreased by 9.1 days, from 16.1 days in September 2012 to 7 days in January 2014. The average time to process initial Post-9/11 GI Bill original education benefit decreased by 15.3 days in the same period, from 32.5 days to 17.2 days.

CAPITAL INFRASTRUCTURE

The 2015 Budget requests $1.06 billion for VA's major and minor construction programs, the same as the 2014 Budget level. The capital asset budget demonstrates VA's commitment to address critical major construction projects that directly impact patient safety and seismic issues and reflects VA's ongoing promise to provide safe, secure, sustainable, and accessible facilities for Veterans. The request also reflects the current fiscal climate and the great challenges VA faces in order to close the gaps identified in our Strategic Capital Investment Planning (SCIP) process.

Major Construction

The major construction request in 2015 is $561.8 million. The request provides funding for four on-going major medical facility projects. They include: (1) seismic corrections to renovate building 205 for homeless programs at the West Los Angeles, CA VA Medical Center; (2) seismic corrections and construction of a new mental health facility and parking structure at the Long Beach Healthcare System; (3) construction of a new community living center (CLC), domiciliary and outpatient facility in Canandaigua, NY; and (4) construction of a new spinal cord injury/CLC facility, hospice nursing unit, and upgrades to a high-risk seismic building in San Diego, CA. These projects represent VA's most critical major construction projects and correct critical safety and seismic deficiencies that are currently putting Veterans, VA staff, and the public at risk. Once the projects are completed, Veterans seeking care will be served in more modern and safer facilities.

The 2015 Budget also includes $2.5 million for NCA for advance planning activities and $7.5 million for land acquisition to support the establishment of 5 additional national cemeteries in Cape Canaveral and Tallahassee Florida; Omaha, Nebraska; southern Colorado; and western New York to meet the burial access policies included in the 2011 budget.

Minor Construction

The 2015 Budget includes a minor construction request of $495.2 million. The requested amount would provide funding for ongoing and newly identified projects that renovate, expand, and improve VA facilities. This year's focus is a balance between continuing to fund minor construction projects that we can implement quickly to maintain and repair our aging infrastructure, while using major construction funding to address life-threatening safety and seismic issues that currently exist at multiple VA medical facilities.

Opportunity, Growth and Security Initiative

The Budget also includes a separate $56 billion Opportunity, Growth, and Security Initiative to spur economic progress, promote opportunity, and strengthen national security. This Initiative would increase employment, while achieving important economic outcomes in areas from education to research to manufacturing and public health and safety. Moreover, the Opportunity, Growth, and Security Initiative is fully paid for with a balanced package of spending cuts and tax loophole closers.

At the Department of Veterans Affairs (VA), the Opportunity, Growth, and Security Initiative will support capital investments essential to expanding and protecting Veterans' access to quality care and benefits. By providing an additional $400 million for the VA capital program, enactment of the Initiative will allow additional progress in addressing the Department's highest priority capital needs, including a major construction project to replace a seismically deficient research facility in San Francisco, California.

NATIONAL CEMETERY ADMINISTRATION

The NCA has the solemn duty to honor Veterans and their families with final resting places in national shrines and with lasting tributes that commemorate their service and sacrifice to our Nation. We honor those individuals' service through our 133 national cemeteries, which includes two national cemeteries scheduled to open in 2015, 33 Soldiers' lots and monuments, the Presidential Memorial Certificate program, and through the markers and medallions that we place on the graves of Veterans around the world. The 2015 Budget includes $256.8 million for operations and maintenance to uphold NCA's responsibility for this mission, including funds to open two new national cemeteries and to begin preparations for opening two National Veterans Burial Grounds.

NCA projects its workload will continue to increase. For 2015, we anticipate conducting approximately 128,100 interments of Veterans or their family members, and maintaining and providing perpetual care for approximately 3.5 million gravesites. NCA will also maintain 8,882 developed acres and process approximately 362,900 headstone and marker applications.

NCA maintains a strong commitment to hiring Veterans. Currently, Veterans comprise over 74 percent of its workforce. Since 2009, NCA hired over 450 returning Iraq and Afghanistan Veterans. In addition, NCA awarded 66.5 percent of contract awards in 2013 to Veteran-owned and service-disabled, Veteran-owned small businesses. NCA's committed, Veteran-centric workforce is the main reason it is able to provide a world-class level of customer service. NCA participated for the 5th time in the American Customer Satisfaction Index (ACSI), sponsored by the Federal Consulting Group and Claes Fornell International (CFI) Group. In the 2013 review, NCA received a score of 96 out of a possible 100, the highest score to date for any organization in the public or private sector.

NCA continues to leverage its partnerships to increase service for Veterans and their families. As a complement to the national cemetery system, NCA administers the Veterans Cemetery Grant Service (VCGS), which provides grants to establish, expand, or improve state and tribal Veterans' cemeteries. There are currently 90 operational state and tribal cemeteries in 45 states, Guam, and Saipan, with five more under construction. Since 1980, VCGS awarded grants totaling more than $566 million to establish, expand, or improve these Veterans' cemeteries. In 2013, these cemeteries conducted over 32,000 burials for Veterans and family members.

LEGISLATION

In addition to presenting VA's resource requirements, the 2015 President's Budget also proposes legislative action that will benefit Veterans. These proposals build on VA's legislative agenda transmitted in the First Session of the 113th Congress, as part of the 2014 President's Budget. Let me highlight a few provisions: VA proposes a measure that will allow better coordination of care when a Veteran also receives other care at a non-VA hospital, by streamlining the exchange of patient information. Additionally, we propose allowing the CHAMPVA to cover children up to age 26, to make that program consistent with benefits conferred under the ACA. We also are submitting a proposal that would modernize our domiciliary care program by removing income-based eligibility restrictions.

To continue our priority to end Veteran homelessness, VA proposes increased flexibility in the Grant and Per Diem program to focus on the transition to permanent housing. Also among our proposals is a measure that would allow VA to speed payment of Dependency and Indemnity Compensation and other benefits to surviving spouses by eliminating the need for a formal claim when there already is sufficient evidence for VA to act. We greatly appreciate consideration of these and other legislative proposals included in the 2015 Budget and look forward to working with Congress to enact them.

SUMMARY

Since the founding of our great Nation, Veterans helped our country meet all challenges; this remains true today as Veterans help rebuild the American middle class. At VA, we continue to implement the President's vision and transform VA into a 21st century leader of efficiency, effectiveness, and innovation within the Federal Government. Our 2015 Budget supports Presidential priorities to always add value to the Nation, boost economic growth, strengthen the middle class, and work side-by-side with Federal partners to eliminate unnecessary overlaps or redundancies.

Given today's challenging fiscal environment, this Budget focuses VA resources, policies, and strategies on the most urgent issues facing Veterans and provides the resources critical to expand access, eliminate the disability claims backlog in 2015, and end Veteran homelessness in 2015. There is no greater mission than serving Veterans. Again, thank you for the opportunity to appear before you today and for your unwavering support of Veterans.

[VA responses to posthearing questions follows:]

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. BERNARD SANDERS TO HON. ERIC K. SHINSEKI, SECRETARY, U.S. DEPARTMENT OF VETERANS AFFAIRS

BENEFITS PROGRAMS

Question 1. Provide the current performance standards for employees involved with the processing of claims.

Response. Attached are the performance standards for the Veterans Service Representative (VSR) and Rating Veterans Service Representative (RVSR) positions.

Attachment 1

NATIONAL PERFORMANCE PLAN
RATING VETERANS SERVICE REPRESENTATIVE (RVSR)
(Excludes PMC and IDES RVSRs)

ELEMENT 1—QUALITY (Critical)

The RVSR must consistently and conscientiously exercise sound, equitable judgment in applying stated laws, regulations, policies and procedures to ensure accurate information is disseminated to veterans and accurate decisions are provided on all benefit claims administered by the Department of Veterans Affairs.

Fully Successful (Issue Based)

Experience level defined by time in position:

6–12 months: The accuracy rate during the evaluation period equals or exceeds 80% (cumulative)

13–18 months:	The accuracy rate during the evaluation period equals or exceeds 85% (cumulative)
19–24 months:	The accuracy rate during the evaluation period equals or exceeds 90% (cumulative)
Over 24 months:	The accuracy rate during the evaluation period equals or exceeds 92% (cumulative)

Indicator

A random selection will be made of an average of 5 end products per month regardless of number of issues decided. This includes completed cases and partial ratings to determine the accuracy of the originator. The selection of actions, while random, must reflect an appropriate mix of work performed by the employee throughout the month (i.e. not from a single day or single week).

If a routine review of a RVSR's work demonstrates the need for quality improvement, an expanded sample of 10 total end products per month will be reviewed for quality purposes.

Once an error is found and recorded concerning a specific issue associated with the claim (ex: effective date), no additional errors related to that issue should be recorded (consistent with M21–4 under the Quality Review Structure for cascading effect).

ELEMENT 2—TIMELINESS (Critical)

Timely processing of veterans claims is of paramount importance as it highly correlates with customer satisfaction. The RVSR will operate in an efficient manner to accurately finalize claims using all appropriate workload management tools and processes.

RVSRs are responsible for the types of work respective to their assigned duties. Extenuating circumstances and notification to the employee's supervisor will be considered.

Timeliness of Workload Management (includes rating, non-rating and appeals)

Fully Successful

RVSRs must manage their workload in accordance with locally established workload management plans.

There will be no more than 3 instances of RVSR specific duties not being completed within locally established timeframes, or failure of employee to notify their supervisor when cases cannot be worked within established timeframes and reasons thereof during the evaluation period. An incident will not be called until after the first notification of non-compliance of the above standard.

Indicators

1 VETSNET Operations Reports (VOR)
2 Local Tracking Reports
3 Supervisory Assignments and Observation
4 Folder Aging Reports
5 VACOLS Reports

ELEMENT 3—OUTPUT (Critical)

Processes a minimum cumulative average number of weighted actions on rating related end products and the following: EP 930 series, statements of the case, supplemental statements of the case, claims certified to BVA, hearing decisions, EP 290, 600, 095, 070, 172, 165.

Weighted action credit will be given based on number of issues completed per the following:

1–2 issues completed: .5 weighted action
3–4 issues completed: 1 weighted action
5–9 issues completed: 1.5 weighted actions

Each additional 5 issues completed will be given .5 weight actions (i.e. 10–14 issues completed: 2 weighted actions; 15–19 issues completed: 2.5 weighted actions; 20–24 issues completed: 3 weighted actions; et cetera)

Fully Successful

Experience level defined by time in position:

6–12 months: 1.5 weighted actions
13–18 months: 2 weighted actions
19–24 months: 2.5 weighted actions
Over 24 months: 3 weighted actions

*RVSRs on the Special Operations team will have an additional .25 weighted actions added to their output for each claim worked meeting special operations criteria to account for the complexity of these cases.

Indicators

VOR
ASPEN
VACOLS Reports

*Duplicate credit will not be allowed for self-correction of an RVSR's error.
**Leave, union time, and special projects or assignments pre-approved at the discretion of the supervisor are considered deductible time. Unmeasured time, such as informal training, was considered in developing the successful level and is not reportable deductible time.

ELEMENT 4—TRAINING (Critical)

RVSR will stay abreast of current laws and regulations, work processes, policies and procedures and computer applications in order to provide optimum service to our veteran population.

RVSRs are encouraged to actively participate in developmental activities of self and others. For example, this may include volunteering to conduct needed training, mentoring and second signature reviews.

The RVSR will complete mandatory Core Technical Training Requirements (CTTR) as outlined on a published training schedule and within specified deadlines.

It is the responsibility of supervisors to provide RVSRs with a training schedule in advance so they can complete their training requirements. It is the responsibility of the RVSR to complete all required training within established guidelines.

Performance under this element will be mitigated when the RVSR's supervisor has not allotted sufficient time for RVSR to complete training requirements or if the RVSR is not provided a schedule of available training and the deadline they are to complete.

Fully Successful

Timely completion of nationally mandated training hours to include core requirements and mandated local training during evaluation period. Completes training within assigned deadlines with no more than 1 violation during evaluation period.

Indicators

TMS
Supervisory Observation

ELEMENT 5—Organizational Support (Non-critical)

Functions as a team member to enhance resolution of claims by work actions. Maintains professional, positive, and helpful relationships with internal and external customers (to include fellow employees and all stakeholders) by exercising tact, diplomacy, and cooperation.

Performance demonstrates the ability to adjust to change or work pressures, to handle differences of opinion in a businesslike fashion, and to follow instructions conscientiously. As a team member, contributes to the group effort by supporting fellow teammates with technical expertise and open communications and by identifying problems and offering solutions. Performance also demonstrates the ability to effectively communicate in a courteous manner with internal and external customers (to include fellow employees and all stakeholders).

The RVSR provides information to veterans and claimants that is accurate, concise, complete and written in a non-adversarial, respectful manner that demonstrates courtesy and compassion. This information may be in the form of rating decisions, written correspondence to claimants and other verbal communication with claimants such as personal hearings.

Fully Successful: No more than 3 instances of valid complaints or incidents.*

*A valid complaint or incident is one where a review by the supervisor, after considering both sides of the issue, reveals that the complaint/incident should have been handled more prudently and was not unduly aggravated by the complainant. Disagreeing, per se, does not constitute "discourtesy." Valid complaints or incidents will be determined by the supervisor and discussed with the employee.

Indicator

Verbal and/or written feedback from internal and/or external customers. Observations by a supervisor with the complaint documented.

Attachment 2

NATIONAL PERFORMANCE PLAN
VETERANS SERVICE REPRESENTATIVE (VSR)
(Excludes PMC and PCT VSRs)

ELEMENT 1—QUALITY (Critical)

The VSR must consistently and conscientiously exercise sound, equitable judgment in applying stated laws, regulations, policies and procedures to ensure accurate information is disseminated to Veterans and accurate decisions are provided on all benefit claims administered by the Department of Veterans Affairs.

Standard

Quality of Work

Successful Level

GS–7:	The accuracy rate during the evaluation period equals or exceeds 80% (cumulative)
GS–9:	The accuracy rate during the evaluation period equals or exceeds 85% (cumulative)
GS–10:	The accuracy rate during the evaluation period equals or exceeds 92% (cumulative)
GS–11:	The accuracy rate for work produced during the evaluation period equals or exceeds 93% (cumulative)

Indicators

A random selection will be made of an average of 5 actions per month regardless of number of contentions claimed. Quality of action taken on each contention will be evaluated. The selection of actions, while random, must reflect an appropriate mix of work performed by the employee throughout the month (i.e. not from a single day or single week).

If a routine review of a VSR's work demonstrates the need for quality improvement, an expanded sample of an average of 10 actions per month will be reviewed for quality purposes.

The ASPEN checklist to be used will mirror the STAR worksheet and will include a component on systems compliance, which will be considered a substantive error.

ELEMENT 2—TIMELINESS/WORKLOAD MANAGEMENT (Critical)

Timely processing of Veterans claims is of paramount importance, as it is highly correlated with customer satisfaction. The VSR will operate in an efficient manner to accurately finalize claims using all appropriate workload management tools and processes.

VSRs are responsible for the cycles/type of work respective to their assigned duties. If multiple timeliness sub-elements apply to a VSR (e.g. average days awaiting award, non-rating, and corrective actions) they must meet the fully successful level for all applicable sub-elements to be successful for the element.

Extenuating circumstances and notification to the employee's supervisor will be considered. An incident will not be called until after the first notification of non-compliance of the above standard.

Timeliness

Timeliness of Rating End Products (including EP 930 series)

Fully Successful: All grade levels must meet locally established timeliness requirements, which are to be derived from end of year station targets.

The percentage of claims in each cycle pending over the locally established cycle goal must align with station goals for percentage of claims greater than 125 days. Management for each station sets goals.

Cycle Times

a. Average Days Awaiting Development
b. Average Days Awaiting Evidence
c. Average Days Awaiting Award
d. Average Days Awaiting Authorization

Timeliness of Non-Rating & Control End Products (i.e. EPs 600, writeouts, 800 series)

Fully Successful: All grade levels must meet locally established timeliness requirements, which should be derived from station targets.

Timeliness of Direct Services (i.e. IRIS, Congressional Inquiries, etc.)

Fully Successful: All grade levels must meet locally established timeliness requirements, which should be derived from station targets. There will be no more than 5 instances where the VSR fails to meet established timeliness, or failure of employee to notify their supervisor when cases cannot be worked within established timeframes and reasons thereof.

Timeliness of Special Projects & Duties (i.e. Women Veterans Coordinators, AEW Project, etc.)

Fully Successful: There will be no more than 3 instances of tasks not being worked within established timeframes, or failure of employee to notify their supervisor when cases cannot be worked within established timeframes and reasons thereof.

Timeliness of Corrective Actions

Fully Successful: There will be no more than 3 instances of failure to complete a returned corrective action, or failure of employee to notify their supervisor when cases cannot be worked, within three days of the case being returned to them for correction.

Workload Management

Fully Successful: All grade levels must manage their workload in accordance with locally established workload management plans. There will be no more than 2 instances where the VSR fails to show compliance with established workload management procedures.

Local management will be responsible for creating and communicating a workload management plan that will identify the types of work to be completed.

Indicators

- VETSNET Operations Reports
- Local Tracking Reports
- Supervisory Observation

ELEMENT 3—OUTPUT (Critical)

Fully Successful: VSRs process a minimum cumulative average number of outputs per day. Outputs will be counted as follows:

- Development (Initial Development, Subsequent Development, and Ready for Decision including rating Eps, EP 930s, administrative decisions, appeals, non-rating Eps, and EP 600s)—.7
- 1–2 contention claim development (Initial Development, Subsequent Development, and Ready for Decision including rating Eps, EP 930s, administrative decisions, appeals, non-rating Eps, and EP 600s)—.5
- Telephone development—.1
- Process award/decision (generate award, clear end product)—.7
- Authorize award—.33

Note 1: Subsequent development includes any actionable item, which moves the claim forward and is subject to quality review.

Note 2: Telephone development requires contact with claimant, representative, or medical facility to further the development of the claim. Credit for telephone development may be taken in addition to development credit.

Note 3: VSRs performing Post-Determination authorization duties will receive an additional .5 weighted action for more complex cases involving out of system payments or retroactive effective dates preceding 1982 (earliest generate line in VETSNET).

Successful Level

GS–7: 4
GS–9: 5
GS–10: 5.5
GS–11: 6

Indicators

- VOR
- ASPEN

There will be no output element expectation for 90 days following the completion of challenge training regardless of entry grade.

Duplicate credit will not be allowed for self-correction of a VSR's error.

Leave, union time, and special projects or assignments pre-approved at the discretion of the supervisor are considered deductible time. Unmeasured time, such as informal training, was considered in developing the successful level and is not reportable deductible time.

ELEMENT 4—TRAINING (Critical)

VSR will stay abreast of current laws and regulations, work processes, policies and procedures and computer applications in order to provide optimum service to our Veteran population.

Employees are encouraged to actively participate in self-developmental activities.

Performance for this standard will be mitigated when the VSR's supervisor has not allotted sufficient time for VSR to complete training requirements or if the VSR is not provided a schedule of available training and the deadline they are to complete.

It is the responsibility of supervisors to provide VSRs with a training schedule in advance so they can complete their training requirements.

Successful Level

GS–7/9/10/11: Timely completion of nationally mandated training hours to include core requirements and mandated local training during evaluation period. Completes mandatory training within assigned deadlines with no more than 1 violation during evaluation period.

Indicators

- TMS
- Supervisory Observation

ELEMENT 5—Organizational Support (Non-critical)

Functions as a team member to enhance resolution of claims and customer service contacts by work actions. Maintains professional, positive, and helpful relationships with customers by exercising tact, diplomacy, and cooperation.

Performance demonstrates the ability to adjust to change or work pressures, to handle differences of opinion in a businesslike fashion, and to follow instructions conscientiously. As a team member, contributes to the group effort by supporting fellow teammates with technical expertise and open communications and by identifying problems and offering solutions. Performance also demonstrates the ability to effectively communicate in a courteous manner with customers during the personal or telephone interview process.

Successful Level

GS–7/9/10/11: No more than 3 instances of valid complaints or incidents.*

*A valid complaint or incident is one where a review by the supervisor, after considering both sides of the issue, reveals that the complaint/incident should have been handled more prudently and was not unduly aggravated by the complainant. Disagreeing, per se, does not constitute "discourtesy." Valid complaints or incidents will be determined by the supervisor and discussed with the employee.

Indicators

- Verbal and/or written feedback from internal and/or external customers
- Observations by a supervisor with the complaint documented

Question 2. Provide the number of FTE at each VA regional office, separated by job title and grade as of March 12, 2014.

Response. The attached spreadsheet provides full-time equivalent (FTE) employees by regional office (RO), grade, and position.

		Grade & FTE														
Office	Job Title	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.0	11.0	12.0	13.0	14.0	15.0	SES
Albuquerque	VOCATIONAL REHAB COUNSELOR								2.0		4.0	3.0	1.0			
Albuquerque	HUMAN RESOURCES SPECIALIST											1.0				
Albuquerque	MILITARY SERVICES COORDINATOR										2.0					
Albuquerque	EMPLOYMENT SPECIALIST										1.0	1.0				
Albuquerque	PROGRAM SPECIALIST										1.0	1.0				
Albuquerque	PROGRAM SUPPORT ASSISTANT							1.0								
Albuquerque	FILE CLERK			3.0												
Albuquerque	DIRECTOR														1.0	
Albuquerque	SUPPORT SERVICES SPECIALIST										1.0					
Albuquerque	MANAGEMENT ANALYST											1.0				
Albuquerque	MANAGEMENT AND PROGRAM ANALYST											1.0				
Albuquerque	DECISION REVIEW OFFICER												7.0			
Albuquerque	VETERANS SERVICE REP (RATING)									1.0		15.0				
Albuquerque	VETERANS SERVICE REPRESENTATIVE						13.0			6.0	13.0	5.0	5.0			
Albuquerque	CLAIMS ASSISTANT				1.0	6.0										
Anchorage	VOCATIONAL REHAB COUNSELOR											7.0	1.0			
Anchorage	MILITARY SERVICES COORDINATOR										2.0					
Anchorage	EMPLOYMENT SPECIALIST											1.0				
Anchorage	PROGRAM SUPPORT ASSISTANT						1.0									
Anchorage	FILE CLERK				1.0											
Anchorage	MANAGEMENT ANALYST											1.0				
Anchorage	LEGAL ADMIN SPEC (CONTACT REPRESENT)								1.0							
Anchorage	DECISION REVIEW OFFICER												3.0			
Anchorage	VETERANS SERVICE REP (RATING)										2.0	6.0				
Anchorage	VETERANS SERVICE REPRESENTATIVE						5.0		3.0	1.0	6.0	2.0	3.0	1.0		
Anchorage	CLAIMS ASSISTANT					2.0										
Appeals Management Center	HUMAN RESOURCES SPECIALIST								1.0			1.0				
Appeals Management Center	STAFF ASSISTANT								1.0		1.0					
Appeals Management Center	PROGRAM SPECIALIST										2.0	1.0				
Appeals Management Center	DIRECTOR															1.0
Appeals Management Center	ASSISTANT DIRECTOR														1.0	
Appeals Management Center	ADMINISTRATIVE OFFICER											1.0				
Appeals Management Center	MANAGEMENT ANALYST										1.0	2.0	1.0			
Appeals Management Center	PROGRAM ANALYST												1.0			
Appeals Management Center	FINANCIAL ACCOUNTS TECHNICIAN						3.0									
Appeals Management Center	MED OFFCR (GS-DISABILITY EVAL)											2.0				
Appeals Management Center	LEGAL ADMIN SPEC (CONTACT REPRESENT)									2.0						
Appeals Management Center	DECISION REVIEW OFFICER												18.0			
Appeals Management Center	VETERANS SERVICE REP (RATING)								11.0	17.0	14.0	10.0				
Appeals Management Center	VETERANS SERVICE REPRESENTATIVE					1.0	18.0		7.0	16.0	20.0	25.0	9.0	3.0	1.0	
Appeals Management Center	CLAIMS ASSISTANT				6.0	23.0										
Appeals Management Center	SUPPLY TECHNICIAN						2.0									
Atlanta	VOCATIONAL REHAB COUNSELOR										6.0	38.0	2.0			
Atlanta	COUNSELING PSYCHOLOGIST (VBA)													1.0		
Atlanta	HUMAN RES SPEC (EMP REL/LABOR REL)											1.0				
Atlanta	HUMAN RESOURCES SPECIALIST										3.0		1.0			
Atlanta	MILITARY SERVICES COORDINATOR										18.0					
Atlanta	EMPLOYMENT SPECIALIST											1.6				
Atlanta	SPECIAL ASSISTANT								1.0							
Atlanta	PROGRAM SPECIALIST								11.0		1.0	1.0				
Atlanta	PROGRAM SUPPORT ASSISTANT					5.0	1.0									
Atlanta	PROGRAM SUPPORT CLERK			1.0												
Atlanta	PROGRAM SUPPORT ASSISTANT (OA)				9.0	4.0	1.0									
Atlanta	FILE CLERK			6.0												
Atlanta	MAIL CLERK				6.0											
Atlanta	MAIL SUPERVISOR						1.0									
Atlanta	DIRECTOR															1.0
Atlanta	ASSISTANT DIRECTOR														2.0	
Atlanta	ADMINISTRATIVE OFFICER												1.0			
Atlanta	SUPPORT SERVICES SPECIALIST							1.0								
Atlanta	SUPPORT SERVICES SUPERVISOR											1.0				
Atlanta	MANAGEMENT ANALYST										1.0	3.0				
Atlanta	MANAGEMENT AND PROGRAM ANALYST								1.0			1.0				
Atlanta	PROGRAM ANALYST								1.0		4.0					
Atlanta	FINANCIAL ACCOUNTS TECHNICIAN						8.0									
Atlanta	FINANCIAL MANAGER											1.0				
Atlanta	ACCOUNTANT								1.0							
Atlanta	BUDGET ANALYST										1.0					
Atlanta	LEGAL ADMIN SPEC (CONTACT REPRESENT)									2.0						
Atlanta	DECISION REVIEW OFFICER												18.0			
Atlanta	VETERANS CLAIMS EXAMINER						1.0		66.0	9.0	18.0	4.0	1.0	1.0	1.0	
Atlanta	VETERANS SERVICE REP (RATING)									2.0	10.0	68.0				
Atlanta	VETERANS SERVICE REPRESENTATIVE						12.0		80.0	24.0	95.0	28.0	11.0	4.0	1.0	
Atlanta	CLAIMS ASSISTANT				5.0	20.0										
Atlanta	STUDENT TRAINEE (LEGAL OCCUPATIONS)				0.5											
Atlanta	LOAN SPECIALIST (REALTY)								3.0		67.0	16.0	4.0	2.0		
Atlanta	APPRAISER										3.0	9.0	1.0	1.0		
Atlanta	REVIEW APPRAISER								1.0		13.0	1.0				
Atlanta	CHIEF APPRAISER													1.0		
Atlanta	EDUCATION COMPLIANCE SURVEY SPEC									7.0			1.0			
Atlanta	EDUCATION LIAISON REPRESENTATIVE									1.0	4.0	2.0				
Atlanta	SUPPLY TECHNICIAN				1.0											
Baltimore	VOCATIONAL REHAB COUNSELOR											12.0		1.0		
Baltimore	HUMAN RESOURCES SPECIALIST											2.0				
Baltimore	MILITARY SERVICES COORDINATOR										4.0					
Baltimore	EMPLOYMENT SPECIALIST											1.0				
Baltimore	PROGRAM SPECIALIST								1.0		1.0	1.0				
Baltimore	PROGRAM SUPPORT ASSISTANT (STENO)			1.0												
Baltimore	PROGRAM SUPPORT CLERK (OA)			5.0												
Baltimore	MAIL CLERK			2.0												
Baltimore	DIRECTOR															1.0
Baltimore	ASSISTANT DIRECTOR														1.0	
Baltimore	ADMINISTRATIVE OFFICER												1.0			
Baltimore	SUPPORT SERVICES SPECIALIST						1.0									
Baltimore	MANAGEMENT ANALYST											2.0				
Baltimore	MANAGEMENT AND PROGRAM ANALYST											1.0				
Baltimore	FINANCIAL MANAGEMENT SPECIALIST									1.0						
Baltimore	FINANCIAL ACCOUNTS TECHNICIAN				1.0											
Baltimore	FINANCIAL ACCOUNTS TECHNICIAN (OA)						1.0									

		Grade & FTE														
Office	**Job Title**	**2.0**	**3.0**	**4.0**	**5.0**	**6.0**	**7.0**	**8.0**	**9.0**	**10.0**	**11.0**	**12.0**	**13.0**	**14.0**	**15.0**	**SES**
Baltimore	LEGAL ADMIN SPEC (CONTACT REPRESENT)								2.0	1.0						
Baltimore	DECISION REVIEW OFFICER												9.0			
Baltimore	VETERANS CLAIMS EXAMINER						1.0									
Baltimore	VETERANS SERVICE REP (RATING)									1.0		31.0				
Baltimore	VETERANS SERVICE REPRESENTATIVE								4.0	12.0	18.0	7.0	8.0	1.0	1.0	
Baltimore	CLAIMS ASSISTANT				4.0	8.0	2.0									
Boise	HUMAN RESOURCES SPECIALIST											1.0				
Boise	PROGRAM SUPPORT ASSISTANT				1.0		1.0									
Boise	PROGRAM SUPPORT CLERK				1.0											
Boise	DIRECTOR														1.0	
Boise	ADMINISTRATIVE OFFICER											1.0				
Boise	FINANCIAL ACCOUNTS TECHNICIAN					1.0										
Boise	ACCOUNTING TECHNICIAN						1.0									
Boise	DECISION REVIEW OFFICER												5.0			
Boise	VETERANS SERVICE REP (RATING)										1.0	16.0				
Boise	VETERANS SERVICE REPRESENTATIVE								2.0	8.0	13.0	5.0	3.0	1.0		
Boise	CLAIMS ASSISTANT					5.0	1.0									
Boston	VOCATIONAL REHAB COUNSELOR											8.0		1.0		
Boston	COUNSELING PSYCHOLOGIST												1.0			
Boston	COUNSELING PSYCHOLOGIST (VBA)											1.0				
Boston	HUMAN RESOURCES SPECIALIST											1.0				
Boston	EMPLOYMENT SPECIALIST											1.0				
Boston	STAFF ASSISTANT								1.0							
Boston	CORRESPONDENCE ANALYST								1.0							
Boston	PROGRAM SPECIALIST								3.0							
Boston	DIRECTOR															1.0
Boston	ASSISTANT DIRECTOR														1.0	
Boston	SUPPORT SERVICES SPECIALIST								3.0							
Boston	MANAGEMENT ANALYST								1.0		1.0					
Boston	FINANCIAL MANAGEMENT SPECIALIST								1.0							
Boston	LEGAL ADMIN SPEC (CONTACT REPRESENT)									2.0						
Boston	LEGAL ADMIN SPECIALIST									1.0						
Boston	DECISION REVIEW OFFICER												7.0			
Boston	VETERANS SERVICE REP (RATING)									2.0	3.0	20.0				
Boston	VETERANS SERVICE REPRESENTATIVE								38.0	3.0	9.0	7.0	7.0	1.0	1.0	
Boston	CLAIMS ASSISTANT					2.0	1.0									
Boston	SUPPLY TECHNICIAN				1.0											
Buffalo	VOCATIONAL REHAB COUNSELOR								2.0			12.6	1.0	1.0		
Buffalo	STUDENT TRAINEE (SOCIAL SCIENCE)						1.0									
Buffalo	HUMAN RESOURCES SPECIALIST											1.0				
Buffalo	HUMAN RESOURCES ASSISTANT (OA)						1.0									
Buffalo	MILITARY SERVICES COORDINATOR										5.0					
Buffalo	EMPLOYMENT SPECIALIST											2.0				
Buffalo	PROGRAM SPECIALIST								1.0		1.0	1.0				
Buffalo	PROGRAM SUPPORT ASSISTANT					2.0	4.0									
Buffalo	PROGRAM SUPPORT CLERK			7.0	11.0	1.0										
Buffalo	PROGRAM SUPPORT ASSISTANT (OA)					5.0	1.0									
Buffalo	SECRETARY (OA)				1.0			1.0								
Buffalo	DIRECTOR															1.0
Buffalo	PROGRAM MANAGER														1.0	
Buffalo	SUPPORT SERVICES SUPERVISOR									1.0						
Buffalo	MANAGEMENT ANALYST										1.0	1.0				
Buffalo	MANAGEMENT AND PROGRAM ANALYST											1.0				
Buffalo	FISCAL ACCOUNTS SUPERVISOR										1.0					
Buffalo	ACCOUNTS RECEIVABLE TECHNICIAN						2.0									
Buffalo	FINANCIAL ACCOUNTS TECHNICIAN						1.0									
Buffalo	ACCOUNTING TECHNICIAN				1.0											
Buffalo	BUDGET ANALYST										1.0					
Buffalo	LEGAL ADMIN SPEC (CONTACT REPRESENT)						1.0		2.0	2.0						
Buffalo	DECISION REVIEW OFFICER												6.0			
Buffalo	VETERANS CLAIMS EXAMINER						1.0		1.0		2.0					
Buffalo	VETERANS CLAIMS EX (EDUCATION)						1.0		169.8	3.0	33.0	9.0	2.0	2.0	1.0	
Buffalo	VETERANS SERVICE REP (RATING)										5.0	20.6				
Buffalo	VETERANS SERVICE REPRESENTATIVE						3.0		8.0	4.0	22.4	2.0	9.0	1.0	1.0	
Buffalo	CLAIMS ASSISTANT				2.0	2.0										
Buffalo	CLAIMS EXAMINER						1.0									
Buffalo	PURCHASING AGENT						1.0									
Buffalo	EDUCATION COMPLIANCE SURVEY SPEC									5.0			1.0			
Buffalo	EDUCATION LIAISON REPRESENTATIVE										13.0	1.0				
Buffalo	SUPPLY TECHNICIAN				1.0											
Chicago	VOCATIONAL REHAB COUNSELOR								1.0		3.0	11.0		1.0		
Chicago	HUMAN RESOURCES SPECIALIST										1.0	1.0				
Chicago	STAFF ASSISTANT								2.0							
Chicago	PROGRAM SPECIALIST								1.0		1.0	1.0				
Chicago	PROGRAM SUPPORT ASSISTANT					2.0										
Chicago	PROGRAM SUPPORT CLERK			0.5	1.0											
Chicago	INFORMATION RECEPTIONIST				1.0											
Chicago	FILE CLERK			4.0												
Chicago	MAIL CLERK			1.0												
Chicago	PROGRAM MANAGEMENT OFFICER														1.0	
Chicago	DIRECTOR															1.0
Chicago	SUPPORT SERVICES SUPERVISOR											1.0				
Chicago	MANAGEMENT ANALYST											2.0				
Chicago	FINANCIAL ACCOUNTS TECHNICIAN								2.0							
Chicago	ACCOUNTANT								1.0							
Chicago	TELLER					1.0										
Chicago	CIVILIAN PAY TECHNICIAN					1.0										
Chicago	LEGAL ADMIN SPECIALIST								4.0	3.0						
Chicago	DECISION REVIEW OFFICER												14.0			
Chicago	VETERANS SERVICE REP (RATING)									2.0	4.0	28.0				
Chicago	VETERANS SERVICE REPRESENTATIVE						8.0		10.0	17.0	21.0	10.0	10.0	2.0	1.0	
Chicago	CLAIMS ASSISTANT				1.0	14.0										
Cleveland	VOCATIONAL REHAB COUNSELOR								3.0		4.0	18.8	2.0			
Cleveland	HUMAN RES SPEC (EMP REL/LABOR REL)												1.0			
Cleveland	HUMAN RESOURCES SPECIALIST								1.0		2.0					
Cleveland	EXECUTIVE ASSISTANT								1.0							
Cleveland	MILITARY SERVICES COORDINATOR										2.0					
Cleveland	EMPLOYMENT SPECIALIST											2.0				

		Grade & FTE														
Office	**Job Title**	**2.0**	**3.0**	**4.0**	**5.0**	**6.0**	**7.0**	**8.0**	**9.0**	**10.0**	**11.0**	**12.0**	**13.0**	**14.0**	**15.0**	**SES**
Cleveland	PROGRAM SPECIALIST								7.0		1.0	1.0				
Cleveland	PROGRAM SUPPORT CLERK			4.0												
Cleveland	PROGRAM SUPPORT ASSISTANT (OA)						2.0									
Cleveland	PROGRAM SUPPORT CLERK (OA)					1.0										
Cleveland	MAIL CLERK			3.0												
Cleveland	SECRETARY (OA)					1.0										
Cleveland	OFFICE AUTOMATION CLERK			1.0												
Cleveland	DIRECTOR															1.0
Cleveland	PROGRAM MANAGER														1.0	
Cleveland	ADMINISTRATIVE OFFICER												1.0			
Cleveland	SUPPORT SERVICES SUPERVISOR					1.0						1.0				
Cleveland	MANAGEMENT ANALYST								1.0		1.0	1.0				
Cleveland	MANAGEMENT AND PROGRAM ANALYST										4.0	1.0				
Cleveland	PROGRAM ANALYST								1.0		1.0					
Cleveland	FINANCIAL MANAGEMENT SPECIALIST										1.0					
Cleveland	ACCOUNTING TECHNICIAN						1.0									
Cleveland	LEGAL ADMIN SPEC (CONTACT REPRESENT)				12.0		25.5		37.0	12.0	5.0	5.0	1.0			
Cleveland	DECISION REVIEW OFFICER												18.0			
Cleveland	VETERANS CLAIMS EXAMINER										1.0					
Cleveland	VETERANS SERVICE REP (RATING)										2.0	81.3				
Cleveland	VETERANS SERVICE REPRESENTATIVE						4.0		14.0	10.0	70.5	21.0	11.0	3.0	1.0	
Cleveland	CLAIMS ASSISTANT				3.0	29.0	2.0									
Cleveland	LOAN SPECIALIST (REALTY)								8.0		30.0	7.0	2.0	3.0	1.0	
Cleveland	APPRAISER								3.0			2.0	3.0	1.0		
Cleveland	REVIEW APPRAISER								3.0		16.0	23.0				
Columbia	VOCATIONAL REHAB COUNSELOR								1.0		2.0	25.0	2.0			
Columbia	COUNSELING PSYCHOLOGIST (VBA)													1.0		
Columbia	REHABILITATION TECHNICIAN						1.0									
Columbia	HUMAN RES SPEC (EMP REL/LABOR REL)												1.0			
Columbia	HUMAN RESOURCES SPECIALIST								1.0			1.0				
Columbia	MILITARY SERVICES COORDINATOR										3.0					
Columbia	EMPLOYMENT SPECIALIST											1.0				
Columbia	STAFF ASSISTANT								2.0							
Columbia	PROGRAM SPECIALIST										2.0	2.0				
Columbia	PROGRAM SUPPORT ASSISTANT					3.0	2.0									
Columbia	PROGRAM SUPPORT CLERK		1.0			1.0										
Columbia	PROGRAM SUPPORT ASSISTANT (OA)					1.0										
Columbia	PROGRAM SUPPORT ASST (STENOGRAPHY/OA)					1.0										
Columbia	PROGRAM SUPPORT CLERK (OA)			1.0	1.0											
Columbia	FILE CLERK			8.0		1.0										
Columbia	MAIL CLERK			2.0												
Columbia	DIRECTOR															1.0
Columbia	ASSISTANT DIRECTOR														2.0	
Columbia	SUPPORT SERVICES SPECIALIST						1.0									
Columbia	MANAGEMENT ANALYST										4.0	2.0				
Columbia	SYSTEMS AND PROCEDURES ANALYST								1.0							
Columbia	ACCOUNTS RECEIVABLE TECHNICIAN						1.0									
Columbia	BUDGET AND FINANCIAL CLERK (TYPING)					1.0										
Columbia	FINANCIAL ACCOUNTS TECHNICIAN					1.0										
Columbia	FINANCIAL MANAGER											1.0				
Columbia	ACCOUNTANT								1.0							
Columbia	VOUCHER EXAMINER					1.0										
Columbia	LEGAL ADMIN SPEC (CONTACT REPRESENT)				2.0		18.8		23.6	1.0	4.0	5.0	1.0			
Columbia	LEGAL ADMIN SPECIALIST						1.0		36.0	6.0						
Columbia	DECISION REVIEW OFFICER												12.0			
Columbia	LEGAL INSTRUMENT EXAMINER								21.0							
Columbia	LEGAL INST EXAM (FIDUCIARY ACCTS)						1.0	1.0	24.0							
Columbia	VETERANS SERVICE REP (RATING)									19.0	10.0	58.0				
Columbia	VETERANS SERVICE REPRESENTATIVE				1.0				3.0	10.0	120.8	16.0	13.0	4.0	1.0	
Columbia	CLAIMS ASSISTANT				8.0	5.0	1.0									
Columbia	TRAINING ADMINISTRATOR										1.0					
Columbia	SUPERVISORY TRAINING SPECIALIST										2.0					
Columbia	FIELD EXAMINER								4.0		67.0		6.0	1.0		
Columbia	SUPPLY TECHNICIAN				2.0											
Denver	VOCATIONAL REHAB COUNSELOR								2.0		4.0	22.0	2.0			
Denver	COUNSELING PSYCHOLOGIST (VBA)													1.0		
Denver	HUMAN RESOURCES SPECIALIST											2.0				
Denver	MILITARY SERVICES COORDINATOR						1.0				9.0					
Denver	EMPLOYMENT SPECIALIST											2.0				
Denver	STAFF ASSISTANT								1.0							
Denver	PROGRAM SPECIALIST								1.0		1.0					
Denver	PROGRAM SUPPORT ASSISTANT					1.0			2.0							
Denver	PROGRAM SUPPORT ASSISTANT (OA)						1.0		1.0							
Denver	FILE CLERK			2.0												
Denver	MAIL CLERK			2.0												
Denver	SECRETARY								1.0							
Denver	SECRETARY (OA)							1.0								
Denver	PROGRAM MANAGER														1.0	
Denver	ADMINISTRATIVE OFFICER												1.0			
Denver	MANAGEMENT ANALYST											1.0	2.0			
Denver	MANAGEMENT AND PROGRAM ANALYST											2.0				
Denver	PROGRAM ANALYST													1.0		
Denver	PROGRAM ASSISTANT						1.0									
Denver	FINANCIAL MANAGEMENT SPECIALIST								4.0							
Denver	FINANCE OFFICER											1.0				
Denver	ACCOUNTING TECHNICIAN						1.0									
Denver	CIVILIAN PAY TECHNICIAN						1.0									
Denver	LEGAL ADMIN SPEC (CONTACT REPRESENT)								4.0	4.0						
Denver	DECISION REVIEW OFFICER												12.0			
Denver	VETERANS CLAIMS EXAMINER								1.0							
Denver	VETERANS SERVICE REP (RATING)									1.0	7.0	39.8				
Denver	VETERANS SERVICE REPRESENTATIVE						8.0		14.0	13.0	41.0	15.0	9.0	2.0	1.0	
Denver	CLAIMS ASSISTANT				5.0	10.0	1.0									
Denver	LOAN ASSISTANT						3.0									
Denver	LOAN SPECIALIST (GENERAL)														1.0	
Denver	LOAN SPECIALIST (REALTY)										23.0	7.0	3.0	3.0		
Denver	APPRAISER										1.0	10.0	2.0	1.0		
Denver	REVIEW APPRAISER						8.0		3.0		10.0					
Denver	GENERAL SUPPLY SPECIALIST								1.0							

Office	Job Title	Grade & FTE														
		2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.0	11.0	12.0	13.0	14.0	15.0	SES
Denver	SUPPLY TECHNICIAN					1.0										
Des Moines	VOCATIONAL REHAB COUNSELOR										1.0	6.8				
Des Moines	COUNSELING PSYCHOLOGIST												1.0			
Des Moines	HUMAN RESOURCES SPECIALIST											2.0				
Des Moines	EMPLOYMENT SPECIALIST											1.0				
Des Moines	STAFF ASSISTANT												1.0			
Des Moines	PROGRAM SPECIALIST								2.0		1.0	1.0				
Des Moines	MAIL CLERK				1.0											
Des Moines	DIRECTOR														1.0	
Des Moines	ADMINISTRATIVE OFFICER												1.0			
Des Moines	SUPPORT SERVICES SPECIALIST								1.0							
Des Moines	MANAGEMENT ANALYST										1.0	1.0				
Des Moines	FINANCIAL MANAGEMENT SPECIALIST						1.0		2.0							
Des Moines	SYSTEMS AND PROCEDURES ANALYST									1.0						
Des Moines	LEGAL ADMIN SPEC (CONTACT REPRESENT)									1.0						
Des Moines	DECISION REVIEW OFFICER												7.0			
Des Moines	VETERANS SERVICE REP (RATING)											19.0				
Des Moines	VETERANS SERVICE REPRESENTATIVE				1.0		9.0		7.0	2.0	15.0	9.0	3.0			
Des Moines	CLAIMS ASSISTANT				2.0	4.0	1.0									
Detroit	VOCATIONAL REHAB COUNSELOR								3.0		5.0	21.0	2.0	1.0		
Detroit	HUMAN RESOURCES SPECIALIST								1.0				1.0			
Detroit	EMPLOYMENT SPECIALIST											3.0				
Detroit	STAFF ASSISTANT								1.0							
Detroit	PROGRAM SPECIALIST						1.0		3.0			1.0				
Detroit	PROGRAM SUPPORT ASSISTANT				1.0		1.0									
Detroit	PROGRAM SUPPORT ASSISTANT (OA)					1.0	1.0									
Detroit	FILE CLERK			2.0												
Detroit	MAIL CLERK			1.0	1.0											
Detroit	DIRECTOR															1.0
Detroit	ASSISTANT DIRECTOR														1.0	
Detroit	ADMINISTRATIVE OFFICER												1.0			
Detroit	MANAGEMENT ANALYST									1.0		2.0				
Detroit	SYSTEMS AND PROCEDURES ANALYST								1.0							
Detroit	FINANCIAL ACCOUNTS TECHNICIAN					1.0	2.0									
Detroit	LEGAL ADMIN SPEC (CONTACT REPRESENT)								3.0							
Detroit	LEGAL ADMIN SPECIALIST									2.0						
Detroit	DECISION REVIEW OFFICER												11.0			
Detroit	VETERANS SERVICE REP (RATING)									1.0	11.0	35.7				
Detroit	VETERANS SERVICE REPRESENTATIVE						7.0		12.0	9.0	42.0	8.0	14.0	2.0	1.0	
Detroit	CLAIMS ASSISTANT			2.0	10.0	7.0	1.0									
Fargo	VOCATIONAL REHAB COUNSELOR											5.0	1.0			
Fargo	COUNSELING PSYCHOLOGIST (VBA)											1.0				
Fargo	EMPLOYMENT SPECIALIST								1.0							
Fargo	PROGRAM SPECIALIST											1.0				
Fargo	PROGRAM SUPPORT ASSISTANT						1.0									
Fargo	DECISION REVIEW OFFICER												3.0			
Fargo	VETERANS SERVICE REP (RATING)									2.0	1.0	10.0				
Fargo	VETERANS SERVICE REPRESENTATIVE								3.0	1.0	6.0	2.0	2.0	1.0		
Fargo	CLAIMS ASSISTANT					4.0	1.0									
Ft Harrison	VOCATIONAL REHAB COUNSELOR										1.0	4.0	1.0			
Ft Harrison	EMPLOYMENT SPECIALIST											1.0				
Ft Harrison	PROGRAM SPECIALIST								1.0							
Ft Harrison	MANAGEMENT ANALYST											1.0				
Ft Harrison	MANAGEMENT AND PROGRAM ANALYST											1.0				
Ft Harrison	DECISION REVIEW OFFICER												4.0			
Ft Harrison	CONTACT REPRESENTATIVE									1.0						
Ft Harrison	VETERANS SERVICE REP (RATING)											15.0				
Ft Harrison	VETERANS SERVICE REPRESENTATIVE						3.0			8.0	5.0	5.0	5.0	1.0		
Ft Harrison	CLAIMS ASSISTANT					5.0	1.0									
Ft Harrison	SUPPLY TECHNICIAN				1.0											
Hartford	VOCATIONAL REHAB COUNSELOR								1.0			9.0	1.0			
Hartford	HUMAN RESOURCES SPECIALIST											1.0				
Hartford	MILITARY SERVICES COORDINATOR										1.0					
Hartford	EMPLOYMENT SPECIALIST											1.0				
Hartford	PROGRAM SPECIALIST										1.0	1.0				
Hartford	PROGRAM SUPPORT CLERK				1.0											
Hartford	PROGRAM SUPPORT CLERK (OA)				1.0											
Hartford	DIRECTOR														1.0	
Hartford	MANAGEMENT ANALYST										2.0	1.0				
Hartford	MANAGEMENT AND PROGRAM ANALYST											1.0				
Hartford	ACCOUNTING TECHNICIAN						1.0									
Hartford	LEGAL ADMIN SPEC (CONTACT REPRESENT)								1.0							
Hartford	DECISION REVIEW OFFICER												4.0			
Hartford	VETERANS CLAIMS EX (EDUCATION)												2.0			
Hartford	VETERANS SERVICE REP (RATING)										7.0	18.0				
Hartford	VETERANS SERVICE REPRESENTATIVE						3.0		11.0	7.0	15.0	2.0	5.0	1.0		
Hartford	CLAIMS ASSISTANT				1.0	4.0										
Honolulu	VOCATIONAL REHAB COUNSELOR								4.0		1.0	9.0	1.0			
Honolulu	HUMAN RESOURCES SPECIALIST											1.0				
Honolulu	MILITARY SERVICES COORDINATOR										4.0					
Honolulu	EMPLOYMENT SPECIALIST											1.0				
Honolulu	STAFF ASSISTANT								1.0							
Honolulu	PROGRAM SPECIALIST										1.0					
Honolulu	PROGRAM SUPPORT ASSISTANT				1.0		2.0									
Honolulu	FILE CLERK			2.0												
Honolulu	PROGRAM MANAGER														1.0	
Honolulu	MANAGEMENT AND PROGRAM ANALYST											1.0				
Honolulu	PROGRAM ANALYST												1.0			
Honolulu	BUDGET TECHNICIAN						1.0									
Honolulu	LEGAL ADMIN SPEC (CONTACT REPRESENT)								2.0	3.0						
Honolulu	DECISION REVIEW OFFICER												4.0			
Honolulu	VETERANS CLAIMS EXAMINER										1.0					
Honolulu	VETERANS SERVICE REP (RATING)									6.0	4.0	4.0	1.0			
Honolulu	VETERANS SERVICE REPRESENTATIVE						2.0		5.0	3.0	11.0	3.0	4.0	1.0		
Honolulu	CLAIMS ASSISTANT				1.0	4.0	1.0									
Honolulu	LOAN SPECIALIST (REALTY)								2.0			1.0	1.0			
Honolulu	APPRAISER										1.0	2.0				
Houston	VOCATIONAL REHAB COUNSELOR								4.0		5.0	49.0	2.0	1.0		

		Grade & FTE														
Office	**Job Title**	**2.0**	**3.0**	**4.0**	**5.0**	**6.0**	**7.0**	**8.0**	**9.0**	**10.0**	**11.0**	**12.0**	**13.0**	**14.0**	**15.0**	**SES**
Houston	COUNSELING PSYCHOLOGIST (VBA)												1.0			
Houston	REHABILITATION TECHNICIAN							2.0	8.0							
Houston	HUMAN RESOURCES SPECIALIST								1.0		1.0	1.0				
Houston	HUMAN RES SPEC (LABOR RELATIONS)										1.0					
Houston	MILITARY SERVICES COORDINATOR										13.0					
Houston	EMPLOYMENT SPECIALIST											2.0				
Houston	PROGRAM SPECIALIST								1.0			1.0				
Houston	PROGRAM SUPPORT ASSISTANT						4.0									
Houston	PROGRAM SUPPORT CLERK			6.0												
Houston	ADMINISTRATIVE SUPPORT ASSISTANT						2.0									
Houston	ADMINISTRATIVE SUPPORT CLERK						2.0									
Houston	FILE CLERK			9.0												
Houston	FILE SUPERVISOR					1.0										
Houston	MAIL CLERK				4.0	1.0										
Houston	DIRECTOR															1.0
Houston	ASSISTANT DIRECTOR														2.0	
Houston	ADMINISTRATIVE OFFICER												1.0			
Houston	MANAGEMENT ANALYST										2.0	2.0				
Houston	MANAGEMENT AND PROGRAM ANALYST											2.0				
Houston	PROGRAM ANALYST								1.0		2.0					
Houston	FISCAL ADMINISTRATION SUPERVISOR											1.0				
Houston	ACCOUNTS RECEIVABLE TECHNICIAN						1.0									
Houston	FINANCIAL ACCOUNTS TECHNICIAN						5.0									
Houston	ACCOUNTANT										2.0					
Houston	LEGAL ADMIN SPEC (CONTACT REPRESENT)								5.0	3.0						
Houston	LEGAL ADMIN SPECIALIST								2.0	4.0						
Houston	DECISION REVIEW OFFICER												24.0			
Houston	VETERANS CLAIMS EXAMINER										1.0					
Houston	VETERANS SERVICE REP (RATING)									12.0	4.0	83.0				
Houston	VETERANS SERVICE REPRESENTATIVE								22.0	25.0	88.0	33.0	17.0	4.0	1.0	
Houston	CLAIMS ASSISTANT				15.0	16.0	10.0									
Houston	CLAIMS ASSISTANT (OA)					1.0										
Houston	PURCHASING AGENT								2.0							
Houston	LOAN ASSISTANT				2.0		2.0									
Houston	LOAN SPECIALIST (GENERAL)												1.0	1.0		
Houston	LOAN SPECIALIST (REALTY)						1.0		18.0		27.0	10.0	4.0	2.0	1.0	
Houston	APPRAISER										8.0	19.0	2.0	1.0		
Houston	REVIEW APPRAISER										2.0	5.0	1.0			
Houston	BUILDING MANAGEMENT SPECIALIST								2.0							
Houston	STUDENT TRAINEE (BUSINESS/INDUSTRY)			0.5												
Houston	VOCATIONAL REHABILITATION SPEC										1.0					
Huntington	VOCATIONAL REHAB COUNSELOR											7.0	1.0			
Huntington	HUMAN RESOURCES SPECIALIST											1.0				
Huntington	HUMAN RESOURCES ASSISTANT						1.0									
Huntington	EMPLOYMENT SPECIALIST								1.0							
Huntington	SPECIAL ASSISTANT								1.0							
Huntington	STAFF ASSISTANT													1.0		
Huntington	PROGRAM SPECIALIST								2.0		1.0	1.0				
Huntington	ADMINISTRATIVE ASSISTANT						2.0									
Huntington	PROGRAM SUPPORT ASSISTANT				2.0											
Huntington	PROGRAM SUPPORT CLERK			6.0	1.0											
Huntington	FILE SUPERVISOR					1.0										
Huntington	SECRETARY (OA)					1.0										
Huntington	ADMINISTRATIVE OFFICER								1.0			1.0				
Huntington	MANAGEMENT ANALYST											4.0				
Huntington	BUDGET ANALYST								1.0		1.0					
Huntington	LEGAL ADMIN SPECIALIST								1.0	2.0						
Huntington	DECISION REVIEW OFFICER												10.0			
Huntington	VETERANS SERVICE REP (RATING)								1.0	3.0	5.0	31.0				
Huntington	VETERANS SERVICE REPRESENTATIVE				2.0		8.0		11.0	13.0	43.0	13.0	6.0	1.0		
Huntington	CLAIMS ASSISTANT					7.0										
Indianapolis	VOCATIONAL REHAB COUNSELOR								1.0			16.0	2.0	1.0		
Indianapolis	STUDENT TRAINEE (SOCIAL SCIENCE)						1.0									
Indianapolis	HUMAN RES SPEC (EMP REL/LABOR REL)											1.0				
Indianapolis	HUMAN RESOURCES SPECIALIST										1.0	1.0				
Indianapolis	MILITARY SERVICES COORDINATOR										3.0					
Indianapolis	CONGRESSIONAL LIAISON OFFICER										2.0					
Indianapolis	EMPLOYMENT SPECIALIST											2.0				
Indianapolis	CORRESPONDENCE ANALYST										2.0					
Indianapolis	PROGRAM SPECIALIST								2.0		3.0	2.0				
Indianapolis	PROGRAM SUPPORT ASSISTANT					6.0	7.0									
Indianapolis	PROGRAM SUPPORT CLERK			6.0												
Indianapolis	FILE CLERK			5.0												
Indianapolis	MAIL CLERK			4.0	1.0											
Indianapolis	SECRETARY (OA)							1.0								
Indianapolis	DIRECTOR															1.0
Indianapolis	ASSISTANT DIRECTOR														1.0	
Indianapolis	ADMINISTRATIVE OFFICER												1.0			
Indianapolis	SUPPORT SERVICES SUPERVISOR											1.0				
Indianapolis	MANAGEMENT ANALYST								1.0		2.0	1.0	1.0			
Indianapolis	MANAGEMENT AND PROGRAM ANALYST										1.0	1.0				
Indianapolis	MANAGEMENT ASSISTANT						1.0									
Indianapolis	FINANCIAL MANAGEMENT SPECIALIST								1.0							
Indianapolis	FISCAL ACCOUNTS SUPERVISOR											1.0				
Indianapolis	FINANCIAL ACCOUNTS TECHNICIAN								1.0							
Indianapolis	ACCOUNTING TECHNICIAN							1.0								
Indianapolis	LEGAL ADMIN SPEC (CONTACT REPRESENT)								1.0	8.0						
Indianapolis	LEGAL ADMIN SPECIALIST									1.0						
Indianapolis	DECISION REVIEW OFFICER												11.0			
Indianapolis	LEGAL INST EXAM (FIDUCIARY ACCTS)						21.0	8.0	38.0	4.0						
Indianapolis	VETERANS SERVICE REP (RATING)										1.0	25.0				
Indianapolis	VETERANS SERVICE REPRESENTATIVE						11.0		11.0	24.0	19.0	9.0	7.0	2.0	1.0	
Indianapolis	CLAIMS ASSISTANT				4.0	13.0	1.0									
Indianapolis	FIELD EXAMINER								10.0		99.0	6.0	7.0	1.0		
Jackson	VOCATIONAL REHAB COUNSELOR											7.0				
Jackson	COUNSELING PSYCHOLOGIST (VBA)												1.0			
Jackson	HUMAN RESOURCES SPECIALIST											1.0				
Jackson	MILITARY SERVICES COORDINATOR										3.0					

		Grade & FTE														
Office	**Job Title**	**2.0**	**3.0**	**4.0**	**5.0**	**6.0**	**7.0**	**8.0**	**9.0**	**10.0**	**11.0**	**12.0**	**13.0**	**14.0**	**15.0**	**SES**
Jackson	EMPLOYMENT SPECIALIST											1.0				
Jackson	SPECIAL ASSISTANT								1.0							
Jackson	PROGRAM SPECIALIST										1.0	1.0				
Jackson	PROGRAM SUPPORT ASSISTANT					1.0	1.0									
Jackson	FILE CLERK			6.0												
Jackson	MAIL CLERK			2.0												
Jackson	OFFICE AUTOMATION ASSISTANT					1.0										
Jackson	DIRECTOR															1.0
Jackson	PROGRAM MANAGER														1.0	
Jackson	MANAGEMENT ANALYST											2.0				
Jackson	PROGRAM ANALYST								2.0			1.0				
Jackson	ACCOUNTS RECEIVABLE TECHNICIAN						2.0									
Jackson	FINANCIAL ACCOUNTS TECHNICIAN								1.0							
Jackson	FINANCIAL MANAGER											1.0				
Jackson	VOUCHER EXAMINER				1.0											
Jackson	BUDGET ANALYST								1.0							
Jackson	LEGAL ADMIN SPEC (CONTACT REPRESENT)									2.0						
Jackson	DECISION REVIEW OFFICER												9.0			
Jackson	VETERANS SERVICE REP (RATING)										4.0	34.0				
Jackson	VETERANS SERVICE REPRESENTATIVE						7.0			20.0	42.0	15.0	6.0	2.0	1.0	
Jackson	CLAIMS ASSISTANT				3.0	9.0	1.0									
Jackson	FACILITY OPERATIONS SPECIALIST									2.0						
Lincoln	VOCATIONAL REHAB COUNSELOR										1.0	8.0	1.0			
Lincoln	HUMAN RESOURCES SPECIALIST											2.0				
Lincoln	MILITARY SERVICES COORDINATOR										3.0					
Lincoln	EMPLOYMENT SPECIALIST											1.0				
Lincoln	PROGRAM SPECIALIST										1.0	7.0				
Lincoln	PROGRAM SUPPORT ASSISTANT					2.0										
Lincoln	PROGRAM SUPPORT ASSISTANT (OA)					1.0										
Lincoln	MAIL AND FILE CLERK			1.0												
Lincoln	MAIL SUPERVISOR						1.0									
Lincoln	SECRETARY								1.0							
Lincoln	DIRECTOR															1.0
Lincoln	DIR, POLICY ANALYSIS AND FORECASTING														1.0	
Lincoln	ADMINISTRATIVE OFFICER												1.0			
Lincoln	SUPPORT SERVICES SPECIALIST								4.0							
Lincoln	MANAGEMENT ANALYST											1.0				
Lincoln	MANAGEMENT AND PROGRAM ANALYST											1.0				
Lincoln	PROGRAM ANALYST										1.0	1.0				
Lincoln	MANAGEMENT ASSISTANT						1.0									
Lincoln	FINANCIAL ACCOUNTS TECHNICIAN					1.0										
Lincoln	FINANCIAL ACCOUNTS CLERK				1.0											
Lincoln	BUDGET ANALYST										1.0					
Lincoln	DECISION REVIEW OFFICER												10.0			
Lincoln	LEGAL INSTRUMENT EXAMINER						3.0	1.0	19.8							
Lincoln	LEGAL INST EXAM (FIDUCIARY ACCTS)							1.0	12.0							
Lincoln	VETERANS SERVICE REP (RATING)								3.0	6.0	2.0	39.9				
Lincoln	VETERANS SERVICE REPRESENTATIVE						12.0		16.0	3.0	32.0	11.0	9.0	1.0	1.0	
Lincoln	CLAIMS ASSISTANT				1.0	15.4	1.0									
Lincoln	FIELD EXAMINER								5.0		45.0	1.0	4.0	1.0		
Little Rock	VOCATIONAL REHAB COUNSELOR										1.0	12.0	1.0			
Little Rock	HUMAN RESOURCES SPECIALIST											1.0				
Little Rock	MILITARY SERVICES COORDINATOR										1.0					
Little Rock	EMPLOYMENT SPECIALIST											1.0				
Little Rock	CORRESPONDENCE ANALYST										2.0					
Little Rock	PROGRAM SPECIALIST								1.0		1.0	2.0				
Little Rock	PROGRAM SUPPORT ASSISTANT						2.0									
Little Rock	FILE CLERK			4.0												
Little Rock	SECRETARY (OA)								1.0							
Little Rock	PROGRAM MANAGEMENT OFFICER														1.0	
Little Rock	DIRECTOR															1.0
Little Rock	ADMINISTRATIVE OFFICER											1.0	1.0			
Little Rock	SUPPORT SERVICES SPECIALIST									1.0						
Little Rock	MANAGEMENT ANALYST											2.0				
Little Rock	PROGRAM ANALYST								3.0							
Little Rock	ACCOUNTS RECEIVABLE TECHNICIAN						1.0									
Little Rock	ACCOUNTING TECHNICIAN						1.0									
Little Rock	LEGAL ADMIN SPECIALIST									1.0						
Little Rock	DECISION REVIEW OFFICER												9.0			
Little Rock	VETERANS SERVICE REP (RATING)								1.0	1.0	1.0	36.0				
Little Rock	VETERANS SERVICE REPRESENTATIVE						6.0		1.0	8.0	31.0	12.0	11.0	1.0	1.0	
Little Rock	CLAIMS ASSISTANT				1.0	7.0	2.0									
Los Angeles	VOCATIONAL REHAB COUNSELOR								2.0			24.0	1.0	1.0		
Los Angeles	COUNSELING PSYCHOLOGIST (VBA)											1.0				
Los Angeles	HUMAN RESOURCES SPECIALIST											2.0				
Los Angeles	CONGRESSIONAL LIAISON REP										3.0					
Los Angeles	MILITARY SERVICES COORDINATOR										5.0					
Los Angeles	EMPLOYMENT SPECIALIST											1.0				
Los Angeles	STAFF ASSISTANT								1.0							
Los Angeles	PROGRAM SPECIALIST										1.0	1.0				
Los Angeles	PROGRAM SUPPORT ASSISTANT								2.0							
Los Angeles	PROGRAM SUPPORT CLERK				1.0											
Los Angeles	PROGRAM SUPPORT ASSISTANT (OA)						1.0		2.0							
Los Angeles	FILE CLERK			8.0												
Los Angeles	MAIL CLERK			2.6												
Los Angeles	SECRETARY							1.0								
Los Angeles	CLERK-TYPIST			1.0												
Los Angeles	PROGRAM MANAGER														1.0	
Los Angeles	ADMINISTRATIVE OFFICER												1.0			
Los Angeles	MANAGEMENT AND PROGRAM ANALYST											3.0				
Los Angeles	PROGRAM ANALYST										1.0	1.0				
Los Angeles	FISCAL ADMINISTRATION SUPERVISOR										1.0					
Los Angeles	ACCOUNTS RECEIVABLE TECHNICIAN						2.0									
Los Angeles	FINANCIAL ACCOUNTS TECHNICIAN								1.0							
Los Angeles	ACCOUNTING TECHNICIAN						1.0									
Los Angeles	BUDGET ANALYST										1.0					
Los Angeles	LEGAL ADMIN SPEC (CONTACT REPRESENT)								4.0	1.0						
Los Angeles	LEGAL ADMIN SPECIALIST									4.0						

Office	Job Title	Grade & FTE														
Office	Job Title	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.0	11.0	12.0	13.0	14.0	15.0	SES
Los Angeles	DECISION REVIEW OFFICER												14.0			
Los Angeles	VETERANS CLAIMS EXAMINER										1.0					
Los Angeles	VETERANS SERVICE REP (RATING)								1.0	1.0	18.0	30.0				
Los Angeles	VETERANS SERVICE REPRESENTATIVE				5.0		12.0		25.0	15.0	24.0	17.0	4.0	1.0	1.0	
Los Angeles	CLAIMS ASSISTANT				7.0	14.0	1.0									
Los Angeles	PROCUREMENT TECHNICIAN						0.5									
Los Angeles	VOCATIONAL REHABILITATION SPEC											1.0				
Louisville	VOCATIONAL REHAB COUNSELOR								6.0		6.0	10.0	1.0	1.0		
Louisville	REHABILITATION TECHNICIAN						1.0									
Louisville	HUMAN RESOURCES SPECIALIST											1.0				
Louisville	HUMAN RESOURCES SPECIALIST										1.0					
Louisville	MILITARY SERVICES COORDINATOR										3.0					
Louisville	EMPLOYMENT SPECIALIST										1.0					
Louisville	SPECIAL ASSISTANT								1.0							
Louisville	PROGRAM SPECIALIST								1.0		1.0	3.0				
Louisville	ADMINISTRATIVE SUPPORT ASSISTANT						3.0									
Louisville	PROGRAM SUPPORT ASSISTANT (OA)					2.0										
Louisville	FILE CLERK			1.0												
Louisville	DIRECTOR															1.0
Louisville	ASSISTANT DIRECTOR														1.0	
Louisville	MANAGEMENT ANALYST								1.0		2.0	1.0				
Louisville	MANAGEMENT AND PROGRAM ANALYST											1.0				
Louisville	PROGRAM ANALYST										1.0					
Louisville	FINANCIAL ACCOUNTS TECHNICIAN								1.0							
Louisville	FINANCIAL MANAGER											1.0				
Louisville	ACCOUNTANT								1.0							
Louisville	ACCOUNTING TECHNICIAN						1.0									
Louisville	TELLER					1.0										
Louisville	LEGAL ADMIN SPECIALIST									1.0						
Louisville	DECISION REVIEW OFFICER												12.0			
Louisville	LEGAL INSTRUMENT EXAMINER				1.0		4.0	12.0	14.0							
Louisville	LEGAL INST EXAM (FIDUCIARY ACCTS)						1.0		16.0							
Louisville	VETERANS CLAIMS EXAMINER										1.0					
Louisville	VETERANS SERVICE REP (RATING)									2.0	2.0	44.0				
Louisville	VETERANS SERVICE REPRESENTATIVE						16.0		16.0	14.0	29.0	11.0	7.0	2.0	1.0	
Louisville	CLAIMS ASSISTANT				3.0	13.0	1.0									
Louisville	FIELD EXAMINER										57.0	4.0	3.0	1.0		
Manchester	VOCATIONAL REHAB COUNSELOR										1.0	4.0				
Manchester	HUMAN RESOURCES SPECIALIST											1.0				
Manchester	PROGRAM SPECIALIST											1.0				
Manchester	MAIL CLERK			1.0												
Manchester	SUPPORT SERVICES SPECIALIST								2.0							
Manchester	MANAGEMENT ANALYST										1.0					
Manchester	MANAGEMENT AND PROGRAM ANALYST											1.0				
Manchester	FINANCIAL MANAGER												1.0			
Manchester	LEGAL ADMIN SPEC (CONTACT REPRESENT)									2.0						
Manchester	DECISION REVIEW OFFICER												2.0			
Manchester	VETERANS SERVICE REP (RATING)									1.0	1.0	5.0				
Manchester	VETERANS SERVICE REPRESENTATIVE								5.0		7.0	1.0	3.0	1.0		
Manchester	CLAIMS ASSISTANT					1.0										
Manila	VOCATIONAL REHAB COUNSELOR											2.0				
Manila	REHABILITATION TECHNICIAN								1.0							
Manila	HUMAN RESOURCES SPECIALIST						1.0		1.0							
Manila	PROGRAM SPECIALIST								1.0			1.0				
Manila	FILE CLERK			1.0												
Manila	MAIL CLERK				1.0											
Manila	DIRECTOR															1.0
Manila	PROGRAM MANAGER														1.0	
Manila	ADMINISTRATIVE ASSISTANT (OA)						1.0									
Manila	ADMINISTRATIVE OFFICER												1.0			
Manila	SUPPORT SERVICES SPECIALIST									1.0						
Manila	MANAGEMENT ANALYST											2.0				
Manila	PROGRAM ANALYST								1.0							
Manila	ACCOUNTS RECEIVABLE TECHNICIAN								2.0							
Manila	ACCOUNTANT								1.0		1.0					
Manila	VOUCHER EXAMINER						2.0									
Manila	CIVILIAN PAY TECHNICIAN						1.0									
Manila	BUDGET ANALYST										1.0					
Manila	LEGAL ADMIN SPECIALIST								1.0	1.0		1.0				
Manila	DECISION REVIEW OFFICER												4.0			
Manila	LEGAL INSTRUMENT EXAMINER						1.0		1.0							
Manila	VETERANS SERVICE REP (RATING)											12.0				
Manila	VETERANS SERVICE REPRESENTATIVE						10.0		2.0	7.0	7.0	3.0	6.0	1.0		
Manila	CLAIMS ASSISTANT				2.0	8.0										
Manila	EDUCATION LIAISON REPRESENTATIVE										1.0					
Manila	INVESTIGATOR										5.0					
Manila	SUPPLY TECHNICIAN					1.0	1.0									
Milwaukee	VOCATIONAL REHAB COUNSELOR								1.0			11.0	1.0	1.0		
Milwaukee	REHABILITATION TECHNICIAN								1.0							
Milwaukee	HUMAN RES SPEC (EMP REL/LABOR REL)											1.0				
Milwaukee	HUMAN RESOURCES SPECIALIST								1.0		1.0	1.0				
Milwaukee	EXECUTIVE ASSISTANT								1.0							
Milwaukee	EMPLOYMENT SPECIALIST											1.0				
Milwaukee	PROGRAM SPECIALIST										1.0	4.0				
Milwaukee	PROGRAM SUPPORT ASSISTANT				3.0	11.0	1.0									
Milwaukee	PROGRAM SUPPORT CLERK			2.7		4.0	2.0									
Milwaukee	PROGRAM SUPPORT ASSISTANT (OA)				1.0	1.0										
Milwaukee	PROGRAM SUPPORT CLERK (OA)			1.0												
Milwaukee	MAIL CLERK				7.0		1.0									
Milwaukee	ASSISTANT DIRECTOR														1.0	
Milwaukee	PROGRAM MANAGEMENT OFFICER														1.0	
Milwaukee	ADMINISTRATIVE OFFICER												1.0			
Milwaukee	MANAGEMENT ANALYST										1.0	2.0	1.0			
Milwaukee	PROGRAM ANALYST								2.0							
Milwaukee	ACCOUNTS RECEIVABLE TECHNICIAN							1.0	8.0		1.0					
Milwaukee	ACCOUNTANT								1.0							
Milwaukee	CIVILIAN PAY TECHNICIAN						1.0									
Milwaukee	BUDGET ANALYST										1.0					

		Grade & FTE														
Office	Job Title	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.0	11.0	12.0	13.0	14.0	15.0	SES
Milwaukee	LEGAL ADMIN SPEC (CONTACT REPRESENT)									6.0						
Milwaukee	DECISION REVIEW OFFICER												12.0			
Milwaukee	LEGAL INSTRUMENT EXAMINER						2.0	1.0	27.0							
Milwaukee	VETERANS CLAIMS EXAMINER										3.0					
Milwaukee	VETERANS SERVICE REP (RATING)										7.0	61.0	1.0			
Milwaukee	VETERANS SERVICE REPRESENTATIVE						28.0		20.0	45.0	143.0	20.0	29.0	4.0	2.0	
Milwaukee	CLAIMS ASSISTANT				7.0	40.8	3.0									
Milwaukee	STUDENT TRAINEE (LEGAL OCCUPATIONS)					0.6										
Milwaukee	STUDENT TRNE (VET CLAIMS EXAMINER)				0.6											
Milwaukee	PURCHASING AGENT								1.0							
Milwaukee	FIELD EXAMINER								3.0		44.0		5.0	1.0		
Montgomery	VOCATIONAL REHAB COUNSELOR								1.0		2.0	24.0	3.0	1.0		
Montgomery	HUMAN RESOURCES SPECIALIST										1.0	1.0				
Montgomery	MILITARY SERVICES COORDINATOR										4.0					
Montgomery	EMPLOYMENT SPECIALIST											1.0				
Montgomery	STAFF ASSISTANT								1.0							
Montgomery	PROGRAM SPECIALIST						1.0		4.0		1.0	1.0				
Montgomery	ADMINISTRATIVE SUPPORT ASSISTANT						1.0									
Montgomery	FILE CLERK			10.0												
Montgomery	MAIL CLERK			2.0												
Montgomery	PROGRAM MANAGER														1.0	
Montgomery	SUPPORT SERVICES SUPERVISOR												1.0			
Montgomery	MANAGEMENT ANALYST											2.0				
Montgomery	MANAGEMENT AND PROGRAM ANALYST											1.0				
Montgomery	PROGRAM ASSISTANT (ANALYSIS/OA)					1.0										
Montgomery	COPIER/DUPLICATOR EQUIP OPERATOR			1.0												
Montgomery	ACCOUNTS RECEIVABLE TECHNICIAN						3.0									
Montgomery	ACCOUNTANT										1.0					
Montgomery	TELLER					1.0										
Montgomery	VOUCHER EXAMINER					1.0										
Montgomery	LEGAL ADMIN SPEC (CONTACT REPRESENT)									4.0						
Montgomery	DECISION REVIEW OFFICER												14.0			
Montgomery	VETERANS SERVICE REP (RATING)									6.0	4.0	46.0				
Montgomery	VETERANS SERVICE REPRESENTATIVE						3.0			13.0	41.0	22.0	8.0	2.0	1.0	
Montgomery	CLAIMS ASSISTANT					16.0	2.0									
Montgomery	FACILITY OPERATIONS SPECIALIST									2.0						
Montgomery	VOCATIONAL REHABILITATION SPEC										1.0					
Muskogee	VOCATIONAL REHAB COUNSELOR								4.0		6.0	8.0	2.0	1.0		
Muskogee	HUMAN RES SPEC (EMP REL/LABOR REL)											1.0				
Muskogee	HUMAN RESOURCES SPECIALIST								2.0		2.0	1.0				
Muskogee	HUMAN RESOURCES ASSISTANT						2.0									
Muskogee	MILITARY SERVICES COORDINATOR								1.0		6.0	1.0				
Muskogee	MANAGEMENT SERVICES OFFICER											1.0				
Muskogee	EMPLOYMENT SPECIALIST											2.0				
Muskogee	STAFF ASSISTANT								2.0					1.0		
Muskogee	PROGRAM SPECIALIST										1.0	1.0				
Muskogee	PROGRAM SUPPORT ASSISTANT				10.0	4.0	2.0									
Muskogee	PROGRAM SUPPORT CLERK		3.0	4.5												
Muskogee	PROGRAM SUPPORT ASSISTANT (OA)				12.0	20.0	3.0									
Muskogee	FILE CLERK			7.0												
Muskogee	FILE SUPERVISOR					1.0										
Muskogee	MAIL CLERK				8.0											
Muskogee	SECRETARY					1.0										
Muskogee	DIRECTOR															1.0
Muskogee	PROGRAM MANAGER														2.0	
Muskogee	ADMINISTRATIVE OFFICER												1.0			
Muskogee	SUPPORT SERVICES SPECIALIST										1.0	1.0				
Muskogee	MANAGEMENT ANALYST											1.0				
Muskogee	MANAGEMENT AND PROGRAM ANALYST										2.0	1.0	1.0			
Muskogee	PROGRAM ANALYST										1.0	1.0				
Muskogee	FISCAL ACCOUNTS SUPERVISOR										1.0					
Muskogee	TELLER					2.0										
Muskogee	VOUCHER EXAMINER				1.0											
Muskogee	CIVILIAN PAY TECHNICIAN					2.0										
Muskogee	BUDGET ANALYST				3.0				15.0							
Muskogee	LEGAL ADMIN SPEC (CONTACT REPRESENT)						1.0		1.0	4.0						
Muskogee	LEGAL ADMIN SPECIALIST								1.0							
Muskogee	DECISION REVIEW OFFICER												19.0			
Muskogee	LEGAL INSTRUMENT EXAMINER								1.0							
Muskogee	VETERANS CLAIMS EXAMINER								1.0		2.0			3.0	1.0	
Muskogee	VETERANS CLAIMS EX (EDUCATION)				25.0		208.3		388.5	50.0	69.0	37.0	5.0			
Muskogee	VETERANS SERVICE REP (RATING)									1.0		85.0				
Muskogee	VETERANS SERVICE REPRESENTATIVE						4.0		41.0	24.0	57.0	16.0	17.0	3.0	1.0	
Muskogee	CLAIMS ASSISTANT				6.0	24.0	1.0									
Muskogee	TRAINING SPECIALIST										1.0					
Muskogee	EDUCATION COMPLIANCE SURVEY SPEC								2.0	27.0		5.0				
Muskogee	EDUCATION LIAISON REPRESENTATIVE									1.0	12.0		1.0			
Nashville	VOCATIONAL REHAB COUNSELOR								3.0		4.0	15.0	1.0			
Nashville	HUMAN RESOURCES SPECIALIST										1.0	1.0				
Nashville	MILITARY SERVICES COORDINATOR										7.0					
Nashville	EMPLOYMENT SPECIALIST											2.0				
Nashville	STAFF ASSISTANT								1.0							
Nashville	PROGRAM SPECIALIST								1.0			1.0				
Nashville	ADMINISTRATIVE ASSISTANT				1.0		1.0									
Nashville	PROGRAM SUPPORT CLERK				7.0	1.0										
Nashville	PROGRAM SUPPORT ASSISTANT (OA)					1.0										
Nashville	FILE CLERK			7.0												
Nashville	MAIL CLERK			2.0												
Nashville	DIRECTOR															1.0
Nashville	PROGRAM MANAGER														1.0	
Nashville	MANAGEMENT ANALYST										2.0					
Nashville	MANAGEMENT AND PROGRAM ANALYST											1.0				
Nashville	PROGRAM ANALYST								1.0		2.0					
Nashville	PROGRAM ASSISTANT								1.0							
Nashville	FINANCIAL ACCOUNTS TECHNICIAN						5.0		1.0							
Nashville	BUDGET ANALYST								1.0							
Nashville	LEGAL ADMIN SPEC (CONTACT REPRESENT)				4.0		1.0		76.6	7.0	7.0	4.0	1.0			
Nashville	LEGAL ADMIN SPECIALIST								2.6							

		Grade & FTE														
Office	**Job Title**	**2.0**	**3.0**	**4.0**	**5.0**	**6.0**	**7.0**	**8.0**	**9.0**	**10.0**	**11.0**	**12.0**	**13.0**	**14.0**	**15.0**	**SES**
Nashville	DECISION REVIEW OFFICER												22.5			
Nashville	VETERANS SERVICE REP (RATING)									4.0	8.0	65.6				
Nashville	VETERANS SERVICE REPRESENTATIVE						2.0		4.0	8.6	88.0	18.8	13.0	4.0	1.0	
Nashville	CLAIMS ASSISTANT				2.0	13.0										
Nashville	SUPERVISORY TRAINING SPECIALIST										1.0					
New Orleans	VOCATIONAL REHAB COUNSELOR										2.0	10.0	1.0			
New Orleans	COUNSELING PSYCHOLOGIST (VBA)													1.0		
New Orleans	HUMAN RESOURCES SPECIALIST										1.0	1.0				
New Orleans	MILITARY SERVICES COORDINATOR										4.0					
New Orleans	EMPLOYMENT SPECIALIST											2.0				
New Orleans	PROGRAM SPECIALIST								3.0		1.0	1.0				
New Orleans	PROGRAM SUPPORT ASSISTANT				1.0		1.0									
New Orleans	PROGRAM SUPPORT CLERK			10.0												
New Orleans	ADMINISTRATIVE SUPPORT ASSISTANT						3.0									
New Orleans	DIRECTOR															1.0
New Orleans	ASSISTANT DIRECTOR														1.0	
New Orleans	SUPPORT SERVICES SPECIALIST								1.0							
New Orleans	SUPPORT SERVICES SUPERVISOR											1.0				
New Orleans	MANAGEMENT ANALYST											3.0				
New Orleans	ACCOUNTS RECEIVABLE TECHNICIAN						1.0									
New Orleans	BUDGET AND FINANCIAL TECHNICIAN					1.0										
New Orleans	FINANCIAL MANAGER												1.0			
New Orleans	BUDGET TECHNICIAN					1.0										
New Orleans	LEGAL ADMIN SPEC (CONTACT REPRESENT)									1.0	2.0					
New Orleans	LEGAL ADMIN SPECIALIST								2.0	2.0						
New Orleans	DECISION REVIEW OFFICER												6.0			
New Orleans	VETERANS CLAIMS EXAMINER										1.0					
New Orleans	VETERANS SERVICE REP (RATING)										4.0	25.0				
New Orleans	VETERANS SERVICE REPRESENTATIVE								6.0	9.0	23.0	8.0	8.0	1.0	1.0	
New Orleans	CLAIMS ASSISTANT				2.0	10.0	3.0									
New York	VOCATIONAL REHAB COUNSELOR											16.0	1.0			
New York	COUNSELING PSYCHOLOGIST (VBA)													1.0		
New York	HUMAN RESOURCES SPECIALIST											1.0				
New York	MILITARY SERVICES COORDINATOR										3.0					
New York	EMPLOYMENT SPECIALIST											1.0				
New York	CORRESPONDENCE ANALYST										1.0					
New York	PROGRAM SPECIALIST								2.0		1.0	1.0				
New York	PROGRAM SUPPORT CLERK				1.0											
New York	MAIL CLERK			1.0												
New York	DIRECTOR															1.0
New York	ASSISTANT DIRECTOR														1.0	
New York	ADMINISTRATIVE OFFICER												1.0			
New York	MANAGEMENT ANALYST											1.0				
New York	PROGRAM ANALYST								1.0		3.0					
New York	COPIER/DUPLICATOR EQUIP OPERATOR			0.9												
New York	ACCOUNTANT										1.0					
New York	VOUCHER EXAMINER					1.0										
New York	LEGAL ADMIN SPEC (CONTACT REPRESENT)									4.0						
New York	LEGAL ADMIN SPECIALIST								2.0							
New York	HEARING OFFICER												1.0			
New York	DECISION REVIEW OFFICER												14.0			
New York	VETERANS SERVICE REP (RATING)										3.0	37.0				
New York	VETERANS SERVICE REPRESENTATIVE						5.0		1.0	7.0	42.0	9.0	12.0	1.0	1.0	
New York	CLAIMS ASSISTANT				1.0	12.0										
Newark	VOCATIONAL REHAB COUNSELOR								2.0		1.0	8.0	1.0			
Newark	HUMAN RESOURCES SPECIALIST											1.0				
Newark	MILITARY SERVICES COORDINATOR										1.0					
Newark	EMPLOYMENT SPECIALIST											1.0				
Newark	CORRESPONDENCE ANALYST										1.0					
Newark	PROGRAM SPECIALIST								1.0		1.0					
Newark	ADMINISTRATIVE SUPPORT ASSISTANT							1.0								
Newark	FILE CLERK			1.0												
Newark	MAIL CLERK				1.0											
Newark	FILE CLERK (OA)			1.0												
Newark	SECRETARY (STENOGRAPHY/OA)								1.0							
Newark	DIRECTOR														1.0	
Newark	ADMINISTRATIVE OFFICER											1.0				
Newark	MANAGEMENT AND PROGRAM ANALYST										1.0	1.0				
Newark	PROGRAM ANALYST								1.0							
Newark	FINANCIAL MANAGEMENT SPECIALIST								1.0							
Newark	CIVILIAN PAY TECHNICIAN					1.0										
Newark	BUDGET ANALYST										1.0					
Newark	LEGAL ADMIN SPEC (CONTACT REPRESENT)								2.0							
Newark	DECISION REVIEW OFFICER												5.0			
Newark	VETERANS SERVICE REP (RATING)										1.0	15.0				
Newark	VETERANS SERVICE REPRESENTATIVE								8.0	6.0	15.0	3.0	8.0	1.0		
Newark	CLAIMS ASSISTANT					5.0										
Newark	SUPPLY TECHNICIAN				1.0											
Oakland	VOCATIONAL REHAB COUNSELOR								1.0		3.0	20.0	1.0			
Oakland	COUNSELING PSYCHOLOGIST (VBA)													1.0		
Oakland	REHABILITATION TECHNICIAN								2.0							
Oakland	HUMAN RESOURCES SPECIALIST										1.0	1.0				
Oakland	MILITARY SERVICES COORDINATOR										5.0					
Oakland	EMPLOYMENT SPECIALIST											2.0				
Oakland	STAFF ASSISTANT								1.0							
Oakland	CORRESPONDENCE ANALYST										3.0					
Oakland	PROGRAM SPECIALIST				1.0						2.0	2.0				
Oakland	PROGRAM SUPPORT ASSISTANT						1.0	1.0								
Oakland	PROGRAM SUPPORT CLERK				1.0											
Oakland	PROGRAM SUPPORT CLERK (TYPING)			1.0												
Oakland	FILE CLERK			8.0												
Oakland	FILE SUPERVISOR						1.0									
Oakland	MAIL CLERK			2.0	1.0											
Oakland	PROGRAM MANAGER														1.0	
Oakland	SUPPORT SERVICES SUPERVISOR								1.0							
Oakland	MANAGEMENT ANALYST											3.0				
Oakland	MANAGEMENT AND PROGRAM ANALYST											1.0				
Oakland	ASSISTANT FINANCE OFFICER											1.0				

Office	Job Title	Grade & FTE 2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.0	11.0	12.0	13.0	14.0	15.0	SES
Oakland	ACCOUNTS RECEIVABLE TECHNICIAN								2.0							
Oakland	FINANCIAL ACCOUNTS TECHNICIAN (OA)						2.0									
Oakland	CHIEF FINANCIAL OFFICER												1.0			
Oakland	ACCOUNTANT								2.0		1.0					
Oakland	CIVILIAN PAY TECHNICIAN						1.0									
Oakland	LEGAL ADMIN SPEC (CONTACT REPRESENT)								1.0	1.0						
Oakland	LEGAL ADMIN SPECIALIST									1.0						
Oakland	DECISION REVIEW OFFICER												15.0			
Oakland	VETERANS CLAIMS EXAMINER									1.0	1.0					
Oakland	VETERANS SERVICE REP (RATING)										6.0	44.0				
Oakland	VETERANS SERVICE REPRESENTATIVE						27.0		27.0	14.0	37.0	19.0	13.0	1.0	1.0	
Oakland	CLAIMS ASSISTANT				6.0	17.0										
Oakland	GENERAL SUPPLY SPECIALIST				1.0											
Oakland	MOTOR VEHICLE OPERATOR				1.0											
Philadelphia	VOCATIONAL REHAB COUNSELOR								1.0		1.0	10.0	1.0	1.0		
Philadelphia	COUNSELING PSYCHOLOGIST (VBA)											1.0				
Philadelphia	HUMAN RES SPEC (EMP REL/LABOR REL)											1.0				
Philadelphia	HUMAN RES SPEC (CLASS/EMP REL)											1.0				
Philadelphia	HUMAN RESOURCES SPECIALIST										2.0	1.0	1.0			
Philadelphia	HUMAN RES SPEC (LABOR RELATIONS)											1.0				
Philadelphia	EQUAL EMPLOYMENT MANAGER											1.0				
Philadelphia	MILITARY SERVICES COORDINATOR										4.0					
Philadelphia	INSURANCE SPECIALIST				2.0		22.0		91.0		19.8	12.0	11.6	5.0	2.0	
Philadelphia	PROGRAM SPECIALIST								1.0		3.0	1.0				
Philadelphia	CLERK		4.0													
Philadelphia	PROGRAM SUPPORT ASSISTANT				12.0	18.0	2.0	1.0								
Philadelphia	PROGRAM SUPPORT CLERK			13.0												
Philadelphia	ADMINISTRATIVE SUPPORT ASSISTANT					3.0										
Philadelphia	PROGRAM SUPPORT ASSISTANT (OA)					1.0										
Philadelphia	INFORMATION RECEPTIONIST (OA)			1.0												
Philadelphia	FILE CLERK		0.4													
Philadelphia	MAIL CLERK		1.0													
Philadelphia	SECRETARY (OA)				2.0	4.0		1.0	1.0							
Philadelphia	SECRETARY (TYPING)			1.0												
Philadelphia	DIRECTOR															1.0
Philadelphia	PROGRAM MANAGEMENT OFFICER													1.0	3.0	
Philadelphia	SUPPORT SERVICES SUPERVISOR							1.0	1.0							
Philadelphia	MANAGEMENT ANALYST										1.0					
Philadelphia	MANAGEMENT AND PROGRAM ANALYST										5.0	2.0				
Philadelphia	MANAGEMENT AND PROGRAM ANALYSIS OFCR												2.0			
Philadelphia	MANAGEMENT ASSISTANT (ANALYSIS)				1.0											
Philadelphia	MANAGEMENT ASSISTANT						3.0									
Philadelphia	PROGRAM ASSISTANT						1.0									
Philadelphia	COPIER/DUPLICATOR EQUIP OPERATOR		1.0													
Philadelphia	FINANCIAL PROGRAM ADMINISTRATOR												1.0			
Philadelphia	FISCAL ACCOUNTANT										1.0					
Philadelphia	FISCAL ACCOUNTS SUPERVISOR											1.0				
Philadelphia	ACCOUNTS RECEIVABLE TECHNICIAN						5.0									
Philadelphia	FINANCIAL ACCOUNTS TECHNICIAN					2.0										
Philadelphia	FINANCIAL ACCOUNTS CLERK				3.0											
Philadelphia	ACCOUNTANT						1.0				1.0	1.0				
Philadelphia	ACCOUNTING TECHNICIAN				2.0	3.0										
Philadelphia	CASH CLERK		4.5	1.0					1.0							
Philadelphia	CASHIER					1.0										
Philadelphia	INSURANCE ACCOUNTS CLERK			1.0	3.0		1.0									
Philadelphia	POLICY SERVICE CLERK			1.0												
Philadelphia	LEGAL ADMIN SPEC (CONTACT REPRESENT)						18.6		117.0	3.0	5.0	8.0	2.0			
Philadelphia	LEGAL ADMIN SPECIALIST								1.0							
Philadelphia	ATTORNEY ADVISER (GENERAL)								1.0							
Philadelphia	ATTORNEY-ADVISER (VETERANS)											1.0	1.0			
Philadelphia	HEARING OFFICER								5.0		1.0					
Philadelphia	DECISION REVIEW OFFICER												28.0			
Philadelphia	VETERANS CLAIMS EXAMINER						7.0		37.0		61.0	7.0				
Philadelphia	VETERANS SERVICE REP (RATING)										13.0	105.0				
Philadelphia	VETERANS SERVICE REPRESENTATIVE						14.0		73.0	67.0	164.0	43.0	32.0	6.0	2.0	
Philadelphia	CLAIMS ASSISTANT			8.0	9.0	72.0	6.0	1.0								
Philadelphia	ACTUARY										1.0		2.0	1.0		
Philadelphia	SUPERVISORY TRAINING SPECIALIST										2.0					
Phoenix	VOCATIONAL REHAB COUNSELOR										1.0	17.0	1.0	1.0		
Phoenix	COUNSELING PSYCHOLOGIST (VBA)											1.0				
Phoenix	HUMAN RESOURCES SPECIALIST											2.0				
Phoenix	HUMAN RESOURCES ASSISTANT				1.0		1.0									
Phoenix	PRIVACY OFFICER										1.0					
Phoenix	CONGRESSIONAL LIAISON REP										2.0					
Phoenix	MILITARY SERVICES COORDINATOR										4.0					
Phoenix	MANAGEMENT SERVICES OFFICER											1.0				
Phoenix	EMPLOYMENT SPECIALIST										1.0	2.0				
Phoenix	STAFF ASSISTANT						2.0		4.0							
Phoenix	PROGRAM SPECIALIST								2.0		1.0	1.0				
Phoenix	PROGRAM SUPPORT ASSISTANT					1.0										
Phoenix	PROGRAM SUPPORT CLERK			1.0												
Phoenix	PROGRAM SUPPORT ASSISTANT (OA)					1.0	2.0									
Phoenix	FILE CLERK			5.0												
Phoenix	MAIL CLERK			3.0												
Phoenix	SECRETARY							1.0								
Phoenix	DIRECTOR															1.0
Phoenix	ASSISTANT DIRECTOR														1.0	
Phoenix	ADMINISTRATIVE OFFICER												1.0			
Phoenix	MANAGEMENT ANALYST										1.0	1.0				
Phoenix	MANAGEMENT AND PROGRAM ANALYST											1.0				
Phoenix	PROGRAM ANALYST								1.0		2.0					
Phoenix	PROGRAM ASSISTANT (ANALYSIS)				1.0											
Phoenix	PROGRAM ASSISTANT						1.0									
Phoenix	FINANCIAL ADMINISTRATIVE SPEC											1.0				
Phoenix	ACCOUNTS RECEIVABLE TECHNICIAN						4.0									
Phoenix	ACCOUNTANT				1.0		1.0									
Phoenix	ACCOUNTING TECHNICIAN						1.0									
Phoenix	VOUCHER EXAMINER						1.0									
Phoenix	BUDGET ANALYST										1.0					

		Grade & FTE														
Office	**Job Title**	**2.0**	**3.0**	**4.0**	**5.0**	**6.0**	**7.0**	**8.0**	**9.0**	**10.0**	**11.0**	**12.0**	**13.0**	**14.0**	**15.0**	**SES**
Phoenix	LEGAL ADMIN SPEC (CONTACT REPRESENT)				12.0		11.0		46.0	1.0	6.0					
Phoenix	LEGAL ADMIN SPECIALIST											5.0	1.0			
Phoenix	DECISION REVIEW OFFICER												19.0			
Phoenix	VETERANS SERVICE REP (RATING)									2.0	8.0	58.4				
Phoenix	VETERANS SERVICE REPRESENTATIVE								11.0	14.0	68.0	21.0	11.0	2.0	1.0	
Phoenix	CLAIMS ASSISTANT					18.0	2.0									
Phoenix	PURCHASING AGENT								1.0							
Phoenix	LOAN ASSISTANT						2.0		1.0							
Phoenix	LOAN SPECIALIST (GENERAL)												1.0	1.0		
Phoenix	LOAN SPECIALIST (REALTY)						2.0		4.0		18.0	2.0	1.0	1.0	1.0	
Phoenix	APPRAISER						1.0		4.0		8.0	11.0	2.0	1.0		
Phoenix	SUPERVISORY TRAINING SPECIALIST										2.0					
Pittsburgh	VOCATIONAL REHAB COUNSELOR											9.0				
Pittsburgh	HUMAN RESOURCES SPECIALIST											1.0				
Pittsburgh	EMPLOYMENT SPECIALIST											1.0				
Pittsburgh	PROGRAM SPECIALIST								1.0		3.0	1.0				
Pittsburgh	PROGRAM SUPPORT ASSISTANT					1.0										
Pittsburgh	MAIL CLERK (OA)			1.0												
Pittsburgh	SECRETARY								1.0							
Pittsburgh	OFFICE AUTOMATION CLERK			0.4												
Pittsburgh	DIRECTOR															1.0
Pittsburgh	ASSISTANT DIRECTOR														1.0	
Pittsburgh	ADMINISTRATIVE OFFICER												1.0			
Pittsburgh	SUPPORT SERVICES SPECIALIST								1.0							
Pittsburgh	MANAGEMENT ANALYST										1.0	1.0				
Pittsburgh	MANAGEMENT AND PROGRAM ANALYST											1.0				
Pittsburgh	PROGRAM ANALYST								1.0							
Pittsburgh	FINANCIAL ACCOUNTS TECHNICIAN						1.0									
Pittsburgh	LEGAL ADMIN SPEC (CONTACT REPRESENT)								1.0	2.0						
Pittsburgh	DECISION REVIEW OFFICER												7.0			
Pittsburgh	VETERANS SERVICE REP (RATING)										2.0	23.0				
Pittsburgh	VETERANS SERVICE REPRESENTATIVE						3.0		1.0	3.0	32.0	8.0	8.0	1.0	1.0	
Pittsburgh	CLAIMS ASSISTANT				1.0	5.0	1.0									
Portland	VOCATIONAL REHAB COUNSELOR								1.0		1.0	17.0		1.0		
Portland	CLINICAL RESEARCH PSYCHOLOGIST												1.0			
Portland	COUNSELING PSYCHOLOGIST (VBA)											1.0				
Portland	REHABILITATION TECHNICIAN								2.0							
Portland	HUMAN RESOURCES SPECIALIST										1.0	1.0				
Portland	EMPLOYMENT SPECIALIST											1.0				
Portland	STAFF ASSISTANT								1.0							
Portland	PROGRAM SPECIALIST										4.0	2.0				
Portland	PROGRAM SUPPORT ASSISTANT						3.0									
Portland	FILE CLERK			2.0												
Portland	DIRECTOR															1.0
Portland	PROGRAM MANAGER														1.0	
Portland	MANAGEMENT ANALYST										1.0					
Portland	MANAGEMENT AND PROGRAM ANALYST											2.0				
Portland	MANAGEMENT ASSISTANT						1.0									
Portland	FINANCIAL ACCOUNTS TECHNICIAN								1.0							
Portland	VOUCHER EXAMINER				1.0											
Portland	LEGAL ADMIN SPEC (CONTACT REPRESENT)									3.0						
Portland	LEGAL ADMIN SPECIALIST									2.0						
Portland	DECISION REVIEW OFFICER												12.0			
Portland	VETERANS SERVICE REP (RATING)											39.0				
Portland	VETERANS SERVICE REPRESENTATIVE						5.0		4.0	11.0	45.0	10.0	10.0	2.0	1.0	
Portland	CLAIMS ASSISTANT				1.0	20.0	1.0									
Providence	VOCATIONAL REHAB COUNSELOR											6.0	1.0			
Providence	HUMAN RESOURCES SPECIALIST										1.0	1.0				
Providence	PROGRAM SPECIALIST								1.0		2.0	1.0				
Providence	PROGRAM SUPPORT ASSISTANT					1.0	1.0									
Providence	DIRECTOR														1.0	
Providence	SUPPORT SERVICES SPECIALIST				1.0				2.0							
Providence	MANAGEMENT ANALYST										1.0					
Providence	MANAGEMENT AND PROGRAM ANALYST											2.0				
Providence	FINANCIAL MANAGEMENT SPECIALIST									1.0			1.0			
Providence	LEGAL ADMIN SPEC (CONTACT REPRESENT)									2.0						
Providence	LEGAL ADMIN SPECIALIST								1.0			1.0				
Providence	DECISION REVIEW OFFICER											3.0	10.0			
Providence	VETERANS SERVICE REP (RATING)								5.0	9.0	37.0	17.0				
Providence	VETERANS SERVICE REPRESENTATIVE						15.0		5.0	5.0	20.0	16.0	7.0	2.0		
Providence	CLAIMS ASSISTANT					5.0	1.0									
Reno	VOCATIONAL REHAB COUNSELOR											5.0				
Reno	REHABILITATION TECHNICIAN								1.0							
Reno	HUMAN RESOURCES SPECIALIST											1.0				
Reno	MILITARY SERVICES COORDINATOR										1.0					
Reno	EMPLOYMENT SPECIALIST										1.0					
Reno	STAFF ASSISTANT								1.0							
Reno	PROGRAM SPECIALIST								1.0		1.0					
Reno	PROGRAM ASSISTANT					1.0										
Reno	FILE CLERK			1.0												
Reno	MAIL CLERK				1.0											
Reno	PROGRAM MANAGER														1.0	
Reno	MANAGEMENT ANALYST											1.0				
Reno	MANAGEMENT AND PROGRAM ANALYST											1.0				
Reno	DECISION REVIEW OFFICER												4.0			
Reno	VETERANS SERVICE REP (RATING)								3.0	6.0	2.0	8.0				
Reno	VETERANS SERVICE REPRESENTATIVE						7.0		4.0	1.0	16.0	4.0	5.0			
Reno	CLAIMS ASSISTANT				1.0	5.0	6.0									
Roanoke	VOCATIONAL REHAB COUNSELOR								5.0		7.0	15.0	2.0			
Roanoke	COUNSELING PSYCHOLOGIST (VBA)											1.0		1.0		
Roanoke	HUMAN RESOURCES SPECIALIST								1.0		1.0	1.0				
Roanoke	MILITARY SERVICES COORDINATOR										15.0					
Roanoke	EMPLOYMENT SPECIALIST											2.0				
Roanoke	SPECIAL ASSISTANT								1.0							
Roanoke	PROGRAM SPECIALIST						1.0		4.0		1.0	1.0				
Roanoke	PROGRAM SUPPORT CLERK			9.0	4.0	1.0										
Roanoke	ADMINISTRATIVE SUPPORT ASSISTANT						3.0									
Roanoke	MAIL CLERK				5.0	1.0										

Office	Job Title	Grade & FTE														
		2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.0	11.0	12.0	13.0	14.0	15.0	SES
Roanoke	DIRECTOR															1.0
Roanoke	PROGRAM MANAGER														1.0	
Roanoke	ADMINISTRATIVE OFFICER												1.0			
Roanoke	MANAGEMENT ANALYST								1.0		1.0					
Roanoke	MANAGEMENT AND PROGRAM ANALYST											3.0				
Roanoke	PROGRAM ANALYST								3.0		3.0	1.0				
Roanoke	FINANCE OFFICER											1.0				
Roanoke	ACCOUNTS RECEIVABLE TECHNICIAN					1.0										
Roanoke	FINANCIAL ACCOUNTS TECHNICIAN						1.0									
Roanoke	ACCOUNTING TECHNICIAN						1.0									
Roanoke	LEGAL ADMIN SPEC (CONTACT REPRESENT)								3.0	1.0						
Roanoke	DECISION REVIEW OFFICER												15.0			
Roanoke	VETERANS SERVICE REP (RATING)										1.0	67.0				
Roanoke	VETERANS SERVICE REPRESENTATIVE						7.0		12.0	14.0	60.0	22.0	15.0	3.0	1.0	
Roanoke	CLAIMS ASSISTANT				6.0	30.0										
Roanoke	PURCHASING AGENT								1.0							
Roanoke	LOAN ASSISTANT						8.0				2.0					
Roanoke	LOAN SPECIALIST (REALTY)						1.0		3.0		15.0	5.0	3.0	3.0	1.0	
Roanoke	APPRAISER										4.0	13.0	1.0	1.0		
Roanoke	REVIEW APPRAISER								1.0		4.0	1.0				
Roanoke	BUILDING MANAGER											1.0				
Roanoke	SUPPLY TECHNICIAN					1.0										
Roanoke	TRANSPORTATION CLERK				1.0											
Salt Lake City	SOCIAL SCIENCE PROGRAM SPECIALIST													1.0		
Salt Lake City	VOCATIONAL REHAB COUNSELOR										1.0	16.0	1.0			
Salt Lake City	HUMAN RESOURCES SPECIALIST										2.0	1.0	1.0			
Salt Lake City	CONGRESSIONAL LIAISON REP										2.0					
Salt Lake City	EXECUTIVE ASSISTANT								1.0							
Salt Lake City	MILITARY SERVICES COORDINATOR										1.0					
Salt Lake City	EMPLOYMENT SPECIALIST											1.0				
Salt Lake City	PROGRAM SPECIALIST								1.0		1.0	2.0	1.0			
Salt Lake City	ADMINISTRATIVE ASSISTANT						2.0									
Salt Lake City	PROGRAM SUPPORT ASSISTANT					2.0	1.0		1.0							
Salt Lake City	PROGRAM SUPPORT CLERK			1.0												
Salt Lake City	PROGRAM SUPPORT ASSISTANT (OA)						1.0									
Salt Lake City	FILE CLERK				8.0											
Salt Lake City	FILE SUPERVISOR						1.0									
Salt Lake City	MAIL AND FILE CLERK				3.0											
Salt Lake City	DIRECTOR															1.0
Salt Lake City	PROGRAM MANAGER														2.0	
Salt Lake City	ADMINISTRATIVE OFFICER												1.0			
Salt Lake City	MANAGEMENT ANALYST											4.0				
Salt Lake City	MANAGEMENT AND PROGRAM ANALYST										1.0	1.0				
Salt Lake City	PROGRAM ANALYST												1.0			
Salt Lake City	PROGRAM ASSISTANT (ANALYSIS)						2.0									
Salt Lake City	PROGRAM ASSISTANT						1.0									
Salt Lake City	BUDGET AND FINANCIAL TECHNICIAN								2.0							
Salt Lake City	FINANCIAL ACCOUNTS TECHNICIAN								3.0							
Salt Lake City	ACCOUNTING TECHNICIAN					1.0	1.0									
Salt Lake City	BUDGET OFFICER											1.0				
Salt Lake City	MEDICAL OFFICER (DISABILITY EVAL)											0.6				
Salt Lake City	LEGAL ADMIN SPEC (CONTACT REPRESENT)				19.4		55.0		49.0		2.0	9.0				
Salt Lake City	LEGAL ADMIN SPECIALIST										2.0		1.0			
Salt Lake City	DECISION REVIEW OFFICER												18.0			
Salt Lake City	LEGAL INSTRUMENT EXAMINER							2.0	33.0							
Salt Lake City	LEGAL INSTRUMENT EXAMINER (OA)								3.0							
Salt Lake City	VETERANS SERVICE REP (RATING)									11.0	14.0	59.0				
Salt Lake City	VETERANS SERVICE REPRESENTATIVE								11.0	22.0	48.0	11.0	19.0	2.0	1.0	
Salt Lake City	CLAIMS ASSISTANT					14.0	2.0									
Salt Lake City	CLAIMS ASSISTANT (TYPING)					1.0										
Salt Lake City	BUILDING MANAGER								1.0							
Salt Lake City	FIELD EXAMINER								2.0		67.0		5.0	1.0		
Salt Lake City	SUPPLY TECHNICIAN				1.0											
San Diego	VOCATIONAL REHAB COUNSELOR								1.0		4.0	23.0	1.0	1.0		
San Diego	HUMAN RESOURCES SPECIALIST										2.0	1.0				
San Diego	HUMAN RESOURCES ASSISTANT					1.0										
San Diego	MILITARY SERVICES COORDINATOR										18.0					
San Diego	EMPLOYMENT SPECIALIST											2.0				
San Diego	STAFF ASSISTANT						1.0									
San Diego	PROGRAM SPECIALIST								1.0		2.0					
San Diego	PROGRAM SUPPORT ASSISTANT				1.0	1.0										
San Diego	TRANSCRIPTION PROGRAM ASSISTANT						2.0									
San Diego	PROGRAM SUPPORT ASSISTANT (OA)						1.0									
San Diego	PROGRAM SUPPORT CLERK (OA)			1.0												
San Diego	FILE CLERK		2.0	10.0												
San Diego	FILE SUPERVISOR					1.0										
San Diego	MAIL CLERK				4.0											
San Diego	OFFICE AUTOMATION ASSISTANT				10.0					1.0						
San Diego	OFFICE AUTOMATION ASSISTANT (BILINGUAL)				2.0											
San Diego	PROGRAM MANAGER														1.0	
San Diego	ADMINISTRATIVE OFFICER											2.0		1.0		
San Diego	MANAGEMENT ANALYST								1.0			1.0				
San Diego	PROGRAM ANALYST										2.0					
San Diego	PROGRAM ASSISTANT					1.0	2.0									
San Diego	ACCOUNTS RECEIVABLE TECHNICIAN				1.0		3.0		3.0							
San Diego	ACCOUNTANT										1.0					
San Diego	LEGAL ADMIN SPECIALIST									4.0						
San Diego	DECISION REVIEW OFFICER												23.0			
San Diego	VETERANS CLAIMS EXAMINER								7.0		1.0					
San Diego	VETERANS SERVICE REP (RATING)								2.0	2.0	16.0	100.0				
San Diego	VETERANS SERVICE REPRESENTATIVE						7.0		44.0	40.0	110.0	26.0	19.0	5.0	1.0	
San Diego	CLAIMS ASSISTANT				6.0	23.0	1.0									
San Diego	PURCHASING AGENT								1.0							
San Juan	VOCATIONAL REHAB COUNSELOR								1.0		1.0	5.0				
San Juan	COUNSELING PSYCHOLOGIST (VBA)												1.0			
San Juan	HUMAN RESOURCES SPECIALIST											1.0				
San Juan	MILITARY SERVICES COORDINATOR										1.0					
San Juan	EMPLOYMENT SPECIALIST											1.0				

		Grade & FTE														
Office	**Job Title**	**2.0**	**3.0**	**4.0**	**5.0**	**6.0**	**7.0**	**8.0**	**9.0**	**10.0**	**11.0**	**12.0**	**13.0**	**14.0**	**15.0**	**SES**
San Juan	STAFF ASSISTANT								1.0							
San Juan	PROGRAM SPECIALIST										2.0	1.0				
San Juan	PROGRAM SUPPORT CLERK			4.0												
San Juan	PROGRAM SUPPORT ASSISTANT (OA)						1.0									
San Juan	DIRECTOR															1.0
San Juan	ASSISTANT DIRECTOR														1.0	
San Juan	MANAGEMENT ANALYST											1.0				
San Juan	MANAGEMENT AND PROGRAM ANALYST											1.0				
San Juan	FINANCIAL ACCOUNTS TECHNICIAN						3.0									
San Juan	FINANCIAL ACCOUNTS TECHNICIAN (OA)						1.0									
San Juan	FINANCIAL MANAGER												1.0			
San Juan	ACCOUNTANT								1.0		1.0					
San Juan	LEGAL ADMIN SPEC (CONTACT REPRESENT)									10.0						
San Juan	LEGAL ADMIN SPECIALIST									2.0						
San Juan	DECISION REVIEW OFFICER												11.0			
San Juan	VETERANS CLAIMS EXAMINER										2.0					
San Juan	VETERANS SERVICE REP (RATING)										3.0	18.0				
San Juan	VETERANS SERVICE REPRESENTATIVE						7.0		15.0	5.0	10.0	2.0	8.0	1.0	1.0	
San Juan	CLAIMS ASSISTANT				4.0	3.0										
San Juan	CLAIMS EXAMINER						1.0									
Seattle	VOCATIONAL REHAB COUNSELOR								3.0		4.0	23.0	2.0	1.0		
Seattle	COUNSELING PSYCHOLOGIST											1.0				
Seattle	REHABILITATION TECHNICIAN								2.0							
Seattle	HUMAN RESOURCES SPECIALIST										1.0	1.0	1.0			
Seattle	MILITARY SERVICES COORDINATOR										7.0					
Seattle	EMPLOYMENT SPECIALIST											2.0				
Seattle	PROGRAM SPECIALIST								1.0		3.0	1.0				
Seattle	PROGRAM SUPPORT ASSISTANT						2.0	1.0	3.0							
Seattle	PROGRAM SUPPORT CLERK			3.0												
Seattle	PROGRAM SUPPORT ASSISTANT (OA)					1.0	1.0									
Seattle	MAIL AND FILE CLERK			2.0												
Seattle	MAIL CLERK			1.0												
Seattle	DIRECTOR															1.0
Seattle	PROGRAM MANAGER														2.0	
Seattle	ADMINISTRATIVE OFFICER										1.0	1.0	1.0			
Seattle	MANAGEMENT ANALYST										8.0					
Seattle	MANAGEMENT AND PROGRAM ANALYST											1.0				
Seattle	FINANCIAL ACCOUNTS TECHNICIAN								5.0							
Seattle	LEGAL ADMIN SPEC (CONTACT REPRESENT)									1.0						
Seattle	DECISION REVIEW OFFICER												37.0			
Seattle	VETERANS CLAIMS EXAMINER										2.0					
Seattle	VETERANS SERVICE REP (RATING)								23.0	19.0	71.0	98.0				
Seattle	VETERANS SERVICE REPRESENTATIVE						2.0		34.0	30.0	80.0	23.0	18.0	5.0	2.0	
Seattle	CLAIMS ASSISTANT				3.0	43.0	3.0									
Seattle	STUDENT TRAINEE (LEGAL OCCUPATIONS)					1.0										
Seattle	VOCATIONAL REHABILITATION SPEC										1.0					
Seattle	MOTOR VEHICLE OPERATOR				3.0											
Sioux Falls	VOCATIONAL REHAB COUNSELOR											6.0	1.0			
Sioux Falls	REHABILITATION TECHNICIAN						1.0									
Sioux Falls	HUMAN RES SPEC (RECRUIT/PLACEMNT)											1.0				
Sioux Falls	MILITARY SERVICES COORDINATOR										1.0					
Sioux Falls	EMPLOYMENT SPECIALIST											1.0				
Sioux Falls	PROGRAM SUPPORT CLERK			3.0												
Sioux Falls	ADMINISTRATIVE SUPPORT ASSISTANT								1.0							
Sioux Falls	DIRECTOR														1.0	
Sioux Falls	MANAGEMENT ANALYST											1.0				
Sioux Falls	MANAGEMENT AND PROGRAM ANALYST										1.0					
Sioux Falls	DECISION REVIEW OFFICER												3.0			
Sioux Falls	VETERANS SERVICE REP (RATING)										1.0	11.0				
Sioux Falls	VETERANS SERVICE REPRESENTATIVE						3.0		3.0	5.0	6.0	3.0	2.0	1.0		
Sioux Falls	CLAIMS ASSISTANT					1.0										
St Louis	VOCATIONAL REHAB COUNSELOR								2.0		1.0	12.0	2.0	1.0		
St Louis	REHABILITATION TECHNICIAN								2.0							
St Louis	HUMAN RESOURCES SPECIALIST										4.0	1.0				
St Louis	EQUAL EMPLOYMENT MANAGER											1.0				
St Louis	EXECUTIVE ASSISTANT								1.0							
St Louis	MILITARY SERVICES COORDINATOR										10.0					
St Louis	EMPLOYMENT SPECIALIST											1.0				
St Louis	CORRESPONDENCE ANALYST										2.0					
St Louis	PROGRAM SPECIALIST										2.0	1.0				
St Louis	ADMINISTRATIVE ASSISTANT					1.0										
St Louis	PROGRAM SUPPORT ASSISTANT				10.0	4.0	2.0									
St Louis	PROGRAM SUPPORT CLERK					7.0										
St Louis	ADMINISTRATIVE SUPPORT ASSISTANT						2.0									
St Louis	PROGRAM SUPPORT ASSISTANT (OA)				1.0	2.0										
St Louis	FILE CLERK			4.0	1.0											
St Louis	MAIL CLERK				5.0	1.0										
St Louis	ASSISTANT DIRECTOR														1.0	
St Louis	DIRECTOR															1.0
St Louis	SUPPORT SERVICES SUPERVISOR								1.0			1.0				
St Louis	MANAGEMENT ANALYST								1.0		4.0	2.0				
St Louis	MANAGEMENT AND PROGRAM ANALYST											1.0				
St Louis	PROGRAM ANALYST								1.0				1.0			
St Louis	PROGRAM ASSISTANT						2.0									
St Louis	FINANCE OFFICER											1.0				
St Louis	ACCOUNTS RECEIVABLE TECHNICIAN						3.0		1.0							
St Louis	FINANCIAL ACCOUNTS TECHNICIAN						3.0									
St Louis	FINANCIAL ACCOUNTS CLERK				2.0											
St Louis	FINANCIAL ACCOUNTS TECHNICIAN (OA)						1.0									
St Louis	ACCOUNTANT								2.0							
St Louis	LEGAL ADMIN SPEC (CONTACT REPRESENT)				3.0		12.0		31.5	2.0	1.0	1.0				
St Louis	LEGAL ADMIN SPECIALIST				3.0		2.0		7.0	4.0	2.0	4.0				
St Louis	LEGAL ADMIN SPEC (CONT REP BILINGUAL)								1.0							
St Louis	DECISION REVIEW OFFICER												19.0			
St Louis	VETERANS CLAIMS EXAMINER				4.0		24.0		218.0	5.0	19.0	7.0	1.0	1.0		
St Louis	VETERANS CLAIMS EX (EDUCATION)								47.0	3.0	40.0	9.0	3.0	1.0	1.0	
St Louis	VETERANS SERVICE REP (RATING)										2.0	57.0				
St Louis	VETERANS SERVICE REPRESENTATIVE				1.0		8.0		14.0	24.0	54.0	12.0	12.0	3.0	1.0	

Office	Job Title	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.0	11.0	12.0	13.0	14.0	15.0	SES
		Grade & FTE														
St Louis	CLAIMS ASSISTANT			1.0	4.0	17.0	2.0		1.0							
St Louis	CLAIMS EXAMINER												1.0			
St Louis	BUILDING MANAGEMENT SPECIALIST								1.0							
St Louis	SUPERVISORY TRAINING SPECIALIST										1.0					
St Louis	EDUCATION COMPLIANCE SURVEY SPEC									6.0	1.0					
St Louis	EDUCATION LIAISON REPRESENTATIVE									1.0	15.0	3.0				
St Louis - RMC	HUMAN RESOURCES SPECIALIST								2.0		1.0	1.0				
St Louis - RMC	HUMAN RESOURCES ASSISTANT						2.0									
St Louis - RMC	RECORDS CONTROL SUPERVISOR								4.0		1.0	1.0				
St Louis - RMC	PROGRAM SPECIALIST										2.0	3.0	2.0			
St Louis RMC	ADMINISTRATIVE ASSISTANT					1.0										
St Louis - RMC	PROGRAM SUPPORT ASSISTANT					43.0	32.0	3.0	8.0							
St Louis - RMC	PROGRAM SUPPORT CLERK		1.0	30.5	7.0											
St Louis - RMC	PROGRAM SUPPORT CLERK (OA)			1.0												
St Louis - RMC	FILE CLERK		1.0	74.0	24.0											
St Louis - RMC	FILE SUPERVISOR				8.0	5.0	3.0									
St Louis RMC	MAIL AND FILE CLERK				30.0	2.0										
St Louis - RMC	MAIL CLERK			6.0	1.0											
St Louis - RMC	MAIL SUPERVISOR					1.0	2.0									
St Louis - RMC	DIRECTOR														1.0	
St Louis - RMC	MANAGEMENT ANALYST								3.0		3.0	1.0				
St Louis RMC	PROGRAM ANALYST											1.0		1.0		
St Louis - RMC	MANAGEMENT & PROGRAM AST (ANALYSIS)					1.0	1.0									
St Louis - RMC	MANAGEMENT ASSISTANT					1.0	4.0									
St Louis - RMC	CONTACT REPRESENTATIVE				4.0	14.0	2.0									
St Louis - RMC	CONTACT REPRESENTATIVE					3.0	1.0									
St Louis - RMC	PURCHASING AGENT						1.0									
St Louis - RMC	BUILDING MANAGEMENT SPECIALIST								1.0							
St Louis - RMC	QUALITY ASSURANCE SPECIALIST						3.0		14.0							
St Louis - RMC	LABORER	4.0		12.0												
St Paul	VOCATIONAL REHAB COUNSELOR											9.0	1.0			
St Paul	HUMAN RESOURCES SPECIALIST										1.0	1.0				
St Paul	HUMAN RESOURCES ASSISTANT						1.0									
St Paul	EMPLOYMENT SPECIALIST											1.0				
St Paul	PROGRAM SPECIALIST						1.0				1.0	1.0				
St Paul	PROGRAM SUPPORT ASSISTANT				2.0	17.0	1.0									
St Paul	PROGRAM SUPPORT CLERK			10.0	2.0	1.0										
St Paul	PROGRAM SUPPORT ASSISTANT (OA)					2.0										
St Paul	FILE CLERK			4.0	9.0											
St Paul	MAIL CLERK			1.0												
St Paul	DIRECTOR															1.0
St Paul	PROGRAM MANAGEMENT OFFICER														2.0	
St Paul	ADMINISTRATIVE OFFICER										1.0		1.0			
St Paul	SUPPORT SERVICES SUPERVISOR								1.0							
St Paul	MANAGEMENT ANALYST								2.0		2.0	4.0	1.0			
St Paul	MANAGEMENT AND PROGRAM ANALYST											1.0				
St Paul	PROGRAM ANALYST											1.0				
St Paul	MANAGEMENT ASSISTANT						1.0									
St Paul	FINANCIAL MANAGEMENT SPECIALIST								1.0							
St Paul	ACCOUNTS RECEIVABLE TECHNICIAN						1.0									
St Paul	FINANCIAL ACCOUNTS TECHNICIAN								4.0							
St Paul	ACCOUNTING TECHNICIAN						1.0									
St Paul	LEGAL ADMIN SPEC (CONTACT REPRESENT)								2.0	1.0						
St Paul	LEGAL ADMIN SPECIALIST								1.0	1.0						
St Paul	DECISION REVIEW OFFICER												26.0			
St Paul	VETERANS CLAIMS EXAMINER								5.0		3.0					
St Paul	VETERANS SERVICE REP (RATING)									6.0		88.0				
St Paul	VETERANS SERVICE REPRESENTATIVE						21.0		40.0	57.0	154.0	41.0	16.0	5.0	2.0	
St Paul	CLAIMS ASSISTANT				11.0	45.0	1.0									
St Paul	LOAN ASSISTANT						3.0		1.0		1.0					
St Paul	LOAN SPECIALIST (GENERAL)								3.0							
St Paul	LOAN SPECIALIST (REALTY)								3.0		25.0	11.0	4.0	3.0	1.0	
St Paul	APPRAISER											10.0	2.0	1.0		
St Paul	REVIEW APPRAISER										6.0	1.0				
St Paul	FACILITY OPERATIONS SPECIALIST									1.0						
St Paul	SUPPLY TECHNICIAN					1.0										
St Petersbug	VOCATIONAL REHAB COUNSELOR								5.0		7.0	46.0	7.0	1.0		
St Petersbug	HUMAN RESOURCES SPECIALIST										3.0		1.0			
St Petersbug	HUMAN RES SPEC (LABOR RELATIONS)											2.0				
St Petersbug	EQUAL EMPLOYMENT MANAGER											1.0				
St Petersbug	MILITARY SERVICES COORDINATOR										13.0					
St Petersbug	EMPLOYMENT SPECIALIST											4.0				
St Petersbug	STAFF ASSISTANT								1.0							
St Petersbug	PROGRAM SPECIALIST								9.0		3.0					
St Petersbug	PROGRAM SUPPORT CLERK			2.0	1.0											
St Petersbug	PROGRAM SUPPORT CLERK (OA)				3.0											
St Petersbug	FILE CLERK			2.0												
St Petersbug	MAIL AND FILE CLERK		1.0													
St Petersbug	MAIL CLERK				6.0											
St Petersbug	DIRECTOR															1.0
St Petersbug	ASSISTANT DIRECTOR														1.0	
St Petersbug	ADMINISTRATIVE OFFICER												1.0	1.0		
St Petersbug	SUPPORT SERVICES SUPERVISOR								1.0							
St Petersbug	MANAGEMENT ANALYST										6.0	2.0				
St Petersbug	MANAGEMENT AND PROGRAM ANALYST											1.0				
St Petersbug	PROGRAM ANALYST										4.0					
St Petersbug	PROGRAM ASSISTANT						8.0									
St Petersbug	ACCOUNTS RECEIVABLE TECHNICIAN					1.0	3.0	6.0								
St Petersbug	FINANCIAL ACCOUNTS TECHNICIAN					1.0	1.0									
St Petersbug	FINANCIAL ACCOUNTS SUPERVISOR										2.0					
St Petersbug	ACCOUNTANT						1.0				2.0					
St Petersbug	TELLER					1.0										
St Petersbug	VOUCHER EXAMINER			1.0	3.0											
St Petersbug	CIVILIAN PAY TECHNICIAN					1.0										
St Petersbug	MED OFFCR (GS-DISABILITY EVAL)											0.0				
St Petersbug	LEGAL ADMIN SPEC (CONTACT REPRESENT)									13.0						
St Petersbug	DECISION REVIEW OFFICER												34.6			
St Petersbug	CONTACT REPRESENTATIVE										1.0					

		Grade & FTE														
Office	**Job Title**	**2.0**	**3.0**	**4.0**	**5.0**	**6.0**	**7.0**	**8.0**	**9.0**	**10.0**	**11.0**	**12.0**	**13.0**	**14.0**	**15.0**	**SES**
St Petersbug	VETERANS SERVICE REP (RATING)									1.0	3.0	170.0				
St Petersbug	VETERANS SERVICE REPRESENTATIVE						4.0		56.0	50.0	170.0	60.0	27.0	7.0	1.0	
St Petersbug	CLAIMS ASSISTANT				1.0	66.0										
St Petersbug	STUDENT TRAINEE (LEGAL OCCUPATIONS)				1.0											
St Petersbug	PURCHASING AGENT								4.0							
St Petersbug	LOAN ASSISTANT				1.0		6.0		1.0							
St Petersbug	LOAN SPECIALIST (REALTY)						1.0		4.0		26.0	8.0	4.0	3.0	1.0	
St Petersbug	APPRAISER										5.0	13.0	2.0	1.0		
St Petersbug	REVIEW APPRAISER											2.0				
St Petersbug	FACILITY OPERATIONS SPECIALIST									2.0						
Togus	VOCATIONAL REHAB COUNSELOR										1.0	6.0	1.0			
Togus	COUNSELING PSYCHOLOGIST (VBA)											1.0				
Togus	HUMAN RESOURCES SPECIALIST											1.0				
Togus	CORRESPONDENCE ANALYST										1.0					
Togus	PROGRAM SPECIALIST								2.0		1.0	1.0				
Togus	SECRETARY (OA)							1.0								
Togus	ADMINISTRATIVE OFFICER												1.0			
Togus	SUPPORT SERVICES SPECIALIST								1.0							
Togus	MANAGEMENT ANALYST											1.0				
Togus	MANAGEMENT AND PROGRAM ANALYST											1.0				
Togus	FINANCIAL ACCOUNTS TECHNICIAN						1.0									
Togus	BUDGET ANALYST										1.0					
Togus	DECISION REVIEW OFFICER												9.0			
Togus	VETERANS SERVICE REP (RATING)										6.0	33.0				
Togus	VETERANS SERVICE REPRESENTATIVE						1.0		21.0	10.0	36.0	12.0	11.0	1.0		
Togus	CLAIMS ASSISTANT					10.0	1.0									
Waco	VOCATIONAL REHAB COUNSELOR								11.0		17.0	36.0	4.0	1.0		
Waco	COUNSELING PSYCHOLOGIST (VBA)											2.0				
Waco	REHABILITATION TECHNICIAN							2.0	11.0							
Waco	HUMAN RESOURCES SPECIALIST						2.0		1.0							
Waco	HUMAN RESOURCES ASSISTANT						1.0									
Waco	MILITARY SERVICES COORDINATOR										6.0					
Waco	EMPLOYMENT SPECIALIST											2.0				
Waco	STAFF ASSISTANT								1.0				2.0			
Waco	PROGRAM SPECIALIST										2.0	1.0				
Waco	CLERK			2.0			1.0									
Waco	PROGRAM SUPPORT CLERK			4.5		1.0	1.0									
Waco	PROGRAM SUPPORT ASSISTANT (OA)						1.0	1.0								
Waco	PROGRAM SUPPORT CLERK (OA)			1.0												
Waco	INFORMATION RECEPTIONIST		1.0													
Waco	FILE CLERK			26.0	2.0											
Waco	MAIL CLERK				7.0											
Waco	OFFICE AUTOMATION ASSISTANT					1.0										
Waco	DIRECTOR															1.0
Waco	ASSISTANT DIRECTOR														1.0	
Waco	PROGRAM MANAGEMENT OFFICER														1.0	
Waco	ADMINISTRATIVE OFFICER												1.0			
Waco	MANAGEMENT ANALYST										1.0	2.0				
Waco	MANAGEMENT AND PROGRAM ANALYST											1.0				
Waco	PROGRAM ANALYST										1.0					
Waco	ACCOUNTS RECEIVABLE TECHNICIAN						4.0									
Waco	ACCOUNTANT								1.0		1.0					
Waco	ACCOUNTING TECHNICIAN						2.0									
Waco	LEGAL ADMIN SPEC (CONTACT REPRESENT)									4.0						
Waco	LEGAL ADMIN SPECIALIST									2.0		2.0				
Waco	DECISION REVIEW OFFICER												34.0			
Waco	LEGAL INSTRUMENT EXAMINER								1.0							
Waco	VETERANS CLAIMS EXAMINER										1.0					
Waco	VETERANS SERVICE REP (RATING)									18.0	49.0	83.0				
Waco	VETERANS SERVICE REPRESENTATIVE						26.0		39.0	68.0	108.0	46.0	29.0	7.0	1.0	
Waco	CLAIMS ASSISTANT				9.0	63.0	3.0									
Waco	CLAIMS ASSISTANT (STENO)					1.0										
Washington DC	VOCATIONAL REHAB COUNSELOR										12.0	12.0		1.0		
Washington DC	HUMAN RES SPEC (EMP REL/LABOR REL)											1.0				
Washington DC	MILITARY SERVICES COORDINATOR										9.0		3.0			
Washington DC	EMPLOYMENT SPECIALIST											2.0				
Washington DC	PROGRAM SPECIALIST						1.0		2.0							
Washington DC	PROGRAM SUPPORT ASSISTANT (OA)							1.0								
Washington DC	VETERANS CLAIMS EXAMINER										1.0					
Washington DC	VETERANS SERVICE REP (RATING)											1.0				
Washington DC	VETERANS SERVICE REPRESENTATIVE					1.0			1.0				2.0			
Washington DC	CLAIMS ASSISTANT					1.0	6.0									
Washington DC	VOCATIONAL REHABILITATION SPEC												1.0			
White River Junction	VOCATIONAL REHAB COUNSELOR								1.0		1.0	1.0				
White River Junction	MANAGEMENT ANALYST											1.0				
White River Junction	DECISION REVIEW OFFICER												3.0			
White River Junction	VETERANS SERVICE REP (RATING)											5.0				
White River Junction	VETERANS SERVICE REPRESENTATIVE								2.0		7.0	1.0	1.0			
White River Junction	CLAIMS ASSISTANT				1.0											
Wichita	VOCATIONAL REHAB COUNSELOR										3.0	9.0	1.0			
Wichita	HUMAN RESOURCES SPECIALIST											1.0				
Wichita	MILITARY SERVICES COORDINATOR								1.0		5.0					
Wichita	CORRESPONDENCE ANALYST										1.0					
Wichita	PROGRAM SPECIALIST											1.0				
Wichita	PROGRAM SUPPORT ASSISTANT						1.0									
Wichita	PROGRAM SUPPORT CLERK			2.0												
Wichita	PROGRAM SUPPORT ASSISTANT (OA)						1.0									
Wichita	SECRETARY							1.0								
Wichita	DIRECTOR														1.0	
Wichita	MANAGEMENT ANALYST											2.0				
Wichita	BUDGET ANALYST								1.0							
Wichita	LEGAL ADMIN SPEC (CONTACT REPRESENT)								2.0							
Wichita	LEGAL ADMIN SPECIALIST								1.0	1.0						
Wichita	DECISION REVIEW OFFICER												5.0			
Wichita	VETERANS SERVICE REP (RATING)									4.0		14.0				
Wichita	VETERANS SERVICE REPRESENTATIVE						4.0				21.0	3.0	4.0			
Wichita	CLAIMS ASSISTANT				3.0	4.6										
Wilmington	VOCATIONAL REHAB COUNSELOR											1.0				

		Grade & FTE															
Office	Job Title	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.0	11.0	12.0	13.0	14.0	15.0	SES	
Wilmington	EMPLOYMENT SPECIALIST											1.0					
Wilmington	PROGRAM SUPPORT CLERK			1.0													
Wilmington	DECISION REVIEW OFFICER												1.0				
Wilmington	VETERANS SERVICE REP (RATING)											4.0					
Wilmington	VETERANS SERVICE REPRESENTATIVE										11.0		1.0				
Wilmington	CLAIMS ASSISTANT				1.0												
Winston-Salem	VOCATIONAL REHAB COUNSELOR								8.0		5.0	18.0	4.0	1.0			
Winston-Salem	REHABILITATION TECHNICIAN						3.0										
Winston-Salem	HUMAN RESOURCES SPECIALIST										2.0	1.0					
Winston-Salem	MILITARY SERVICES COORDINATOR								1.0		22.0						
Winston-Salem	EMPLOYMENT SPECIALIST											2.0					
Winston-Salem	SPECIAL ASSISTANT								1.0								
Winston-Salem	PROGRAM SPECIALIST								1.0		3.0	1.0					
Winston-Salem	PROGRAM SUPPORT CLERK				1.0												
Winston-Salem	FILE CLERK			16.0													
Winston Salem	MAIL AND FILE ASSISTANT				1.0												
Winston-Salem	MAIL CLERK			4.0													
Winston-Salem	DIRECTOR															1.0	
Winston Salem	ASSISTANT DIRECTOR														2.0		
Winston-Salem	ADMINISTRATIVE OFFICER											1.0	1.0				
Winston-Salem	MANAGEMENT ANALYST											5.0					
Winston Salem	PROGRAM ANALYST								4.0		5.0						
Winston-Salem	MANAGEMENT & PROGRAM AST (ANALYSIS/OA)				2.0	1.0											
Winston-Salem	FINANCIAL MANAGEMENT SPECIALIST								1.0								
Winston-Salem	FINANCIAL ACCOUNTS TECHNICIAN						1.0										
Winston-Salem	FINANCIAL ACCOUNTS TECHNICIAN (OA)						2.0										
Winston-Salem	FINANCIAL MANAGER											1.0					
Winston-Salem	ACCOUNTANT										1.0						
Winston-Salem	ACCOUNTING TECHNICIAN						1.0										
Winston-Salem	VOUCHER EXAMINER						2.0										
Winston-Salem	LEGAL ADMIN SPEC (CONTACT REPRESENT)								2.0	10.0							
Winston Salem	DECISION REVIEW OFFICER												34.0				
Winston-Salem	VETERANS SERVICE REP (RATING)								4.0	5.0	64.0	92.0					
Winston-Salem	VETERANS SERVICE REPRESENTATIVE						13.0		23.0	55.0	106.0	36.0	26.0	5.0	1.0		
Winston-Salem	CLAIMS ASSISTANT				6.0	76.0			1.0								
		4.0	20.9	465.1	603.5	1200.3	1265.7	59.0	3175.3	3374.6	4790.5	4662.4	1577.7	208.0	117.0	33.0	19556.9

Question 3. Provide the methodology utilized to allocate personnel and resources to the regional offices and specifically address any refinements made to this methodology in the past fiscal year.

Response. The Veterans Benefits Administration's (VBA) Resource Allocation Model (RAM) is a systematic approach to distributing field resources each fiscal year. The RAM utilizes a weighted model to assign compensation and pension (C&P) FTE resources based on RO workload, including rating inventory and rating, non-rating, and appeal receipts. Starting in fiscal year (FY) 2014, the RAM includes additional variables to more closely align with VBA's transformation to a paperless, electronic environment, where receipts can be assigned and managed at the national level. These variables include station efficiency, quality, and RO capacity. VBA leaders use the model as a guide, making adjustments for special circumstances or missions performed by individual ROs. Special missions include Day-One Brokering Centers, Integrated Disability Evaluation System (IDES) processing sites, Benefits Delivery at Discharge sites, Quick Start processing locations, and National Call Centers (NCC). Non-payroll and travel resources are allocated to each RO based on business need, including the number of FTE, benefit programs administered, and other unique factors such as geographic location and jurisdiction.

Question 4. In 2009, VA began an effort to update the VA Schedule for Rating Disabilities.

a. Provide an itemized list of funding expended in FY 2013 on the rating schedule modernization.

Response. In FY 2013, VBA spent approximately $981,000 to support updates to the VA Schedule of Rating Disabilities (VASRD), including $902,000 for personal services, $30,000 for travel, and $49,000 for rent, supplies, and other services.

b. Provide an itemized list of funding expended in FY 2014 on the rating schedule modernization.

Response. In FY 2014, VBA will spend approximately $996,000 to support updates to VASRD, including $947,000 for personal services, $3,000 for travel, and $46,000 for rent, supplies, and other services.

c. Provide an itemized list of the requested funding in FY 2015 for the rating schedule modernization. Also, include the number of FTE assigned to or supporting this modernization effort.

Response. In FY 2015, VBA requested $3.0 million to update the VASRD, including $952,000 for personal services, $30,000 for travel, and $2.0 million for rent, supplies, and other services. The increase in funding in FY 2015 is primarily due to a contracted earnings loss studies. Five employees are currently assigned to support the VASRD update project.

d. Provide the Project Management Plan, the VASRD Update Operating Plan and project schedule for the rating schedule modernization.

Response. The Project Management Plan for the VASRD Update Project, which contains the operating plan and project schedule, is attached.

e. Does the FY 2015 request include any funding to support updates that will need to be made to IT solutions, including VBMS, disability benefit questionnaires, rules-based calculators, or other initiatives based on the current VASRD? How much funding does VA anticipate these updates will require upon publication of final rules for the various body systems?

Response. The FY 2015 budget request does not include funding to change information technology (IT) systems related to the VASRD modernization project, as VBA does not plan to publish the proposed regulations until the fall of 2015. Consequently, any changes necessitated by the new regulations will not be required until FY 2016.

Question 5. Provide the number of FTE assigned to or supporting VA's accreditation program. Also, provide the following information for calendar years 2012 and 2013.

a. The number of individuals per year who have sought recognition to represent individuals before VA broken down by representatives of service organizations, attorneys or agents.

Response. As of April 2014, the Office of General Counsel has approximately 4 full-time equivalent employees (FTE) dedicated to the accreditation program:

- 3 FTEs for 3 legal assistants
- Approximately 0.1 FTE for an Assistant General Counsel
- Approximately 0.4 FTE for a Deputy Assistant General Counsel
- Approximately 0.5 FTE total for 10 staff attorneys

From fiscal years 2009 to 2013, Department of Veterans Affairs has annually received applications from approximately 2,400 individuals seeking accreditation as Veterans Service Organization (VSO) representatives; 2,430 individuals seeking accreditation as attorneys; and 355 individuals seeking accreditation as claims agents. The estimate for VSO representatives includes requests for cross-accreditation, which occur when an individual seeks accreditation through other organizations by virtue of his or her membership of and accreditation through another organization. (Please note that the data provided in the responses to Question 5 are approximations due to database limitations.)

b. Of those requests for recognition, how many were granted and how many were denied?

Response. From fiscal years (FY) 2009–2013, Department of Veterans Affairs (VA) has annually granted accreditation to approximately 2,390 Veterans Service Organization (VSO) representatives; 2,410 attorneys; and 65 claims agents. Because many VSO representatives seek cross-accreditation with other organizations, the estimate for VSO representatives does not reflect the total number of individual VSO representatives granted accreditation.

From FYs 2009- 2013, VA has annually denied accreditation to roughly 10 VSO representatives, 20 attorneys, and 290 claims agents. Many claims agent applicants are not granted accreditation because they do not take or pass the VA accreditation examination or otherwise fail to pursue their application. Also, applicants may have been denied because they were Federal employees, who are generally prohibited from representing individuals before a Federal agency.

c. On average, how long does it take VA to process a request for recognition?

Response. As of April 2014, applications for accreditation of Veterans Service Organization representatives are processed in about 60–90 days; attorney applications in about 90–120 days; and claims agent applications in about one year. Claims agent applications take considerably longer because claims agent applicants need to take and pass a Department of Veterans Affairs accreditation examination, submit character references, and undergo a background check.

d. How many individuals had their recognition suspended or canceled?

Response. From fiscal years (FY) 2008–2013, Department of Veterans Affairs (VA) suspended accreditation for cause for 3 Veterans Service Organization (VSO) representatives, 0 attorneys, and 0 claims agents.

From FYs 2008–2013, VA canceled accreditation for cause for 18 VSO representatives, 1 attorney, and 1 claims agent.

Other accredited VSO representatives may have had their accreditation canceled by their organizations for various reasons, such as termination of employment, retirement, or failure to comply with the organizations' training requirements. Other accredited attorneys and claims agents may have had their accreditation suspended in 2011 for failure to comply with VA's training requirements.

e. How many complaints were filed against individuals who are recognized to represent claimants before VA, how many were found to have merit, and how many were referred to the Inspector General, a law enforcement agency, or other similar enforcement entity and how many of the referred cases resulted in further enforcement, disciplinary or legal action?

Response. Since January 2012 (Department of Veterans Affairs (VA) does not have complete numbers prior to 2012 because the database did not track complaints before 2012), VA received approximately 60 complaints—8 complaints regarding accredited Veterans Service Organization (VSO) representatives, 19 complaints regarding accredited attorneys, 10 complaints regarding accredited claims agents, and 23 complaints regarding non-accredited individuals or organizations. In about 20 of these complaints, Office of General Counsel (OGC) found the matter not to have merit, or OGC did not receive the necessary disclosure authorizations to follow up on the complaints. VA followed up on approximately 40 of the 60 complaints. Currently, there are approximately 30 complaints that are in pending or monitoring status.

In two instances, VA initiated cancellation proceedings against two accredited attorneys for unlawful practices. These two matters are currently awaiting a VA administrative hearing. In two other instances, accredited attorneys refunded to Veterans fees that were allegedly charged unlawfully. In five instances, accredited individuals changed their business policies or practices.

Since 2009, VA has referred approximately 7 accreditation matters to State Attorney General Offices. In one instance, a State Attorney General's Office prosecuted a non-accredited individual engaged in unlawful activities involving VA benefit claims for violation of State consumer protection laws. This matter is currently pending with a State administrative hearing judge.

VA/DOD COLLABORATION

Question 6. According to the FY 2015 budget request, the Integrated Disability Evaluation System (IDES) operates at 139 military treatment facilities worldwide and is available to all servicemembers who are referred to medical evaluation boards for fitness determinations. The FY 2015 budget request noted 31,764 new referrals in 2013.

a. Has DOD provided VA with information on the anticipated number of referrals that VA can expect the program to receive in FY 2015 or future fiscal years?

Response. Projections were provided by the Department of Defense (DOD). The total of 93,868 follows:

- FY 2015: 27,213
- FY 2016: 24,194
- FY 2017: 21,195
- FY 2018: 21,266

b. How many referrals has the program received in FY 2014 and how many are anticipated in FY15?

Response. The Department of Veterans Affairs (VA) total for FYs 2014 and 2015 were 57,803, and below is the breakdown.

- Projected referrals for FY 2014: 30,590 (Actual referrals through March 2014: 14,475)
- Anticipated referrals for FY 2015: 27,213

c. How many contract disability examinations were used to support IDES in FY 2013 and to date in FY14?

Response. VA's total for FYs 2013 and 2014 were 24,717 and below is the breakdown:

- Veterans Health Administration (VHA)—VHA provided 2,123 exams in FY 2013 and 474 in FY 2014.
- Veterans Benefits Administration (VBA)—In FY 2013, 15,142 VBA contract examinations were completed in support of Integrated Disability Evaluation System (IDES).
- FY 2014 through March 2014: 6,978 VBA contract examinations were completed in support of IDES.

d. What specific actions have been taken to improve intra-agency information exchange processes to ensure VBA meets the benefit notification goal of 30 days?

Response. VA is taking the following actions to help meet the benefit notification goal of 30 days for IDES claims:

- VA must obtain verified service information before finalizing IDES awards. DOD's Defense Manpower Data Center sends this information to VA via the VA/DOD Identity Repository (VADIR), and VA views the information using the Veterans Tracking Application. In March 2014, separation, severance, and retired pay information from VADIR was made available on the Veterans Information Solution, an intranet-based application designed to provide a consolidated view of information about Veterans and Servicemembers.

• In coordination with the Providence Disability Rating Activity Site (DRAS), the Navy has begun electronically submitting DD Form 214s for IDES participants for final processing. This ensures the electronic form is available to VA shortly after discharge and eliminates delays associated with untimely submission of DD Form 214.

• The Physical Evaluation Boards have agreed to include an indication of the current duty status of members of the National Guard and Reserve along with the request for preliminary IDES ratings. This information allows the DRAS to immediately finalize and deliver benefits to IDES participants who are not in active-duty status.

• In April 2013, VA reviewed disability compensation payments based on disability discharges and disability retired pay. Based on this review, VA issued standard operating procedures for IDES cases in August 2013 that allow disability compensation payments to start without waiting for disability retirement payments to begin and that do not result in the creation of an overpayment when retired pay does begin. In addition, the Defense Finance and Accounting Service's Retired Casualty Pay Subsystem completed a programming change in February 2014 that allows VA to more timely process an additional set of claims without incorrectly affecting retired pay.

e. Provide the amount of funding spent in FY 2013 and how many VA employees were dedicated to the IDES process.

Response. VA's total for FY 2013 was $93,364,281 and below is the breakdown:

• Office of Policy and Planning (OPP)—During FY 2013, OPP spent approximately $1,164,281, which is comprised of $570,630 for a program management support contract, $568,651 in salary for 5 FTE, and $25,000 in travel costs.

• VHA—The FY 2013 IDES Supplemental Budget distributed to the operational field sites supporting the IDES Program was $21.5 million. These funds were distributed to VAMCs with a direct IDES mission to assist and defray costs associated with the deployment and implementation of the IDES program. Staff located at VA medical centers (VAMCs) are not solely dedicated to the IDES process.

• VBA—During FY 2013, VBA spent approximately $70.7 million for salaries and other general operating expenses for 643 FTE dedicated to disability claims processing in the IDES process. Compensation staff and Vocational Rehabilitation and Employment counselors are included in this count. Veterans filing claims through the IDES sites are captured in the nationwide Veteran caseload count and total compensation benefit obligations; therefore, mandatory funding cannot be separated for this program.

f. Provide the amount of funding spent in FY 2014 and how many VA employees were dedicated to the IDES process.

Response. VA's total for FY 2014 was $73,092,082 and below is the breakdown.

• OPP—During FY 2014, OPP estimates it will spend $1,192,082, which is comprised of $581,144 for a program management support contract, $585,938 in salary for 5 FTEs, and $25,000 in travel costs.

• VHA—In FY 2014, supplemental funding for IDES was will no longer provided to operational sites. IDES Supplemental funding was a VHA initiative inacted to assist facilities having an IDES mission, to assist them defray costs associated with the deployment and implementation of the IDES Program. Once the IDES program matured and was fully implemented, funding to assist with IDES operational costs were included in VHA's Veterans Equitable Resource Allocation (VERA) model. Staff located at VAMCs are not solely dedicated to the IDES process.

• VBA—During FY 2014, VBA estimates it will spend approximately $71.9 million for salaries and other General Operating Expenses (GOE) to support 648 FTE dedicated to disability claims processing in the IDES process.

g. Provide the amount of funding requested in FY 2015 and how many VA employees will be dedicated to the IDES process.

Response. VA total for FY 2015 was $75,297,179 and below is the breakdown.

• OPP—During FY 2015, OPP estimates it will spend $1,197,179 which is comprised of $586,241 for a program management support contract, $585,938 in salary for 5 FTEs, and $25,000 in travel costs.

• VHA—Starting in FY 2014, supplemental funding for IDES was no longer provided to operational sites. IDES Supplemental funding was a VHA initiative inacted to assist facilities having an IDES mission, to assist them defray costs associated with the deployment and implementation of the IDES Program. Once the IDES program matured and was fully implemented, funding to assist with IDES operational costs were included in VHA's VERA funding as described earlier.Staff located at VAMCs are not solely dedicated to the IDES process.

• VBA—During FY 2015, VBA estimates it will spend approximately $74.1 million for salaries and other GOE to support 648 FTE dedicated to disability claims processing in the IDES process.

Question 7. VA's Office of Interagency Collaboration and Integration is responsible for "coordinating the implementation of the Integrated Disability Evaluation System (IDES) and streamlining the disability evaluation process through continual process improvements."

a. What process improvements were made in FY 2014 to streamline the process?

Response.

IDES Process Improvements (FY 2014)

Improvement Initiatives	Impact	Current Status
Disability Benefit Questionnaires (DBQ) in IDES.	Decrease rates of inadequate medical exams and allow digitalization of IDES med exam information for input into Veterans Benefits Management System (VBMS).	DBQs implemented at all IDES sites Oct. 1, 2013
VHA providers were placed at the Regional Offices and Disability Rating Activity Sites.	• Reduce time and insufficient reports • Clarify questions raised regarding the disability exam [extra words to cause a runover line] • Allow for training points	Providers are currently located at the Seattle and Providence sites.
VA Pays First	VA will be able to pay separating Servicemembers without waiting 20–25 days for the Defense Finance and Accounting Service to complete accounting processes for Retired Pay cases with a skeleton record in the Recovery Care Program Support System.	Phase I and II have been implemented and Servicemembers are no longer waiting to receive pay.

b. What is the current status of electronic case file transfer capabilities within IDES?

Response. Electronic case file transfer is currently pending the establishment of a bi-directional interface between VA's Data Access Service to VBMS. As an interim solution, VA and DOD are exploring alternative methods of sending an electronic case file to VA's scanning vendor for upload into VBMS.

Question 8. The problem of overmedication and medication management is a national problem, one that both public and private health care systems must address. VA has reported the Opioid Safety Initiative (OSI) conducted at eight sites in Minnesota was a success.

a. Provide the Committee with the results of the OSI conducted at the eight sites in Minnesota.

Response. At the American Academy of Pain Medicine's annual meeting on March 7, 2014, Peter Marshall, M.D., from the Minneapolis VA Health Care System presented a summary of methods and outcomes of the Minneapolis VA OSI to the Veterans Health Administration (VHA) and DOD pain management leaders. The Minneapolis OSI team is submitting a manuscript for publication in Pain Medicine describing OSI methods and outcomes. These results include:

• The number of patients prescribed high-dose (>200 Morphine Equivalent Dose or MED) opioids for chronic, non-cancer pain has been reduced by 70 percent.

• The number of patients prescribed >400MED opioids for chronic, non-cancer pain has been reduced by 86 percent.

• With reduced numbers of patients receiving high-dose opioids, the total amounts of opioids supplied to the Minneapolis patient population (in MED) has fallen by 50 percent.

• There has been a 13 percent reduction in total number of unique patients who received at least one opioid prescription in the past 30 days, while the total number of unique patients went up by 10 percent. This may reflect a change in "treatment culture" to use alternatives to opioids for treating chronic, non-cancer pain.

• Annual urine drug screening (UDS) in patients on opioids for chronic non-cancer pain has increased from 21 percent to 55 percent of patients. For patients on high-dose (>200MED), annual UDS has increased from 30 percent to 64 percent of patients.

• All other Veterans Service Integrated Network (VISN) 23 Health Care Systems are adapting this model and are at various stages of implementation. Clinical pharmacists and Patient Aligned Care Teams (PACT) are highly engaged in using team-based approaches to support safe and effective care to their patients.

b. Provide a detailed description of the opioid safety program in which all medical centers are now participating.

Response. OSI is a comprehensive monitoring program to provide safe and effective pain care. Currently, all 21 VISNs and all VA medical centers (VAMC) are able to access provider-specific opioid prescribing data through a unique business intelligence tool named the Opioid Safety Dashboard (OSD). OSD enables VISN and VAMC subject matter experts trained in the safe use of opioids to assist providers in maintaining safe prescribing practices. OSD identifies patients on potential unsafe combinations of medications (such as opioids and benzodiazepines) and those who would benefit from closer monitoring of drug treatment through urine screening. This information is available for use by subject matter experts and providers. OSD is updated quarterly to reflect new prescriptions and monitor current prescribing. Monitors include: the number of patients monitored using urine drug screening, the number of patients on opioids and benzodiazepines, and the total number of patients receiving opioids. This data is made available for review by subject matter experts, providers, and VISN and VAMC leadership. VHA Central Office also develops trending reports that are reviewed by field-based pharmacy and clinical leadership.

Additionally, as part of the OSI, VHA Central Office has provided field-based staff training materials that encourage the use of non-opioid medications and alternatives, which reinforce the use of complementary and alternative medicine as a vital tool to provide safe pain care.

c. Provide a detailed description of the reasons for having all medical centers participate in an opioid safety program and what plans and procedures VA has to measure the success of the program.

Response. One of the primary goals of VHA is to ensure that the care provided to Veterans is safe, high-quality and evidence-based. VHA is implementing OSI system-wide to ensure that Veterans across the Nation have appropriate access to safe prescribing of opioids, as this is a treatment modality that is broadly used across VHA's health care system. VHA is utilizing OSD to monitor utilization of urine drug screening, provider-specific prescribing of opioids and benzodiazepines, and the total number of opioids prescribed. The intent of these monitors is to verify that Veterans experiencing chronic pain receive safe, effective care. OSD serves as a tool to assist providers and subject matter experts in their clinical practice as they treat Veterans experiencing chronic pain.

d. Similar concerns regarding overmedication and medication management have been raised about DOD's approach to the treatment of wounded warriors. Based on the success VA has reported from the OSI conducted at eight sites in Minnesota, are there lessons learned that could be shared with DOD?

Response. The Minneapolis VA OSI team has shared information about the methods and results with the Department of Defense (DOD) and the private sector. At the American Academy of Pain Medicine's annual meeting on March 7, 2014, Peter Marshall, M.D., from the Minneapolis VA Health Care System presented a summary of methods and outcomes of the Minneapolis VA OSI to the Veterans Health Administration (VHA) and DOD pain management leaders. Dr. Marshall also communicated with Christopher Spevak, M.D., pain specialist at Walter Reed National Military Medical Center, and shared Minneapolis OSI data and other OSI and Minneapolis Pain Center program documents. The Minneapolis VA OSI team is also available to provide other information and support if requested by DOD. In addition, the Minneapolis OSI team is submitting a manuscript for publication in Pain Medicine describing OSI methods and outcomes.

e. What efforts are VA undertaking to make sure DOD is aware of VA's work on this issue as DOD continues to address similar issues among its wounded warrior population?

Response. VHA regularly presents progress on its various pain management initiatives to the DOD/VA Health Executive Committee's (HEC) Pain Management Work Group (PMWG), where discussion and planning of joint programs in pain management take place. PMWG discusses issues related to opioid safety including standardizing urine drug testing and the implementation and use of the DOD/VA Chronic Opioid Therapy Guidelines. OSI and its pilot results will be presented to the HEC PMWG for a discussion of its general implementation in VHA and DOD more widely. It is anticipated that the pilot results will be presented at a full HEC meeting later in 2014.

Question 9. Provide a detailed description of how VA intends to ensure the projected amount of money is collected through the Medical Care Collections Fund in FY15.

a. Specifically, what plans does VA have for increasing the collection of accurate third-party reimbursement information from both existing and new patients?

Response. To ensure that VA collects the amount projected in fiscal year (FY) 2015, VA has deployed seven industry best practice Consolidated Patient Account Centers (CPAC) to manage back office collection activities such as billing and accounts receivable follow up. CPACs were deployed in FY 2012, which is 1 year earlier than mandated under Public Law 110–387. CPACs focus on standardized processes and intensive employee training has proven to be successful as evidenced by both achievement of expected collection results and performance in key industry performance metrics.

VA also has focused on identifying opportunities to improve front-end revenue cycle processes related to collection of accurate insurance information. Toward that end, VHA is deploying an Integrated Resources Center (IRC) that provides resources to staff to increase their knowledge of approved methods for obtaining and recording demographic and health insurance information. The IRC library will include links to intake training modules; current policies, procedures and directives; scripts; a best practice registry; intake performance tracking; and online training videos made in cooperation with VHA's Employee Education Service.

b. How does VA plan to make up for any shortfall if the budget projection of $3 billion is not met?

Response. VA does not expect to have a shortfall in the Medical Care Collections Fund in 2015. All funding requirements and sources of funds are reviewed periodically throughout the fiscal year. As of May 2014 our aged 3rd Party receivables, which are defined as payments from insurers that haven't been received by 90 days after billing, amounted to $114 million.

Question 10. In its response to my post-hearing questions regarding the FY 2014 budget request, VA noted it had developed and implemented staffing guidance for general outpatient mental health programs.

a. Has VA developed a staffing model for determining the target number of mental health staff for a whole facility? If no, please explain any progress toward development of a staffing model and when VA's expects to complete development and implementation.

Response. VA's guidance for outpatient staffing levels is developed in the context of: (1) data on Veteran access to timely, full-spectrum mental health services at appropriate intensity, and (2) information on the local facility organization (e.g., number and location of Community-Based Outpatient Clinics (CBOC)), the geographical area the facility serves, and the availability of inpatient, residential, telehealth, and regional specialty mental health services. It is expected that appropriate staffing levels will vary somewhat based on: local Veteran needs; whether the patient population resides in a rural area; facility use of contracted or telehealth-based services, collaborative service delivery with local residential treatment programs, and other factors. As there are strong relationships between mental health staffing levels and Veteran access to mental health services, indications of poor access are considered a trigger for review of adequacy of clinical staffing and planning for remediation of access concerns.

VA has been developing staffing guidance based on patient demand to assist facilities in ensuring consistent staffing for mental health. For sites with hiring/staffing challenges, VA is expanding the use of contracts and the use of telemental health. Methods to estimate future staff needs based on mental health workload projections have been drafted and are being reviewed and refined. This modeling will provide targets for all mental health staffing needs at a facility. VHA expects to conduct internal validation of this modeling over the next 2 fiscal years to determine whether facility adherence to the model is associated with maintenance of Veteran access to mental health services as the mental health patient population grows, and adjust within that time as necessary.

b. In the absence of such a model, describe the methodology VA uses to accurately budget for mental health care.

Response. Please see the response to Question 10a.

Question 11. What percentage of dental care is provided at VA facilities and what percentage is provided through non-VA care?

Response. For FY 2013, 86 percent of dental workload (measured in Relative Value Units) was completed on-site at VA facilities and 14 percent was completed through non-VA Care. There were 462,254 total patients, 442,688 received care within VA on-site and 54,929 received care in the private sector. Some patients received care in both venues.

Question 12. Has VA experienced difficulties in recruiting qualified individuals to fill open dental vacancies? If so, explain what VA has done to address this issue.

Response. VA receives sufficient applications to recruit qualified individuals to fill open dentist occupational vacancies with the exception of certain scarce specialties such as oral surgeons. As of July 15, 2014, there are 20 dentist vacancies and 2 dental hygienist vacancies listed on the USAJobs Web site. The average speed of hire (SOH) timeframe to hire these dental occupations is 41.99 days, which is less than VA's SOH goal of 60 days. This data accounts for all hires of the previously mentioned occupations from October 1, 2013, through February 28, 2014.

Additionally, the following initiatives have been launched to enhance the recruitment of dental hygenists and lab technicians:

- Hygienists: The qualification standard for dental hygienists is being updated to create a career ladder potential for advancement for dental hygienists in VA that mirrors the private sector.
- Laboratory Technicians: The Central Dental Laboratories maintain a skills development program to advance technicians skills and abilities internally. Outsourced laboratory services are also used to fill the gap.

Question 13. In the medical patient caseload portion of the FY 2015 budget request, VA estimates between FY 2014 and FY 2015, an additional 112,519 Priority Groups 1–6 veterans will access VA health care. Yet, it estimates a decrease of 2,021 veterans in Priority Groups 7 and 8 for the same period of time and a further decrease of 9,249 veterans from 2015 to 2016. Given the Affordable Care Act (ACA) requires Americans to obtain health care coverage before March 31, 2014, many uninsured veterans will turn to VA for their health care needs. VA estimates it will see an increase of 63,000 veterans in 2015 as a result of ACA implementation.

a. Why does VA estimate a decrease in Priority Groups 7 and 8 veterans in the FY 2015 budget?

Response. VA's FY 2015 Medical Care budget request does not project a decrease in Priority Group 7 and 8 enrolled Veterans, VA projects an increase of 27,987 enrollees (see page 32 of the second volume of the FY 2015 Budget). The 2,021 Veteran decline reflects the projected decrease in the number of Priority Group 7 and 8 patients. The VA Enrollee Health Care Projection Model (EHCPM) projects enrollee health care services over a 20-year planning period. For each year, the EHCPM projects the number of Veterans expected to be enrolled, their priority, age, gender, special conflict status, and geographic location. The patient projections model estimates the probability of enrollees becoming patients each fiscal year. Patients are projected as a function of enrollee type, priority, age, gender, special conflict status, and assumed morbidity and reliance levels. While projections for Priority Group 7 and 8 enrollees, as reflected in the FY 2015 budget submission, suggest a slight increase in enrollment for this population, since many of these enrollees have some other form of public/private health insurance coverage, they tend to be less reliant upon VA for care, and therefore do not generate a corresponding increase in patients, as noted by the projected decline of 2,021 Veterans in the chart on page 7 of the second volume of the FY 2015 Budget. Historical data also shows a decline in Priority Group 7 and 8 patients.

b. Provide the following information regarding priority groups:

i. The number of such veterans moving from Priority Groups 7 and 8 to Priority Groups 1–6 between FY 2014 and FY 2015; and

Response. The net number of enrollees that are projected to move from Priorities 7 and 8 into Priorities 1–6 between FY 2014 and FY 2015 is 15,566. (**Note: This is the net number of enrollees moving into Priorities 1–6. This means that enrollees moving from Priority Groups 7–8 into Priority Groups 1–6 are offset by enrollees moving from Priority Groups 1–6 into Priority Groups 7–8. There are significant movements in both directions, and the net movement is close to zero. Movements from Priorities 4–8 into Priorities 1–3 are estimated to be 132,325 during the same time period (FY 2014 to FY 2015)).

ii. The number of veterans currently enrolled in the VA health care system that VA expects will become ineligible, in 2015 and 2016, for VA health care due to its geographic means test.

Response. Veterans currently enrolled do not become ineligible based on a geographic means test, if they are already enrolled.

Question 14. In the performance measure section of the President's FY 2015 budget request, VA reports an increase of 38 percent, from 2012 to 2013, of targeted OEF/OIF veterans with a primary diagnosis of PTSD who receive a minimum of eight psychotherapy sessions within a 14-week period. Provide the Committee with the criteria utilized in FY 2012 and FY 2013 individually to identify these targeted OEF/OIF veterans.

Response. VA did not report a 38-percent increase in the percentage of Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Veterans receiving 8 psychotherapy visits in 14 weeks. We believe that this number may have been incorrectly surmised as it looks to be the difference between the measure in existence in FY 2012 and the measure in existence for FY 2013. However, these two metrics are not comparable. Below is a description of each measure, and a summary of the changes in utilization of psychotherapy across the 2 years.

In FY 2012, the measure (OEF 4) was a percentage defined by the following numerator and denominator. The denominator (see FY 2012 Presidential Budget Submission, Volume II, page 1G–23) included Veterans who were deployed in OEF/OIF/OND and had two primary diagnoses of Post Traumatic Stress Disorder (PTSD) in two outpatient encounters that occur within 90 days of each other. Patients are entered into the denominator once they received a second encounter with a primary diagnosis of PTSD. A number of visit types such as telephone contacts and vocational services were excluded when looking for qualifying encounters. In addition, any Veteran who had already received at least 8 visits in 14 weeks in the previous 5 years was excluded from the denominator. The numerator consisted of Veterans who are included in the denominator and have encounters with PTSD as the primary or secondary diagnosis for 8 psychotherapy sessions within a 14-week time period after the qualifying encounters. The measure in FY 2012 was reported as a straight percentage. At the end of the fiscal year, there were cumulatively 8,155 Veterans in the numerator and 56,103 Veterans in the denominator, for a percentage of 14.54 percent.

In FY 2013, the measure reported (OEF 41) was changed (see FY 2013 Presidential Budget Submission Volume II, page 1H–6). Conceptually, the numerator and denominator remain the same as OEF 4, although some additional exclusions were placed on the denominator such as an expanded set of clinic types that would not count toward qualifying encounters and the removal of Veterans who passed away after being qualified for the denominator. Most importantly, however, the measure was redefined to reflect the fact that not all Veterans will want or be ready for this particular type of treatment. Previous VA research had indicated that about 30 percent of Veterans offered these interventions will actually begin the therapies. Therefore, the new measure is calculated as the numerator divided by the denominator and then divided by 30 percent. In FY 2013, the numerator was 8,530, the denominator was 53,297. The ratio to be used to compare to FY 2012 was 16.0 percent, and the final measure (16 percent/30 percent) is 53.33 percent of all OEF/OIF/OND Veterans who could benefit from the treatment and who will want and be ready for the treatment.

It appears that whomever reported the 38-percent change mistakenly subtracted the FY 2012 number from the FY 2013 number (a difference of 38.79), not being aware that the measures were not comparable. Since the numerator and denominator are roughly comparable, we can say that there was a 1.5 percent increase in the proportion of OEF/OIF/OND Veterans receiving 8 visits in 14 weeks.

Question 15. What is the population size of the targeted population? Has the population size changed since 2012?

Response. The "targeted population" is Veterans defined by the denominators described in the response to question 14. In FY 2012, it was 56,103 Veterans, while in FY 2013 it was 53,297. This number is separate from the number of OEF/OIF/OND Veterans with PTSD served by VA.

Question 16. In the performance measure section of the President's FY 2015 budget request, VA reports that 73 percent of veterans answered "yes" to the shared decisionmaking question in the Inpatient Surveys of the Health Experience of Patients (SHEP). VA also notes this question will be deleted after Fiscal Year 2014 and replaced with "alternative satisfaction measures."

a. Provide the Committee with the "alternative satisfaction measures" that will be used.

Response. The Self-Management Support measure, found in the Patient Centered Medical Home (PCMH) Consumer Assessment of Health Providers and Systems (CAHPS) that forms the basis of VHA's Outpatient SHEP will replace the Inpatient Shared Decision Making measure. This new measure has undergone extensive testing for validity and expands the concept of shared decisionmaking into VA's PACTs, which forms the foundation of our Veteran-centered health care efforts. This new measure is calculated as the average of the weighted percentage of patients who responded "Yes" to questions 35 and 36, "in the last 12 months, did anyone in this provider's office talk with you about specific goals for your health," and "in the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health," respectively, in the SHEP survey.

b. What measures or initiatives is VA currently implementing to increase the percentage of veterans involved in making decisions regarding their health care, including mental health?

Response. VHA has developed and piloted the Personal Health Inventory as a tool for Veterans and teams. This tool allows Veterans and providers to discuss life goals and preferences in a personalized plan of care. A number of VHA facilities have deployed an interactive bedside system, which allows the Veteran more direct access to their care team. These systems allow the Veteran to provide input on their care while at the facility and also provide an opportunity for staff to respond timely to issues identified during the stay. Additionally, VHA has developed and deployed staff training classes in order to educate staff about involving Veterans in making decisions regarding their health care.

Question 17. What measures and initiatives has VA utilized to achieve a decrease in the amount it spends per patient for OEF/OIF/OND veterans of $212 per veteran, from 2012 to 2013, while increasing the spending by $45 per patient for all VA patients, during the same time period?

Response. The decrease in cost per patient of $212 per Veteran from 2012 to 2013 was an error and the result of a miscalculation in overhead costs. The correct 2012 actual is reflected in the table below. On average, the OEF/OIF/OND Veterans population's medical care is increasing in complexity which translates into an increased cost for medical treatment. OEF/OIF/OND is a subset of the total obligations per unique patient. This error had no impact on the total budget request, as the correct actual data was included in the estimates generated by the VA EHCPM.

Description	2012 Actual	2013 Actual	Difference
OEF/OIF/OND			
Obligations ($000)	$2,745,534	$3,208,682	$463,143
Unique Patients	544,088	616,487	72,399
Cost per Patient	$5,046	$5,205	$159
Obligations per Unique Patient			
Obligations ($000)	$53,868,410	$55,453,211	$1,584,801
Unique Patients	6,333,091	6,484,664	151,573
Cost per Patient	$8,506	$8,551	$45

Question 18. The FY 2015 budget request states that in 2013, the HUD-VASH program funded 562 additional positions in various disciplines, including peer support positions, employment specialists, psychiatrists, nurses, and housing specialists.

a. How many additional positions in each discipline will be funded with the $46.8 million increase for FY15?

Response. VA medical centers (VAMCs) receive funding for additional positions to support the HUD-VASH Program after each VAMC's specific allocation of new vouchers is determined. Until the FY 2015 specific allocations occur, VA is only able to estimate the total number of additional FTE expected to be funded based on previous years' allocations; accordingly an estimated 500 additional FTE will be funded in FY 2015.

b. Describe the service impact of the $138.5 million anticipated reduction in the FY 2016 advanced appropriation request for this program.

Response. The FY 2015 request of $321 million provides the funding level needed to sustain current service levels in the Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) vouchers as well as support 20,000 additional HUD-VASH vouchers issued in FY 2014 and FY 2015. A decrement of $200 million in FY 2015 (as reflected in the FY 2015 Advanced Appropriation) or $138.5 million in the FY 2016 Advanced Appropriation will require significant reductions in the level of case management support that can be provided to Veterans. The final 2016 funding level will be determined during the 2016 budget process when updated data and metrics are available; however, if these reductions occur in either year, the impact on HUD-VASH operations and on the Veterans served by the program will be quite significant. Also, service impacts could include significant reductions in level of case managgment support. Caseloads will increase considerably and process times for moving Veterans from the streets to housing will also increase significantly. VHA also anticipates an increase in negative discharges from the program, including evictions and unit abandonment, and we can expect additional negative outcomes due to the reduction in frequency and intensity of case management support.

Question 19. The FY 2015 budget submission details that funding for contract residential services (CRS) available through the health care for homeless veterans program has recently "been prioritized to ensure that every VAMC has the capacity to offer "bridge housing," services that are targeted to and prioritized for homeless Veterans who are transitioning from literal street homelessness."

a. As of March 12, 2014, which VAMCs currently lack the capacity to offer these services?

Response. VAMCs may request funding from VA Central Office to establish Health Care for Homeless Veterans (HCHV) Contract Residential Services (CRS) contracts. It is important to note that VAMCs only request funding for HCHV CRS when the need for these services is not being met by local community resources or by neighboring VA facilities. VA uses HCHV CRS contracts to fill gaps in local continuums of homeless services.

b. Describe the Department's efforts to ensure that bridge housing is available to veterans, without regard to their gender in each location.

Response. Each local VAMC that receives VA Central Office funding to establish new or expand existing HCHV CRS contracts is expected to include explicit contract language to ensure that housing services be available to both male and female homeless Veterans. As of March 2014, female Veterans make up 5 percent of the total population of homeless Veterans admitted to HCHV CRS programs, representing an increase from 3 percent in FY 2012.

Question 20. The President's budget request indicates a transition in the HVSEP program, with the provision of funding to hire 160 community employment coordinators.

a. Are these coordinators intended to supplement, or to replace, the over 400 homeless or formerly homeless veterans currently staffing this program as Vocational Rehabilitation Specialists?

Response. The Homeless Veteran Supported Employment Program (HVSEP) hired formerly homeless or at-risk-of-homelessness Veterans as Vocational Rehabilitation Specialists on term positions for a 4-year period. Funding for these positions will end on September 30, 2014.

As a result of the HVSEP Initiative, 70 percent of HVSEP Vocational Rehabilitation Specialists successfully transitioned into alternative permanent employment, 358 within VA and 36 with other Federal agencies or in the community.

In order to continue to provide a full-range of employment services, the new Community Employment Coordinators will augment and coordinate the competitive employment services that are currently available for homeless and chronically homeless Veterans both at VAMCs and in the community. The Community Employment Coordinators will oversee the provision of training and guidance to all VA homeless programs and staff on resources that result in competitive employment outcomes for homeless Veterans. The Community Employment Coordinators will also provide direct assistance in connecting Veterans to the most appropriate and least restrictive VA and community-based employment services leading to competitive employment with appropriate supports.

b. How will these coordinators interact with other employment programs this population may be eligible for, such as VBA's Vocational Rehabilitation program or the Department of Labor's Homeless Veterans Reintegration Program Grantees?

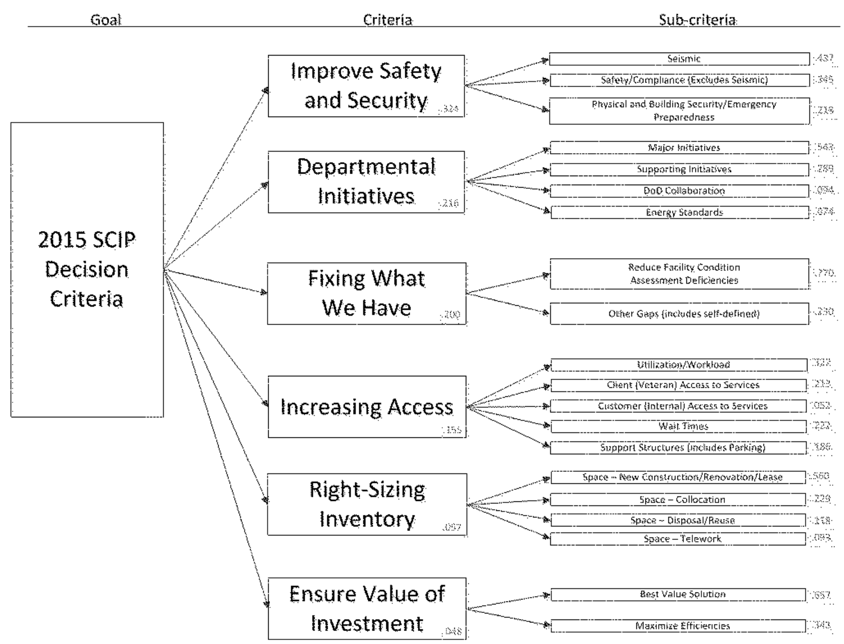
Response. Partnerships with Federal, state, and community agencies are critical in addressing unemployment among homeless Veterans. The Community Employment Coordinators will serve as liaisons and referral sources to VA and non-VA programs that provide community-based employment opportunities and support services to homeless and chronically homeless Veterans including but not limited to: Compensated Work Therapy Programs; HCHV and HUD-VASH Employment Specialists; Supportive Services for Veteran Families (SSVF) and Grant and Per Diem (GPD) grantees that target employment; Veterans Benefits Administration/Vocational Rehabilitation and Employment; Department of Labor grantees such as the Homeless Veteran Reintegration Program; and, state, local, community, and faith-based organizations.

CONSTRUCTION AND LONG RANGE CAPITAL PLAN

Question 21. Provide a list of priority weights for the major criteria and sub criteria used to inform the FY 2015 Strategic Capital Investment Plan decision plan.

Response. The diagram below shows the major criteria and sub-criteria priority weights that were used to inform the fiscal year (FY) 2015 Strategic Capital Investment Planning (SCIP) process.

2015 VA Strategic Capital Investment Planning Process
Decision Model



Question 22. The FY 2015 budget request includes a number of funding requests to renovate and realign VA Regional Offices. Of these, which are due to decreased space requirements as a result of the transition to a paperless claims processing system?

Response. The RO renovation and realignment projects were approved for the following sites in FY 2015: Boston, Detroit, and New York. These offices will be renovated to meet current size and safety standards and realigned to optimize efficient space utilization, taking into account that many paper claims received are being converted into an electronic format. Renovation and realignment projects typically take 2 to 3 years to complete. The FY 2015 budget request is dedicated to developing the space design and determining the resulting space savings. Funding for construction and realignment of the space would then be included in the FY 2016 and 2017 budget requests.

a. Provide a list of any location where VBA has leased space for the sole purpose of storing paper claims files. For each, also provide an estimated date the lease will no longer be needed and the estimated annual savings that would result from not leasing this space.

Response. The chart below shows the locations where separate file storage is leased through General Services Administration, contracted through Iron Mountain (or another storage vendor), or located on a Veterans Health Administration campus. The ROs listed on the spreadsheet have a project submission for renovation and realignment over the next 10 years in VBA's long-range Strategic Capital Investment Plan submission; however, projects beyond FY 2015 are notional and not yet funded. VA will work to find solutions for removal of files from these separately leased facilities ahead of the renovation schedule of their respective RO, should funding become available.

FACILITIES HOLDING FILES - APRIL 8, 2014

Regional Office	Notional Realignment Project	Lease	Rental Square Feet	Address	Annual Cost Savings
ATLANTA (Decatur), GA	FY 21	GSA	5,009	3980 DeKalb Technology Ctr, Suite 600	$75,035
HOUSTON, TX	FY 25	GSA	27,318	10001 Fannin St.	$310,458
MILWAUKEE, WI	FY 24	GSA	12,889	3935 South Mitchell St., Suite 400	$242,829
NASHVILLE, TN	FY 21	GSA	9,985	701 Broadway	$186,120
OAKLAND, CA	FY 21	Iron Mtn	storage contract	San Bruno FRC, 1000 Commodore Dr, San Bruno	$475,000
SAN DIEGO, CA	FY 19	GSA	1,808	5725 Kearny Villa Road	$37,069
SEATTLE, WA	FY 21	Iron Mtn	storage contract	6125 Sandpoint Way NE, Seattle	$300,000
ST PETERSBURG, FL	FY 23	Gov't Owned	36,000	9500 Bay Pines Blvd, Bldg 47	N/A
WACO, TX	FY 23	Gov't Owned	17,054	4800 Memorial Dr., Bldg 15	$54,000
WINSTON SALEM, NC	FY 16	GSA	18,000	2550 Empire Drive	$122,460

Question 23. The FY 2015 budget submission details the department's efforts to conduct onsite surveys of waste streams at 140 facilities in order to assist meeting waste diversion goals and save disposal costs.

a. Share how these 140 facilities were chosen.

Response. Given the travel time and cost associated with reaching several of our facilities, VHA included 140 facilities in the review process. These 140 facilities were chosen because they encompass a cross-section of every VISN and complexity level of facility in the system. This allows the lessons learned from these reviews to be shared with those facilities not included in the review.

b. Share the results of these surveys.

Response. VHA continues to work with the vendor to resolve several issues with the draft of the waste and recycling assessment summary report. Until these issues are addressed, VA will not accept the report as final. Once the report has been accepted, VA will provide the Committee with a complete copy of the individual reports requested.

c. Share any outcomes that resulted from an analysis of this data.

Response. Based on the initial review of the survey report data, there are areas of opportunity to increase recycling activities throughout VHA, particularly in the operating rooms, management of food waste, and composting. The survey also reinforced the need and benefits of the new web-based waste and recycling system, which has been implemented throughout VHA for tracking diversion rates in accordance with Executive Order (EO) 13514, *Federal Leadership in Environmental, Energy, and Economic Performance*. EO 13514 challenges government agencies with diverting up to 50 percent of municipal solid non-hazardous waste from landfills by the end of FY 2015. This is generally accomplished through recycling, reuse and composting programs.

Question 24. Describe planned improvements in FY 2015 to the functionality of VA's national utility metering data collection and analysis system.

Response. In FY 2015, VA will expand the analysis and reporting capabilities of its metering data collection and analysis system. These new functionalities will build on the progress made in FY 2014 that implemented services for integrating electric and non-electric (e.g., gas, water, steam, chilled water) meter data into the system. As metering data is added to the system, these new capabilities will allow energy managers to access data more easily and in different ways. These expanded capabilities will accommodate data from all future as well as existing electric and non-electric meters. VA also plans to conduct training for personnel on the use of the database system's analyses and reporting capabilities.

INFORMATION TECHNOLOGY PROGRAMS

Question 25. The FY 2015 budget request indicates that a portion of the cybersecurity funding requested "will be used to maintain information protection directives and handbooks so VA is compliant with all applicable Federal requirements and standards" such as FISMA, HIPAA, the E-government Act, FIA, Privacy Act, and other requirements. Provide a list of each directive and handbook that is not in compliance, as of March 12, 2014.

Response. All Department of Veterans Affairs' (VA) security-related directives and handbooks are in compliance with Federal regulations and guidelines. VA has drafted a new version of VA Handbook 6500 that includes all the changes from National Institutes of Standards and Technology (NIST) 800–53, Revision 4, which was published in May 2013. Federal agencies have one year from the date of publication to come into compliance with NIST guidelines. VA expects to publish this version of VA Handbook 6500 by the end of fiscal year 2014. In the interim, while the VA Handbook 6500 is going through VA's internal concurrence process, VA is implementing the draft guidelines to secure VA information technology systems, and will make any adjustments necessary that are needed to reflect the final guidelines.

Question 26. How many additional FTE will be required in FY 2015 to fully staff the reorganized Network Operations Center and Security Operations Center? Of these, how many will be VA employees and how many will be contract employees?

Response. The Department of Veterans Affairs takes the protection of our Veterans' and employees' data seriously. VA has in place strong, multi-layered defense to combat evolving cyber security threats. Defenses include monitoring outside our network by external partners; active scanning of Web applications and source code; and protection of servers, workstations, networks, and gateways, among other security efforts.

The Department will be reviewing all details of the proposed reorganization of the VA Network Security Operations Center to ensure that the continued high level of service is maintained should a separate Network Operations Center (NOC) and a separate Security Operations Center (SOC) be put in place. The current organizational structure includes network and security staffs at two different locations with varying skill sets and the intent of this re-alignment is to improve efficiencies in responding to network and security operational requirements. The ongoing review will include the development and update of a strategy and concept of operations (CONOPS) for the NOC and the SOC, which will be completed in FY 2015. The results of the work to develop the strategy and CONOPS for the SOC and the NOC will re-validate the government FTE and contractor current staffing estimates and requirements and help guide the reorganization efforts. VA will develop a phased approach to establish a recruitment and retention strategy to support the proposed number of personnel for each organization, to ensure that we maintain the highly technical skills and expertise required to support security and network operations.

Question 27. Of the additional funding requested for VBMS in FY 2015, how much does VA anticipate dedicating to making workload management improvements to improve the ability of veterans service organizations and other accredited representatives to assist veterans in managing their claim?

Response. Veterans Service Organizations (VSO) currently have the ability to perform a number of functions in Veterans Benefits Management System (VBMS), including:

- Conducting searches
- Viewing assigned items in the VSO work queue
- Viewing the Veteran eFolder and annotations
- Viewing the Veteran Profile and service information
- Viewing claim contentions and claim detail
- Viewing rated issues and review ratings decisions

VBMS is being developed and implemented in a phased approach consisting of incremental software releases. As the system evolves, new functionality is delivered to the field and builds upon the foundational architecture available in the latest system release. The scope of each release is prioritized based on business needs as determined by leadership direction, resources, business-line inputs, field enhancement requests, and defect reports. Improvements to VBMS workload management is one of the main goals for software releases in fiscal year 2015.

Department of Veterans Affairs (VA) is currently determining the specific capabilities to be delivered in each release. Once the specific capabilities are finalized, funding can be allocated. Because workload management capabilities for VSOs are not fully defined or scoped, VA is not yet able to provide an estimate of resources (personnel or money) required in 2015. VBMS generally deploys a new software release at the end of each fiscal quarter, and the scope of each release is finalized approximately 4 to 6 months before the release date. VA would be happy to brief the Committee on this issue as soon as the capabilities for VSOs in VBMS become fully defined and scoped.

Question 28. The FY 2015 budget request includes $20 million to rapidly replace obsolete telephony equipment and $92 million to provide Voice as a Service solutions in order move away from private branch exchanges and into a unified communication strategy. Are these amounts sufficient for an enterprise-wide replacement? If not, provide a deployment plan for this initiative, including a list of locations where telephony equipment will be switched out in FY15.

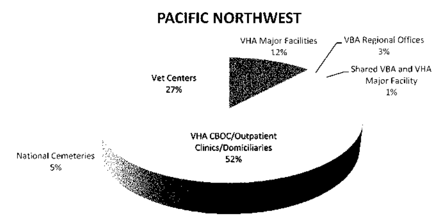
Response. The Voice as a Service initiative will replace over 1,300 voice systems across the Department of Veterans Affairs (VA) enterprise, including the voice systems at VA medical centers and Regional Offices, over a period of approximately 10 years. The number of systems migrated in a given year will be determined primarily by funding availability.

The President's 2015 budget request of $92 million includes the replacement of the first wave of over 200 voice systems and many mandatory dependencies such as detailed site surveys, local area network upgrades, wide area network augmentation, and recurring operation and maintenance costs.

Please see the attached sheet showing the list of facilities planned for fiscal year (FY) 2015 migration upon completion of the current pilot project. Procurements supporting site preparation for the locations listed in the attached sheet are funded and planned for execution in FY 2014.

PACIFIC NORTHWEST

VHA Major Facilities	9
VBA Regional Offices	2
Shared VBA and VHA Major Facility	1
VHA CBOC/Outpatient Clinics/Domiciliaries	39
National Cemeteries	4
Vet Centers	20
TOTAL PHYSICAL LOCATIONS	**75**



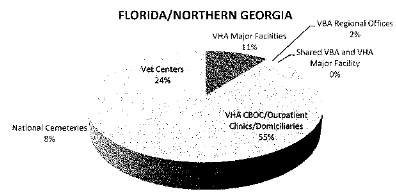
Sequence (TBD)	Facility Type	Station #	Parent Station #	Facility Name	Facility Address	Facility City	Facility State	Facility Zip Code
	VA Medical Center (Outpatient Clinic)	**463**	**463**	**Alaska VA Healthcare System**	**1201 North Muldoon Road**	**Anchorage**	**Alaska**	**99504**
	Outpatient Clinic	463	463	Juneau VA Outreach Clinic	709 West 9th Street, Suite 150	Juneau	Alaska	99801
	Community Based Outpatient Clinic	463GA	463	Fairbanks VA Community Based Outpatient Clinic	Bldg 4076, Neeley Road, Room 1J-101	Fort Wainwrigh	Alaska	99703
	Community Based Outpatient Clinic	463GB	463	Kenai VA Community Based Outpatient Clinic	11312 Kenai Spur Highway, #39	Kenai	Alaska	99669
	Community Based Outpatient Clinic	463GC	463	Mat-Su VA Community Based Outpatient Clinic	865 N. Seward Meridian Parkway, Suite 105	Wasilla	Alaska	99654
	Community Based Outpatient Clinic		463	Northway Community Based Oupatient Clinic	3101 Penland Parkway	Anchorage	Alaska	99508
	Domicilliary		463	Anchorage Domicilliary		Anchorage	Alaska	
	Vet Center	0502V	463	Anchorage Vet Center	4201 Tudor Centre Drive, Suite 115	Anchorage	Alaska	99508
	Vet Center	0511V	463	Fairbanks Vet Center	540 4th Ave., Suite 100	Fairbanks	Alaska	99701
	Vet Center	0512V	463	Wasilla Vet Center	851 E. West Point Drive Suite 111	Wasilla	Alaska	99654
	Vet Center Outstation	05021V	463	Kenai Vet Center Outstation	Bldg. F, Suite 4 Red Diamond Ctr, 43335 Kalifornsky Beach Rd.	Soldotna	Alaska	99669
	VA Medical Center	**531**	531	**Boise VA Medical Center**	500 West Fort Street	**Boise**	**Idaho**	83702
	Outpatient Clinic	531	531	Mountain Home Idaho Outpatient Clinic	815 North 6th East	Mountain Hom	Idaho	83647
	Outpatient Clinic	531	531	Salmon Behaviorial Clinic	111 Lillian Street, Suite 203	Salmon	Idaho	83467
	Outpatient Clinic	531	531	Burns Outpatient Clinic	271 N Egan Ave	Burns	Oregon	97720
	Community Based Outpatient Clinic	531GE	531	Twin Falls Outpatient Clinic	260 2nd Avenue East	Twin Falls	Idaho	83301
	Community Based Outpatient Clinic	531GG	531	Caldwell Clinic	4521 Thomas Jefferson Drive	Caldwell	Idaho	83605
	Vet Center	0531	531	Boise Vet Center	2424 Bank Drive, Suite 100	Boise	Idaho	83705
N/A	Vet Center (Mobile)	0827M	531	Boise Mobile Vet Center	2424 Bank Drive	Boise	Idaho	83705
	VISN Office	10N20	648	Northwest Network	1601 4th Plain Blvd Building 17, 4th Floor, Suite 402	Vancouver	Washington	98661
	VA Medical Center	**648**	648	**Portland VA Medical Center**	3710 SW U.S. Veterans Hospital Road	**Portland**	**Oregon**	97239
	VA Medical Center	**648**	648	**Portland VA Medical Center - Portland Campus**	1601 E. 4th Plain Blvd	**Vancouver**	**Washington**	98661
	Community Based Outpatient Clinic	648	648	East Portland Community Based Outpatient Clinic	10535 NE Glisan Street, Gateway Medical Bldg., 2nd Floor	Portland	Oregon	97220
	Outpatient Clinic	648	648	Newport Clinic	1010 SW Coast Highway	Newport	Oregon	97365
	Outpatient Clinic	648	648	West Linn Clinic	1750 SW Blankenship Rd Ste 300	West Linn	Oregon	97068
	Community Based Outpatient Clinic	648GD	648	Salem Community Based Outpatient Clinic	1660 Oak Street SE, Suite 100	Salem	Oregon	97301
	Community Based Outpatient Clinic	648GF	648	Bend Community Based Outpatient Clinic	2115 NE Wyatt Ct., Suite 201	Bend	Oregon	97701
	Community Based Outpatient Clinic	648GF	648	Hillsboro Community Based Outpatient Clinic	1925 Amber Glen Parkway Suite #300	Hillsboro	Oregon	97006
	Community Based Outpatient Clinic	648GG	648	North Coast Community Based Outpatient Clinic	91400 N. Neacoxie Street, Building 7315	Warrenton	Oregon	97146
	Outpatient Clinic	648JA	648	The Dalles Outpatient Clinic	704 Veterans Drive	The Dalles	Oregon	97058
	Vet Center	0617V	648	Portland Vet Center	1505 N.E. 122nd Ave.	Portland	Oregon	97230
	Vet Center	640	648	Salem Vet Center	2645 Portland Road, Suite 250	Salem	Oregon	97301
	Vet Center	0622V	648	Central Oregon Vet Center	1645 NE Forbes Rd. Suite 105	Bend	Oregon	97701

Sequence (TBD)	Facility Type	Station #	Parent Station #	Facility Name	Facility Address	Facility City	Facility State	Facility Zip Code
	VA Medical Center	**653**	653	**VA Roseburg Healthcare System**	913 NW Garden Valley Blvd.	**Roseburg**	**Oregon**	97471
	Community Based Outpatient Clinic	653BY	653	Eugene Community Based Outpatient Clinic	100 River Ave.	Eugene	Oregon	97404
	Community Based Outpatient Clinic	653GA	653	North Bend Community Based Outpatient Clinic	2191 Marion Street	North Bend	Oregon	97459
	Community Based Outpatient Clinic	653GB	653	Brookings Community Based Outpatient Clinic	555 5th Street	Brookings	Oregon	97415
	Vet Center	626	653	Eugene Vet Center	190 East 11th Avenue, Suite 200	Eugene	Oregon	97401
	VA Medical Center	**663**	663	**VA Puget Sound Health Care System - Seattle Division**	1660 S. Columbian Way	**Seattle**	**Washington**	98108
	VA Medical Center	**663A4**	663	**VA Puget Sound Health Care System - American Lake Division**	9600 Veterans Dr	**Lakewood**	**Washington**	98493
	Community Based Outpatient Clinic	663	663	Mount Vernon Community Based Outpatient Clinic	307 S. 13th St., Suite 200	Mount Vernon	Washington	98274
	Community Based Outpatient Clinic	663GA	663	Valor Community Based Outpatient Clinic Bellevue	13033 Bel-Red Road Suite 210	Bellevue	Washington	98005
	Community Based Outpatient Clinic	663GA	663	Valor Community Based Outpatient Clinic Federal Way	34617 11th Place South Suite 301	Federal Way	Washington	98003
	Community Based Outpatient Clinic	663GA	663	Valor Community Based Outpatient Clinic North Seattle	12360 Lake City Way NE, Suite 200	Seattle	Washington	98125
	Community Based Outpatient Clinic	663GB	663	Bremerton Community Based Outpatient Clinic	925 Adele Avenue	Bremerton	Washington	98312
	Community Based Outpatient Clinic	663GB	663	Port Angeles	1005 Georgianna St	Port Angeles	Washington	98362
	Community Based Outpatient Clinic	663GD	663	South Sound Community Based Outpatient Clinic	151 NE Hampe Way	Chehalis	Washington	98532
	Vet Center	0535V	663	Federal Way Vet Center	32020 32nd Ave South Suite 110	Federal Way	Washington	98001
	Vet Center	0507V	663	Seattle Vet Center	2030 - 9th Ave. Suite 210	Seattle	Washington	98121
	Vet Center	508	663	Tacoma Vet Center	4916 Center St. Suite E	Tacoma	Washington	98409
	Vet Center	529	663	Everett Vet Center	3311 Wetmore Avenue	Everett	Washington	98201
	Vet Center	0522V	663	Belllingham Vet Center	3800 Byron Ave Suite 124	Bellingham	Washington	98229
	VA Medical Center	**668**	668	**Spokane VA Medical Center**	4815 N. Assembly Street	**Spokane**	**Washington**	99205
	Community Based Outpatient Clinic	668	668	Coeur d 'Alene Community Based Outpatient Clinic	2177 N Ironwood Center Drive	Coeur d'Alene	Idaho	83815
	Community Based Outpatient Clinic	668	668	Libby Community Based Outpatient Clinic	211 East 2nd St.	Libby	Montana	59923
	Community Based Outpatient Clinic	668	668	Colville Clinic	1200 E Columbia	Colville	Washington	99114
	Community Based Outpatient Clinic	668GA	668	Wenatchee Community Based Outpatient Clinic	2530 Chester-Kimm Road	Wenatchee	Washington	98801
	Vet Center	0510V	668	Spokane Vet Center	13109 E Mirabeau Parkway	Spokane	Washington	99216
	VA Medical Center	**687**	687	**Jonathan M. Wainwright Memorial VA Medical Center**	77 Wainwright Drive	**Walla Walla**	**Washington**	99362
	Community Based Outpatient Clinic	687	687	Grangeville Idaho VA Outpatient Clinic	711 West North Street	Grangeville	Idaho	83850
	Community Based Outpatient Clinic	687GA	687	Richland Community Based Outpatient Clinic	825 Jadwin Avenue, Suite 250 Federal Building 2nd Floor	Richland	Washington	99352
	Community Based Outpatient Clinic	687GB	687	Lewiston Idaho Community Based Outpatient Clinic	1630 23rd Avenue, Suites 302 and 401, Bldg. 2	Lewiston	Idaho	83501
	Community Based Outpatient Clinic	687GC	687	La Grande Community Based Outpatient Clinic	202 12th Street	La Grande	Oregon	97850
	Community Based Outpatient Clinic	687HA	687	Yakima Community Based Outpatient Clinic	717 Fruitvale Blvd.	Yakima	Washington	98902
	Vet Center	523V	687	Yakima Valley Vet Center	2119 West Lincoln Avenue	Yakima	Washington	98902
	Vet Center	0541V	687	Walla Walla County Vet Center	1104 West Poplar	Walla Walla	Washington	99362
	VA Medical Center	**692**	**692**	**White City or VA Southern Oregon Rehabilitation Center**	**8495 Crater Lake Hwy.**	**White City**	**Oregon**	**97503**
	Community Based Outpatient Clinic	692GA	692	Klamath Falls Community Based Outpatient Clinic	2819 Dahlia St.	Klamath Falls	Oregon	97601
	Vet Center	645	692	Grants Pass Vet Center	211 S.E. 10th St.	Grants Pass	Oregon	97526
N/A - Shared facility between VBA and VHA	Regional Office	463	Western Area RO	**Anchorage Regional Office**	1201 North Muldoon Road	Anchorage	Alaska	99504

Sequence (TBD)	Facility Type	Station #	Parent Station #	Facility Name	Facility Address	Facility City	Facility State	Facility Zip Code
N/A	Intake Site	363	363	Intake Site at Eielson Air Force Base	Dept of Veterans Affairs (VARO)	Anchorage	Alaska	99508
N/A	Intake Site	363	363	Intake Site at Elmendorf Air Force Base	Dept of Veterans Affairs (VARO)	Anchorage	Alaska	99508
N/A	Intake Site	363	363	Intake Site at Fort Richardson	Dept of Veterans Affairs (VARO)	Anchorage	Alaska	99508
N/A	Intake Site	363	363	Intake Site at Fort Wainwright	Dept of Veterans Affairs (VARO)	Anchorage	Alaska	99508
N/A	Intake Site	363	363	Intake Site at Ketchika Coast Guard	Dept of Veterans Affairs (VARO)	Anchorage	Alaska	99508
N/A	Intake Site	363	363	Intake Site at Kodiak Coast Guard	Dept of Veterans Affairs (VARO)	Anchorage	Alaska	99508
N/A	Intake Site	363	363	Intake Site at Sitka Coast Guard	Dept of Veterans Affairs (VARO)	Anchorage	Alaska	99508
	Regional Office	346	Western RO	**Seattle Regional Office**	915 2nd Avenue	Seattle	Washington	98174
N/A	Intake Site	346	346	Intake Site at Bangor Sub Base	West Sound/Bremerton Pre-Separation Office, 262 Burwell Street	Bremerton	Washington	98337
N/A	Intake Site	346	346	Intake Site at Everett Naval Station	West Sound/Bremerton Pre-Separation Office, 262 Burwell Street	Bremerton	Washington	98337
N/A	Intake Site	346	346	Intake Site at Fairchild Air Force Base	Airman and Family Readiness Center	Fairchild AFB	Washington	99011
N/A	Intake Site	346	346	Intake Site at Fort Lewis	Waller Hall, Bldg 2140, Room 700	Fort Lewis	Washington	98433
N/A	Intake Site	346	346	Intake Site at Kitsap Naval Base	West Sound/Bremerton Pre-Separation Office, 262 Burwell Street	Bremerton	Washington	98337
N/A	Intake Site	346	346	Intake Site at McChord Air Force Base	Waller Hall, Bldg 2140, Room 700	Fort Lewis	Washington	98433
N/A	Intake Site	346	346	Intake Site at Whidbey Island Naval Air Station	West Sound/Bremerton Pre-Separation Office, 262 Burwell Street	Bremerton	Washington	98337
	Regional Office	347	Western Area RO	**Boise Regional Office**	444 W. Fort Street	Boise	Idaho	83702
N/A	Intake Site	347	347	Intake Site at Mountain Home Air Force Base	575 Gunfighter Ave, Building 180	Mountain Hom	Idaho	83648
N/A - Military base provides phone service to facility	National Cemetery	910	775	Fort Richardson National Cemetery	Bldg 58-512, Davis Hwy	Fort Richardson	Alaska	99505
N/A - no WAN link; POTs line services single caretaker	National Cemetery	905	775	Sitka National Cemetery	803 Sawmill Creek Road	Sitka	Alaska	99835
	National Cemetery	906	775	Eagle Point National Cemetery	2763 Riley Rd.	Eagle Point	Oregon	97524
	National Cemetery	907	775	Willamette National Cemetery	11800 SE Mt. Scott Blvd.	Portland	Oregon	97086
TBD	National Cemetery	902	775	Roseburg National Cemetery	1770 Harvard Blvd	Roseburg	Oregon	97470
	National Cemetery	919	775	Tahoma National Cemetery	18600 SE 240th Street	Kent	Washington	98042

FLORIDA/NORTHERN GEORGIA

VHA Major Facilities	10
VBA Regional Offices	2
Shared VBA and VHA Major Facility	0
VHA CBOC/Outpatient Clinics/Domiciliaries	53
National Cemeteries	8
Vet Centers	23
TOTAL PHYSICAL LOCATIONS	**96**



Sequence (TBD)	Facility Type	Station #	Parent Station #	Facility Name	Facility Address	Facility City	Facility State	Facility Zip Code
	VISN Office	485	516	**VISN 8 VA Sunshine Healthcare Network**	140 Fountain Parkway	St. Petersburg	Florida	
	VA Medical Center	**516**	516	**Bay Pines VA Healthcare System**	10000 Bay Pines Blvd	**Bay Pines**	**Florida**	
	Outpatient Clinic	516BZ	516	Fort Myers Outpatient Clinic	3033 Winkler Extension	Fort Myers	Florida	
	Community Based Outpatient Clinic	516GA	516	Sarasota Community Based Outpatient Clinic	5682 Bee Ridge Road, Suite 100	Sarasota	Florida	
	Community Based Outpatient Clinic	516GB	516	St. Petersburg Community Based Outpatient Clinic	840 Dr. MLK Jr. Street N	St. Petersburg	Florida	
	Community Based Outpatient Clinic	516GC	516	Palm Harbor Community Based Outpatient Clinic	35209 US Highway 19 North	Palm Harbor	Florida	
	Community Based Outpatient Clinic	516GD	516	Bradenton Community Based Outpatient Clinic	5520 S.R. 64	Bradenton	Florida	
	Community Based Outpatient Clinic	516GE	516	Port Charlotte Community Based Outpatient Clinic	4161 Tamiami Trail Suite 401	Port Charlotte	Florida	
	Community Based Outpatient Clinic	516GF	516	Naples Community Based Outpatient Clinic	2685 Horseshoe Drive - Suite 101	Naples	Florida	
	Community Based Outpatient Clinic	516GH	516	Sebring Community Based Outpatient Clinic	3760 U.S. Highway 27 South	Sebring	Florida	
	Vet Center	0300V	516	3A RCS Southeast Regional Office	10000 Bay Pines Blvd, Bldg. T203	Bay Pines	Florida	
	Vet Center	0301V	516	St. Petersburg Vet Center	6798 Crosswinds Dr. N Gaslight Square, Bldg A	St. Petersburg	Florida	
	Vet Center	0320V	516	Sarasota Vet Center	4801 Swift Rd. Suite A	Sarasota	Florida	
	Vet Center	0330V	516	Fort Myers Vet Center	4110 Center Pointe Drive, Unit 204	Fort Myers	Florida	
	VA Medical Center	**546**	546	**Miami VA Healthcare System**	1201 N.W. 16th Street	**Miami**	**Florida**	
	Community Based Outpatient Clinic	546	546	Broward County VA Clinic	9800 W Commercial Blvd	Sunrise	Florida	
	Community Based Outpatient Clinic	546	546	Healthcare for Homeless Veterans	1492 Flagler Street	Miami	Florida	
	Community Based Outpatient Clinic	546	546	Hollywood Community Based Outpatient Clinic	3702 Washington Street, Suite 201	Hollywood	Florida	
	Community Based Outpatient Clinic	546GA	546	Miami Outpatient Substance Abuse Clinic	1492 West Flagler Street, Suite 101	Miami	Florida	
	Community Based Outpatient Clinic	546GC	546	Homestead Community Based Outpatient Clinic	950 Krome Avenue, Suite 401	Homestead	Florida	
	Community Based Outpatient Clinic	546GD	546	Pembrooke Pines/Hollywood Community Based Outpatient Clinic	7369 W. Sheridan Street, Suite 102	Hollywood	Florida	
	Community Based Outpatient Clinic	546GE	546	Key Largo Community Based Outpatient Clinc	105662 Overseas Highway	Key Largo	Florida	
	Community Based Outpatient Clinic	546GE	546	Key West Community Based Outpatient Clinic	1300 Douglas Circle, Building L-15	Key West	Florida	
	Community Based Outpatient Clinic	546GG	546	Coral Springs Community Based Outpatient Clinic	9900 West Sample Road, Suite 100	Coral Springs	Florida	
	Community Based Outpatient Clinic	546GH	546	Deerfield Beach Community Based Outpatient Clinic	2100 S.W. 10th Street	Deerfield Beach	Florida	

Sequence (TBD)	Facility Type	Station #	Parent Station #	Facility Name	Facility Address	Facility City	Facility State	Facility Zip Code
	Vet Center	0310V	546	Miami Vet Center	8280 NW 27th St Suite 511	Miami	Florida	
	Vet Center	03101V	546	Key Largo Vet Center Outstation	105662 Overseas Hwy.	Key Largo	Florida	
	Vet Center	0336V	546	Pompano Vet Center	2300 W Sample Rd.	Coral Springs	Florida	
	Vet Center	0311V	546	Fort Lauderdale Vet Center	713 NE 3rd Avenue	Fort Lauderdale	Florida	
	Vet Center	0337V	546	Jupiter Vet Center	6650 W. Indiantown Rd., Suite 120	Jupiter	Florida	
	VA Medical Center	**548**	548	**West Palm Beach VA Medical Center**	7305 N. Military Trail	**West Palm Beach**	**Florida**	
	Community Service Program	548	548	St. Lucie County PTSD Clinical Team (PCT) Outpatient Program	126 SW Chamber Court	Port St Lucie	Florida	
	Community Based Outpatient Clinic	548GA	548	Fort Pierce	727 North US 1	Ft. Pierce	Florida	
	Community Based Outpatient Clinic	548GB	548	Delray Beach	4800 Linton Blvd., Building E, Suite 300	Delray Beach	Florida	
	Community Based Outpatient Clinic	548GC	548	Stuart Community Based Outpatient Clinic	3501 S E Willoughby Boulevard	Stuart	Florida	
	Community Based Outpatient Clinic	548GD	548	Boca Raton Community Based Outpatient Clinic	901 Meadows Road	Boca Raton	Florida	
	Community Based Outpatient Clinic	548GE	548	Vero Beach Community Based Outpatient Clinic	372 17th Street	Vero Beach	Florida	
	Community Based Outpatient Clinic	548GF	548	Okeechobee Community Based Outpatient Clinic	1201 N. Parrot Avenue	Okeechobee	Florida	
	Vet Center	0326V	548	Palm Beach Vet Center	4996 10th Ave North Suite 6	Greenacres	Florida	
	VA Medical Center	**573**	573	**North Florida/South Georgia Veterans Health System (Malcolm Randal VA Medical Center)**	1601 S.W. Archer Road	**Gainesville**	**Florida**	
	Community Based Outpatient Clinic	573	573	Taylor County Outreach Clinic	1215 N. Peacock Avenue	Perry	Florida	
	Vet Center	0331V	573	Gainesville Vet Center	105 NW 75th Street, Suite #2	Gainesville	Florida	
	VA Medical Center	**573A4**	573	**North Florida/South Georgia Veterans Health System (Lake City VA Medical Center)**	619 S. Marion Avenue	**Lake City**	**Florida**	
	Outpatient Clinic	573BY	573	Jacksonville Outpatient Clinic	1833 Boulevard	Jacksonville	Florida	
	Community Based Outpatient Clinic	573GD	573	Ocala Community Based Outpatient Clinic	1515 Silver Springs Blvd.	Ocala	Florida	
	Community Based Outpatient Clinic	573GE	573	Saint Augustine Community Based Outpatient Clinic	1955 U.S. 1 South, Suite 200	St. Augustine	Florida	
	Outpatient Clinic	573GF	573	Tallahassee Outpatient Clinic	1607 St. James Ct	Tallahassee	Florida	
	Community Based Outpatient Clinic	573GG	573	Lecanto Community Based Outpatient Clinic	2804 W. Marc Knighton Ct., Suite A	Lecanto	Florida	
	Outpatient Clinic	573GI	573	The Villages Outpatient Clinic	8900 SE 165th Mulberry Ln.	The Villages	Florida	
	Community Based Outpatient Clinic	573GK	573	Marianna Community Based Outpatient Clinic	4970 Highway 90	Marianna	Florida	
	Community Based Outpatient Clinic	573GL	573	Palatka Community Based Outpatient Clinic	400 North State Road 19, Suite 48	Palatka	Florida	
	Community Based Outpatient Clinic	573	573	St. Marys Community Based Outpatient Clinic	205 Lakeshore Point	St. Marys	Georgia	
	Community Based Outpatient Clinic	573	573	Waycross Outreach Clinic	515B City Boulevard	Waycross	Georgia	
	Vet Center	0305V	573	Jacksonville Vet Center	300 East State St., Suite J	Jacksonville	Florida	
	Vet Center	0325V	573	Tallahassee Vet Center	548 Bradford Road	Tallahassee	Florida	
N/A	Vet Center (Mobile)	0813M	573	Tallahassee Mobile Vet Center	548 Bradford Road	Tallahassee	Florida	
	VA Medical Center	**672**	672	**VA Caribbean Healthcare System**	10 Casia Street	**San Juan**	**Puerto Rico**	
	Community Based Outpatient Clinic	672	672	Utuado VA Rural Outpatient Clinic	Isaac Gonzalez Street Equina Ledesma	Utuado	Puerto Rico	
	Community Based Outpatient Clinic	672BO	672	Ponce Outpatient Clinic	Paseo Del Veterano #1010	Ponce	Puerto Rico	
	Community Based Outpatient Clinic	672BZ	672	Mayaguez Outpatient Clinic	Avenida Hostos #345	Mayaguez	Puerto Rico	

Sequence (TBD)	Facility Type	Station #	Parent Station #	Facility Name	Facility Address	Facility City	Facility State	Facility Zip Code
	Community Based Outpatient Clinic	672GC	672	Arecibo Community Based Outpatient Clinic	Victor Rojas II / Zona Industrial Carr. 129	Arecibo	Puerto Rico	
	Community Based Outpatient Clinic	672GE	672	Guayama Community Based Outpatient Clinic	FISA Bldg 1st Fl, Paseo Del Pueblo, km 0.3, lote no 6	Guayama	Puerto Rico	
	Community Based Outpatient Clinic	672GA	672	Saint Croix Community Based Outpatient Clinic	Box 12, RR-02, The Village Mall #113	Kings Hill	Virgin Islands	
	Community Based Outpatient Clinic	672GB	672	Saint Thomas Community Based Outpatient Clinic	Medical Foundation Building Suite 101	St.Thomas	Virgin Islands	
	Vet Center	0307V	672	San Juan Vet Center	Cond. Medical Center Plaza Suite LC 8, 9 & 11, Urb. La Riviera	Rio Piedras	Puerto Rico	
	Vet Center	0309V	672	Arecibo Vet Center	50 Gonzalo Marin St	Arecibo	Puerto Rico	
	Vet Center	0312V	672	Ponce Vet Center	35 Mayor St. Suite 1	Ponce	Puerto Rico	
	Vet Center	03121V	672	St. Croix Vet Center Outstation	The Village Mall, RR 2 Box 10553 Kingshill	St.Croix	Virgin Islands	
	Vet Center	03122V	672	St. Thomas Vet Center Outstation	50 Estate Thomas,Medical Foundation Buiding Suite 101	St. Thomas	Virgin Islands	
	VA Medical Center	**673**	673	**James A. Haley Veterans' Hospital**	13000 Bruce B. Downs Blvd.	**Tampa**	**Florida**	
	Outpatient Clinic	673BZ	673	New Port Richey Outpatient Clinic	9912 Little Road	New Port Richey	Florida	
	Community Based Outpatient Clinic	673CG	673	Brooksville Community Based Outpatient Clinic	14540 Cortez Blvd., Suite 108	Brooksville	Florida	
	Community Based Outpatient Clinic	673GB	673	Lakeland Community Based Outpatient Clinic	4237 South Pipkin Rd	Lakeland	Florida	
	Community Based Outpatient Clinic	673GF	673	Zephyrhills Community Based Outpatient Clinic	6937 Medical View Ln	Zephyrhills	Florida	
	Vet Center	0318V	673	Tampa Vet Center	Fountain Oaks Business Plaza, 3637 W. Waters Ave., Suite 600	Tampa	Florida	
	Vet Center	0339V	673	Clearwater Vet Center	29259 US Hwy 19 North	Clearwater	Florida	
	VA Medical Center	**675**	675	**Orlando VA Medical Center**	5201 Raymond Street	**Orlando**	**Florida**	
	Community Based Outpatient Clinic	675	675	Clermont Community Based Outpatient Clinic	805 Oakley Seaver Drive	Clermont	Florida	
	Outpatient Clinic	675GA	675	Viera Outpatient Clinic	2900 Veterans Way	Viera	Florida	
	Outpatient Clinic	675GB	675	William V. Chappell, Jr., VA Outpatient Clinic	551 National Health Care Drive	Daytona Beach	Florida	
	Community Based Outpatient Clinic	675GC	675	Kissimmee Community Based Outpatient Clinic	2285 North Central Avenue	Kissimmee	Florida	
	Community Based Outpatient Clinic	675GD	675	Orange City Community Based Outpatient Clinic	2583 South Volusia Ave (17-92), Suite 300	Orange City	Florida	
	Community Based Outpatient Clinic	675GE	675	Leesburg Community Based Outpatient Clinic	711 W. Main Street	Leesburg	Florida	
	Vet Center	0314V	675	Orlando Vet Center	5575 S. Semoran Blvd. #30	Orlando	Florida	
N/A	Vet Center (Mobile)	0816M	675	Orlando Mobile Vet Center	5575 S. Semoran Blvd.	Orlando	Florida	
	Vet Center	0341V	675	Daytona Beach Vet Center	1620 Mason Ave., Suite C	Daytona Beach	Florida	
	Vet Center	0332V	675	Melbourne Vet Center	2098 Sarno Road	Melbourne	Florida	
	Regional Office	317	**Southern Area RO**	**St. Petersburg Regional Office**	9500 Bay Pines Boulevard	St. Petersburg	Florida	33708
N/A	Intake Site	317	317	Intake Station at Corry Station	VA Joint Ambulatory Care Center	Pensacola	Florida	32507
N/A	Intake Site	317	317	Intake Station at Eglin Air Force Base	Airman & Family Readiness Support Center	Fort Walton Beach	Florida	32542
N/A	Intake Site	317	317	Intake Station at Hulburt Field	Airman & Family Readiness Center	Hulbert Field	Florida	
N/A	Intake Site	317	317	Intake Station at Key West Coast Guard	NAS Key West & USCG Group Key West	Key West	Florida	
N/A	Intake Site	317	317	Intake Station at MacDill Air Force Base	Base Hospital 2nd Floor, Room C 277	Tampa	Florida	33621
N/A	Intake Site	317	317	Intake Station at Mayport Naval Station	Branch Medical Clinic	Mayport	Florida	32228
N/A	Intake Site	317	317	Intake Station at NAS Jacksonville	Department of Veterans Affairs	Jacksonville	Florida	32217

Sequence (TBD)	Facility Type	Station #	Parent Station #	Facility Name	Facility Address	Facility City	Facility State	Facility Zip Code
N/A	Intake Site	317	317	Intake Station at NAS Key West	NAS Key West & USCG Group Key West	Key West	Florida	33040
N/A	Intake Site	317	317	Intake Station at NAS Pensacola	Fleet and Family Support Center	Pensacola	Florida	
N/A	Intake Site	317	317	Intake Station at NAS Whiting Field	Fleet & Family Support Center	Milton	Florida	
N/A	Intake Site	317	317	Intake Staiton at Naval Hospital Pensacola		Pensacola	Florida	
N/A	Intake Site	317	317	Intake Station at Naval Support Activity - Panama City	Fleet & Family Support Center	Panama City	Florida	32407
N/A	Intake Site	317	317	Intake Station at Patrick Air Force Base	VA Office of Public Contact	Viera	Florida	32940
N/A	Intake Site	317	317	Intake Station at Tyndall Air Force Base	325 FSS/FSFR	Tyndall AFB	Florida	
N/A	Intake Site	317	317	Intake Station at US Coast Guard Group Miami	USCG Health, Safety and Work-Life Field Office	Miami	Florida	33177
N/A	Intake Site	317	317	Intake Station at US Southern Command	US Army Garrison-Miami Southern Command Family Support Center	Doral	Florida	
	Regional Office	355	**Southern Area RO**	**San Juan Regional Office**	50 Carr 165	Guaynabo	Puerto Rico	00968
TBD	National Cemetery	830	788	Bay Pines National Cemetery	10000 Bay Pines Boulevard North	Bay Pines	Florida	33708
TBD	National Cemetery	911	788	Florida National Cemetery	6502 S.W. 102nd Avenue	Bushnell	Florida	33513
TBD	National Cemetery	928	788	Jacksonville National Cemetery	4083 Lannie Road	Jacksonville	Florida	32218
TBD	National Cemetery	924	788	South Florida National Cemetery	6501 S. State Road 7	Lake Worth	Florida	33449
TBD	National Cemetery	828	788	Barrancas National Cemetery	Naval Air Station, 1 Cemetery Road	Pensacola	Florida	32508
TBD	National Cemetery	931	788	Sarasota National Cemetery	9810 State Hwy 72	Sarasota	Florida	34241
TBD	National Cemetery	875	788	St. Augustine National Cemetery	104 Marine Street	St. Augustine	Florida	32084
TBD	National Cemetery	871	788	Puerto Rico National Cemetery	Avenue Cementerio Nacional #50, Barrio Hato Tejas	Bayamon	Puerto Rico	00960

Question 29. Provide a list of the additional 36 VA Health Information Exchange partners planned for 2014 and the partners VA plans to add in 2015.

Response.

Partner Name	City	State	Status	FY 2014/ 2015
HealtheConnections NY	Syracuse	NY	In Production	FY 2014
Hawaii Pacific Health	Honolulu	HI	In Production	FY 2014
University of California Davis	Sacramento	CA	In Production	FY 2014
Allina Health	Minneapolis	MN	On-Boarding	FY 2014
Mt Sinai Medical Center Miami	Miami Beach	FL	On-Boarding	FY 2014
Sentara Health care	Norfolk	VA	On-Boarding	FY 2014
Dignity Health	San Francisco	CA	On-Boarding	FY 2014
East Tennessee HIN	Knoxville	TN	On-Boarding	FY 2014
HIETexas	Austin	TX	On-Boarding	FY 2014
Lancaster General Health	Lancaster	PA	On-Boarding	FY 2014
Maine HealthInfoNet	Portland	ME	On-Boarding	FY 2014
Medical University of South Carolina	Charleston	SC	On-Boarding	FY 2014
MetroHealth System	Cleveland	OH	On-Boarding	FY 2014
Michigan HIN	East Lansing	MI	On-Boarding	FY 2014
Oregon Community Health	Portland	OR	On-Boarding	FY 2014
Redwood MedNet HIE	Ukiah	CA	On-Boarding	FY 2014
Yale New Haven Health System	New Haven	CT	On-Boarding	FY 2014
Alaska eHealth Network	Anchorage	AK	Potential	FY 2014
Cleveland Clinic	Cleveland	OH	Potential	FY 2015
CVS MinuteClinic	Woonsocket	RI	Potential	FY 2015
Geisinger Health Systems	Danville	PA	Potential	FY 2015
Georgia HIN	Atlanta	GA	Potential	FY 2015
Greater Dayton Area Health	Dayton	OH	Potential	FY 2015
HealtHIE Nevada	Las Vegas	NV	Potential	FY 2015
Kansas HIN (KHIN)	Topeka	KS	Potential	FY 2015
Social Security Administration	Baltimore	MD	Potential	FY 2015
University of Pittsburgh Medical Center (UPMC)	Pittsburgh	PA	Potential	FY 2015
Wisconsin Statewide HIN (WISHIN)	Madison	WI	Potential	FY 2015
Alabama One Health Record	Montgomery	AL	Potential	FY 2015
Bronx RHIO	Bronx	NY	Potential	FY 2015
Carle Foundation Hospital	Urbana	IL	Potential	FY 2015
Central Florida RHIO	Orlando	FL	Potential	FY 2015

Partner Name	City	State	Status	FY 2014/ 2015
ConnectVirginia	Glen Allen	VA	Potential	FY 2015
EHR Doctors	Pompano Beach	FL	Potential	FY 2015
Hawaii HIE	Honolulu	HI	Potential	FY 2015
Health Access San Antonio	San Antonio	TX	Potential	FY 2015

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. RICHARD BURR TO U.S. DEPARTMENT OF VETERANS AFFAIRS

GENERAL

Question 30. At the end of fiscal year 2011, the Department of Veterans Affairs (VA) reported $1.2 billion in outstanding delinquent debt owed to VA, of which $732 million was created in connection with VA benefit payments. In response to questions about VA's fiscal year 2014 budget request, VA indicated that, at the end of fiscal year 2012, there was $3.7 billion in outstanding delinquent debt owed to VA, of which $1.6 billion was created in connection with VA benefit payments. VA also indicated that, during fiscal year 2012, VA wrote off or waived $201 million of debts to VA.

A. Please explain what factors led to an increase from $1.2 billion to $3.7 billion in outstanding delinquent debt between the end of fiscal year 2011 and 2012.

Response. According to the Treasury Report on Receivables (TROR), the $3.7 billion amount referenced in this question relates to total Department of Veterans Affairs debt outstanding at the end of fiscal year (FY) 2012. This amount includes debt that is "delinquent" (greater than 30 days); debt that is less than 30 days old; and debt that is part of an established loan or repayment agreement paid in installments. Delinquent debt at the end of FY 2011 and FY 2012 remained stable at approximately $1.2 billion.

B. Please explain what factors led to an increase from $732 million to $1.6 billion in outstanding benefit debt between the end of fiscal year 2011 and 2012.

Response. Department of Veterans Affairs (VA) Treasury Report on Receivables (TROR) records indicate that outstanding benefit debt decreased slightly from $2.4 billion to $2.2 billion between the end of fiscal years (FY) 2011 and 2012. VA TROR records indicate that outstanding delinquent benefit debt decreased slightly from $770 million to $730 million between the end of FYs 2011 and 2012.

C. What was the total amount of outstanding delinquent debt at the end of fiscal year 2013?

Response. $1,169,280,757.

D. What portion of that amount was debt created in connection with VA benefit payments?

Response. $693,453,840

E. What portion of the delinquent debt was created in connection with the Veterans Health Administration (VHA)?

Response. $474,551,351

F. What is the total value of debts for which VA waived recoupment during fiscal year 2013 and what is the total value of debts that were written off during fiscal year 2013?

Response. Fiscal year 2013 Waived and Written Off Debt: $339,324,218

G. During fiscal year 2014, how much new debt does VA project will be established?

Response. Based on current trends, Department of Veterans Affairs estimates that it will establish $823,300 new Veterans Benefits Administration debts and $379,597 new Veterans Health Administration debts in fiscal year 2014.

H. During fiscal year 2015, how much new debt does VA project will be established?

Response. Based on current trends, Department of Veterans Affairs estimates that it will establish $880,900 new Veterans Benefits Administration debts and $386,435 new Veterans Health Administration debts in fiscal year 2015.

Question 31. In response to questions regarding VA's fiscal year 2014 budget request, VA indicated that approximately $285 million in mandatory funding would be used to pay for non-direct benefits, including the salaries for 98 full-time equivalent (FTE) employees.

A. For fiscal year 2015, please identify how much in mandatory funding will be spent on non-direct benefits and how those funds would be spent.

Response. In FY 2015, VBA expects to spend $296.7 million in mandatory funding on non-direct benefits. The $296.7 million in mandatory funding used to pay for non-direct benefits includes funding for: Equal Access to Justice Act payments, Medical Examinations payments, and Income Verification Matching (38 United States Code (U.S.C.) section 5317) from the C&P account. This also includes: Reporting Fees, State Approving Agencies (SAA), reimbursements to the GOE account as authorized under Public Laws (P.L.) 101–237 and 105–368, and reimbursement to the Office of Information and Technology (OIT) account as authorized under Public Law 106–419, 108–454, and 112–56 from the Readjustment Benefits (RB) account.

Additionally, under section 3674 of title 38 U.S.C., VBA is authorized to reimburse SAAs up to $19 million from the RB account. This funding is authorized for the reasonable and necessary personal services, travel, and administrative expenses incurred by the employees of SAAs in carrying out contracts for agreements entered into with VBA for the purposes of ascertaining the qualifications of educational institutions for furnishing courses of education to eligible persons or Veterans.

VBA is also authorized under section 3684 of title 38 U.S.C., to pay any educational institution, or the sponsor of a program of apprenticeship furnishing education or training under Chapter 31, 33, 34, 35, or 36, a reporting fee which will be in lieu of any other compensation or reimbursement for reports or certifications which such educational institution or joint apprenticeship training committee is required to submit to the Secretary by law or regulation.

Below is a detailed breakdown of the requested funding:

C&P ($000s)	
Medical Exams	$237,587
Equal Access to Justice Act	$10,554
Income Verification Matching	$15,430
C&P Total	$263,571
RB ($000s)	
SAAs	$19,000
Reporting Fees	$13,574
Reimbursement to GOE (Outreach)	$591
RB Total	$33,165
Total	$296,736

B. For fiscal year 2015, are mandatory funds expected to be used to pay the salary of any VA employees? If so, please specify the amount(s) and purpose(s).

Response. Section 5317 of title 38 U.S.C., directs VBA to pay the expenses of administering certain income verification matching activities with funds from the mandatory C&P appropriation. Accordingly, the C&P appropriation reimburses the GOE account and OIT account for administrative costs associated with verification of eligibility for the C&P programs through income verification matching. The FY 2015 reimbursement to the GOE account is estimated to be $14.7 million to support 165 FTE. In FY 2015, the reimbursement to the OIT account is estimated to be $112,200 in support of one FTE.

P.L. 104–275 directs VA to make payments for contracts for the pilot program for disability examinations from the C&P appropriation. Accordingly, the C&P appropriation has reimbursed the GOE account for the purposes of this pilot program. The FY 2015 reimbursement amount is estimated to be $2.7 million to support 25 FTE.

Question 32. This budget would cut VA central office (VACO) funding by $4 million or 1.2 percent; however, the offices that comprise VACO would realize an increase of 38 FTE if this budget were adopted. During last year's budget rollout on April 10, 2013, VA responded to a question about the contradiction of an increase in FTE and a funding decrease by stating that the additional staff is paid for out of the Supply Fund and Franchise Fund. Additionally, throughout the budget request for the General Administration account, many offices within VACO indicate budget allocations and staffing under the heading "reimbursement."

A. Of the 2,832 staff requested in the fiscal year 2015 budget request, how many are funded through the Supply Fund and Franchise Fund? Please breakout this number by individual VACO offices (for example, Office of the Secretary, Office of General Counsel, Office of Policy and Planning, etc.).

Response. The budget reduction of $4 million in the General Administration account is a result of the transfer of rent funds to the Board of Veterans' Appeals' new appropriation account and is unrelated to pay of personnel or full-time equivalent employees (FTE). In fiscal year (FY) 2015, 74 FTE in the General Administration account (76 FTE in FY 2014) are supported through reimbursements from the Supply Fund (60 within the Office of General Counsel, 7 within the Office of Acquisition, Logistics and Construction, and 7 within the Office of Management). No General Administration FTEs are supported by reimbursements from the Franchise Fund.

B. For reimbursable FTE, please provide the Committee with information regarding the office, department, or agency that is being reimbursed, a description of the program or service for which they are being reimbursed, and the number of staff associated with the reimbursement. Please break this out by individual VACO offices (for example, Office of the Secretary, Office of General Counsel, Office of Policy and Planning, etc.).

Response. In fiscal year 2015, a total 1,096 full-time equivalent employees (FTE) in the General Administration account are supported through reimbursements. The table below shows the number of FTE for each Staff Office and a brief description of the associated program or activity.

General Administration Staff Office	Reimb. FTE	Description/Activity
Office of the Secretary	24	Office of Employee Discrimination Complaint Adjud.
Office of General Counsel	41	Credit Reform Administration
	63	Medical Care Recovery Act
	60	Contract Law Support (Supply Fund)
	1	Specialized Legal Support
Office of Management	10	Energy/Greening (OAEM)
	24	Business Oversight (A123 & others)
	7	Oversight Reviews of Supply Fund
Office of Human Resources Admin.	267	Office of Resolution Management
	321	Human Capital Investment Plan
	20	VACO Campus Administration
Office of Policy and Planning	27	Customer Data Integration
Office of Operations, Security and Prep.	30	Identity Credentials and Access Mgt. (HSPD-12)
Office of Public and Intergov. Affairs	4	Homeless Veterans Outreach
Office of Acquisition, Logistics and Const.	140	Resident Engineers Support for Const. Projects
	48	Leasing (Medical Facilities)
	7	Supply Fund Management
	2	Support to NCA
Total	1,096	

Question 33. The fiscal year 2015 budget request for VA proposes the creation of a $1 billion Veterans Job Corps. This is the third year the proposal has been included in the Department's budget request. However, even though the Committee has previously asked VA to provide more detailed information on the Veterans Job Corps proposal, the Committee has not been provided with additional detail.

A. Historically, employment programs have not been a core mission of the Department. Why has VA been tasked with undertaking the program and not the Department of Labor, which focuses almost entirely on employment?

Response. VA carries out a robust set of activities related to Veterans' employment. A few examples include hosting job fairs for Veterans; providing on-the-job training and apprenticeship opportunities through the Post-9/11 G.I. Bill program; delivering career counseling to Veterans in the VetSuccess on Campus program; administering the Veterans' Vocational Rehabilitation and Employment program; and partnering with the Departments of Defense and Labor in Transition GPS, a program that helps separating Servicemembers transition to the civilian workforce.

B. Will veterans who participate in this temporary program receive any occupational licenses, certificates, or degrees that can be used in the civilian labor market?

Response. The goal of the Veterans Job Corps is to enable Veterans to leverage the skills developed in the military into jobs on the country's public lands and in its communities, ranging from conservation and infrastructure projects to law enforcement and first responder jobs, such as park rangers, police officers, and firefighters. VA would like to work with the Congress to pass legislation to authorize the Veterans Job Corps and address details such as credentialing and the program's linkages to VA's certificate, licensing, and degree-granting programs, such as the Post-9/11 G.I. Bill.

C. Will there be any guarantee of permanent employment for the veterans who participate in this program?

Response. VA would like to work with the Congress to pass legislation to authorize the Veterans Job Corps and address details such as post-program employment opportunities for Veterans who participate in the program.

READJUSTMENT BENEFITS

Question 34. One item that VA pays for using mandatory funding is reporting fees provided to educational institutions. For fiscal year 2013, please provide the number of institutions that received reporting fees, the 10 largest payments made to an institution, and the number of institutions that received total payments of $15 or less.

Response. In FY 2013, VBA paid $10.4 million in reporting fees to 10,578 institutions. Incorporating recoveries from these institutions, net payments were $10.2 million, as shown in the FY 2015 Department of Veterans Affairs' Budget Submission (Volume 3, pg. VBA–32). The chart below shows the ten largest payments made to an institution in FY 2013. Additionally, in FY 2013, 1,664 institutions received total payments of $15 or less in reporting fees.

School Name	Total Paid
University of Phoenix (Online)	$339,132
American Public University System (American Military University)	$169,596
Ashford University (Online)	$143,835
University of Maryland University College	$91,740
Liberty University	$79,119
Grantham University	$75,600
Kaplan University	$72,060
Columbia Southern University	$59,076
Central Texas College	$55,752
University of Phoenix (San Diego)	$51,372

Question 35. The authorization for certain work-study activities expired in June 2013. Those work-study activities include outreach programs with State approving agencies, working in State homes, and administration of a national cemetery or state veterans' cemetery. During fiscal year 2013, how many individuals participated in each of those work-study activities?

Response. The table below provides FY 2013 data related to the number of individuals performing work-study activities at SAAs, state homes, and administration of a national cemetery or state Veterans cemetery.

FY 2013 Work-Study Activities

Activity/location	# of individuals
SAAs	36
State homes	75
Administration of a national cemetery	84
State Veterans cemetery	19

Question 36. On March 5, 2014, both the House and Senate Committees on Veterans' Affairs were informed by VA that the Veterans Retraining Assistance Program (VRAP) would be extended to make payments past the statutory sunset date to participating veterans whose training program will not be completed by March 31, 2014. Subsection (a)(2) of section 211 of Public Law112–56, the VOW to

Hire Heroes Act of 2011, which established VRAP, explicitly sets the number of veterans who could participate and limits participation to on or before March 31, 2014.

A. Subsections (a)(2) and (k) establish March 31, 2014, as the sunset date of the program. What statutory authority exists in section 211 to allow for the extension?

Response. In February 2014, it became apparent that as many as 22,000 Veterans might be unable to complete their current term of enrollment in Veterans Retraining Assistance Program (VRAP) courses of study before the authority to issue VRAP payments expired on March 31, 2014. Many Veterans receiving retraining assistance were enrolled in community colleges or other programs on a typical academic calendar, and while enrollment periods vary from school to school, spring semesters and quarters are generally completed by the end of June. Without the assistance provided by VRAP, Department of Veterans Affairs (VA) was concerned that many of these Veterans would be forced to withdraw from their retraining programs in the middle of the academic term. That would be both terribly disruptive and inconsistent with the purpose of ensuring Veterans gain the skills they need. In some cases, it might also mean that a Veteran would not obtain the degree or certificate they would otherwise receive if allowed to finish their current enrollment period.

Accordingly, VA's Office of General Counsel examined the relevant statutes to determine whether it would be possible to make payments prior to March 31, to assist those Veterans in finishing their term and thereby maximize the benefits provided through this valuable program. OGC's review concluded that there was no statutory bar to issuing payments prior to the March 31, 2014 deadline to cover multiple months. OGC further concluded that a policy decision to exercise VA's discretion and make one-time payments to enable completion of ongoing training would further Congress' intent with regard to the program, namely to ensure that Veterans are retrained so that they can begin new careers. OGC's analysis focused on the text of the relevant statute, section 211, which does not set a date on which the program must end, nor does subsection (a)(2) prohibit participation by veterans after March 31, 2014. Instead, subsection (k) of the statute provides that "[t]he authority to make payments under this section shall terminate on March 31, 2014, and subsection (a)(2), which is entitled "Number of Eligible Veterans," simply places a cap on the number of Veterans eligible for the program.

VA's action is consistent with the statute because no payments to Veterans will be made after March 31, 2014. And read closely, section 211(a)(2)(B) does not prohibit participation after March 31, but rather provides that the number of participants may not exceed 54,000. Similarly, section 211(c), entitled "Monthly Certification," requires certification to the Secretary of enrollment "for each month" by Veterans while participating in the program, but does not specify that those certifications be made monthly, nor does it address frequency of payments.

B. In order to receive a payment from VA for participating in VRAP, a veteran has to certify monthly that he or she is a full-time student in an approved course of study. The VA Office of Inspector General has previously found VA had difficulties verifying the attendance status of participating veterans, leading to VA making millions in erroneous payments. Given the proposed payment of lump sum payments under the extension, how will VA ensure that millions more will not be wasted?

Response. In order to be approved for the Veterans Retraining Assistance Program (VRAP), a program must be approved for GI Bill benefits under Chapter 36 of title 38 U.S.C. Consequently, the schools are required to report changes in enrollment (or failure to meet the school's standards of attendance, or conduct, as applicable) to VBA "without delay." "Without delay" is defined by regulation as within 30 days. All approved programs are subject to periodic compliance reviews, which include reviewing records for VRAP participants in order to ensure that the schools (and students) are meeting the applicable requirements. In addition, recipients of VRAP one-time payments are specifically required, and instructed, to notify VBA immediately of changes in enrollment status. This requirement also applies to recipients of one-time payments issued under the various GI Bill programs as well.

VETERANS BENEFITS ADMINISTRATION

Disability Compensation

Question 37. The Winston-Salem regional office helps with national missions, such as the Benefits Delivery at Discharge program and the Quick Start program, in addition to handling claims from North Carolinians. That office currently has over 30,000 pending claims. For that workload, how many employees would be appropriate and how many are there currently?

Response. VBA's RAM is a systematic approach to distributing field resources each fiscal year. The RAM utilizes a weighted model to assign C&P FTE resources based on RO workload, including rating inventory and rating, non-rating, and appeal receipts. Starting in FY 2014, the RAM includes additional variables to more closely align with VBA's transformation to a paperless, electronic environment, where receipts can be assigned and managed at the national level. These variables include station efficiency, quality, and RO capacity. Based on the FY 2014 RAM, the Winston-Salem RO FTE allocation for disability compensation claims processing was 614 FTE. Nine additional FTE were approved in March 2014 due to increased workload. As of March 30, 2014, the number of FTE on board was 615.

Question 38. The fiscal year 2015 budget request does not include projections for how long it will take to complete compensation and pension claims in fiscal years 2014 and 2015. In fact, the budget books reflect that this performance measure has been deleted.

A. What are VA's projections for how long it will take to complete disability claims in those years?

Response. In FY 2013, the average days to complete (ADC) rating-related claims was 348 days, a reflection of VBA's emphasis on completing the oldest claims in the backlog during the second half of FY 2013. That emphasis continued through the first quarter of FY 2014, which ended with an ADC of 277 days for the quarter. ADC through the end of the first half of FY 2014 further declined to 253 days. We expect this trend to continue through the remainder of FY 2014 and into FY 2015. By the second quarter of FY 2015, we expect the downward trend in the monthly ADC to begin accelerating, leveling out to approximately 100 days for the last quarter of FY 2015.

B. Why is this metric being deleted from the budget request?

Response. VBA's Agency Priority Goal is to eliminate the backlog and process all claims within 125 days in 2015. Both metrics, ADC and Average Days Pending (ADP), remain important metrics to track. As we drive toward our goal, VBA implemented an initiative in April 2013, to process oldest claims first, which results in the ADC increasing in the short-term, even as we make great progress in eliminating the backlog for Veterans who have waited the longest for a decision. ADP is a leading indicator that provides the best measure of the current state of the claims inventory, and is the most meaningful way for Veterans to understand how long their claim may take to process. The average number of days rating claims are pending has been reduced from a peak of 282 days in March 2013, to 161 days as of April 5, 2014, which represents a 43-percent reduction. The number of claims in the backlog has been reduced from a peak of 611,000 to 337,000 as of April 5, 2014, a 45-percent reduction.

Question 39. The number of dependency adjustments waiting for VA action increased from less than 50,000 in 2010 to nearly 240,000 in March 2014. As of March 2014, 75 percent of the dependency adjustments have been pending for longer than 125 days.

A. When does VA consider a dependency adjustment to be "backlogged?"

Response. There is no defined parameter for a "backlogged" dependency adjustment; however, we do track them against the 125-day goal for all disability claims.

B. What performance metrics does VA have in place with respect to dependency adjustments and how quickly they should be acted on? With on-going efforts to increase the automation for processing these work items, will those performance metrics change?

Response. Each RO has a target for reducing the inventory of pending dependency adjustments. VBA is working on several initiatives that streamline the processing of dependency claims. Current and upcoming initiatives that will help improve the speed and accuracy of dependency claims processing are provided below.

- Veterans can now request to add dependents using the eBenefits portal. VBA's rules-based processing system (RBPS) automatically processes over 50 percent of the dependency requests submitted through eBenefits and automatically adjusts compensation payments based upon the change in dependent status. This new automated system reduces processing time to one day for many of these requests and allows VBA to devote more resources to processing other, more complex claims.
- In the past year, VBA's Compensation Service (CS) released several dependency-related procedural changes that simplify the decision process and relax evidentiary standards. These include:
  - Liberalizing evidentiary requirements for stepchildren, under which VBA will accept a Veteran's lay statement as sufficient proof to establish a stepchild as a dependent, provided that the statement includes basic information about the dependency change. VBA will request additional evidence to support the claim only when it has a reason to question the validity of the statement.

– Streamlining procedures when the beneficiary does not provide VBA information sufficient to determine entitlement dates. VBA will attempt to contact the Veteran by phone to obtain the date of the dependency change and process the change based upon information provided during the call.

- CS is working to further relax evidentiary requirements and streamline the procedures for processing dependency claims. This initiative includes issuing additional procedural guidance to the ROs and evaluating current regulations for the purpose of initiating appropriate rulemaking to remove unnecessary processes.
- New functionality is being developed for VBA's Customer Relations Management Unified Desktop, which is utilized by VBA's agents in its National Call Centers (NCC), which will allow the system to send dependency claims that the NCC agents receive over the phone to RBPS for automated processing.
- As automation of dependency claims continues to improve, more of these claims will be processed with greater efficiency and improved timeliness. VA will set FY 2015 performance metric goals that take into consideration inventory levels and the level of automation at that time.

C. Has VA set any timelines, milestones, or goals for when this inventory of dependency adjustments will be reduced to an acceptable level?

Response. With VBA's record-breaking production of claims decisions in recent years, dependency claims are also rising. To address the rise in claims, VBA built a RBPS to automate processing and payment of dependency claims for Veterans who file online. Over 50 percent of dependency claims that are filed online are now being completed without human intervention. The remaining 50 percent are immediately triaged to make it easier for the claims processor to target the needed evidence for resolution. This new IT capability will enable future claims filed online to be completed quickly and accurately, and as a result, our Veterans will receive their payments much faster. On April 4, 2014, VBA awarded a contract to provide "surge" support to complete paper-based dependency claims. Contract personnel will enter data from paper claims into RBPS, which will allow a significant portion of these claims to be electronically processed and adjudicated—just as if the Veteran had input the data. VA also recently trained its call center agents to resolve dependency claims issues over the phone to expedite those claims already in the system.

ADC for a dependency claim in March 2014 was 207 days, down 75 days from the first quarter of FY 2014.

Question 40. According to the authors of the fiscal year 2015 Independent Budget, "the most significant change that has helped reduce the backlog over the past year has been [the Veterans Benefits Administration's] heavy reliance on mandatory overtime."

A. Of the 1.17 million claims completed during fiscal year 2013, what portion was completed as a result of overtime?

Response. VBA spent $71 million on overtime for direct C&P-related claims processing, resulting in a conservatively estimated 91,000–129,000 additional claims completed.

B. So far during fiscal year 2014, how many claims have been completed in total and what portion was completed as a result of overtime?

Response. Through the first two quarters of FY 2014, 631,000 rating-related claims have been completed. VBA estimates 65,000–70,000 of the claims completed to be attributed to overtime.

C. What portion of any increase in productivity during fiscal years 2013 and 2014 has resulted from other initiatives, such as the Veterans Benefits Management System or segmented lanes? At this point, is VA seeing a reasonable return on investment for those other initiatives?

Response. VBMS is projected to increase productivity in FY 2014; however, it is difficult to extract the impact of each transformation initiative from the combined people, process, and technology model that are being concurrently implemented to determine individual initiative's contribution to productivity outcomes.

VBA has seen improvements in performance as a result of its transformation initiatives. As of May 22, 2014, VA has completed 833,000 claims in FY 2014, a 26-percent increase over the same time last year and a 32-percent increase over two years ago. VBA has also significantly reduced its inventory and backlog. As of May 22, 2014, there were 574,000 claims pending in VBA's inventory, which represents a 34-percent reduction from July 2012 when the inventory peaked at 884,000 claims. Similar improvements can be seen in the claims acklog (i.e., pending over 125 days). As of May 22, 2014, 293 claims were in the backlog—a 52-percent reduction since the backlog peaked in March 2013.

D. What specific initiatives are expected to allow VA to handle more claims in fiscal year 2015 than this year and what statistics or information suggests that a 17 percent increase in productivity is realistic?

Response. VA is focused on providing a long-term solution to a decades-old problem. VBA is retraining, reorganizing, streamlining business processes, and building and implementing technology solutions based on the newly redesigned processes to improve benefits delivery. Several transformation initiatives, as described below, are focused on increasing the number of ratings completed per FTE. VBA is also completing a thorough evaluation of its ability to meet the processing demands of incoming workload, through “demand” and “capacity” analyses, which are currently in progress.

VBA’s new organizational model, which incorporates a case-management approach to claims processing, has been implemented at all 56 ROs. VBA projects that the segmented lanes initiative, part of this new organizational model, will accelerate simpler claims, predictably taking less time through the “express” lane, with the remainder of claims flowing through either a “special operations” lane (claims requiring special handling) or “core” lane. This segmented, case-management approach to claims processing is creating efficiencies within the workforce.

VBMS, VBA’s Web-based electronic claims processing system, was deployed to all 56 ROs 6 months ahead of schedule in June 2013. VBA has also successfully deployed VBMS to the Appeals Management Center (AMC), the Records Management Center, the Board of Veterans’ Appeals (Board), all NCCs, and all VA medical centers. VBA is confident in its Transformation Plan. Even during the “year of change,” VBA was able to increase production by 12 percent in FY 2013 over

FY 2012. This is a clear indication that success will continue during FY 2014 and culminate in the people, process, and technology improvements that allow for our 17 percent forecasted increase in FY 2015.

Throughout 2014 and 2015, VBMS will focus on continuing to improve electronic claims processing by providing increased system functionality and more complex automation capabilities for all VBMS end-users. VBMS enhancements will reduce dependency on legacy systems for claims establishment, development, and rating. VBMS now has the capability to accept electronic Veterans’ Service Treatment Records (STR) from DOD. Additionally, VBMS end-users (to include VA Medical Center personnel and VSOs) will be able to leverage enhanced system functionality to perform their work more efficiently and accurately. Development of functionality will provide end-users with the ability to process claims electronically from receipt to payment. The addition of functionality and stabilization of system capabilities, in conjunction with business process improvements, will increase production and quality of claim decisions.

VBA’s partnership with VSOs is crucial to our transformation. VBA is greatly expanding education and collaboration efforts with VSOs that result in the submission of more fully developed claims (FDC)—claims that come to VBA ready for final review and decision (http://www.benefits.va.gov/fdc/).

VBA is also completing the integration with other Federal agencies that enables inter-departmental data review and exchange to support pension and disability claims processing. This includes Social Security Administration (SSA) and Internal Revenue Service (IRS) (income verification), and DOD (military personnel and medical records).

Question 41. According to information provided in connection with the fiscal year 2014 budget request, the Veterans Benefits Administration (VBA) planned to expend $40 million in fiscal year 2014 to pay for claims processing staff to work overtime.

A. During fiscal year 2013, how much in total was actually expended to pay for overtime work by claims processing staff?

Response. In FY 2013, VBA expended a total of $71 million on overtime for C&P rating claims processing.

B. During fiscal year 2014, how much is now expected to be spent on overtime by claims processing staff and what outcomes are expected to be achieved as a result of those overtime hours?

Response. VBA anticipates using approximately $100 million to fund overtime for C&P rating claims processing in FY 2014, and estimates completing approximately 168,000 claims associated with overtime funding.

C. For fiscal year 2015, what level of funding is requested to pay for overtime hours worked by claims processing staff and what outcomes are expected to be achieved as a result of those overtime hours?

Response. VBA anticipates using approximately $60 million to fund overtime for C&P rating claims processing in FY 2015, and estimates completing approximately 101,000 claims associated with overtime funding.

Question 42. VA is now projecting that it will complete about 1.25 million disability claims this year. That is about 72,000 less completed claims than VA projected in the budget request last year and 370,000 less than projected in VA's 2013 backlog reduction plan. What led to these decreases in the expected productivity for fiscal year 2014? Are there initiatives that are not having the expected impact on productivity yet?

Response. The projections of received and completed claims in VBA's 2014 budget and VA's Strategic Plan to Eliminate the Compensation Claims Backlog were based on assumptions made earlier in the budget cycle that included a higher level of claims receipts and FTE. Projections are periodically updated based on recent experience, the impact of the transformation initiatives, and enhanced forecasting capabilities.

Question 43. VA has a number of initiatives underway to reach its goal of a 98 percent accuracy rate.

A. In total, how much did VA spend in fiscal year 2013 to carry out all of those quality initiatives?

Response. VBA's transformation plan is based on over 40 high-impact initiatives across people, process, and technology through a systematic and repeatable gap analysis process. It is difficult to separate each initiative's precise impact on quality and productivity; however, the FY 2013 funding for four of the initiatives with the greatest impact on quality is provided below:

- VBMS: $51.1 million (VBA GOE program non-pay, non-IT funding for paperless initiative)
- Challenge training: $8.2 million
- Quality Review Teams (QRT): $52 million
- Station Enhancement Training (SET): $582,000

B. In total, how much is VA expecting to spend in fiscal year 2014 to carry out all of those quality initiatives, including the quality review teams at each regional office?

Response. As previously noted, several initiatives impact quality. A summary of FY 2014 funding for the primary initiatives focused on improving quality is provided below:

- VBMS: $159.9 million (VBA GOE program non-pay, non-IT funding for paperless initiative)
- Challenge training: $13.6 million
- QRTs: $53 million
- Training for underperforming claims processors: $10 million

C. In total, how much is VA requesting for fiscal year 2015 to carry out all of those quality initiatives, including the quality review teams at each regional office?

Response. For FY 2015, VBA has requested the following funding for these initiatives:

- VBMS: $162.5 million (VBA GOE program non-pay, non-IT funding for paperless initiative)
- Challenge training: $15.5 million
- QRTs: $57 million

D. Nation-wide, how many full-time equivalents are currently assigned to these quality review teams?

Response. In April 2014, approximately 650 Quality Review Specialists were assigned to the QRTs nationwide.

E. If the fiscal year 2015 budget request is adopted, how many individuals Nationwide would be assigned to these teams?

Response. During the development and piloting of the QRTs, analysis showed an appropriate staffing ratio of one Quality Review Specialist to every 15 claims processors. VBA anticipates continuing to utilize this staffing ratio for QRT positions during FY 2014 and FY 2015; resulting in consistent staffing levels for both years.

Question 44. VA's "appeals resolution time" in fiscal year 2013 was 923 days, an increase of 267 days since fiscal year 2010. Also, the number of pending appeals has increased by more than 30 percent over the past few years. Although VA recently sent the Committee a plan to improve the appeal process, it does not have details about when this inventory of appeals will be reduced.

A. How much in total is expected to be expended by VBA to process appeals during fiscal year 2014?

Response. In FY 2014, VBA estimates that funding for claims processors to process appeals will total $86.6 million. This includes funding for the approximately 900 claims processors at the ROs and the AMC.

B. What level of funding is requested in total for fiscal year 2015 for purposes of processing appeals by VBA?

Response. In FY 2015, VBA estimates that funding for claims processors to process appeals will total $89.3 million.

C. When does VA expect the inventory of appeals to start to decline and when will it reach a level that VA considers acceptable? Please provide any goals, timelines, or milestones that VA has set with regard to the reduction in pending appeals.

Response. The rate of appeals (approximately 11 percent) has remained steady over last 20 years, regardless of quality or production. As more claims are completed, more appeals are received. VA's large inventory of pending appeals is due in part to the record number of claims VBA has completed over the past four years. VA expects to complete well over a million claims again in FY 2014.

As noted in VA's Strategic Plan to Transform the Appeal Process, which was provided to the Senate Committee on Veterans' Affairs on February 26, 2014, the current process provides appellants with multiple reviews in VBA and one or more reviews at the Board, depending upon the submission of new evidence or whether the Board determines that it is necessary to remand the matter to VBA. Although VA has allocated significant resources to the appeals workload, the multi-step, open-record appeal process set out in current law precludes the efficient delivery of benefits to all Veterans. The longer an appeal takes, the more likely it is that a claimed disability will change, resulting in the need for additional medical and other evidence. VA is implementing a series of initiatives to improve the appeal process and continues to work with Congress and other stakeholders to explore long-term solutions that would provide Veterans the timely appeals process they deserve.

VBA has established the following strategic targets for appeals:

Veterans Appeals Control Time—7 days
Veterans Appeals Pending (across all ROs)—174,945
Veterans Appeals ADP—182 days
VA Form 9 ADP—320 days

Question 45. In the fiscal year 2015 budget request, the discretionary request for the disability compensation program includes $557 million for Other Services. Please provide a detailed itemized list of how that funding would be utilized during fiscal year 2015. To the extent any of the funds will be spent on contracts, please explain the nature of the contract and the expected outcomes.

Response. The discretionary request for $557 million contains funding of $440.4 million for contracts that directly impact or support the delivery of disability compensation claims:

- Contract Medical Examinations ($250.8 million)
- Veterans Claims Intake Program (scanning) ($134.4 million)
- Program management and systems engineering support services for the VBMS ($32.8 million)
- Development of instructional methodologies and systems that support the training and skills development of the disability compensation workforce ($8.3 million)
- Development of the Centralized Mail Processing System ($7.8 million)
- Program management, scientific, technical, and engineering support for Compensation Service and the VBA Operations Center ($6.3 million).

The request also includes $32.4 million for studies and analyses that support strategic planning ($16.7 million) and innovation ($15.7 million).

The remaining $83.8 million is for administrative and management support costs associated with VBA-internal support agreements, such as Franchise Fund fees for Debt Management Center, Financial Services Center, Computer Data Center Operations services, and for support attained via interagency agreements with the Department of Homeland Security, the Department of the Treasury, and the National Archives and Records Administration.

Question 46. According to the fiscal year 2015 budget request, the disability compensation program expects to spend $33 million on travel during fiscal year 2014, which is $15.8 million higher than the amount spent during fiscal year 2013 and $10 million higher than the amount originally requested for fiscal year 2014. What factors led to this increase in expected travel expenditures?

Response. The primary factor that led to this increase is the $10 million appropriated for targeted training for claims processors to increase production and help eliminate the claims backlog. Additionally, Challenge Training classes were sourced at a planned throughput of 220 seats per class.

Question 47. In response to questions about the fiscal year 2014 budget request, VA indicated that VA completed approximately 81 claims per direct full-time equivalent in fiscal year 2013 and expected to complete at least 90 claims per full-time equivalent in fiscal year 2014 and at least 100 claims per full-time employee in 2015. To date in fiscal year 2014, how many claims have been completed per compensation and pension direct labor full-time equivalent?

Response. FY 2014 through the end of March, C&P direct FTE completed an average of 47.4 claims per FTE. VBA is on target to reach 90 claims per FTE by the end of the fiscal year.

Question 48. In response to questions about the fiscal year 2014 budget request, VA indicated that VA expected to receive more than 200,000 fully-developed claims in fiscal year 2014 and expected it to take on average 100 days to process those claims.

A. How many fully-developed claims are now expected to be filed during fiscal year 2014 and during fiscal year 2015?

Response. VBA expects to receive more than 380,000 FDCs in FY 2014 and more than 485,000 FDCs in FY 2015.

B. To date in fiscal year 2014, how many days on average is it taking to complete fully-developed claims?

Response. Through March of FY 2014, FDCs have been completed in an average of 144 days.

C. For fiscal year 2015, how long is it projected to take to complete fully-developed claims?

Response. VA projects to complete FDCs in 125 days or less in 2015, with a September 2015 monthly target of 90 days to complete FDCs.

D. For fiscal year 2014, how much is expected to be spent on marketing materials for the fully-developed claims program and related training?

Response. VBA expects to spend $1.4 million on materials that promote the FDC program. This dollar amount is comprised of expenditures on contracts for:

Promotional materials
VBA translation services
FDC and training support
FDC eBenefits campaign

E. For fiscal year 2015, what level of funding is requested for purposes of promoting the fully-developed claims program?

Response. VBA requested approximately $941,000 in the FY 2015 budget submission.

Question 49. In response to questions about the fiscal year 2014 budget request, VA indicated that it was requesting $10 million in order to contract with private entities to retrieve medical records from private medical providers.

A. In total, how much was spent on that initiative during fiscal year 2013 and what was the average time it took the contractors to obtain private medical records (or otherwise close out the development action)?

Response. In FY 2013, VBA obligated $2.1 million to continue the Private Medical Records (PMR) initiative. The contractor resolved PMR requests, either by obtaining PMRs or otherwise completing development action, in an average of 12 days.

B. How much is now expected to be spent on this initiative during fiscal year 2014 and how long on average is it currently taking the contractors to obtain private medical records (or otherwise close out the development action)?

Response. In FY 2014, VA plans to spend $9.3 million on the PMR initiative. In FY 2014 through April 3, 2014, the contractor resolved over 114,000 PMR requests in an average of 12 days.

C. Is any funding requested with respect to this initiative for fiscal year 2015? If so, please specify the amount.

Response. For FY 2015, VA is requesting $15.7 million to support the ongoing costs of the nationally implemented PMR program.

Question 50. In response to questions about the fiscal year 2014 budget request, VA indicated that it expended $366,139 in fiscal year 2012 for purposes of updating the disability rating schedule. The fiscal year 2015 budget request reflects that "VBA projects that it will complete its review of the 15 body systems in the rating schedule by December 2016."

A. During fiscal year 2013, how much was spent with respect to efforts to update the disability rating schedule?

Response. In FY 2013, VBA spent approximately $981,000 to support updates to the VA Schedule of Rating Disabilities (VASRD), including $902,000 for personal services, $30,000 for travel, and $49,000 for rent, supplies, and other services.

B. During fiscal years 2014 and 2015, how much is expected to be spent with respect to efforts to update the disability rating schedule?

Response. In FY 2014, VBA will spend approximately $996,000 to support updates to VASRD, including $947,000 for personal services, $3,000 for travel, and $46,000 for rent, supplies, and other services. In FY 2015, VBA requested $3.0 million to update the VASRD, including $952,000 for personal services, $30,000 for travel, and $2.0 million for other services. The increased in funding in FY 2015 is primarily due to a contracted earnings loss study.

C. Of those 15 body systems, how many will be addressed by regulations published during the remainder of fiscal year 2014 and how many will be addressed by regulations published during fiscal year 2015?

Response. Under the Project Management Plan, none of the VASRD body systems will be addressed by regulations published during FY 2014. VA will address each of the 15 body systems with a notice of proposed rulemaking published in the *Federal Register* by fall 2015, allowing 60 days for public comments. Subsequently, VA will review public comments and revise the proposed rules as appropriate before publishing them as final.

Question 51. In response to questions about the fiscal year 2014 budget request, VA estimated that about $663,000 had been spent on earnings loss studies needed to complete revisions of the disability rating schedule but that the contract had been terminated before the final report had been provided. VA indicated that, through this spending, it "learned that due to statutory limitations, individualized earnings data cannot be obtained from the Internal Revenue Service."

A. Please explain what, if any, information was obtained as a result of that $663,000 in expenditures that could be used to complete the revisions to the rating schedule?

Response. VA received six of the nine contract line item numbers outlined in the contract with George Washington University for an earnings loss study. VA does not expect any more deliverables to be provided under this contract. The six deliverables provided to VA are as follows:

1. Obtained Security Clearance: The contractor completed all paperwork, provided all background information, and completed all training courses necessary to secure security clearance and authorization to use VA databases and perform tasks on VA property.
2. Lessons Learned Report: The contractor reviewed VASRD and prior earnings loss studies. The contractor prepared and delivered a written report identifying important lessons learned through previous earnings loss studies and developed a strategy for providing an improved earnings loss study.
3. Comprehensive Draft Project Management Plan (PMP), Final PMP, and Leadership Briefing: The contractor provided VA with a copy of a PMP detailing a plan for accomplishing the tasks and subtasks.
4. Data base of Service-Connected Disabled Veterans: The contractor provided a database set, based on a compilation of data gathered from VA, including a sample of service-connected disabled Veterans, rating information, and other data points such as Social Security numbers, dates of birth, names, and disabilities. The contractor coordinated sampling methodology across the various data sets to ensure consistency, representativeness, and confidentiality.
5. Approach Plan and Briefing: The contractor briefed VA leadership on a plan to address each aspect of the contract deliverables, identifying an obstacle in receiving required data. IRS and SSA provided the contractor with data encrypted into groups, and the contractor was unable to assess the impact of earnings losses based on individual service-connected disabilities compared to the control group.
6. Earnings Loss Model: VA requested a systematic analysis of compensation payments for disabilities associated with body system profiles and rating criteria identified in VASRD. The contractor delivered a formula with variables to evaluate all earnings loss databased on individual service-connected disabilities. However, due to the lack of individually identified data from the IRS and SSA, the contractor was unable to insert the data into the formula. Without the necessary data, the formula did not provide VA with the requested information.

B. Was VA's Office of General Counsel consulted about possible statutory limitations before VA entered into a contract for these earnings loss studies?

Response. Yes, VA's Office of General Counsel (OGC) was consulted prior to the execution of the contract for the earnings loss study. The contract was tailored to meet the specific needs of the earnings loss study and ultimately approved by OGC. Upon encountering the statutory limitations regarding the release of individual income data, VA contacted IRS' OGC. IRS informed VA that the release of individual data for the purpose of the study was specifically prohibited by statute. After IRS confirmed the statutory prohibition, the period of performance for the initial contract expired. A revised statement of work was prepared, stating that George Washington University was only authorized to complete the terms of the contract using aggregate data and could not condition the completion of the contract upon receipt of individual data.

C. Does the fiscal year 2015 budget request include any funding for earnings loss studies? If so, please specify the amount and the expected deliverables from any such studies.

Response. The FY 2015 budget request includes $2.5 million for external earnings loss studies in support of ongoing and future VASRD revisions. Formulation of any such studies has not begun; therefore, VA cannot state with any degree of certainty what deliverables will be derived from such studies.

Question 52. VA and the Department of Defense (DOD) have rolled out worldwide an Integrated Disability Evaluation System (IDES), through which an injured or ill servicemember, before being medically discharged from the military, completes both the DOD disability rating system and the VA disability rating process.

A. During fiscal year 2013, how much in total did VA expend with respect to the Integrated Disability Evaluation System and how many VA employees were dedicated to the IDES process?

Response. During FY 2013, VBA spent approximately $70.7 million for salaries and other GOE for 643 FTE dedicated to disability claims processing in the IDES process. Compensation staff and VR&E counselors are included in this count. Veterans filing claims through the IDES sites are captured in the nationwide Veteran caseload count and total compensation benefit obligations; therefore, mandatory funding cannot be separated for this program.

B. During fiscal year 2014, how much in total does VA expect to expend with respect to the Integrated Disability Evaluation System and how many VA employees will be dedicated to the IDES process?

Response. During FY 2014, VBA estimates it will spend approximately $71.9 million for salaries and other GOE to support 648 FTE dedicated to disability claims processing in the IDES process.

C. During fiscal year 2015, how much in total is VA requesting with respect to the Integrated Disability Evaluation System and how many VA employees would that level of funding support?

Response. During FY 2015, VBA estimates it will spend approximately $74.1 million for salaries and other GOE to support 648 FTE dedicated to disability claims processing in the IDES process.

Pension and Fiduciary Service

Question 53. According to the Monday Morning Workload report for March 8, 2014, the Pension Management Center in Philadelphia, PA, had over 21,000 pending claims and 52 percent had been pending for longer than 125 days. By comparison, the Pension Management Center in St. Paul had 9,600 pending claims and less than 20 percent had been pending for longer than 125 days.

A. How many full-time equivalent employees are currently assigned to each Pension Management Center and how many are expected to be assigned to each Pension Management Center during fiscal year 2015?

Response. For FY 2014, the Pension Management Centers (PMC) have a combined allocation of 1,145 FTE. The Philadelphia PMC is allocated 430 FTE; Milwaukee PMC is allocated 340 FTE; and the St. Paul PMC is allocated 375 FTE. Staffing levels are expected to remain the same in FY 2015. The allocations are based on VBA's RAM. The RAM utilizes a weighted model to assign C&P FTE resources based on workload.

B. How many claims are expected to be received by each Pension Management Center during fiscal year 2014 and during fiscal year 2015?

Response. VBA estimates that the three PMCs will receive approximately 140,000–150,000 claims in the rating-related category during FY 2014 and 150,000–160,000 in FY 2015.

C. How many claims are expected to be completed by each Pension Management Center during fiscal year 2014 and fiscal year 2015?

Response. Expected production from the three PMCs in FY 2014 is 160,000–170,000 claims, with a similar amount in FY 2015.

D. For each Pension Management Center, how many veterans died in fiscal year 2013 and to date in fiscal year 2014 after a decision on their claim had been rendered but before they received a retroactive award of pension benefits? In how many of those cases were the retroactive benefits paid out as accrued benefits?

Response. During FY 2013, VA PMCs released retroactive benefit payments to 354 Veterans who had died on or before the date of an award of benefits was processed. As of April 9, 2014, VA has paid these retroactive payments as accrued benefits in 41 cases. For FY 2014 through April 9, 2014, the PMCs released retroactive payments to 183 Veterans who had died on or before the date of an award of benefits was processed. As of April 9, 2014, VA has paid retroactive payments as accrued benefits in 47 cases. A breakdown of this data by pension management center is provided below:

Pension Management Center	Number of cases where the Veteran died prior to receiving their retroactive payment		Number of cases VA paid retroactive payment as accrued benefit	
	FY 2013	FY 2014 thru April 9, 2014	FY 2013	FY 2014 thru April 9, 2014
Milwaukee, WI	135	60	28	10
Philadelphia, PA	116	58	8	11
St. Paul, MN	103	65	5	26
TOTAL	354	183	41	47

E. For each Pension Management Center, how many veterans were declared incompetent during fiscal year 2013 and to date in fiscal year 2014; how long on average did it take for a fiduciary to be assigned to those veterans; and how frequently did the veterans die before the assignment of a fiduciary had been completed?

Response. From October 1, 2012, through March 31, 2014, VA PMCs declared 42,436 beneficiaries (Veterans and Survivors) incapable of managing their funds. The chart below provides the data for each PMC by fiscal year.

Pension Management Center	Incompetency Decisions FY 2013	Incompetency Decisions FY 2014 thru March 31, 2014
Philadelphia, PA	9,913	2,121
Milwaukee, WI	12,115	4,258
St. Paul, MN	10,963	3,066
Total	32,991	9,445

Nationally, the fiduciary hubs averaged 83 days to complete the appointment of a fiduciary for a beneficiary who was rated incompetent in FY 2013. For FY 2014 through March 31, 2014, it took an average of 51 days to complete a fiduciary appointment. This timeliness data includes all incompetent C&P beneficiaries, both Veterans and Survivors. VA systems cannot further categorize this timeliness information for pension only or by PMC.

Regarding Veterans who died before an initial fiduciary appointment was completed during FY 2013 through March 31, 2014, VA systems cannot categorize this information by the PMC that issued the incompetency decision. However, for all C&P incompetency decisions issued nationally for both Veterans and Survivors, whether issued by a PMC or a RO Veterans Service Center, 376 beneficiaries passed away before an initial fiduciary appointment was completed.

Question 54. In the fiscal year 2015 budget request, the discretionary request for the pension, dependency and indemnity compensation, burial, and fiduciary programs includes $17.8 million for Other Services for fiscal year 2015. Please provide a detailed itemized list of how that funding would be utilized during fiscal year 2015. To the extent any of the funds will be spent on contracts, please explain the nature of the contract and the expected outcomes.

Response. The discretionary request for $17.8 million contains funding of $11.8 million for contracts that directly impact or support the delivery of pension claims:

- Contract Medical Examinations ($2.3 million)
- Program management, scientific, technical, and engineering support for Pension and Fiduciary Service ($1.2 million)
- Development of instructional methodologies and systems that support the training and skills development of the Pension and Fiduciary workforce ($8.3 million)

The remaining $6.0 million is for administrative and management support costs associated with VBA-internal support agreements, such as Franchise Fund fees for Debt Management Center, Financial Services Center, Computer Data Center Operations services, and for support attained via interagency agreements with the Department of Homeland Security, the Department of the Treasury, and the National Archives and Records Administration.

Question 55. According to VA's fiscal year 2013 Performance and Accountability Report, the average days it took to complete a pension claim increased from 113 days in 2012 to 140 days in 2013.

A. During fiscal years 2012 and 2013, how many claims processing personnel were dedicated to working on pension claims?

Response. In FY 2012, an average of 906 employees were dedicated to processing claims at the PMCs. In FY 2013, there was an average of 905 employees. In addition to pension claims, these employees also processed dependency and indemnity compensation (DIC), parents DIC, accrued, and monetary burial benefit claims, as well as all related benefit adjustments.

B. For fiscal years 2014 and 2015, how many claims processing personnel are expected to be dedicated to working on pension claims?

Response. As of February 28, 2014, PMCs had 910 employees dedicated to claims processing. VA expects this number to increase through FY 2014, as the PMCs bring on an additional 35 employees to meet the PMCs' FY 2014 allocation. VA does not anticipate a change in the PMCs' total staffing allocation in FY 2015.

Appeals Management Center

Question 56. Since 2003, certain cases remanded by the Board of Veterans' Appeals (BVA or Board) have been handled at a centralized entity called the Appeals Management Center.

A. During fiscal year 2013, how much was spent on the Appeals Management Center and what level of staffing did that funding support?

Response. In FY 2013, $21.1 million was spent by the AMC for payroll, non-payroll, and travel. This supported staffing of approximately 228 FTE.

B. During fiscal year 2014, how much is now expected to be spent on the Appeals Management Center and what level of staffing will that funding support?

Response. In FY 2014, approximately $20.6 million is expected to be spent by the AMC for payroll, non-payroll, and travel. This is expected to support staffing of approximately 221 FTE.

C. In total, how much funding is requested for fiscal year 2015 for the Appeals Management Center and what level of staffing would that funding support?

Response. VBA anticipates that the FY 2015 staffing levels will be consistent with FY 2014 levels and therefore funding will also be consistent with FY 2014.

D. For fiscal year 2014, what are the key performance targets for the Appeals Management Center?

Response. The FY 2014 AMC key performance targets consist of the following metrics and corresponding targets:

- ADP for remands from homeless Veterans—70 days
- Remand inventory—7,500
- ADP for remands—75 days
- ADC remands—140 days
- Remand production—27,900
- Accuracy of remand decision—90 percent (3-months rolling)

Education

Question 57. According to the fiscal year 2015 budget request, the discretionary request for Education programs includes $16 million for Other Services. Please provide a detailed itemized list of how those funds would be utilized during fiscal year 2015. To the extent any of the funds will be spent on contracts, please explain the nature of the contract and the expected outcomes.

Response. The $15.9 million request contains funding of $5.4 million for contracts that support Education Service, including:

- Program management and systems engineering support services for the Post-9/11 GI Bill ($4.4 million);
- Development of instructional methodologies and systems to support the training and skills development of the Education workforce ($608,000);
- Publication and distribution of outreach pamphlets and letters to satisfy intent of Public Law 101–237 and Public Law 105–368 ($242,000);
- National Student Clearinghouse Contract for degree attainment data ($81,000); and
- SAA Contract to support the development and implementation of a RAM ($103,000).

The remaining $10.5 million is for administrative and management support costs associated with VBA-internal support agreements, such as Franchise Fund fees for

Debt Management Center, Financial Services Center, Computer Data Center Operations services, and for support attained via interagency agreements with the Department of Homeland Security, the Department of the Treasury, and the National Archives and Records Administration.

Question 58. According to the fiscal year 2015 budget request, the discretionary request for Education programs includes $3.6 million for printing, compared to $522,000 requested for fiscal year 2014. The budget request includes this explanation: "Printing obligations increase $3.1 million primarily as a result of realigned non-IT administrative obligations from the Office of Information and Technology to VBA." Please provide a more detailed explanation of how these funds will be spent, how they were previously accounted for in the budget, and the need for the change.

Response. The funding will be used for the centralization and modernization of printing associated with Post-9/11 GI Bill claims processing. It will cover expenses necessary for the printing of more than 3.6 million letters VA anticipates mailing to Veterans and other eligible beneficiaries. The $3.1 million provides for the centralized printing performed at VA's information technology centers, and the $522,000 provides for printing conducted at VBA regional processing offices. The $3.1 million "increase" shown in the budget is not a new requirement. Instead, it is a shift in accounting for costs of the Post-9/11 GI Bill program. In FY 2013 and previous years, centralized printing and mailing of Post-9/11 GI Bill letters were provided as an operating expense of the information technology centers. Although printing and mailing functions may, at times, require information technology support, the functions are more operational. As such, in FY 2014 and beyond, the centralized printing and mailing costs for Post-9/11 GI Bill letters is being realigned more appropriately as an operating expense of VBA.

BOARD OF VETERANS' APPEALS

Question 59. In response to questions about the fiscal year 2014 budget request, the Board indicated that it expects to spend over $2 million per year on "costs (salary and benefits) of union representatives" and "costs (salary and benefits) of BVA managers who work on labor relations matters, labor relations counsel, and other labor relations support staff."

A. In fiscal year 2013, how much was actually expended for those purposes?

Response. In fiscal year (FY) 2013, the Board of Veterans' Appeals (the Board) spent a total $1,925,654 for labor relations matters, including $1,022,024 for costs (salary and benefits) of union representatives, and $903,630 for costs (salary and benefits) of Board managers, labor relations counsel, and other labor relations support staff who work on labor relations matters.

B. In fiscal years 2014 and 2015, how much is now expected to be spent for those purposes?

Response. Based on historical data from FY 2002 to April 2014, the Board expects to pay a total of approximately $2,307,582 in FY 2014 ($1,267,111 for costs (salary and benefits) of union representatives and $1,040,471 for costs (salary and benefits) of Board managers, labor relations counsel, and other labor relations support staff who work on labor relations matters); and $2,380,610 in FY 2015 ($1,303,631 for costs (salary and benefits) of union representatives and $1,076,979 for costs (salary and benefits) of Board managers, labor relations counsel, and other labor relations support staff who work on labor relations matters).

C. During fiscal years 2014 and 2015, how many hours of "official time" (or union time) are expected to be paid for by the Board with Federal funding?

Response. Based on a historical data from FY 2002 to April 2014, the Board estimates paying for a total of approximately 17,077 hours of official union time (official time) in FY 2014, and 17,261 hours of official time in FY 2015.

Question 60. According to the fiscal year 2015 budget request, the Board is requesting $3 million for Other Services for fiscal year 2015. Please provide an itemized list of how these funds are expected to be spent during fiscal year 2015.

Response. The $2,975,200 for Other Services in fiscal year 2015 will be allocated in the following manner:

Xerox	$575,000.00
Transcription Services (2 Vendors)	560,000.00
Promisel and Korn, Inc. Electronic Research Materials Service and Maintenance Contract	405,000.00
JD Power and Associates Contract for customer satisfaction analysis for hearing and non-hearing processes	332,000.00
West Group Contract-On-line Access to Westlaw Legal Database for legal research by the Board's judges and attorneys	320,000.00

Department of Homeland Security	140,000.00
Financial Service Center	140,000.00
Board's Share of VA Central Office's (VACO) Human Capital Investment Plan	135,000.00
Office of Personnel Management	105,000.00
United Parcel Services Appellant Records Shipment Contract	80,000.00
Defense Finance and Accounting Services	64,000.00
Security and Investigations Center	42,000.00
Office of Resolution Management	40,000.00
NextCut Document Shredding Contract for disposition of sensitive materials	27,000.00
VACO Services Cost	10,000.00
VA Record Center and Vault	200.00
Total Other Services	$2,975,200.00

GENERAL ADMINISTRATION

Office of the Secretary

Question 61. According to the fiscal year 2015 budget request, 88 FTE are requested for the Office of the Secretary. Please provide a list of the positions that would be filled with that funding and the pay-grades for those positions.

Response. A list of 95 positions in the Office of the Secretary is provided below.

Grade	Number of Positions
Senior Executive Service	13
15	15
14	31
13	16
12	6
11	4
9	5
8	1
7	2
6	2

Question 62. In 2010, the VA Center for Innovation was established as part of the Secretary's strategy to modernize the Department of Veterans Affairs and move the agency into the 21st Century. Over the last several years, this office has focused on piloting innovative ideas to support the Secretary's initiative.

A. Please provide the Committee with the amount of funding utilized for grants during fiscal year 2013 through Industry Competitions, Employee Competitions, Special Projects, and Prize Contests.

Response. Department of Veterans Affairs Center for Innovation (VACI) funding is provided by Veterans Health Administration, Veterans Benefits Administration, and Office of Information and Technology. VACI utilized funding as follows across the categories mentioned above:

Industry Competition	$17,783,605
Employee Competition	$15,475,594
Special Projects	$10,303,064
Prize Competitions	$0
Total	$43,562,263

B. Please provide the Committee with the amount of funding that would be available for grants during fiscal year 2015 through Industry Competitions, Employee Competitions, Special Projects, and Prize Contests.

Response. Department of Veterans Affairs Center for Innovation (VACI) expects funding in the amount of $56 million in fiscal year 2015. Exact disposition of these funds across the Industry Competition, the Employee Competition, Special Projects, and Prize Contests has yet to be determined. Please note that VACI typically utilizes the acquisition process rather than grant mechanisms when working with external entities. Funding mechanism to support internal activities is dependent upon the specifics of the project.

Office of General Counsel

Question 63. The Office of General Counsel is requesting $2 million for Other Services for fiscal year 2015. Please provide an itemized list of how these funds would be spent during fiscal year 2015.

Response.

Maintenance & Repair of Equipment & Furniture	57,275
Security in Rental Space	19,609
Storage of Household Goods -PCS moves	30,000
Relocation Service - PCS Moves	120,000
Contracts - VACO	57,000
Shredding & Notary Fees	2,270
e-Classification	4,991
VA Personnel Accountability System	12,167
Human Capital Investment Plan (HCIP)	628,723
Security & Investigation	2,161
Office of Resolution Management (ORM)	183,000
Financial Service Center	231,244
Record Center & Vault	1,399
Defense Finance and Accounting Service (DFAS)	72,606
Financial Disclosure Management System (ARMY)	3,648
Personal Identity Verification - PIV ID's	13,180
OCLA Contract Support	55,742
eOPF Contract	23,697
USA Staffing Contract	18,687
HRIS LOB Contract	50,796
USA Jobs Contract	4,850
Training	375,000
	1,968,046

Question 64. Within the Office of General Counsel, Professional Staff Group VII represents VA before the U.S. Court of Appeals for Veterans Claims.

A. Currently, how many employees are assigned to Professional Staff Group VII and what is the average number of active cases per attorney?

Response. Professional Staff Group (PSG) VII has 104 full-time equivalent employees onboard and 5 approved vacancies that are in the process of being filled. The average number of active cases per attorney is 44. An “active case” is one in which the Secretary has yet to file his dispositive pleading.

B. For fiscal year 2015, what level of funding is requested to support Professional Staff Group VII and how many employees would that level of funding support?

Response.

	FTE	Funding
PSG VII	109	$15,818,532

C. With the requested funding level, what would be the expected average number of active cases per attorney during fiscal year 2015?

Response. The average number of active cases per attorney will be maintained in the range between 45 and 50.

D. How many motions for extension of time did Professional Group VII file during fiscal year 2013?

Response. Professional Staff Group VII filed a total of 1,864 extension motions in fiscal year 2013.

E. How many motions for extension of time has Professional Staff Group VII filed to date during fiscal year 2014?

Response. During the period between October 1, 2013, and March 31, 2014, Professional Staff Group VII filed approximately 1,296 extension motions.

Question 65. In response to questions about the fiscal year 2013 budget request, VA indicated that "implementation budget planning will occur in 2013" for the Regulation Rewrite Project. Then, on November 26, 2013, VA made this announcement:

> After many years of collaborative work between VA and Veterans Service Organizations (VSOs), the VA Compensation and Pension Regulation Rewrite Proposed Rule combines all previous iterations of the proposed rule and will be posted on the *Federal Register* (www.regulations.gov) starting November 27, 2013 for 120 days of public comment and review. However, VA does not intend to publish a final rulemaking anytime soon * * *.

A. When was the determination made to indefinitely delay the final publication of these regulations?

Response. The determination to delay the final publication of these regulations until after Department of Veterans Affairs (VA) has successfully eliminated the claims backlog was made in September 2011 in order to avoid conflicts with VA's highest priority effort to eliminate the claims backlog in 2015. VA already had decided to honor the request of several Veterans Service Organizations (VSO) to provide the public with an additional opportunity to review and comment on the entire body of proposed regulations before the new 38 CFR Part 5 regulations were published as final. Consequently, in November 2013, the Rewrite Project published its 21st proposed rule, which consolidated VA's responses to the 20 previous proposed rules and solicited any additional comments from the public and VSOs. In 2014, VA will review the comments, draft a final rule containing VA's responses, and draft and publish any additional proposed rules necessary to keep the Rewrite Project up to date until it can be implemented.

B. Are any funds requested for fiscal year 2015 to advance this project?

Response. The Secretary's delegate for the written portion of the Regulation Rewrite Project in the Office of the General Counsel, the Office of Regulation Policy and Management, does not require additional funding. Funding necessary for implementing the Regulation Rewrite Project will be determined once the claims backlog has been eliminated.

Question 66. In a 2013 report on VA's program for accrediting individuals to represent claimants seeking veterans' benefits, the Government Accountability Office reported that "VA has dedicated only a few staff to administer its accreditation program, which has resulted in limited monitoring efforts and workload backlogs."

A. Currently, how many full-time equivalent employees are dedicated to VA's accreditation program?

Response. Currently we have approximately four full-time equivalent employees (FTE) dedicated to the accreditation program:

- 3 FTEs for 3 legal assistants
- Approximately 0.1 FTE for an Assistant General Counsel
- Approximately 0.4 FTE for a Deputy Assistant General Counsel
- Approximately 0.5 FTE total for 10 staff attorneys

B. How much funding is requested for the accreditation program for fiscal year 2015 and what level of staffing would that funding support?

Response. For fiscal year 2015, Office of General Counsel has allocated approximately $372,175.77 for the 4 FTEs dedicated to the accreditation program

Office of Management

Question 67. According to the fiscal year 2015 budget request, the Office of Management requests $41 million for Other Services for fiscal year 2015. Please provide an itemized list of how those funds would be used.

Response. A major portion of the $41 million in 'Other Services' includes $37.4 million in reimbursable authority that the Office of Management (OM) will collect to provide services across the Department, including:

- $33 million for Department-wide Defense Finance and Accounting Services payroll support;
- $4 million for reviewing and testing internal controls over financial reporting, as required by Appendix A of Office of Management and Budget Circular A–123; and

• $400,000 for operations support to the Department of Veterans Affairs (VA) Center for Innovation.

The portion of the request for appropriated funding in 'Other Services' is $3.6 million and includes:

• $1 million for service level agreements for the Financial Services Center, Security Investigations Center, and other service and maintenance agreements for conducting normal operations;

• $1 million for audit readiness and verification of annual financial reporting;

• $320,000 for training related to the VA Learning University and Human Capital Investment Plan; and

The remaining balance of funds in "Other Services" is primarily for the Office of Personnel Management's user fees related to USAJobs, USA Staffing, e-Classification and e-OPF (Official Personnel Folder) and for internal legacy automation services.

Question 68. According to the fiscal year 2015 budget request, the Office of Finance within the Office of Management manages the Debt Management Center.

A. For fiscal year 2015, what level of resources is expected to be used to operate the Debt Management Center and what level of staffing would those resources support?

Response. The anticipated total expenses related to the Debt Management Center for fiscal year 2015 is $28,632,384 supporting a staff of 229 full-time equivalent employees.

B. How many telephone lines does the Debt Management Center currently operate and how many would be operated during fiscal year 2015?

Response. The Debt Management Center (DMC) currently operates 192 incoming toll-free telephone lines with our inbound 800 service. In fiscal year (FY) 2014, DMC increased from 144 toll-free lines to 192 toll-free lines, which is a 35-percent increase in phone line capacity. This increase provides more Veteran access to the DMC and further reduces blocked call situations. In FY 2015, we plan to continue to provide that service level unless Veteran demand increases.

C. During fiscal year 2013, how many debts were referred to the Debt Management Center, what was the total value of those debts, and how much did the Debt Management Center recoup?

Response. In fiscal year (FY) 2013, 769,443 Veterans Benefits Administration (VBA) debts were referred to the Debt Management Center (DMC) totaling $1,386,566,000. During FY 2013, the DMC recouped $1,202,023,000 in VBA debts.

In FY 2013, 810,853 Veterans Health Administration (VHA) debts were referred to the DMC totaling $383,281,000. During FY 2013, the DMC recouped $220,267,000 in VHA debts.

D. How many new debts are expected to be referred to the Debt Management Center during fiscal years 2014 and 2015?

Response. The Debt Management Center (DMC) estimates 823,000 Veterans Benefits Administration (VBA) debts will be referred in fiscal year (FY) 2014 and 880,900 VBA debts will be referred in FY 2015.

The DMC estimates 379,597 Veterans Health Administration (VHA) debts will be referred in FY 2014 and 386,435 VHA debts will be referred in FY 2015.

Office of Human Resources and Administration

Question 69. In response to questions about the fiscal year 2014 budget request, VA indicated that initiatives undertaken through the Human Capital Investment Plan "are expected to have immediate, tangible, and measureable impact on the services provided to veterans."

A. Please describe any measurable outcomes that have resulted from these initiatives to date.

Response. In support of the Secretary's vision to transform VA and equip employees to work in alignment with that vision, VA launched the Human Capital Investment Plan (HCIP). HCIP programs include those that improve VA's ability to hire and retain high-quality employees, empower employees to advance their careers, improve their performance and skills, and increase their personal and professional development. All VA employees impact the services provided to Veterans. Trained and high performing VA employees in support roles enable physicians, nurses, benefits administrators, or cemetery operators to focus directly on serving our Veterans. Quantifiable outcomes from HCIP funding to date include:

• Provided over 2.3 million instances of leadership and managerial training through the VA Learning University to improve employee performance and skills; develop and enable VA employees to meet the rapidly changing healthcare and benefits environment; and to increase personal employee development and empower employees to advance their careers and provide more precise and efficient service.

• Trained over 30,000 managers and supervisors on mandatory Equal Employment Opportunity (EEO), diversity and inclusion, and conflict management training.
• Assisted over 126,900 Veterans in skills translation and resume writing through the VA4Vets Web site.
• Hired over 2,290 Veterans at VA, with ired Veterans hired under noncompetitive appointments achieved in under 29 calendar days on average.
• Provided employment assistance to 43,929 Veterans by:
  – Conducting over 119 employment preparation presentations.
  – Participating in over 94 Veteran Career Events, reaching more than 24,790 Veterans.
• Officially partnered with 12 Federal agencies through resource agreements to utilize VA's services developed through HCIP funding to facilitate Veteran hiring across the Federal Government.
• Provided human resource (HR) training opportunities to over 4,700 VA H.R. professionals, which improved support to those who directly serve our Veterans.
• Delivered virtual H.R. professional training curriculum with 1,688 training instances to close competency gaps.
• Provided career guidance through the MyCareer@VA portal to over 200,000 VA employees.
• Responded to 2,458 calls from VA employees through the Resolution Support Center and resolved 1,598 of their complaints and issues at the earliest opportunity, enhancing job satisfaction and diverting them from more costly avenues of redress.
• Sponsored 400 student interns from diverse and minority serving institutions and anticipates sponsoring an additional 155 interns in fiscal year (FY) 2014 to build a diverse qualified pipeline for VA employment.
• Supported over 2,100 accommodations for employees with disabilities through VA's Centralized Reasonable Accommodations Fund since its inception, and projects funding approximately $500,000 in accommodations in FY 2014.
• Funded the hiring of nearly 100 students and employees with disabilities under term or permanent appointments through VA's Centralized Workforce Recruitment Program, in support of Executive Orders supporting the employment of individuals with disabilities and disabled Veterans. As a result of this and other related initiatives, VA has one of the highest representations of individuals with targeted disabilities in all of Federal Government (over 2 percent).
• Implemented diversity and inclusion programs that have resulted in the increase of VA's Workforce Diversity Index for the last 4 years, and the decrease of per capita informal EEO complaints from 1.39 to 1.26 percent, and formal complaints from 0.73 percent to 0.61 percent since FY 2012.

B. With the funding requested for fiscal year 2015, what measureable outcomes would be expected during that year?

Response. In FY 2015, the measurable outcomes that would be expected through use of the total obligational authority provided from budget authority, HCIP and other reimbursables are:

• Improved acquisition of diverse, high-performing, fully engaged VA employees delivering excellent service to Veterans.
• Improved retention of diverse and high-performing employees.
• Increased survey indicators of a fully engaged workforce.
• Improved H.R. services by developing and certifying H.R. professionals to succeed in a dynamic environment.
• Improved reintegration for VA's deployable Reserve Component Servicemember employees.
• An increase in the number, diversity, and gender representation of Veteran employees at VA.
• Improved responses to customer satisfaction survey for direct Veteran services.
• An increase in the accommodation and number of disabled Veteran employees.
• Strengthened management of workers' compensation claims to reduce costs by returning employees with work capacity back to work.
• Improved employee perceptions of safety programs through Department-wide surveys and training programs.

Question 70. According to the fiscal year 2015 budget request, the Office of Human Resources and Administration (HR&A) requests $198 million for Other Services for fiscal year 2015. Please provide an itemized list of how those funds would be used. To the extent any of these funds will be spent on contracts, please explain the nature of the contract and the expected outcomes.

Response. In addition to the ongoing initiatives provided throughHCIP, HRA requests funding in Other Services for Office of Resolution Management (ORM), Office of Administration, and Office of Human Resources Management (OHRM). The specific amounts for contracts aligned to these respective services are identified below.

HCIP funding of $161 million includes initiatives such as: leadership and managerial training; the career portal, MyCareer@VA; the skills translator and resume builder, VA for VETS; the Human Resource Academy; the Senior Executive Service Collaborative Web site and Performance Management; the National Diversity Internship Program; the Reasonable Accommodation Program; and Conflict Management Training. Continued training investment in these areas is necessary to improve service to our Nation's Veterans and their families through a more effective and engaged VA workforce.

ORM contracts include: Alternative Dispute Resolution Mediations; conflict management training; development and maintenance of info tech equipment; and temporary services for a visually impaired employee.

OHRM funding includes: the Child Care Subsidy Program (CCSP). CCSP is a nationwide program that assists lower income VA employees whose total family income is less than $59,999 per year with the cost of child care. Eligible employees receive a subsidy based on their total family income. Over 2,000 VA employees have applied to participate in the program and new applications are received daily.

Additionally, funding is provided for the next generation human resource information system, HR•Smart. HR•Smart is a state-of-the-art human resource solution to VA's personnel management and pay challenges. The new HR•Smart will replace VA's 51-year-old-legacy system and will provide the following H.R. functions:

1) Personnel action processing, to include an entry-on-duty solution; 2) Benefits management; and 3) Compensation management, to include an interface to the Defense Finance and Accounting Service (DFAS) for payroll services. The new system will also interface with other internal and external systems, such as VA's electronic official personnel Folder (eOPF), VA's Time and Attendance System, and the Office of Personnel Management's USA Staffing System.

A breakdown of current estimated FY 2015 contract costs of $198 million follows:

Current Estimated FY 2015 Contract Costs

Office	Contract Description	Cost (in Millions)
HCIP	Training and Transformation Initiatives	$161
ORM (EEO complaint processing)	Contracts for Investigation of EEO complaints, Court Transcription Services	$9
Administration	Contracts with Other Government Agencies for Mailroom Operations, Employee Health Unit/Employee Fitness Center, Transit Benefits, and Records Storage/Management, etc.	$7
OHRM	Child Care Subsidies; HR•Smart	$21
Total		$198

Question 71. According to the fiscal year 2015 budget request, the Office of Human Resources and Administration plans to spend $11.2 million on travel during fiscal year 2014 and requests $10.8 million for travel during fiscal year 2015.

A. In total, how many employees are expected to travel during fiscal year 2014, how many unique travel trips are expected to occur, and what is the expected average cost per expected trip?

Response. Please see the response to question 71B.

B. For fiscal year 2015, how many unique travel trips is the $10.8 million expected to support?

Response. The travel budget identified in the HRA chapter of the budget request is primarily for travel provided for HCIP. The current 2014 estimates for travel have been reduced from what was submitted in the original budget request last year.

HCIP allocates most of its travel funds for training programs conducted by the VA Learning University (VALU). VALU provides training on a corporate level in the areas of leadership development, competency improvement, and technical training. These training courses are provided to all VA employees, not just HRA employees.

VALU, through its HCIP funding, covers the cost not only of the training but all travel costs associated with attendance at the training. Travel associated with HCIP-funded, VALU-sponsored training is tracked separately in the travel management system from all other HRA travel and therefore is listed separately from other HRA travel in the tables below.

Other travel not associated with HCIP, but included in the HRA budget is for ORM, which handles the processing of discrimination allegations and conflict resolution for both field and VA Central Office EEO-related cases. HRA travel funds also provide reimbursements to other VA offices for travel incurred for attendance at training sessions associated with new union contracts as well as travel associated with normal HRA business.

HRA Travel Costs	($ in millions)	
	FY 2014	FY 2015
VALU-sponsored travel	$8.5	$9.4
All other HRA travel not included in VALU totals	$1.4	$1.4
Total	$9.9	$10.8

Number of Trips	FY 2014	FY 2015
VALU-sponsored travel	5,363	5,900
All other HR&A travel not included in VALU totals	910	918
Total	6,273	6,818

Average Cost of Trip	(whole $)	
	FY 2014	FY 2015
VALU-sponsored travel	$1,585	$1,593
All other HRA travel not included in VALU totals	$1,540	$1,540
Total	$1,578	$1,584

Question 72. The Corporate Senior Executive Management Office (CSEMO), within the Office of Human Resources and Administration, was created to provide a "centralized approach to the executive life cycle management." Under its responsibilities, CSEMO has created two training programs—Senior Executive Leadership Development Course I (SLC I) and Senior Executive Leadership Development Course II (SLC II). According to the budget request, CSEMO is developing a third developmental training program referred to as SLC III.

A. Please provide the Committee with a detailed description of the SLC III course, including curriculum, cost estimate (travel, facility rentals, course material, etc.) and when the course will be available to VA senior executives.

Response. CSEMO is considering SLC III as a follow-on course for senior executives who have completed SLC I and II. VA is presently in the concept pre-design phase of future SLC courses and does not have such information.

B. For each training program (SLC I, SLC II, and SLC III), please provide the amount VA expects to spend in fiscal year 2015.

Response. VA projects holding 2–3 cohorts (sessions) of SLC I and II in 2015, based on the volume of new senior executive hires through the end of FY 2014 and into FY 2015. For SLC I and II, the estimated cost per cohort is based on the average cost of previous year cohorts with an added 5 percent, assuming the program content and cohort size remain about the same.

Course	# Cohorts	Estimated cost
SLC I	2	$179,096
SLC II	3	$506,066
Total	5	$685,162

VA will be able to provide SLC III cost estimates after the design is completed.

C. How much was spent on each training course (SLC I, SLC II, and SLC III) for fiscal year 2009 through fiscal year 2014? Please breakdown by fiscal year, by category of spending (travel, facility rentals, course material, etc.), and by training program.

Response.

• SLC I: There were two cohorts of SLC I, a training course for newly appointed senior executives, in late FY 2012 (SLC I was initiated in 2012).

SLC I	Dates	Program Costs	Travel	Total
Cohort 1	July 22-27, 2012	$58,728	$32,938	$91,666
Cohort 2	Aug 25-31, 2012	$53,464	$25,436	$78,900

* There were no SLC I cohorts held in FY 2013.

• SLC II: This course on strategic thinking and leading change began in FY 2011.

SLC II	Cohorts	Program Costs	OPM Fee	Travel	Total
FY 2011	Cohorts 1 - 3	$528,986	$23,804	$49,777	$602,567
FY 2012	Cohorts 4 - 16	$2,535,946	$95,098	$273,391	$2,904,435
FY 2013	Cohorts 17 - 19	$428,367	$16,063	$39,441	$483,871

Question 73. The Veteran Employment Services Office (VESO) was established by VA HR&A to comply with Executive Order 13518. Please provide a detailed budget for VESO, including the number of FTE, requested appropriations, and the amount projected to be spent on all VESO initiatives including VA for Vets.

Response. VESO is funded through reimbursements received from HCIP. VESO has 49 full-time equivalent employees. The detailed budget estimates for VESO and the VA for Vets initiative for FYs 2014 and 2015 are included below:

Initiative Name	2014 Cost	2015 Cost
Subtotal Personnel Compensation	4,275,296	4,318,049
Subtotal Regular Benefits	1,206,096	1,218,157
Total Pay	5,481,392	5,536,206
VA for Vets Web Site and Helpdesk	8,437,625	8,690,754
Total Initiative	8,437,625	8,690,754
Travel	301,000	306,117
Transportation of Things	3,000	3,051
Printing & Reproduction	75,000	76,275
Training	70,000	71,190
Other Services	411,298	418,290
Supplies & Materials	28,000	12,250
Total Non-Pay (Including Initiative)	9,325,923	9,577,927
Total Cost	$14,807,315	$15,114,133

Office of Policy and Planning

Question 74. The fiscal year 2015 budget request includes $27 million to be spent on Other Services by the Office of Policy and Planning. Please provide a specific itemized list of how these funds would be spent. To the extent any of these funds will be spent on contracts, please explain the nature of the contract and the expected outcomes.

Response. Of the $27 million to be spent on other services by OPP, $19.3 million is from reimbursement from customer offices for servies provided, supplementing $7.8 million from budget authority. Descriptions of work and expected outcomes are as follows:

Estimated $ Amount for Contract	Description of Work Performed	Expected Outcomes
$1,800,000	Support the enterprise Program Management Office (ePMO) in the expansion and operation of the Program Management Center of Excellence (PMCOE) to further develop and promulgate program management standards, doctrine, and policy. The PMCOE addresses all disciplines of program management including general program management, requirements, cost estimation, acquisition strategy, systems engineering, enterprise architecture, test and evaluation, and construction management. Further, the PMCOE supports the institutionalization of the Department's acquisition program management framework and supports the development of a subordinate end-to-end requirements gathering, prioritization, and approval process.	Establish an integrated requirements development framework, enabled by a world-class program management capability, which aligns project plans and outcomes to Department goals and objectives to improve services to Veterans.
$1,100,000	Provide support to ePMO's oversight of the planning and execution of key programs within VA's benefits, health, and corporate portfolios to ensure effective oversight, integration, and sustainment of new capabilities into the routine operations of the Department.	Enable performance monitoring and support resolution of risks within VA's highest priority programs to increase opportunities for program success to improve services that benefit Veterans.
$500,000	Assist ePMO in executing the Secretary's Carey Performance Excellence Program by training personnel to understand the Baldrige criteria to develop application packages, provide support to examiners during consensus week, provide technical editing support, and provide feedback reports to applicants for continuous improvement purposes.	Quality feedback reports for applicants used to continuously improve management systems and service to Veterans.
$600,000	Provide the Office of Interagency Collaboration and Integration project management support, technical support, performance measurement, and process improvements/business process reengineering support for the implementation and oversight of the IDES.	Ensure IDES meets program goals and continues to improve the delivery of seamless, cost-effective quality services to transitioning Veterans.
$1,500,000	Support the Office of Corporate Analysis and Evaluation (CAE) in maturing the multi-year planning, programming, budgeting, and execution (PPBE) framework established to optimally align VA services with 21st century Veterans' needs. The work will aid VA's multi-year programming process and conduct independent analysis/review, corporate studies and analysis, and other PPBE activities across VA.	Establish programming excellence and data-driven analytical capabilities that inform effective strategic resource allocation and stewardship of VA resources to effectively serve Veterans.
$500,000	Automation of CAE's requirements development system, which currently uses spreadsheets and other "flat files" to perform the complex tasks of annual programming including: • Automated input functions for capability requirements proposals and special interest analysis; • Ability to save all input data in a relational database (RDB); and • Easy data-downloads from RDB to standard Microsoft tools.	Streamline and automate programming capability to allow more efficient and effective analytical capabilities that inform effective strategic resource allocation and stewardship of VA resources.

Estimated $ Amount for Contract	Description of Work Performed	Expected Outcomes
$950,000	Assist the Office of Policy in: • Supporting internal business process and VA's governance process; • Executing strategic studies environmental scanning and analysis processes to identify long-range issues and drive innovation and transformation; • Executing VA's quadrennial strategic planning process focused on strategic outcomes that influence policies, programs and resources; and • Executing VA's policy analysis process that is proactive, externally engaged, and internally aligned.	Enable better strategic decision making among VA senior leaders regarding services to Veterans and management of the Department.
$16,091,000	Support VA in developing Customer Data Integration (CDI), establishing enterprise accountability and the integration of processes and systems to support an integrated, Veteran-centric authoritative view of VA's customers and their needs.	Provision of the most appropriate, effective and efficient service possible while reducing burden on Veterans and improving delivery of VA services and benefits.
$380,000	Assist the Office of Data Governance and Analysis (DGA) in the expansion and support of the U.S. Veteran Eligibility Trends and Statistics (USVETS) multidimensional database and analysis system; provide statistical application system (SAS) programming support for the National Center for Veterans Analysis and Statistics.	Provide an integrated view of Veteran users and non-users of VA benefits or services, as well as statistical analysis and reports on Veterans to support VA planning, policy development, and decision making.
$370,000	Provide DGA with global information systems (GIS) analysis to: • Provide technical and professional GIS services to supplement staff's efforts by compiling, creating, and modifying GIS layers and related tools; • Enhance DGA's integrated Web-based mapping capability with analysis system datasets and fully integrate the geospatial analysis dashboard (GAD) and geospatial analysis tools (GAT) into the analysis system and intranet portal; and • Develop interactive web applications and display interactive maps presenting data on Veteran population and VA programs.	Enhance GIS platform and integration of SAS and GIS technologies which improve Veteran data dissemination and data analysis by deploying new mapping capabilities in the ArcGIS intranet and internet portal.
$859,000	Support the Office of the Actuary by using cutting edge analytic tools to develop predictive models that predict future demand, utilization, and cost for various VA benefit programs and health care services.	Provide models to predict Veterans' demands and use of VA products and services, and identify key metrics to support VA policy analysis and strategic planning process, enabling VA to identify and strategically target its resources to better serve Veterans.
$750,000	Develop training, guidance, and other materials for DGA to: • Support enterprise-wide implementation of advanced data governance concepts and practices; • Further develop the concepts in VA's data governance training program; and • Provide program support to the data governance activities and CDI efforts.	Improve the Department's data governance maturity, improving management and governance of data for quality improvement.
$1,300,000	Acquire Veteran demographics and socio-economic data from commercial data sources for DGA to supplement existing VA data sources.	The integrated data will enable a more complete view of Veteran users and non-users of VA benefits or services for enhanced statistical analyses, outreach, and modeling.

Estimated $ Amount for Contract	Description of Work Performed	Expected Outcomes
$200,000	Provide DGA with a special supplement to the current population survey on Veterans on such topics as demographics, VA status, VA health, education, etc. This is a critical survey to capture Veteran employment statistics.	Better understanding of Veteran employment challenges to alleviate Veteran unemployment.
$215,000	Policy analysis conducted on new legislation and emerging needs of Veterans.	Robust analysis to inform the Department on future Veteran requirements.
$130,000	Supports Departmental franchise activities, such as security clearances and payroll processing.	N/A

Question 75. For fiscal year 2015, the budget request includes over $25 million for the Office of Policy and Planning and would support 116 employees. For each office within the Office of Policy and Planning, please identify the positions and paygrades for employees that would be assigned to that office during fiscal year 2014 and fiscal year 2015 and the number of contractors that are expected to be assigned to each such office.

Response.

2014

Title	Series	Grade
Office of the Assistant Secretary		
Assistant Secretary	301	ES
Executive Assistant to the Assistant Secretary	301	GS 15
Scheduler/Program Support to Assistant Secretary	301	GS 11
Principal Deputy Assistant Secretary	301	SES
Scheduler/Program Support to Principal Deputy Assistant Secretary	301	GS 11
Senior Policy Advisor	343	GS 15
Operations		
Director of Operations	343	GS 15
Human Capital Manager	301	GS 14
Administrative Officer	301	GS 13
Communications Specialist	343	GS 9
Budget Officer	343	GS 13
Office of Interagency Collaboration and Integration		
Executive Director	301	SES
Scheduler/Program Support	301	GS 11
Integrated Disability Evaluation System Service (IDES)		
Director IDES	301	GS 15
Management Analyst	343	GS 14
Management Analyst	343	GS 14
Management Analyst	343	GS 11
Joint Executive Council/Senior Oversight Committee Service (JEC/SOC)		
Director JEC/SOC	301	GS 15
Special Assistant	301	GS 15
Management Analyst	343	GS 14
Management Analyst	343	GS 9/11
Management Analyst	343	GS 14
Management Analyst	343	GS 14
Management Analyst	343	GS 11
Management Analyst	343	GS 9
Corporate Analysis and Evaluation Service		
Executive Director	343	SES
Programming Service		
Director	343	GS 15
Budget Analyst	560	GS 14
Operations Research Analyst	1515	GS 14
Budget Analyst	560	GS 14
Operations Research Analyst	1515	GS 14

2014—Continued

Title	Series	Grade
Management Analyst	343	GS 14
Program Analyst	343	GS 13/14
Program Analyst	343	GS 13/14
Analysis & Evaluation Service		
Director	343	GS 15
Operations Research Analyst	1515	GS 14
Operations Research Analyst	1515	GS 14
Operations Research Analyst	1515	GS 14
Management Analyst	343	GS 13
Operations Research Analyst	1515	GS14
Operations Research Analyst	1515	GS 14
Office of Policy		
Deputy Assistant Secretary	343	SES
Program Support	301	GS 9
Policy Analysis Service		
Director	343	GS 15
Management Analyst	343	GS 14
Management Analyst	343	GS 11
Management Analyst	343	GS 13
Management Analyst	343	GS 9/11
Management Analyst	399	GS 13
Management Analyst	301	GS 9
Strategic Studies Group		
Director	343	GS 15
Management Analyst	343	GS 14
Management Analyst	343	GS 14
Management Analyst	343	GS 12
Management Analyst	343	GS 11
Strategic Planning Service		
Director	343	GS 15
Management Analyst	343	GS 14
Management Analyst	343	GS 14
Management Analyst	343	GS 14
Management Analyst	343	GS 13
Management Analyst	343	GS 11
Management Analyst	343	GS 11
Office of Data Governance and Analysis		
Deputy Assistant Secretary	343	SES
National Center for Veterans Analysis and Statistics		
Executive Director	301	SES
Program Support	301	GS 11
Analysis and Statistics Service		
Director	1530	GS 15
Statistician	1530	GS 14
Management Analyst	343	GS 14
Statistician	343	GS 13
Management Analyst	343	GS 14
Statistician	1530	GS 14
Statistician	1530	GS 14
Management Analyst	343	GS 13
Statistician	343	GS 13
Reports and Information Service		
Director	343	GS 15
Management Analyst	343	GS 14
Management Analyst	343	GS 14
Management Analyst	343	GS 14
Management Analyst	343	GS 14
Management Analyst	343	GS 12
Management Analyst	343	GS 9
Management Analyst	343	GS 14

2014—Continued

Title	Series	Grade
Management Analyst	343	GS 12
Management Analyst	343	GS 12
Office of the Actuary		
Chief Actuary	1510	SL
Deputy Chief Actuary	1510	GS 15
Actuary	1510	GS 14
Economist	110	GS 14
Actuary	1510	GS 14
Actuary	1510	GS 14
Actuary	1510	GS 14
Management Analyst	343	GS 14
Enterprise Program Management Office		
Executive Director	301	SES
Management Analyst	343	GS 11
Deputy Director	301	GS 15
Executive Program Manager	301	SES
Program Management Policy Service		
Director	343	GS 15
Management Analyst	343	GS 14
Management Analyst	343	GS 14
Management Analyst	343	GS 14
Management Analyst	343	GS 13
Management Analyst	343	GS 14
Management Analyst	343	GS 14
Management Analyst	343	GS 14
Operational Management Review		
Director	343	GS 15
Management Analyst	343	GS 11
Management Analyst	343	GS 13
Management Analyst	343	GS 14
Management Analyst	343	GS 9
Management Analyst	343	GS 14
Management Analyst	343	GS 14
Management Analyst	343	GS 14
Resource Management Service		
Director	343	GS 15
Management Analyst	343	GS 14
Management Analyst	343	GS 14
Management Analyst	343	GS 13

Additionally, OPP has contracts in place with third parties that involve their employees working in VA facilities. However, VA does not control those companies' independent business decisions regarding staffing requirements. Thus, VA is unable to give a number of contractor employees assigned to OPP.

Office of Operations, Security, and Preparedness

Question 76. For fiscal year 2015, the Office of Operations, Security, and Preparedness requests total resources of $31.3 million and 133 employees. Please provide a list of the positions that would be filled with that funding and the pay-grades for those positions.

Response. The Office of Operations, Security, and Preparedness (OSP) request consists of $17.9 million in budget authority and $13.4 million in reimbursable authority for a total of $31.3 million in FY 2015 budget. The personnel services portion of that request is $17.6 million to support 133 full-time employee equivalents.

Grade	Title	Organization	Position
OSP Front Office			
Honorable	Assistant Secretary (A/S)	OSP	Assistant Secretary

Grade	Title	Organization	Position
GS-12	Special Assistant to A/S	OSP	Staff Assistant
	Office of Resource Management (ORM)		
GS-15	Director, Resource Mngt.	Resource Management	Director, ORM
GS-13	Staff Assistant to Director	Resource Management	Staff Assistant
GS-12	Program Analyst	Resource Management	Program Analyst
GS-14	Budget Analyst	Resource Management	Budget Officer
GS-14	Administrative Officer	Resource Management	Admin Officer
GS-12	Staff Assistant	Resource Management	Admin Officer
GS-14	Resource Manager	Resource Management	Management Analyst
	Office of Emergency Management (OEM)		
SES	Deputy Assistant Secretary OEM	Emergency Management	DAS OEM
GS-14	Senior Staff Assistant	Emergency Management	Support
GS-11	Staff Assistant	Emergency Management	Support
GS-12/13	Management Analyst (Public Health)	VACANT	Support
	Planning, Exercise, Training, and Evaluation Service (PETE)		
GS-15	Dir—Emergency Management Spec.	OEM/PETE	Director PETE
	Planning		
GS-14	Lead Emergency Mgt. Spec.	OEM/PETE	Planning
GS-11/12/13	Emergency Management Spec. (Planner/Liaison Officer (LNO))	OEM/PETE	Planning
GS-13	Program Analyst—Geographic Information System (GIS)	OEM/PETE	Planning
		Intern	OEM/PETE
	Planning		
GS-11/12/13	Emergency Management Spec.(DHS LNO)	OEM/PETE	Planning
GS-9/11/12	Program Analyst—GIS	OEM/PETE	Planning
GS-11/12/13	Management Analyst (Planner/LNO)	OEM/PETE	Planning
	Exercise, Training, and Evaluation		
GS-14	Team Lead/Exercises	OEM/PETE	Planning
GS-11/12/13	Emergency Management Spec. (Exercise)	OEM/PETE	Planning
GS-12/13	Emergency Management Spec. (Continuity)	OEM/PETE	Planning
GS-12/13	Emergency Management Spec. (Training)	OEM/PETE	Planning
GS-12/13	Emergency Management Spec. (Evaluator)	OEM/PETE	Planning
	VA Integrated Operations Center (IOC)		
GS-15	Director/(Supv.) VA IOC (FY 12)	OEM	IOC
GS-14	(Supv.) Readiness Operation Spec	OEM	IOC
GS-13	Readiness Operation Spec. (Team Lead)	OEM	IOC
GS-9/11/12	Readiness Operation Spec.	OEM	IOC
GS-9/11/12	Readiness Operation Spec.	OEM	IOC
GS-9/11/12	Readiness Operation Spec.	OEM	IOC
GS-9/11/12	Readiness Operation Spec.	OEM	IOC
GS-9/11/12	Readiness Operation Spec.	OEM	IOC
GS-9/11/12	Readiness Operation Spec.	OEM	IOC
GS-9/11/12	Readiness Operation Spec.	OEM	IOC
GS-9/11/12	Readiness Operation Spec.	OEM	IOC
GS-12/13	Program Analyst	OEM	IOC
GS-12/13	Program Analyst	OEM	IOC
GS-12/13	Program Analyst	OEM	IOC
GS-12/13	Readiness Operations Specialist (National Operations Center Liaison)	OEM	IOC

Grade	Title	Organization	Position
	Operations & National Security		
GS-15	Director (Readiness Op. Spec.)	OEM	COOP/COG
GS-14	Emergency Management Spec.	OEM	National Security
	Operations		
GS-14	Readiness Operation Spec. (Site B Director)	OEM	COOP/COG
GS-13	Readiness Operation Spec. (Deputy Director for Site B)	OEM	COOP/COG
GS-11	Readiness Operation Spec.	OEM	COOP/COG
GS-9/11/12	Readiness Operations Spec.	OEM	COOP/COG
GS-9/11/12	Readiness Operations Spec.	OEM	COOP/COG
GS-12	Readiness Operation Spec. (Director Site C)	OEM	COOP/COG
	National Security Service		
GS-14	Special Security Officer	OEM	National Security
GS-13	Special Security Representative	OEM	National Security
GS-13	Special Security Representative	OEM	National Security
GS-13	Special Security Representative (ROS)	OEM	COOP/COG
	Personnel Security & Identity Management (PSIM)		
SES	Director, Personnel Security and Identity Management	PSIM	PSIM
GS-12	Staff Assistant to Director	PSIM	PSIM
GS-15	Director, HSPD-12	PSIM	HSPD-12
GS-14	Deputy Director, Homeland Security Presidental Directive (HSPD)-12	PSIM	HSPD-12
GS-13	Physical Security Specialist	PSIM	HSPD-12
GS-13	Program Analyst	PSIM	HSPD-12
GS-11	Director, Personnel Identification Verification (PIV) Office	PSIM	HSPD-12
GS-343-11	Program Analyst	PSIM	HSPD-12
GS-7	Program Specialist	PSIM	PIV Office
GS-7	Program Specialist	PSIM	PIV Office
GS-7	Program Specialist	PSIM	PIV Office
GS-7	Program Specialist	PSIM	PIV Office
GS-7	Program Specialist	PSIM	PIV Office
GS-7	Program Specialist	PSIM	PIV Office
GS-15	Director, Personnel Security and Suitability (PSS)	PSIM	PSS
GS-14	Acting Director/Deputy Director, PSS	PSIM	PSS
GS-12/13	Security Specialist	PSIM	PSS
GS-12/13	Security Specialist	PSIM	PSS
GS-12	Security Specialist	PSIM	PSS
GS-12	Security Specialist	PSIM	PSS
GS-11	Security Specialist	PSIM	PSS
	Identity, Credentials, and Access Management (ICAM)		
GS-15	Director, ICAM	ICAM	ICAM
GS-11	Staff Assistant	ICAM	ICAM
GS-14	Administrative Officer	ICAM	ICAM
GS-12	Staff Assistant	ICAM	ICAM
GS-14	Program Analyst	ICAM	ICAM
	Identity Management (Identity Mgt.)		
GS-14	Director—Identity Management	Identity Mgt.	Identity Mgt.
GS-11	Staff Assistant	Identity Mgt.	Identity Mgt.
GS-14	Program Analyst	Identity Mgt.	Identity Mgt.
GS-14	Program Analyst	Identity Mgt.	Identity Mgt.
GS-11/12/13	Program Analyst	Identity Mgt.	Identity Mgt.

Grade	Title	Organization	Position
GS-11/12/13	Program Analyst	Identity Mgt.	Identity Mgt.
GS-7/9/11	Program Support	Identity Mgt.	Identity Mgt.
GS-7/9/11	Program Support	Identity Mgt.	Identity Mgt.
	Access Management		
GS-14	Director—Access Management	Access Mgt.	Access Mgt.
GS-11	Staff Assistant	Access Mgt.	Access Mgt.
GS-14	Program Analyst	Access Mgt.	Access Mgt.
GS-14	Program Analyst	Access Mgt.	Access Mgt.
GS-11/12/13	Program Analyst	Access Mgt.	Access Mgt.
GS-11/12/13	Program Analyst	Access Mgt.	Access Mgt.
GS-7/9/11	Program Support	Access Mgt.	Access Mgt.
GS-7/9/11	Program Support	Access Mgt.	Access Mgt.
	On-Board/Monitor/Off Board		
GS-14	Director-On-Board/Off-Board	On-Board/Off-Board	On-Board/Off-Board
GS-11	Staff Assistant	On-Board/Off-Board	On-Board/Off-Board
GS-14	Program Analyst	On-Board/Off-Board	On-Board/Off-Board
GS-11/12/13	Program Analyst	On-Board/Off-Board	On-Board/Off-Board
GS-7/9/11	Program Support	On-Board/Off-Board	On-Board/Off-Board
	Office of Security & Law Enforcement (OSLE)		
SES	Director for OSLE	OSLE	OSLE Lead
GS-13	Program Analyst	OSLE	Operations
GS-13	Administrative Officer	OSLE	Operations
GS-11	Staff Assistant	OSLE	Operations
GS-15	Director, Police Service	OSLE	Police Lead
GS-07	Program Support Assistant	OSLE	Operations
	LEO/Investigations		
GS-14	Chief	Oversight & Investigations	Lead
GS-13	Criminal Investigator	Oversight & Investigations	Crim Inv.
GS-13	Criminal Investigator (Watch officer)	Oversight & Investigations	Crim Inv.
GS-13	Criminal Investigator	Oversight & Investigations	Crim Inv.
GS-13	Criminal Investigator	Oversight & Investigations	Crim Inv.
GS-12/13	Criminal Investigator	Oversight & Investigations	Crim Inv.
	Intelligence & Crime Analysis		
GS-14	Chief	Intell & Crime Analysis	Lead
GS-12/13	Criminal Investigator (Watch officer)	Intell & Crime Analysis	Crim Inv.
GS-13	Criminal Investigator (Watch officer)	Intell & Crime Analysis	Crim Inv.
GS-13	Criminal Investigator (Watch officer)	Intell & Crime Analysis	Crim Inv.
GS-12/13	Criminal Investigator	Intell & Crime Analysis	Crim Inv.
	Executive Protection (EX Pro)		
GS-14	Chief	Executive Protection	Lead
GS-13	Criminal Investigator	Executive Protection	EX Pro
GS-13	Criminal Investigator	Executive Protection	EX Pro
GS-13	Criminal Investigator	Executive Protection	EX Pro
GS-11	Criminal Investigator	Executive Protection	EX Pro
GS-13	Criminal Investigator	Executive Protection	EX Pro
GS-13	Criminal Investigator	Executive Protection	EX Pro
GS-12	Criminal Investigator	Executive Protection	Security
GS-12	Criminal Investigator	Executive Protection	Security
GS-12	Security Specialist	Executive Protection	EX Pro
GS-12	Security Specialist	Executive Protection	EX Pro
WL-9	Motor Vehicle Operator	Executive Protection	EX Pro

Grade	Title	Organization	Position
		Infrastructure Security & Policy	
GS-14	Chief	Policy & Infrastructure Protection	Lead
GS-13	Security Specialist	Policy & Infrastructure Protection	Security
GS-12	Security Specialist	Policy & Infrastructure Protection	Security
GS-12/13	Criminal Investigator	Policy & Infrastructure Protection	EX Pro

Question 77. For fiscal year 2015, the Office of Operations, Security, and Preparedness requests $10.3 million for Other Services. Please provide a specific itemized list of how these funds would be spent. To the extent any of these funds will be spent on contracts, please explain the nature of the contract and the expected outcomes.

Response. OSP uses contract support in the following areas: Department of Homeland Security/Federal Protective Service Contract Guards for General Service Administration leased spaces in the Capital Region ($3.0 million); and Program support for the HSPD–12 program management office ($3.0 million). The new ICAM/On-Boarding and Off-Boarding Program uses contract Program Management support ($3.0 million). OSP also pays for support for Continuity of Operations sites and Continuity of Government sites, which are located outside of the National Capital Region ($750,000). OSP also has internal VA Service Level Agreements totaling $525,000 and some small maintenance contracts.

Office of Public and Intergovernmental Affairs

Question 78. For fiscal year 2015, the Office of Public and Intergovernmental Affairs requests total resources of $22.8 million and 90 employees. Please provide a list of the positions that would be filled with that funding and the pay-grades for those positions.

Response.

GRADE	# POSITIONS	
SES/EX	6	Assistant Secretary, Office of Public and Intergovernmental Affairs; Executive Director; Director Intergovernmental Affairs; Director Public Affairs; Deputy Assistant Secretary Intergovernmental Affairs
15	16	Executive Assistant; Special Assistant; Program Management; Public Affairs Specialist; Program Specialist; Deputy Director Homeless Veterans Initiative Office; Director of Media Relations; Speechwriter
14	27	Public Affairs Specialist; Program Specialist; Staff Assistant; Program Analyst; Management Analyst
13	15	Budget Analyst; Program Specialist; Public Affairs Specialist; Program Specialist
12	5	Staff Assistant; Special Assistant; Program Analyst; Program Specialist
11	12	Public Affairs Specialist; Staff Assistant
10	2	Program Support Assistant
9	5	Program Specialist; Program Support Assistant; Public Affairs Specialist; Student Trainee
8	0	
7	2	Program Support Assistant

Question 79. In response to questions about the fiscal year 2014 budget request, VA indicated that the Office of Public and Intergovernmental Affairs employs at least four speechwriters, paid at the GS–15 level.

A. In total, how much funding is requested for fiscal year 2015 for speechwriters for this office?

Response. For fiscal year (FY) 2015, the Office of Public and Intergovernmental Affairs (OPIA) requests $555,370 for three speechwriters.

B. On average, how many speeches do these individuals write per year and for which VA officials are they drafting speeches?

Response. Currently, there are three OPIA speechwriters, though there are four billets—the fourth position was added in 2008 in anticipation of expected retirements, to ensure continuity in senior leaders' communications; there are currently no plans to fill the fourth position. The three speechwriters directly support the Secretary, Deputy Secretary, and Chief of Staff of the Department of Veterans Affairs. As required, they may also provide expertise, editing, fact checking, and review of products written for Undersecretaries, Assistant Secretaries, and other VA executives.

Duties of the three speechwriters in support of the three principals extend well beyond writing speeches and include composing, refining, and revising Congressional testimony; composing select correspondence; conducting current and historical research for a variety of written products, drafting articles on behalf of senior leaders for various publications; writing Department messages on behalf of senior leaders; composing scripts for senior leaders' videotaped remarks; editing products pertinent to the Office of the Secretary composed by other offices; reviewing and providing input for White House and other government agencies' documents involving Veterans; and occasional travel to support the Secretary at major speaking events.

Each of the three speechwriters works on estimated 225–250 products annually.

Question 80. Responses to questions about the fiscal year 2014 budget request indicate that public affairs personnel from the Office of Public and Intergovernmental Affairs are located in New York, Atlanta, Chicago, Denver, Los Angeles, and Dallas.

A. Please identify the locations of the offices for public affairs personnel located outside of Washington, DC. For example, are they co-located with VA medical centers or regional offices?

Response.

New York—Located with the New York Veterans Benefits Administration (VBA) Regional Office

Washington, DC—Located in VBA Business Office

Atlanta—Located in Atlanta VBA building

Chicago—Located in Chicago VBA Regional Office

Denver—Located in Denver VBA Regional Office

Los Angeles—Located on Greater Los Angeles Medical Center campus

Dallas—Located with Veterans Integrated Service Network (VISN) 17 offices

B. Please provide a description of the responsibilities and performance metrics for personnel located at these public affairs regional offices.

Response.

Responsibilities:

- Manage Office of Public Affairs (OPA) regional office in accordance with Department policy. Efficiently organize staff workload, establish deadlines, and ensure achievement of quality standards. Recommend appropriate training and career-development activities, submit nominations for performance awards.
- Maintain appropriate liaison with Administrations, VISNs, and facility staffs. Monitor professional development of public affairs officers at the regional and facility levels, assist by informal coaching and formal training.
- Respond to queries from the news media in a timely manner. Make referrals in accordance with OPA and department policy.
- Initiate contacts with the news media and generates news media interest in VA programs, officials and events.
- Advise facilities, regional leadership and senior departmental leadership on the media relations aspect of issues. Stay informed of topics of Department-wide interest in addition to local and regional issues.
- Develop timely, accurate event memos, briefing papers, read-ahead files and other information to prepare senior Department leaders during visits to the region.
- Accompany senior Department leaders during visits to the region or help in arranging appropriate assistance from other personnel. Maintain the flexibility to assist senior leaders with little or no advance warning.
- Assist in the preparation of news releases, fact sheets, media advisories, and letters to the editor, op-eds, and media pitches, in accordance with the highest professional standards.
- Inform in a timely manner facility and regional directors and public affairs officers of Departmental policy affecting various issues.
- Maintain regular contact with all facilities and appropriate regional offices within the region, assist regional and facility public affairs offices on the prepara-

tion of public affairs products, promote and participate in regional public affairs councils.

• Alert the Director of Media Relations, the Deputy Assistant Secretary for Public Affairs and the Assistant Secretary for Public and Intergovernmental Affairs, the press secretaries, other staff members and the chain-of-command of situations involving the news media that may require their attention.

• Monitor activities of the news media and advise the press secretaries and Office of Media Relations director on appropriate VA response.

• Make recommendations on media relations plans, crisis communications strategies and promotional campaigns based upon the highest professional standards and a practical understanding of issues and the workings of the media.

Performance Metrics:

Number of personnel trained; media queries fielded; feedback from senior leaders on trip support; results of media pitches; assessment of relationships with senior leaders and associated public affairs officers in their region.

C. For fiscal year 2015, what level of funding is requested to maintain public affairs personnel in locations outside of Washington, DC?

Response. OPA would need the same infrastructure funding as that of FY 2014, for 22 full-time employees, associated travel and automation needs.

Question 81. For fiscal year 2015, the Office of Public and Intergovernmental Affairs requests $9.5 million for purposes of an adaptive sporting program for veterans with disabilities. Please provide a breakdown of how those funds are expected to be expended.

Response. For FY 2015, OPIA requests $9.5 million for purposes of the adaptive sports grant program and the monthly assistance allowance for disabled Veterans training in Paralympic sports (Paralympic allowance). During FY 2015, the adaptive sports grant program is expected to expend $7.5 million through the adaptive sports grant. With the passage of P.L.113–59 in December 2013, VA is transitioning to a competitive grant program as opposed to awarding grants only to the United States Olympic Committee as authorized under previous legislation. Since the transition is still in progress, specific details of FY 2015 fund expenditures cannot be projected at this time. However, VA fully expects eligible entities to apply for grants up to $7.5 million to provide adaptive sporting opportunities for disabled Veterans and disabled members of the Armed Forces. As for the Paralympic allowance, $2.0 million is projected to be expended in Paralympic allowance payments and authorized expenses.

Question 82. In response to questions about the fiscal year 2014 budget request, the Office of Public and Intergovernmental Affairs indicated that it planned to spend $300,000 in fiscal year 2013 to "establish an agency-wide VA History Office" and "develop history outreach programs."

A. In total, how much has been expended on these initiatives and how much is requested for these purposes for fiscal year 2015?

Response. The expended (contract) amount is $209,073 for FY 2014. Currently, there are no FY 2015 funds programmed for a continuation of this effort.

B. What measurable outcomes does VA expect to achieve as a result of these initiatives?

Response. The ongoing and short-duration FY 2014 effort is intended to assess the Department's current history and archival programs, and offer recommendations on what can be done to improve and enhance those existing programs.

Question 83. In the fiscal year 2015 budget request, the Office of Public and Intergovernmental Affairs seeks $495,000 for Other Services. Please provide a breakdown of how those funds would be expended. To the extent any of these funds will be spent on contracts, please explain the nature of the contract and the expected outcomes.

Response.

Object Class 24	Amount (Est)	Description
Printing Services	$100,000	Printing of the Veterans' benefits handbook; Translation services.
Total	$100,000	

Contracts/Name	Amount (Est.)	Description
Barbaricum LLC	$234,400	To establish, maintain, and distribute a customized executive daily news summary.
Gov-Delivery	$25,000	Gov. delivery provides an enterprise (Department-wide) customized email service for users who subscribe/opt in to updates from VA.
Misc. Contracts	$135,600	Rent, Transit Subsidy, UPS Service, Service Level Agreements, Copier Maintenances.
Total	$395,000	

Question 84. According to the fiscal year 2015 budget request, the Office of Public and Intergovernmental Affairs requests $344,000 for travel for fiscal year 2015. How many trips is that level of funding expected to support and what is the average expected cost per trip?

Response. OPIA's request of $344,000 for travel in FY 2015 is expected to support an estimated 189 trips with an average estimated cost of $1,811. These trips support the OPIA mission including tribal affairs, State Veterans Affairs offices, the Adaptive Sports Program and employee training.

Question 85. Please provide the Committee data on how much VA spent on outreach activities in fiscal year 2014 and is projected to be spent during fiscal year 2015. The information should include, but is not limited to: 1) the amount in aggregate VA spent enterprise-wide on advertising outreach, 2) a breakdown by administration of the amount spent on outreach, and 3) the categories of spending VA believes encompass all forms of outreach undertaken and the funding breakdowns.

Response.

FY 2014 Advertising and Outreach Spending

	Television Ads	Radio Ads	Print Ads	Social/ Digital Media	Outreach	Total
VHA	See ** below	See ** below	See ** below	See ** below	**VHA does not centrally track costs associated with outreach events	$21,726,574
VBA	See * below	See * below			$878,068	$878,068
NCA					$74,325 attendance at outreach conventions/conferences	$74,325
Center for Faith Based and Neighborhood Partnerships.					$15,576 Travel/Per Diem to attend outreach activities	$15,576
Center for Minority Veterans.					$50,837 Travel/Per Diem/Booth Rentals, participating in outreach activities	$50,837
Center for Women Veterans.					$3,000	$3,000
National Veterans Outreach.	$2,241,822	$322,402		$1,216,064	$2,000,000 Ad council	$5,780,288

*VBA has a FY 2014/2015 contract that includes Public Service Announcement (PSA) development. Airing of radio and TV PSAs are through donated air time.

**VHA does not centrally track costs associated with outreach events.

**The total VHA advertising dollars spent by program offices, VISNs, and VAMCs (as of 3d qtr) is $21,726,574.

Projected FY 2015 Advertising and Outreach Spending

	Television Ads	Radio Ads	Print Ads	Social/Digital Media	Outreach	Total
VHA						$27,647,865
VBA	See ** below	See ** below			$912,500	$912,500
NCA					$80,875 attendance at outreach conventions/conferences	$80,875
Center for Faith Based and Neighborhood Partnerships.					$8,004 Travel/Per Diem to attend outreach activities	$8,004
Center for Minority Veterans.					$65,000 Travel/Per Diem/Booth Rentals, participating in outreach activities	$65,000
Center for Women Veterans.					$3,000 participating in outreach activities	$3,000
National Veterans Outreach.	See *** Below	See *** Below	See *** Below	See *** Below	See *** Below	$0

*VBA has a FY 2014/2015 contract that includes Public Service Announcement (PSA) development. Airing of radio and TV PSA's are through donated air time.

**VHA does not centrally track costs associated with outreach events.

**The total VHA advertising dollars spent by program offices, VISNs, and VAMCs for FY 2015 is $27,647,865.

***All FY 2015 National Veterans Outreach Advertising and outreach activities were pre-paid with FY 2013 and FY 2014 dollars.

The National Veterans Outreach (NVO) office, in collaboration with respective VA administration and OSVA special assistant staff outreach leads, comply with the premise that outreach is undertaken by VA to increase awareness of VA benefits and services and how to access them. The information provided in the preceding outreach responses entail the major categories in which outreach is planned and executed: advertising, event participation and through on-line engagement. Where appropriate, funding for those outreach programs is reported. Increasingly, VA is expanding outreach to better engage through public private partnerships. VA is presently developing policy to help guide public private partnerships while VHA, in particular, is developing best practices and procedures as part of their community engagement mission. There is no funding line identified at this time for establishing public private partnerships across VA. VA will report all outreach activities conducted in accordance with title 38U.S.C, Chapter 63, for the submission of the biennial report.

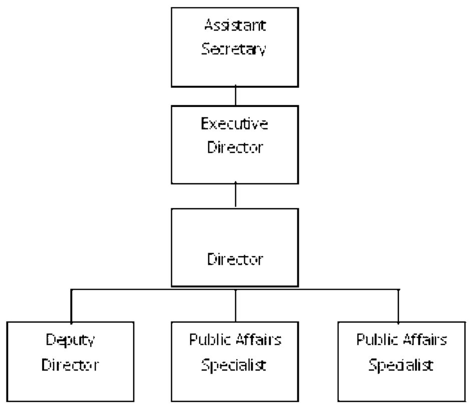
Question 86. Please provide a detailed budget for the National Veterans Outreach Office (NVO), including the number of FTE, a leadership chart, requested appropriations and budget projections, and current outreach initiatives and projects underway.

Response. Number of FTE: 4

FY 2015 Budget Forecast

	Object Class	Amount
24	(Printing & Reproduction)	$45,000
25	(Contracts: Advertising, Outreach)	$4,080,000
26	(Supplies & Materials)	$3,600
	Total	$4,128,000

Leadership Chart



Current Outreach Initiatives:

- Contract management and execution of the media buy and Web development contract for the VA Explore Web site.
- Management and preparation of the Congressionally-mandated Biennial Outreach Report.
- Planning, coordination, and execution of the National Veterans Day Observance at Arlington National Cemetery.
- Planning for an outreach training program as part of the 2014 OPIA National Training Academy.
- Quarterly updates with VSO/NGO communications leads on VA Outreach Initiatives and teaming opportunities.

Question 87. In response to questions about the fiscal year 2014 budget request regarding what metrics NVO uses to determine whether a program is duplicative, VA stated: "NVO leadership and team members confer regularly with other VA Staff Offices and with all three VA Administrations to review the status of current programs and review proposals for new projects. Through this detailed process, potential for duplicity is identified and plans developed to ensure programs that may be duplicative in nature are not executed by NVO."

A. During fiscal year 2014, which outreach programs or projects were identified as duplicative? Please list all programs and projects that were identified.

Response. VA purchased digital keyword advertising with Google and Bing for the VA Explore outreach campaign. The Veterans Health Administration (VHA), at the VISN level, submitted some of the same keywords for use in a local campaign. VA and VHA compared the lists of search terms for the campaigns and the zip codes of the areas targeted. The two groups negotiated which terms each campaign would purchase and determined the best way to optimize both campaigns while avoiding conflicts.

B. Which programs were not implemented because of this determination?

Response. No advertising campaign was terminated.

Office of Congressional and Legislative Affairs

Question 88. For fiscal year 2015, the Office of Congressional and Legislative Affairs requests $6 million and 45 employees. Please provide a list of the positions that would be filled with that funding and the pay-grades for those positions.

Response. The 45 positions and their corresponding pay-grades are as follows:

Assistant Secretary	EX
Director Congressional Affairs	SES
Associate Deputy Assistant Secretary	SES
Director of Operations	GS-15
Director, Benefits Legislative Service	GS-15
Director, Health Legislative Service	GS-15
Director, Legislative Service	GS-15
Director, Corporate Enterprise Legislative Service	GS-15

Director, Congressional Reports and Correspondence	GS-15
2—Special Assistants	GS-15
2—Administrative Officers	GS-14
Executive Correspondence Analyst	GS-14
13—Congressional Relations Officers	GS-12/13/14
Government Accountability Office (GAO) Liaison Officer	GS-14
6—Program Analysts	GS-9/11
Assistant Director, Congressional Liaison Service	GS-14
Senior Congressional Liaison Representative	GS-13
Congressional Liaison Officer	GS-13
3—Congressional Liaison Representatives	GS-12
Staff Assistant	GS-11
3—Congressional Liaison Assistant	GS-7/8/9
Program Assistant	GS-8

Question 89. In response to questions regarding the fiscal year 2014 budget request, the Office of Congressional and Legislative Affairs indicated that, during fiscal year 2013, only 13 percent of questions for the record had been submitted on time; 75 percent of testimony had been submitted on time; and only 24 percent of reports had been submitted on time. By comparison, during fiscal year 2012, 75 percent of questions for the record had been submitted on time; 88 percent of testimony had been submitted on time; and 68 percent of reports had been submitted on time. Please explain the root causes for the increased delays during fiscal year 2013 in providing this information to Congress and the deterioration in timeliness since 2012.

Response. During fiscal year (FY) 2013, the Office of Congressional and Legislative Affairs (OCLA) experienced a decrease in specific performance metrics while experiencing a dramatic increase in workload requirements. In FY 2013, the Department conducted 999 briefings, both as a result of Congressional requests and Departmental initiatives. This was a 45-percent increase over FY 2012. During

FY 2013, OCLA responded to 3,544 requests for information; a 29-percent increase over the number responded to in FY 2012.

In 2013, OCLA developed a Workload Dashboard that identifies all of the congressional action items the office is currently working. As of March 20, 2014, the OCLA Dashboard listed the following outstanding items:

- 8 Hearings
- 158 Congressional Requests for Information
- 101 Executive Congressional Correspondence items addressed to the Secretary
- 86 Questions for the Record
- 11 Hearing Deliverables
- Additionally, OCLA is also working:
  - 688 Congressional Constituent Casework Inquires
  - 21 GAO actions
  - 18 Requests for Technical Assistance on Legislation
  - 52 Briefings within the next 30 days

The total volume of work constitutes over 1,000 concurrent action items. Given this extensive volume of work, OCLA reviews and prioritizes its efforts to support both the Department and Congress. Unfortunately, with such a large workload, there will be items that will take longer to complete than we would like. In FY 2014 through the end of May 2014, the Department has responded to 94 percent of the questions for the record on-time and has submitted 97 percent of its testimony on-time.

Question 90. In response to questions regarding the fiscal year 2014 budget request, the Office of Congressional and Legislative Affairs indicated that, during fiscal year 2014, its goal was to submit 90 percent of questions for the record on time; to submit 90 percent of testimony on time; and to submit 85 percent of reports on time.

A. To date, are those goals being met? If not, please identify the percent of questions for the record, testimony, and reports that have been submitted on time during fiscal year 2014.

Response. In FY 2014 through May, 2014, OCLA had achieved the following results:

- Percent of Questions for the Record submitted on time: Goal 85 percent/Actual 94 percent
- Percent of Testimony submitted on time: Goal 90 percent/Actual 97 percent

• Percent of Congressionally Mandated Reports submitted on time: Goal 85 percent/Actual 18 percent

B. Are there any personnel consequences for any VA employees (such as in performance reviews or receipt of bonuses) caused by failure to meet those goals? If so, please specify which employees and the potential consequences.

Response. OCLA employee performance plans include provisions regarding meeting performance measures and metrics which directly affect the employee's overall performance rating. The overall performance rating determines whether an employee will be recommended for a potential performance award.

Question 91. For fiscal year 2015, please identify the goals set by the Office of Congressional and Legislative Affairs for submitting questions for the record, testimony, and reports on time.

Response. For FY 2015, OCLA's target goals are as follows:

• Percent of Questions for the Record submitted on time: 85 percent
• Percent of Testimony submitted on time: 90 percent
• Percent of Congressionally Mandated Reports submitted on time: 85 percent

Question 92. According to information in the fiscal year 2015 budget request, the Office of Congressional and Legislative Affairs (OCLA) stated: "In 2013, OCLA supported 62 hearings and conducted over 999 congressional briefings, including educational seminars. OCLA responded to 3,544 requests for information in addition to 477 questions for the record."

A. How many briefings, requests for information, and questions for the record submitted in 2013 were not answered or fulfilled by December 31, 2013?

Response. At the end of calendar year 2013, OCLA had the following workload:

• Briefings: 41 (includes Congressionally requested and Departmental proposed briefings within 30 days)
• Requests for Information: 119
• Questions for the Record: 625

B. How long, on average, did it take OCLA to respond to requests from the Hill?

Response. VA strives to provide Congress with accurate and quality information in a timely manner. As indicated in FY 2013, OCLA facilitated over 999 congressional briefings (45-percent increase over FY 2012), including educational seminars, responded to 3,544 requests for information (29-percent increase over FY 2012), and provided responses to 477 questions for the record. OCLA also supported 311 requests for technical assistance on proposed legislation. OCLA facilitated 51 GAO Entrance Conferences, 36 Exit Conferences, and responded to 31 Draft Reports and 35 Final Reports. Given the complexity, and competing priorities of many requests, not every request for information receives a response within requested timeline. OCLA is working to improve its communications with Congress regarding priorities to ensure needed information is received on time. OCLA does not maintain an average time to completion statistic for responding to Congressional requests.

Office of Acquisition, Logistics, and Construction

Question 93. For fiscal year 2015, the Office of Acquisition, Logistics, and Construction requests $9.5 million for Other Services. Please provide a specific itemized list of how these funds would be spent. To the extent any of these funds will be spent on contracts, please explain the nature of the contract and the expected outcomes.

Response. The $9.5 million in the fiscal year (FY) 2015 Office of Acquisition, Logistics, and Construction (OALC) budget request includes the expenditure categories shown in the chart below.

Obligation Type	Amount
Permanent Change of Station Obligations	$700,000
Repair of Furniture and Equipment, Equipment Rental	57,000
Department of Homeland Security Services	463,000
Recurring Maintenance and Repair	50,000
Training	362,000
Contracts	7,832,000
Total	$9,464,000

The $7.8 million for contracts includes the items shown in the chart below.

FY 2015	Description	Comments
$370,000	Financial Service Center Memorandum of Understanding (MOU)	MOU between VA centralized accounting and finance center and Construction and Facilities Management (CFM) for necessary support.
$140,000	Interagency Agreement Historic American Buildings Survey (HABS)	Documentation of VA's most significant historic properties, National Historic Landmarks, in compliance with Section 110 of the National Historic Preservation Act to document the official Historic American Building and Landscape Surveys submitted to the Library of Congress.
$500,000	Base Competency Scheduling	Contract to continue development of competencies which are general to Construction Management and apply to all roles and positions.
$30,000	Federal Facilities Council (FFC)	National Academy of Sciences contract in support of FFC activities to identify advancing technologies, processes, and management practices to improve the planning, design, construction, management, operation and evaluation of Federal facilities.
$293,000	US Army Corps Engineers Interagency Agreement	Engage the Army Corps of Engineers to review major construction projects.
$262,041	Miscellaneous	Multiple small contracts for less than $10,000 each.
$150,000	Human Capital Investment Plan Reimbursement	Reimbursement for Human Resources and Administration services to CFM for support of recruitment, hiring and employee development training programs.
$35,000	LYNX Photo Management	Secure construction photo management software support annual renewal.
$170,000	National Institute of Building Sciences—CII Benchmarking	The contract is for participation in a research project that will establish industry benchmarks for medical facilities. The 2-year study concludes with this second year of funding. VA was a cosponsor of the research project to facilitate benchmarking VA medical facility contribution to other medical facility construction projects. The outcome will allow VA to evaluate projects and processes to define future improvements.
$50,959	Defense Finance and Accounting Service (DFAS)	Interagency agreement to process VA and CFM payroll.
$200,000	OALC Front Office	Mission support service contract(s).
$2,000,000	Plans and Programs Construction Review Council (CRC) and Program Management (PM) Support contracts	This effort will provide support to CFM in the implementation and reporting of the capital program improvement plan. The contract will provide support documentation and tracking of improvements in the construction process.
$1,000,000	Construction Project Management—TRIRIGA	This effort continues the sustainment of the TRIRIGA software for construction management. The software will provide a collaborative construction management tool for VA. The utilization of this product will improve contract administration and project oversight.
$750,000	Corporate and Regional Matrixed Budget System (CRMBS) Post Production Support contract	Provide post-production support on an existing Government-Off-The-Shelf product to include bug-fixes, security updates, routine maintenance and updates to ensure compliance with US Congress Rehabilitation Act to make their electronic and information technology accessible to people with disabilities.

FY 2015	Description	Comments
$1,691,000	VA Facilities Management School MOU	MOU with the Department of Veterans Affairs Acquisition Academy (VAAA), to develop multi-modal delivery of comprehensive curricula of educational programs and courses relevant to VA's infrastructure and the total healthcare environment.
$190,000	Advisory Council Historic Preservation Liaison	Renewal of Interagency Agreement to provide dedicated support to VA on complex and controversial historic preservation issues.
$7,832,000	Total	

Question 94. The fiscal year 2015 budget request for Construction, Major Projects, includes a request of $75.5 million for the Advanced Planning Fund. This appropriated fund is comprised of "no year money" and is used to develop the early stages of construction projects for VHA, the National Cemetery Administration, the Veterans Benefits Administration, and VA central office staff offices.

A. To date, what is the unobligated balance of the Advanced Planning Fund?

Response. As of March 31, 2014, the unobligated balance is $180 million.

B. For fiscal year 2015, please provide a detailed description and amount for each project expected to be funded through the Advanced Planning Fund.

Response. VA plans to obligate $107.8 million for the remainder of FY 2014. The table below reflects the anticipated use of the Advanced Planning Fund in FY 2015:

Project	Planned Obligations 2015
Bronx, New York—Spinal Cord Injury (SCI)	$2,000,000
Perry Point, Maryland—Replace Community Living Center (CLC)	$300,000
Livermore, California—Realignment and Closure Palo Alto (Design)	$2,000,000
Long Beach, California—Seismic Correction Building 7 and 126; Demolition Building 7	$200,000
Long Beach, California—Mental Health and CLC	$300,000
Palo Alto, California—Ambulatory Care/Polytrauma Rehab	$3,000,000
Portland, Oregon—Retrofit and Renovation	$17,000,000
San Francisco, California—Seismic Retrofit B 1,6 and 8/Replace B12	$200,000
American Lake, Washington—Building 81 Seismic Replacement	$7,000,000
West Los Angeles—New Tower and Building 500 Seismic Correction	$25,000,000
West Los Angeles—12 Buildings Seismic Upgrade	$3,200,000
National Cemetery Administration Projects	$11,000,000
Staff Offices	$4,000,000
Veterans Benefits Administration Projects	$1,000,000
Historic Preservation, Environmental, and Cost Estimating Services	$7,400,000
Facilities Standards and Criteria	$20,000,000
Integrated Strategic Master Plans	$30,000,000
	$133,600,000

C. Please describe in detail the metrics used to determine the size of the budget request for the Advanced Planning Fund?

Response. VA's request for this line item is based on the estimated need to support project and other requirements funded through this fund. VA's Advanced Planning Fund line item provides funding for schematic design, design development, and construction document phases up to 100 percent of design for Major Construction projects. This will allow VA to complete at least 35 percent of total design prior to requesting construction funds. It can be used to prepare facility master plans, historic preservation plans, conduct environmental assessments and impact studies, energy studies or audits, and design and construction-related research studies including post-occupancy evaluations. The funds are also utilized to maintain construction standards, such as: design guides, design standards, specifications, and space criteria.

Question 95. VA has a large inventory of buildings across the Nation to carry out its mission. According to a response to questions about the fiscal year 2014 budget request, VA expected to have approximately 941 unused or underutilized buildings.

A. In fiscal year 2013, how much, if any, cost avoidance or savings did VA realize by selling vacant or underutilized buildings and how many vacant or underutilized buildings did VA have at the end of fiscal year 2013?

Response. At the end of FY 2013, VA had approximately 922 vacant or underutilized buildings, of which 427 (46 percent) were historic buildings. Of the 922, 242 were vacant and 680 were underutilized.

The 922 buildings account for approximately 9.9 million square feet (SF) of space in vacant or underutilized buildings. Of that total, 4.2 million SF is located in vacant buildings and 5.6 million SF is located in underutilized buildings.

VA does not track actual costs at the building level; however, the Department does use a proration methodology to report building level costs to the Federal Real Property Profile annually. For FY 2013, VA estimates it spent approximately $20.2 million on the 922 vacant and underutilized assets in its portfolio. A further breakdown of those costs is an estimated $4.6 million on the 242 vacant buildings and $15.6 million on the 680 underutilized assets.

Compared to FY 2012, when the estimated cost to operate vacant and underutilized buildings was $23.4 million annually, the FY 2013 estimated cost ($20.2 million) represents a cost avoidance of approximately $3.2 million. The reduction in operating costs for these buildings is the result of reuse and disposal of vacant and underutilized buildings; it is not the result of revenue gained from selling any properties. VA did not sell any vacant or underutilized properties in FY 2013.

B. In fiscal year 2014, how much, if any, cost avoidance or savings does VA expect to realize by selling vacant or underutilized buildings and how many vacant or underutilized buildings does VA expect have at the end of fiscal year 2014?

Response. VA projects it will dispose or reuse 50–60 vacant or underutilized buildings in FY 2014, resulting in an estimated 867 vacant or underutilized buildings at the end of FY 2014. Of that 867, approximately 197 are projected to be vacant and 670 underutilized.

Based on the planned disposal or reuse of 50–60 buildings, the overall cost to operate vacant and underutilized buildings is projected to drop to $19.7 million annually in FY 2014, a reduction of approximately $0.5 million from the FY 2013 amount ($20.2 million). The projected reduction in operating costs for these buildings is the result of reuse and disposal of vacant and underutilized buildings; it is not the result of revenue gained from selling any properties.

VA continues to pursue disposing or reusing un-needed assets; however, there are challenges in further reducing VA inventory in this area. Of the projected 867 vacant or underutilized assets, 391 (45 percent) are considered historic buildings, limiting VA's ability to dispose or reuse these assets in many cases.

Competing stakeholder interests in some of these vacant or underutilized assets also has hampered disposal or reuse efforts. VA is looking at further opportunities to reduce our vacant and underutilized footprint, as mentioned earlier. Having tools in place, such as the expansion of VA's Enhanced-Use Lease (EUL) authority, currently in proposed legislation under consideration by Congress, would help overcome some of these challenges and allow VA to more effectively reduce its inventory of vacant and underutilized assets.

Question 96. The Office of Small and Disadvantaged Business Utilization (OSDBU) is an office within the Office of the Secretary, although the budget for the office is paid for by the Office of Acquisition and Logistics Supply Fund.

A. Please provide a detailed budget for OSDBU, including FTE and requested budget for fiscal year 2015.

Response. Because the Office of Small and Disadvantaged Business Utilization (OSDBU) is funded by the Supply Fund, the OSDBU budgeting cycle is not the same as the Presidential budget request. The OSDBU 2015 budget request is due to the Supply Fund Board in August 2014 and is currently under development. The following budget history is provided:

OSDBU Total Budget

($ in thousands)

	2012 Actual		2013 Actual		2014 Estimate	
	Budget	FTE	Budget	FTE	Budget	FTE
VA Veteran-Owned Small Business Verification	$11,892	19	$16,818	19	$18,545	16
Strategic Outreach	$7,050	8	$1,645	7	$4,814	7
Acquisition Support	$761	6	$1,087	7	$1,892	8

OSDBU Total Budget—Continued

($ in thousands)

	2012 Actual		2013 Actual		2014 Estimate	
	Budget	FTE	Budget	FTE	Budget	FTE
Operations	$878	9	$10,866	9	$5,112	10
Total Expenditures	$20,581	42	$30,416	42	$30,363	41

B. Please provide a detailed budget for the Center for Verification and Evaluation (CVE) within OSDBU, including FTE, requested budget for fiscal year 2015, and metrics used by CVE to measure effectiveness.

Response. Because the Center for Verification and Evaluation (CVE) is within the Office of Small and Disadvantaged Business Utilization (OSDBU), which is funded by the Supply Fund, the CVE budgeting cycle is not the same as the Presidential budget request. The OSDBU 2015 budget request is due to the Supply Fund Board in August 2014 and is currently under development. The following budget history is provided:

CVE Budget

($ in thousands)

	2012 Actual	2013 Actual	2014 Estimate
FTE	19	19	16
Obligations:			
FTE	$ 1,874	$2,166	$1,778
Professional Services	$0	$6,630	$7,537
Travel	$7	$37	$30
Training	$0	$669	$8
Printing and reproduction	$0	$0	$0
Contract Support	$9,912	$7,246	$8,912
Supplies and materials	$97	$29	$13
Equipment	$2	$41	$7
Rents	$0	$0	$240
Security	$0	$0	$20
Total obligations	$11,892	$16,818	$18,545

Department of Veterans Affairs (VA) has invested heavily in building a robust and effective system for verifying Veteran-Owned Small Business eligibility for the VA Veterans First Program. In fiscal year (FY) 2013 we spent $6.9 million to build verification capacity and in FY 2014 we are spending $12.3 million in non-recurring investments to ensure that the system is efficient and cost-effective. As a result we expect the verification program costs to be approximately $14.7 million in FY 2015 to handle 6,000 applications.

Metrics used by CVE to determine effectiveness:

- Total applications processed
- Number of initial applications processed
- Number of requests for reconsideration processed

OFFICE OF INSPECTOR GENERAL

Question 97. For fiscal year 2015, the Office of Inspector General requests $11.8 million for Other Services. Please provide an itemized list of how those funds would be utilized.

VA OIG Response: The fiscal year (FY) 2015 request for Other Services includes the following contractual services, interagency agreements, employee training, VA cross-cutting services, and other procured services:

- Consolidated Financial Statement Audit contract for FY 2015
- Human Resources/Payroll Processing Services—Departments of Treasury and Agriculture
- Federal Information Security Management Act Review contract
- Employee Training

• VA Franchise Fund Services—Information Technology processing, financial services, employee relocation services, background investigations, and records storage
• Council of the Inspectors General for Integrity and Efficiency
• Building security services—Department of Homeland Security and VA
• Investigative Services—credit/database access, forensic examinations, transcription services, fingerprinting, communications agreements

Other miscellaneous administrative/support services provided by VA and other sources.

Question 98. With the requested level of resources for fiscal year 2015, how many benefits inspections would the Office of Inspector General plan to conduct?

VA OIG Response: The Office of Inspector General plans to conduct 20 inspections of VA Regional Office operations in FY 2015. Our independent inspections provide recurring oversight focused on disability compensation claims processing and the performance of Veterans Service Center operations.

VETERANS HEALTH ADMINISTRATION

Question 99. According to the budget request, VA will spend $534 million to activate medical facilities in fiscal year 2015. And, the estimate for activations for fiscal year 2015 increased $404 million over the amount included in advanced appropriations.

A. Please break out the $534 million by appropriations account.

Response. Please refer to the table below:

Medical Services	$395,416
Medical Support & Compliance	$42,800
Medical Facilities	$96,200
Activations, 2015 Estimate	$534,416

B. How much, in total, does VA intend to spend in fiscal year 2016 for medical facility activations? Please break this figure out by appropriations account.

Response. Please refer to the table below:

Medical Services	$96,200
Medical Support & Compliance	$10,400
Medical Facilities	$23,400
Activations, 2016 Estimate	$130,000

C. Please provide a full list of the facilities that will be activated with these funds, with the amount of funding estimated for each facility broken down into non-recurring and recurring costs.

Response. Please see attached.

VISN	Project	State	Project Type	2015 Advance Appropriation (AA) Non-Recurring	2015 Advance Appropriation (AA) Recurring	2015 Advance Appropriation (AA) Total	2015 Congressional Justification (CJ) Non-Recurring	2015 Congressional Justification (CJ) Recurring	2015 Congressional Justification (CJ) Total	Diff. Between 2015 AA & CJ
2	Buffalo, NY - Day Treatment Center	NY	Lease	$0	$0	$0	$346,599	$0	$346,599	$346,599
2	Rochester - Outpatient Clinic	NY	Lease	$2,594,855	$0	$2,594,855	$7,832,704	$0	$7,832,704	$5,237,849
2	Syracuse - Addition For SCI Center (OV)	NY	Construction	$0	$0	$0	$0	$336,196	$336,196	$336,196
3	Manhattan, NY - Hospital Restoration and Renovation	NY	Construction	$0	$0	$0	$17,466,848	$0	$17,466,848	$17,466,848
4	Butler - Health Care Center	PA	Lease	$0	$345,228	$345,228	$0	$1,100,576	$1,100,576	$755,348
5	Charlotte Hall, MD - Community Based Outpatient Clinic	MD	Lease	$0	$0	$0	$1,728,068	$0	$1,728,068	$1,728,068
6	Charlotte - Health Care Center	NC	Lease	$4,884,145	$1,787,028	$6,671,173	$25,015,921	$0	$25,015,921	$18,344,748
6	Fayetteville - Health Care Center	NC	Lease	$0	$2,629,763	$2,629,763	$1,142,636	$2,047,938	$3,190,574	$560,811
6	Greenville NC - Outpatient Clinic	NC	Lease	$0	$1,540,621	$1,540,621	$0	$31,963,784	$31,963,784	$30,423,163
6	Winston-Salem - Health Care Center	NC	Lease	$4,718,419	$1,220,410	$5,938,829	$45,800,691	$1,226,195	$47,026,886	$41,088,057
7	Anderson - Outpatient Clinic	SC	Lease	$196,835	$297,703	$494,538	$896,887	$0	$896,887	$402,349
7	Atlanta - Specialty Care	GA	Lease	$561,385	$1,785,517	$2,346,902	$2,245,486	$6,854,796	$9,100,282	$6,753,380
7	Birmingham - Clinical Annex/Outpatient Clinic	AL	Lease	$520,815	$3,912,878	$4,433,693	$1,798,702	$0	$1,798,702	($2,634,991)
7	Columbus - Community-Based Outpatient Clinic	GA	Lease	$0	$0	$0	$2,810,027	$0	$2,810,027	$2,810,027
7	Hinesville - Community-Based Outpatient Clinic	GA	Lease	$0	$1,175,860	$1,175,860	$215,432	$530,878	$746,310	($429,550)
7	Huntsville - Outpatient Clinic	AL	Lease	$518,438	$3,464,333	$3,982,771	$2,043,457	$0	$2,043,457	($1,939,314)
7	Montgomery - Health Care Center	AL	Lease	$1,593,356	$1,049,303	$2,642,659	$6,182,388	$0	$6,182,388	$3,539,729
7	Savannah - Community-Based Outpatient Clinic	GA	Lease	$0	$1,120,466	$1,120,466	$1,117,844	$1,783,077	$2,900,921	$1,780,455
8	Bay Pines - Inpatient/Outpatient Improvements	FL	Construction	$0	$47,574	$47,574	$0	$410,115	$410,115	$362,541
8	Brandon - Outpatient Clinic (Tampa)	FL	Lease	$0	$0	$0	$15,879	$0	$15,879	$15,879
8	Orlando - New Medical Facility (OV)	FL	Construction	$0	$0	$0	$0	$55,978,783	$55,978,783	$55,978,783
8	San Juan - Mental Health Residential & Pyschosocial Outpatient Clinic	PR	Lease	$0	$0	$0	$4,538,095	$0	$4,538,095	$4,538,095
8	San Juan - Seismic Corrections Bldg. 1 (OV)	PR	Construction	$418,665	$0	$418,665	$226,686	$0	$226,686	($191,979)
8	Tallahassee - Outpatient Clinic	FL	Lease	$2,646,486	$580,497	$3,226,983	$12,455,122	$0	$12,455,122	$9,228,139
8	Tamba - Polytrauma and Bed Tower (OV)	FL	673-900	$443,826	$1,204,469	$1,648,295	$0	$0	$0	($1,648,295)
8	Tampa - Primary Care Annex	FL	Lease	$0	$730,925	$730,925	$0	$3,469,825	$3,469,825	$2,738,900
10	Mansfield - Satellite Outpatient Clinic	OH	Lease	$0	$0	$0	$0	$7,488,295	$7,488,295	$7,488,295
11	Fort Wayne - Community Based Outpatient Clinic	IN	Lease	$0	$290,519	$290,519	$1,570,594	$247,819	$1,818,413	$1,527,894
11	Grand Rapids - Community Based Outpatient Clinic	MI	Lease	$0	$1,128,712	$1,128,712	$2,702,427	$3,597,684	$6,300,111	$5,171,399
11	South Bend - Community Based Outpatient Clinic	IN	Lease	$1,254,670	$3,031,720	$4,286,390	$4,837,057	$0	$4,837,057	$550,667
15	Columbia - Operating Suite Replacement	MO	Construction	$0	$0	$0	$0	$910,028	$910,028	$910,028
15	St. Louis (JB) - Med Facility Improv & Cem Expansion (OV)	MO	Construction	$1,414,548	$299,499	$1,714,047	$4,065,576	$335,632	$4,401,208	$2,687,161
16	Biloxi - Restoration Of Hospital/Consolidation (OV)	MS	Construction	$0	$7,051,589	$7,051,589	$2,183,630	$0	$2,183,630	($4,867,959)
16	Fayetteville - Clinical Addition	AR	Construction	$0	$0	$0	$0	$2,790,863	$2,790,863	$2,790,863
16	Mobile - Outpatient Clinc	AL	Lease	$0	$0	$0	$4,652,533	$0	$4,652,533	$4,652,533
16	New Orleans - Restoration/Replacement Medical Facility (OV)	LA	Construction	$13,599,164	$9,795,425	$23,394,589	$73,605,274	$40,039,841	$113,645,115	$90,250,526
16	Lafayette Community Based Outpatient Clinic	LA	Lease	$0	$933,996	$933,996	$0	$0	$0	($933,996)
16	Lake Charles Community Based Outpatient Clinic	LA	Lease	$0	$618,137	$618,137	$0	$0	$0	($618,137)
16	Springfield - Community-Based Outpatient Clinic	MO	Lease	$0	$0	$0	$3,584,263	$0	$3,584,263	$3,584,263
17	Dallas - Spinal Cord Injury (SCI)	TX	Construction	$0	$0	$0	$0	$0	$0	$0
17	McAllen - Outpatient Clinic	TX	Lease	$0	$0	$0	$0	$524,005	$524,005	$524,005
17	San Antonio - Polytrauma Center, & Renovation of Exist Bldg. 1	TX	Construction	$0	$0	$0	$910,576	$0	$910,576	$910,576
18	Mesa - Satellite Outpatient Clinic	AZ	Lease	$0	$4,721,649	$4,721,649	$0	$0	$0	($4,721,649)
18	Gilbert, AZ - Community Based Outpatient Clinic	AZ	Lease	$0	$0	$0	$0	$6,549,247	$6,549,247	$6,549,247
19	Billings - Satellite Outpatient Clinic	MT	Lease	$0	$1,708,731	$1,708,731	$0	$5,495,213	$5,495,213	$3,786,482
19	Colorado Springs - Community-Based Outpatient Clinic Relocation	CO	Lease	$0	$847,931	$847,931	$0	$2,984,696	$2,984,696	$2,136,765
19	Denver - Replacement Medical Center Facility (OV)	CO	Construction	$832,040	$8,982,484	$9,814,524	$3,993,270	$15,929,887	$19,923,157	$10,108,633
19	Denver, CO - Residential Treatment Facility	CO	Lease	$0	$0	$0	$0	$3,799,998	$3,799,998	$3,799,998

VISN	Project	State	Project Type	2015 Advance Appropriation (AA)			2015 Congressional Justification (CJ)			Diff. Between
				Non-Recurring	Recurring	Total	Non-Recurring	Recurring	Total	2015 AA & CJ
19	Lakewood, CO - Community Based Outpatient Clinic	CO	Lease	$0	$0	$0	$0	$2,686,281	$2,686,281	$2,686,281
20	Eugene - Community-Based Outpatient Clinic	OR	Lease	$0	$5,765,526	$5,765,526	$1,549,028	$19,328,509	$20,877,537	$15,112,011
20	Salem - Community-Based Outpatient Clinic	OR	Lease	$0	$1,479,486	$1,479,486	$0	$6,055,904	$6,055,904	$4,576,418
20	Seattle - Correct Seismic Deficiencies B100, NT & NHCU	WA	Construction	$127,171	$9,945,330	$10,072,501	$16,922,165	$10,228,106	$27,150,271	$17,077,770
20	Walla Walla -Multi Specialty Care (Overview)	WA	687-400	$351,214	$685,808	$1,037,022	$0	$0	$0	($1,037,022)
21	Monterey - Health Care Center	CA	Lease	$1,136,277	$0	$1,136,277	$5,422,388	$0	$5,422,388	$4,286,111
21	Palo Alto - Centers for Ambulatory Care and Polytrauma Rehabilitation (OV)	CA	Construction	$5,060,925	$100,875	$5,161,800	$18,351,680	$87,069	$18,438,749	$13,276,949
21	San Jose - Outpatient Clinic	CA	Lease	$0	$0	$0	$3,049,306	$0	$3,049,306	$3,049,306
21	Vallejo, CA - Co-Location of CFM's Western Regional Office and VISN 21 Offices	CA	Lease	$0	$0	$0	$2,473,831	$0	$2,473,831	$2,473,831
22	Bakersfield - Community-Based Outpatient Clinic	CA	Lease	$187,947	$264,985	$452,932	$736,455	$0	$736,455	$283,523
22	Loma Linda - Health Care Center	CA	Lease	$3,691,593	$2,079,918	$5,771,511	$14,266,965	$0	$14,266,965	$8,495,454
22	Long Beach - Seismic Corrections/Clinical,B-7 & 126	CA	600-402	$0	$622,331	$622,331	$0	$0	$0	($622,331)
22	Los Angeles - Seismic Corrections - 12 Bldgs.	CA	Construction	$0	$0	$0	$0	$0	$0	$0
23	Knoxville, IA - Community Based Outpatient Clinic	IA	Lease	$0	$0	$0	$878,270	$0	$878,270	$878,270
	Total			$46,752,774	$83,247,226	$130,000,000	$299,634,760	$234,781,240	$534,416,000	$404,416,000

D. Please provide a detailed explanation for the $404 million increase above the advanced appropriations amount for medical facility activations for fiscal year 2015.

Response. Please refer to above attachment.

Question 100. In an effort to ensure veterans are getting the mental health care they need, VA recently ended an initiative to hire 1,600 new mental health providers and more than 900 Peer Specialists. This effort also included filling the open positions that already existed within the mental health program.

A. To date, what is the number of mental health positions currently unfilled?

Response. As of June 2014, the current number of unfilled positions for mental health is 2,762.83, which is a vacancy rate of 10.15 percent. For peer specialists the vacancy rate is 7.7 percent.

B. Have all mental health providers hired under this initiative been trained in evidence-based therapies? If not, when will the providers be trained?

Response. No. All mental health providers hired have not been trained in evidence-based psychotherapies. Determination of the need for training in evidence-based psychotherapies is based on clinical role, provider credentials, and program assigned. For example, while some of the staff hired included registered nurses, their role is to provide case management services and not evidenced-based psychotherapy. Since May 2012, VA has trained 3,446 unique VHA staff and trainees (not including Vet Center) in one or more of the 15 evidence-based psychotherapies that have centralized training. The tracking database cannot distinguish between staff hired as a result of the initiative and those hired before the initiative. Training in evidenced-based therapies is an ongoing process based on expansion of these therapies as well as staff turnover.

C. Have all the Peer Specialists been trained and are they currently providing care to veterans? If not, when will they be trained? Please provide the Committee with a list of facilities that received Peer Specialists positions and the number of Peer Specialists at each facility.

Response. VHA currently has 952 peer support staff hired or converted to support the hiring initiative, delivering services to Veterans at every medical center and at every very large CBOC. (Please note, as of April 2014, very large is defined as a CBOC that has more than 10,000 Veterans enrolled.) VHA hired 420 Peer Specialists who were already trained and certified and have been providing counselor services upon being hired. VHA has trained and certified 564 Peer Support Apprentices; 202 Peer Support Apprentices have since been promoted to Peer Specialists and the remaining 362 Peer Support Apprentices are waiting their 12-month time limited appointment requirement before eligibility for promotion to Peer Specialist. VHA has 22 Peer Support Apprentices scheduled for training and an additional 24 Peer Support Apprentices awaiting confirmation on scheduled training. Attached below is a complete facility listing and the number of peer-to-peer counselors per facility.

Network and Facility Peer Support Apprentices and Specialists Positions

(As of April 2014)

VISN	Station	Facility	# of Peer Employees
1	402	Togus VAMC	3
1	405	White River Jct VAMC	1
1	518	Bedford VAMC	9
1	523	Boston HCS	3
1	523A	Boston HCS	2
1	608	Manchester VAMC	3
1	631	Central Western MA HCS	2
1	631A	Central Western MA HCS	1
1	650	Providence VAMC	3
1	689	Connecticut HCS	25
1	689C	Connecticut HCS	4
1 Total			56
2	528	Western NY HCS Buffalo	3
2	528A	Western NY HCS Buffalo	2
2	528D	Albany VAMC	4
2	528E	Syracuse VAMC	3
2	528F	Canandaigua VAMC	4
2	528N	Bath VAMC	1
2	528R	Western NY HCS Buffalo	3
2 Total			20
3	526	Bronx VAMC	3
3	561F	New Jersey HCS	1
3	561L	New Jersey HCS	5
3	620	Hudson Valley HCS	5
3	630	NY Harbor HCS	5
3	630E	NY Harbor HCS	1
3	630L	NY Harbor HCS	2
3	632	Northport VAMC	5
3 Total			27
4	460	Wilmington VAMC	4
4	503	Altoona VAMC	3
4	529	VA Butler Healthcare	4
4	540	Clarksburg VAMC	3
4	542	Coatesville VAMC	4
4	562	Erie VAMC	3
4	595	Lebanon VAMC	4
4	642	Philadelphia VAMC	4
4	646	Pittsburgh HCS	3
4	646A	Pittsburgh HCS	1
4	693	Wilkes-Barre VAMC	3
4	693A	Wilkes-Barre VAMC	2
4 Total			38
5	512	Maryland HCS	6
5	512D	Maryland HCS	4

VISN	Station	Facility	# of Peer Employees
5	512F	Maryland HCS	1
5	613	Martinsburg VAMC	4
5	688	Washington VAMC	12
5 Total			27
6	517	Beckley VAMC	3
6	558	Durham VAMC	6
6	565	Fayetteville (NC) VAMC	4
6	565AB	Fayetteville (NC) VAMC	1
6	590	Hampton VAMC	11
6	637	Asheville VAMC	6
6	652	Richmond VAMC	7
6	658	Salem VAMC	1
6	659	Salisbury VAMC	9
6	659D	Salisbury VAMC	1
6	659Z	Salisbury VAMC	1
6 Total			50
7	508	Atlanta VAMC	22
7	509D	Augusta VAMC	1
7	509U	Augusta VAMC	2
7	521	Birmingham VAMC	7
7	521E	Birmingham VAMC	1
7	521Z	Birmingham VAMC	1
7	534	Charleston VAMC	7
7	534B	Charleston VAMC	2
7	534Z	Charleston VAMC	1
7	544	Columbia (SC) VAMC	7
7	544B	Columbia (SC) VAMC	2
7	557	Dublin VAMC	4
7	619	Central AL HCS	3
7	619T	Central AL HCS	5
7	679	Tuscaloosa VAMC	5
7 Total			70
8	516	Bay Pines VAMC	11
8	516B	Bay Pines VAMC	2
8	516D	Bay Pines VAMC	1
8	516K	Bay Pines VAMC	1
8	516P	Bay Pines VAMC	2
8	516S	Bay Pines VAMC	1
8	546	Miami HCS	6
8	5461	Miami HCS	3
8	548	West Palm Beach VAMC	9
8	573	North Florida-South Georgia HCS	13
8	573C	North Florida-South Georgia HCS	2
8	573D	North Florida-South Georgia HCS	1
8	672	San Juan HCS	2
8	672B	San Juan HCS	2

VISN	Station	Facility	# of Peer Employees
8	673	Tampa VAMC	10
8	675	Orlando VAMC	12
8	675D	Orlando VAMC	4
8	675E	Orlando VAMC	5
8 Total			87
9	581	Huntington VAMC	3
9	596	Lexington VAMC	4
9	603	Louisville VAMC	3
9	603C	Louisville VAMC	3
9	614	Memphis VAMC	7
9	621	Mountain Home VAMC	6
9	6211	Mountain Home VAMC	2
9	626	TN Valley HCS	3
9	6263	TN Valley HCS	2
9	626E	TN Valley HCS	7
9 Total			40
10	538	Chillicothe VAMC	3
10	539	Cincinnati VAMC	2
10	539Z	Cincinnati VAMC	2
10	541	Cleveland VAMC	10
10	541A	Cleveland VAMC	2
10	541K	Cleveland VAMC	2
10	541PA	Cleveland VAMC	1
10	541Y	Cleveland VAMC	2
10	552	Dayton VAMC	5
10	757	Columbus OPC	4
10	757AB	Columbus OPC	1
10 Total			34
11	506	Ann Arbor VAMC	4
11	506A	Ann Arbor VAMC	3
11	515	Battle Creek VAMC	4
11	515Z	Battle Creek VAMC	2
11	550	Danville VAMC	3
11	550Z	Danville VAMC	2
11	553	Detroit VAMC	2
11	553AG	Detroit VAMC	7
11	583	Indianapolis VAMC	4
11	610	Northern Indiana HCS	5
11	610A	Northern Indiana HCS	2
11	610S	Northern Indiana HCS	1
11	655	Saginaw VAMC	4
11	655Z	Saginaw VAMC	1
11 Total			44
12	537	Chicago VAMC	7
12	537D	Chicago VAMC	1
12	556	Captain James A. Lovell FHCC	1

VISN	Station	Facility	# of Peer Employees
12	578	Hines VAMC	7
12	585	Iron Mountain VAMC	4
12	607	Madison VAMC	2
12	607R	Madison VAMC	1
12	676	Tomah VAMC	5
12	676E	Tomah VAMC	1
12	695	Milwaukee VAMC	5
12	695M	Milwaukee VAMC	1
12	695Z	Milwaukee VAMC	1
12 Total			36
15	589	Kansas City VAMC	2
15	589CA	Columbia (MO) VAMC	2
15	589EA	Eastern Kansas HCS	3
15	589EB	Kansas City VAMC	3
15	589WA	Wichita VAMC	3
15	657AA	St. Louis HCS	3
15	657AZ	St. Louis HCS	4
15	657MA	Marion VAMC	5
15	657MG	St. Louis HCS	1
15	657PA	Poplar Bluff VAMC	3
15 Total			29
16	502	Alexandria VAMC	3
16	520	Gulf Coast Veterans HCS	5
16	5202	Gulf Coast Veterans HCS	2
16	520E	Gulf Coast Veterans HCS	1
16	520Z	Gulf Coast Veterans HCS	2
16	564	HCS of the Ozarks, Fayetteville, AR	3
16	564A	HCS of the Ozarks, Fayetteville, AR	2
16	564Z	HCS of the Ozarks, Fayetteville, AR	3
16	580	Houston VAMC	15
16	5801	Houston VAMC	2
16	586	Jackson VAMC	7
16	598	Central Arkansas HCS	2
16	5981	Central Arkansas HCS	6
16	623	Muskogee VAMC	5
16	629	Southeast LA HCS	4
16	6291	Southeast LA HCS	1
16	635	Oklahoma City VAMC	6
16	667	Shreveport VAMC	5
16 Total			74
17	549	North Texas HCS	20
17	549A	North Texas HCS	6
17	549D	North Texas HCS	3
17	671	South Texas HCS	6
17	671K	South Texas HCS	1
17	671S	South Texas HCS	1

VISN	Station	Facility	# of Peer Employees
17	674	Central Texas HCS	6
17	674W	Central Texas HCS	4
17	674Z	Central Texas HCS	4
17	740C	Texas Valley Coastal Bend HCS	1
17	740H	Texas Valley Coastal Bend HCS	2
17	740M	Texas Valley Coastal Bend HCS	1
17 Total			55
18	501	New Mexico HCS	3
18	504	Amarillo HCS	2
18	504Z	Amarillo HCS	2
18	519	West Texas HCS	3
18	644	Phoenix HCS	14
18	649	Northern AZ HCS	5
18	649A	Northern AZ HCS	1
18	649P	Northern AZ HCS	1
18	678	Southern AZ HCS	3
18	756	El Paso HCS	4
18 Total			38
19	436	Montana HCS	3
19	436B	Montana HCS	2
19	436C	Montana HCS	1
19	442	Cheyenne VAMC	1
19	554	Eastern CO HCS	13
19	554B	Eastern CO HCS	1
19	554C	Eastern CO HCS	2
19	554P	Eastern CO HCS	1
19	575	Grand Junction VAMC	3
19	660	Salt Lake City HCS	7
19	660I	Salt Lake City HCS	1
19	666	Sheridan VAMC	3
19 Total			38
20	4631	Alaska Healthcare System	5
20	531	Boise VAMC	4
20	648	Portland VAMC	5
20	648A	Portland VAMC	5
20	653	Roseburg HCS	2
20	653Y	Roseburg HCS	1
20	663	Puget Sound HCS	4
20	663B	Puget Sound HCS	2
20	668	Spokane VAMC	5
20	687	Walla Walla VAMC	3
20	687L	Walla Walla VAMC	1
20	692	SORCC VAD White City	9
20 Total			46
21	459	Pacific Islands HCS	9
21	570	Central California HCS	3

VISN	Station	Facility	# of Peer Employees
21	612B	Northern California HCS	3
21	612BD	Northern California HCS	1
21	612C	Northern California HCS	1
21	612M	Northern California HCS	2
21	612Y	Northern California HCS	2
21	640B	Palo Alto HCS	2
21	640C	Palo Alto HCS	2
21	640F	Palo Alto HCS	1
21	640H	Palo Alto HCS	1
21	640Z	Palo Alto HCS	3
21	654	Sierra Nevada HCS	3
21	662	San Francisco VAMC	3
21	662H	San Francisco VAMC	2
21	662L	San Francisco VAMC	1
21 Total			39
22	593	Southern Nevada HCS	8
22	600	Long Beach HCS	13
22	605	Loma Linda HCS	9
22	664	San Diego HCS	11
22	691	Greater Los Angeles HCS	25
22	691D	Greater Los Angeles HCS	2
22	691H	Greater Los Angeles HCS	1
22	691S	Greater Los Angeles HCS	2
22 Total			71
23	437	Fargo HCS	3
23	438	Sioux Falls HCS	2
23	568	Black Hills HCS	1
23	568A	Black Hills HCS	1
23	618	Minneapolis HCS	3
23	636	Nebraska-Western Iowa HCS	3
23	636A	Nebraska-Western Iowa HCS	2
23	636B	Nebraska-Western Iowa HCS	5
23	636D	Central Iowa HCS	6
23	636I	Iowa City HCS	3
23	636R	Nebraska-Western Iowa HCS	2
23	656	St. Cloud HCS	2
23 Total			33
Grand Total			952

Question 101. According to the budget request, VA estimates a "net increase in enrollment will be 56,000 in 2014 and 63,000 in 2015" due to the mandate that all Americans have health care under the Affordable Care Act. How many veterans does VA estimate would leave the system for other health care in 2014 and 2015?

Response. VA has been closely monitoring Veteran enrollment in response to ACA, but it is likely still too early to assess changes in enrollment and to attribute them directly to the ACA. VA can report that of the Veterans to whom VA sent ACA outreach letters, almost 7,150 enrolled in VA health care after receiving such a letter (through February 2014). From July 2013 through January 2014, VA also received 252 requests from Veterans to disenroll from VA health care. Although Veterans are not required to provide a reason for enrolling or disenrolling, and other factors may also influence Veterans' decisions to enroll in or disenroll from VA health care, only 49 Veterans requested to disenroll during the same 6-month timeframe in the previous year (July 2012 through January 2013). The experience to date in 2014, based on this data, for both enrollment and disenrollment, is lower than originally projected in the budget request. VA will continue to monitor the impact of ACA on the VA health care system and make necessary changes to future budget estimates.

As background, the analysis to estimate the impact of ACA on VA health care was based on data from three sources—the 2010 Public Use Microdata Sample files from the American Community Survey (ACS), The Lewin Group's Health Benefit Simulation Model (HBSM), and VA's EHCPM. The HBSM predicts how Veterans' health care choices might change as a result of ACA. This model was used to estimate the change in VA enrollment (both those enrolling and those leaving VA for other coverage) in response to the ACA. For an individual with a given primary health coverage status before ACA, the HBSM predicts the individual's likelihood of remaining in the same primary coverage status or transitioning to another status after implementation of ACA. These likelihoods are based on individual-level factors that are also modeled, such as the individual's Federal poverty level, whether the individual is employed, employer type, and employer size. The results of the analysis suggested that most Veterans who have employer-provided insurance as their primary insurance will not have a change of status as a result of ACA, nor will Veterans who have coverage provided by Medicaid, Medicare, TRICARE, or the Indian Health Service. According to The Lewin Group's initial assessment, the vast majority of Veterans will not choose to change their source of health care coverage as a result of the ACA.

Veterans who are most likely to newly enroll in VA health care to obtain minimum essential coverage are Veterans who currently have no health coverage. The 2010 ACS data indicate that about 1.4 million Veterans have no form of health coverage. About 1 million of these Veterans may be eligible to enroll in VA by meeting VA's income-eligibility requirements. However, because many of these Veterans may also be eligible for Medicaid or for tax credits if they buy insurance in the health insurance marketplaces, not all of them are likely to enroll in VA health care.

Veterans who are likely to obtain non-VA coverage in response to the ACA are those who rely very little on VA for their health care. There are about 924,000 Veterans in this category. Some of them are expected to disenroll from VA in order to avail themselves of premium tax credits (if otherwise eligible) to purchase qualifying coverage in the health insurance marketplace. Another portion of this group would enroll in Medicaid if their state expands Medicaid coverage and some would take up employer-provided insurance in response to the ACA. Veterans who obtain coverage through Medicaid or employer-provided insurance are not expected to disenroll from VA (and instead maintain dual enrollment), but their reliance on VA is likely to decline.

Question 102. VA provides dental care to veterans who are 100 percent service-connected disabled, for dental conditions that are service-connected, or care that is medically necessary. In addition, VA provides access for veterans to dental insurance through the VA Dental Insurance Program.

A. Please describe in detail the metrics VA uses to measure access to VA's dental clinics.

Response. VA uses access measures to quantify how many patients waited and how many are currently waiting for care. Dental clinics use the same access metrics that are used for all VA medical appointments. The VHA Support Service Center Wait Time Pending report was designed to help reduce the number of future appointments with long waits. The report shows the number of patients and appointments in the queue but gives greater detail for those patients who have already waited more than 14 days from the recorded create date for an upcoming visit.

B. What is the current wait time for an appointment in a VA dental clinic? Please break this information out by facility.

Response. As of June 30, 2014, 5.50 percent of all pending dental appointments for new patients were greater than 14 days of the create date. The facility specific access list report is attached.

Source: VSSC Wait Time Pending Cube.bbk
Wait Time Pending Cube Definitions:

(180) Dental New Patients Waiting for Appointments	6/30/2014 New Patients % > 14 Days	6/30/2014 New Patients > 14 Days	6/30/2014 New Patients > 90 Days	6/30/2014 NPW Average Days
All Facility	5.50%	433	18	29.6
V01	4.23%	14	1	35.4
(V01) (402) Togus, ME	2.00%	1		37
(V01) (405) White River Junction, VT	100.00%	1		15
(V01) (518) Bedford, MA	2.22%	1		31
(V01) (523) VA Boston HCS, MA	2.70%	2	1	73.5
(V01) (608) Manchester, NH	8.33%	2		15.5
(V01) (631) VA Central Western Massachusetts HCS	5.71%	2		52
(V01) (650) Providence, RI	0.00%			0
(V01) (689) VA Connecticut HCS, CT	9.62%	5		27.3
V02	1.67%	4		13.8
(V02) (528) Albany, NY	0.00%			8
(V02) (528) Bath, NY	0.00%			0
(V02) (528) Canandaigua, NY	0.00%			8.3
(V02) (528) Syracuse, NY	2.13%	1		26
(V02) (528) Western New York, NY	4.41%	3		14.3
V03	2.03%	6		19.8
(V03) (526) Bronx, NY	0.00%			0
(V03) (561) New Jersey HCS, NJ	3.61%	3		24.5
(V03) (620) VA Hudson Valley HCS, NY	0.00%			3.3
(V03) (630) New York Harbor HCS, NY	3.45%	3		25.8
(V03) (632) Northport, NY	0.00%			0
V04	5.82%	23		21.5
(V04) (460) Wilmington, DE	3.70%	1		44
(V04) (503) Altoona, PA	12.50%	1		31
(V04) (529) Butler, PA	0.00%			0
(V04) (540) Clarksburg, WV	10.00%	1		17
(V04) (542) Coatesville, PA	13.89%	5		27.8
(V04) (562) Erie, PA	11.11%	2		41
(V04) (595) Lebanon, PA	6.17%	5		12.5
(V04) (642) Philadelphia, PA	3.33%	2		36
(V04) (646) Pittsburgh, PA	5.17%	3		22.7
(V04) (693) Wilkes-Barre, PA	4.00%	3		18
V05	5.79%	11	4	40.4
(V05) (512) Baltimore HCS, MD	5.08%	3		15.5
(V05) (613) Martinsburg, WV	4.55%	2		31
(V05) (688) Washington, DC	6.90%	6	4	57.2
V06	5.27%	26	1	39.4
(V06) (517) Beckley, WV	0.00%			0
(V06) (558) Durham, NC	3.54%	4		22.5
(V06) (565) Fayetteville, NC	8.51%	8		29.9
(V06) (590) Hampton, VA	2.08%	1		79
(V06) (637) Asheville, NC	0.00%			2
(V06) (652) Richmond, VA	0.00%			0
(V06) (658) Salem, VA	3.70%	1		80
(V06) (659) Salisbury, NC	19.67%	12	1	50.1
V07	9.50%	42	8	43.5

(180) Dental New Patients Waiting for Appointments	6/30/2014 New Patients % > 14 Days	6/30/2014 New Patients > 14 Days	6/30/2014 New Patients > 90 Days	6/30/2014 NPW Average Days
(V07) (508) Atlanta, GA	8.33%	8		49.9
(V07) (509) Augusta, GA	10.29%	7		46
(V07) (521) Birmingham, AL	3.13%	2		17.6
(V07) (534) Charleston, SC	3.03%	1		31
(V07) (544) Columbia, SC	9.41%	8	8	93.3
(V07) (557) Dublin, GA	20.00%	4		23.2
(V07) (619) Central Alabama Veterans HCS, AL	24.44%	11		27.3
(V07) (679) Tuscaloosa, AL	3.23%	1		36
V08	4.27%	32	2	31.4
(V08) (516) Bay Pines, FL	1.25%	1		20
(V08) (546) Miami, FL	2.27%	2		11.3
(V08) (548) West Palm Beach, FL	4.55%	4		21.8
(V08) (573) Gainesville, FL	10.12%	17		42.6
(V08) (672) San Juan, PR	6.25%	3	1	45.7
(V08) (673) Tampa, FL	0.79%	1	1	39.3
(V08) (675) Orlando, FL	2.65%	4		25.3
V09	7.88%	39		26.9
(V09) (581) Huntington, WV	2.13%	1		13.3
(V09) (596) Lexington, KY	5.48%	4		18.6
(V09) (603) Louisville, KY	8.93%	5		20.5
(V09) (614) Memphis, TN	7.41%	6		31.4
(V09) (621) Mountain Home, TN	16.44%	12		37.4
(V09) (626) Middle Tennessee HCS, TN	6.67%	11		23.7
V10	4.46%	10		24.5
(V10) (538) Chillicothe, OH	0.00%			0
(V10) (539) Cincinnati, OH	8.70%	2		21.5
(V10) (541) Cleveland, OH	4.11%	3		40
(V10) (552) Dayton, OH	5.26%	2		16.6
(V10) (757) Columbus, OH	4.55%	3		24
V11	2.84%	9		15.1
(V11) (506) Ann Arbor, MI	2.17%	1		24
(V11) (515) Battle Creek, MI	0.00%			5.3
(V11) (550) Danville, IL	0.00%			0
(V11) (553) Detroit, MI	0.00%			7
(V11) (583) Indianapolis, IN	3.85%	3		22.7
(V11) (610) Northern Indiana HCS, IN	14.81%	4		15.2
(V11) (655) Saginaw, MI	2.27%	1		13.3
V12	3.66%	14	1	22.4
(V12) (537) Jesse Brown VAMC (Chicago), IL	4.11%	3		21.6
(V12) (556) Captain James A Lovell FHCC	5.00%	2		16
(V12) (578) Hines, IL	2.25%	2	1	34.3
(V12) (585) Iron Mountain, MI	9.09%	2		21
(V12) (607) Madison, WI	5.00%	1		26
(V12) (676) Tomah, WI	0.00%			0
(V12) (695) Milwaukee, WI	3.70%	4		19.3
V15	9.35%	20		39.6
(V15) (589) Columbia, MO	0.00%			0
(V15) (589) Eastern KS HCS, KS	14.71%	5		32.2
(V15) (589) Kansas City, MO	7.55%	4		25.8
(V15) (589) Wichita, KS	5.88%	1		17

(180) Dental New Patients Waiting for Appointments	6/30/2014 New Patients % > 14 Days	6/30/2014 New Patients > 14 Days	6/30/2014 New Patients > 90 Days	6/30/2014 NPW Average Days
(V15) (657) Marion, IL	7.27%	4		57.3
(V15) (657) Poplar Bluff, MO	50.00%	3		52.7
(V15) (657) St. Louis, MO	10.71%	3		50.3
V16	9.57%	54	1	38.8
(V16) (502) Alexandria, LA	18.75%	3		41.3
(V16) (520) Gulf Coast HCS, MS	6.56%	4		35.4
(V16) (564) Fayetteville, AR	4.76%	2		31.7
(V16) (580) Houston, TX	37.50%	18		72.4
(V16) (586) Jackson, MS	8.00%	4		26.2
(V16) (598) Little Rock, AR	3.77%	2	1	40.4
(V16) (623) Muskogee, OK	2.22%	1		10.5
(V16) (629) New Orleans, LA	14.16%	16		22.3
(V16) (635) Oklahoma City, OK	5.33%	4		21.7
(V16) (667) Shreveport, LA	0.00%			0
V17	4.67%	17		29.1
(V17) (549) Dallas, TX	3.05%	5		27
(V17) (671) San Antonio, TX	5.32%	5		31.4
(V17) (674) Temple, TX	6.06%	6		29.3
(V17) (740) VA Texas Valley Coastal Bend HCS	14.29%	1		23
V18	6.12%	15		22.8
(V18) (501) New Mexico HCS	7.81%	5		26.9
(V18) (504) Amarillo, TX	0.00%			0
(V18) (519) Big Spring, TX	20.00%	3		18
(V18) (644) Phoenix, AZ	2.44%	1		21.7
(V18) (649) Northern Arizona HCS	15.38%	4		24.5
(V18) (678) Southern Arizona HCS	1.27%	1		8.7
(V18) (756) El Paso, TX	9.09%	1		16
V19	2.13%	4		17.6
(V19) (436) Fort Harrison, MT	0.00%			0
(V19) (442) Cheyenne, WY	12.50%	2		68
(V19) (554) Denver, CO	1.14%	1		23
(V19) (575) Grand Junction, CO	0.00%			0
(V19) (660) Salt Lake City, UT	2.38%	1		16
(V19) (666) Sheridan, WY	0.00%			8.5
V20	4.68%	19		28.9
(V20) (463) Anchorage, AK	5.88%	1		22
(V20) (531) Boise, ID	7.69%	1		16
(V20) (648) Portland, OR	4.88%	4		43
(V20) (653) Roseburg, OR	7.94%	5		27.3
(V20) (663) VA Puget Sound, WA	3.89%	7		33
(V20) (668) Spokane, WA	4.76%	1		19
(V20) (687) Walla Walla, WA	0.00%			0
(V20) (692) White City, OR	0.00%			2
V21	5.72%	25		27.4
(V21) (358) Manila, PI				
(V21) (459) Honolulu, HI	3.70%	1		6.3
(V21) (570) Fresno, CA	0.00%			0
(V21) (612) N. California, CA	6.16%	13		28.3
(V21) (640) Palo Alto, CA	8.93%	5		29.7
(V21) (654) Reno, NV	2.86%	1		38

(180) Dental New Patients Waiting for Appointments	6/30/2014 New Patients % > 14 Days	6/30/2014 New Patients > 14 Days	6/30/2014 New Patients > 90 Days	6/30/2014 NPW Average Days
(V21) (662) San Francisco, CA	7.25%	5		30.3
V22	8.36%	31		23.3
(V22) (593) Las Vegas, NV	1.64%	1		16.7
(V22) (600) Long Beach, CA	0.00%			2
(V22) (605) Loma Linda, CA	9.76%	8		23.7
(V22) (664) San Diego, CA	15.38%	10		24.8
(V22) (691) Greater Los Angeles HCS	9.09%	12		24.5
V23	3.44%	18		20.7
(V23) (437) Fargo, ND	0.00%			7
(V23) (438) Sioux Falls, SD	5.26%	1		15.5
(V23) (568) Black Hills HCS, SD	0.00%			5
(V23) (618) Minneapolis, MN	3.26%	6		17.3
(V23) (636) Central Iowa, IA	4.65%	2		17.7
(V23) (636) Iowa City, IA	16.67%	2		44
(V23) (636) Nebraska-W Iowa, NE	3.90%	6		33.2
(V23) (656) St. Cloud, MN	1.72%	1		11.7
				24.75802469

Embedded in the above spreadsheet, five pages:

United States Department of Veterans Affairs
VHA Support Service Center (VSSC)

Wait Time Pending Cube Data Definitions

Updated 4/25/2011

Purpose/Rationale:

The purpose of this cube is to provide details regarding pending appointments. The information in the cube is an extract from the Patient Appointment Information Transmission (**PAIT**) and the Electronic Wait List (**EWL**) data which are transmitted to Austin. The information in the cube helps VISNs and medical centers view the data in more detail as well as identify additional measures that may be helpful for their analysis.

Most Recent Updates:

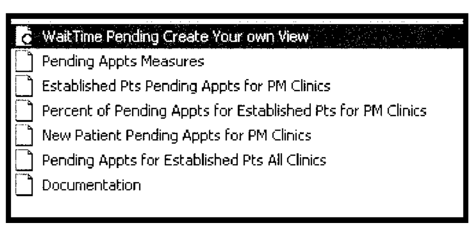
- Provide information on revisions & changes made to product

Date	Description
2/9/2009	Four new measures added which show New (and Established) Patients > 30 days
12/20/2009	Top 50 Clinics hierarchy in the Clinic dimension modified to the new FY2010 listing, see item #221 on the Wait Times FAQ for further details.
2/17/2010	Rurality dimension related to the patient added to the cube.
05/2010	Cube moved to SQL2008 server vhaaacdw05.vha.med.va.gov
04/25/2011	Cube has moved to new server vhaausBi5.vha.med.va.gov

Typical Use Of Data: To monitor and analyze future pending appointments.

Target Audience: Clinic Coordinators

Briefing Book Views:



Data Sources:

Data sources are from Patient Appointment Information Transmission (**PAIT**) and Electronic Wait List (**EWL**). This extract contains all appointments made through the scheduling system. Reference Document: Patient Appointment Information Transmission (PAIT) March, 2004.

Cube Server: vhaausBi5.vha.med.va.gov

Cube Update Frequency:

The extract is ideally run twice a month on the 1st and the 15th at the Austin Information Technology Center (**AITC**). Data is transmitting to VSSC servers by the 5th and 20th (respectively) of each month and this cube will be updated 1-2 days after the data arrival from AITC.

Cube Dimensions:

1. **ApptReason:** These are codes that define the reason for the patient appointment: Next Available and Not Next Available (reference PAIT).

2. **Appointment Reason First Available:** These are codes that define the reason for the patient appointment. In this dimension it defines whether the appointment was the First Available or All Other (reference PAIT).

3. **Appointment Type:** These are codes that define the type of patient appointment status: action required or future (reference PAIT).

4. **Appt Event:** This dimension shows what is happening to the appointment made as it relates to the pending status. The two fields are checked—in and unknown.

5. **Clinic Stops:** Divided into 4 hierarchies:
   - Clinic PM is the 9 performance measure clinics (Primary Care includes DSS Stops 322, 323, 350, and 531; Eye Care includes 407 and 408; Urology is 414; Cardiology is 303; Audiology is 203; GI is 307; Podiatry is 411; Dermatology is 304; Orthopedics is 409.
   - Top 50 Clinics: List of 50 clinic stops can be found under the Clinic Wait Time folder in the VSSC Web site http://vssc.med.va.gov/ . These are the 50 clinics with the highest volume nationally.
   - Clinic All: All clinics grouped by Category→Class→Clinic Stop
   - Clinic Specialty: All clinics grouped by Specialty Clinic Group→Clinic Stop

6. **PtStatus:** The status of the patient is divided into Established Patient, New Patient, and EWL.

7. **Facility:** All Facilities -> VISN→Facility→Division→Clinic location) This

dimension allows you to compare facilities.

8. **ApptDateEWLorReg** and **CreateDateEWLorReg:** (Year→Quarter→month → date) There are two ways to sort Time: by Appointment Date (or EWL Desire Date) and by Appointment Create Date (or EWL Create Date).

9. **PtPriority:** This dimension is the priority status of the patient. This status is determined by the means test. Variable includes Unknown, Priority 1, Priority 2, Priority 3, Priority 4, Priority 5, Priority 6, Priority 7 and Priority 8.

10. **PtSvcConn:** Identifies whether the patient is service connected or not. Three selections are present: SC, Not SC and Unknown.

11. **OEFOIF:** Identifies whether the patient is designated by the Health Eligibility Center (HEC) or the Defense Management Data Center (DMDC) or both as an OEF/OIFveteran. Also see the Official Definition of which Veterans are included in the OEF/OIF roster.

12. **PtGender:** Gender of the patient. All → Male, Female, Unknown

13. **PtRurality:** Most recent classification of the location of the patient's address based on an algorithm built by the PSSG office. Possible levels are Highly Rural, Rural, Urban and Unknown.

Cube Measures:

1) **Appointments:** Appointment count (count and non-count clinics)

2) **Patients (Unique):** The number of unique patients, identified by SSN, who visited a specified clinic.

3) **New Patient Wait (NPW):** Number of days patient waits for first appointment: 0 -30 days, 31-60 days, 61-90 days, 91-120 days and over 120 days.

4) **New Patients > 30 Days:** Combined figures from the 31-60, 61-90, 91-120 and >120 categories for New Patients.

5) **New Patients % > 30 Days:** New Patients > 30 Days divided by the Total # of future Appts.

6) **Established Patient Wait (EPW):** Number of days patient waits for desired appointment: 0 -30 days, 31-60 days, 61-90 days, 91-120 days and over 120 days.

7) **Established Patients > 30 Days:** Combined figures from the 31-60, 61-90, 91-120 and >120 categories for Established Patients.

8) **Established Patients % > 30 Days:** Established Patients > 30 Days divided by the Total # of future Appts.

9) **Electronic Wait List (EWL):** Number of days patient waits on Electronic Wait List for appointment: 0 -30 days, 31-60 days, 61-90 days, 91-120 days and over 120 days.

10) **Percent New Patient Wait (% NPW):** The percent of new patients waiting: 0 -30 days, 31-60 days, 61-90 days, 91-120 days and over 120 days.

11) **Percent Established Patient Wait (% EPW):** The percent of established patients waiting: 0 -30 days, 31-60 days, 61-90 days, 91-120 days and over 120 days.

12) **Percent Electronic Wait List (% EWL):** The percent of electronic wait list patients waiting: 0 -30 days, 31-60 days, 61-90 days, 91-120 days and over 120 days.

NOTE: For additional information on the definition of new patient versus established patient, please go to APPENDIX below.

Actions:

There is a cell action called Patient List Report which will provide the user with real SSN data if the user has access to this data. The cell action brings back appointment level data. Right click on the cell with the number of appointments and select Actions→ Patient List Report and enter your NT credentials. The report will come back in an Excel spreadsheet.

There is a cell action called Data Definitions which will open this document.

There is a cell action called Cube As of Date which will display the date (i.e. the 1st or 15th of the month) of the latest Pending Cube update.

There is a cell action called New Wait Times FAQ which will open a Wait Times Frequently Asked Questions document.

There is a cell action called VSSC Changes and Corrections which will describe when coding changes to the VSSC logic occur and the reasons behind those changes.

Summary:

In summary, any suggestions to improve both the quality and ease of use of this cube would be greatly appreciated. You may send your suggestions for enhancing this cube to:

<u>**VSSC Help Desk - Wait Times**</u>

Related VSSC Reports:

The data contained in the Wait Time Pending Cube is equivalent to the data for the most recent ending period of the Pending Future Appointments SAS web report located at:

http://vssc.med.va.gov/WaitTime/Pending.asp

Appendix: The Appendix provides earlier documentation on Wait Times, the difference between New and Established patients, the difference between appointment creation date and appointment desired date, as well as DSS clinic stop numbers.

Appendix PMO - New and Established Patie

Additional information on the Definition of New versus Established Patient:

NewandEstablishedP tdefined.xls

This Excel Spreadsheet outlines the criteria for determining if a patient is a new patient or an established patient.

C. How many open positions does VA currently have for dental providers and on average how long does it take to hire a dental clinician?

Response. As of July 15, 2014, there are 20 dentist vacancies and 2 dental hygienist vacancies listed on the USAJobs Web site. As of April 2014, the average SOH timeframe to hire dental clinicians is 41.99 days, which exceeds the VA SOH goal of 60 days. The SOH metric begins with the date request received through the date of tentative offer.

D. Please submit to the Committee the Dental Patient Satisfaction Survey.

Response. Please see attached eight pages.

OMB Number 2900-0764
Est. Burden: 15 minutes
VA Form 10-0503

SURVEY OF HEALTHCARE EXPERIENCES OF PATIENTS

DENTAL CARE 2011

In order for the VA to carry out its mission to provide the best possible medical care and services to all veterans, it is extremely important that you complete and return this survey booklet. Your answers will help ensure that all veterans receive the high-quality care they have earned and so richly deserve.

We want to remind you that all information is strictly anonymous. It will not be shared with your dentist or affect your VA care.

If you have a specific question or need help with your VA care, you may contact the VA as described at the end of this survey booklet.

Thank you very much!

The Paperwork Reduction Act of 1995: This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Customer satisfaction surveys are used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of specific programs and services. Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

*** YOUR RECENT VISIT TO A VA DENTAL FACILITY ***

Our records show that you recently visited the VA facility described below. You will be asked to refer to this information later in the survey:

SURVEY INSTRUCTIONS

Answer all the questions by checking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- ☐ Yes
- ☐ No ➔ *If No, Go to Question 1*

You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey.

---

1. In the last 12 months, did you go to a VA dentist's office or clinic for care?

- ☐ Yes
- ☐ No ➔ *If No, please stop and return this survey in the postage-paid envelope. Thank you.*

ABOUT YOUR HEALTH

2. In general, how would you rate the overall condition of your teeth and gums?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

3. In general, how would you rate your overall health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

YOUR REGULAR DENTIST

4. A regular dentist is one you would go to for check-ups and cleanings or when you have a cavity or tooth pain. Do you have a regular VA dentist?

- ☐ Yes
- ☐ No ➔ *If No, Go to Question 11*

5. Have you seen your regular VA dentist in the last 12 months?

- ☐ Yes
- ☐ No➔ If No, Go to Question *11*

6. In the last 12 months, how often did your regular VA dentist explain things in a way that was easy to understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

7. In the last 12 months, how often did your regular VA dentist listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

8. In the last 12 months, how often did your regular VA dentist treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

9. In the last 12 months, how often did your regular VA dentist spend enough time with you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

10. Using any number from 0 to 10, where 0 is the worst regular dentist possible and 10 is the best regular dentist possible, what number would you use to rate your regular VA dentist?

- ☐ 0 Worst regular dentist possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best regular dentist possible

YOUR DENTAL CARE IN THE LAST 12 MONTHS

So far, the questions on this survey have been about your regular VA dentist. The next set of questions ask about all dental care you had in VA in the last 12 months.

11. In the last 12 months, how often did the dentists or dental staff do everything they could to help you feel as comfortable as possible during your dental work?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

12. In the last 12 months, how often did the dentists or dental staff explain what they were doing while treating you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

13. In the last 12 months, how often were your dental appointments as soon as you wanted?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

14. If you needed to see a dentist right away because of a dental emergency in the last 12 months, did you get to see a dentist as soon as you wanted?

- ☐ I did not have a dental emergency in the last 12 months
- ☐ Definitely yes
- ☐ Somewhat yes
- ☐ Somewhat no
- ☐ Definitely no

15. If you were advised to get an appointment for yourself with a dentist who specializes in a particular type of dental care (such as root canals or gum disease) in the last 12 months, how often did you get an appointment as soon as you wanted?

- ☐ I did not try to get an appointment with a specialist dentist for myself in the last 12 months
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

16. In the last 12 months, how often did you have to spend more than 15 minutes in the waiting room before you saw someone for your appointment?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

17. If you had to spend more than 15 minutes in the waiting room before you saw someone for your appointment, how often did someone tell you why there was a delay or how long the delay would be?

- ☐ I never had to spend more than 15 minutes in the waiting room before I saw someone for an appointment
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

18. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate all of the VA dental care you personally received in the last 12 months?

- ☐ 0 Worst dental care possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best dental care possible

19. The next question asks about your VA dental care and how up-to-date or state-of-the-art you consider that care to be. Using any number from 0 to 10, where 0 is the very dated or not current and 10 is very advanced or up-to-date, what number would you use to rate all of the dental care you personally received at the VA in the last 12 months?

- ☐ 0 Not at all current or up-to-date
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Very advanced or up-to-date

20. A dental provider could be a general dentist, a dental specialist, a dental hygienist, or a dental assistant. In the last 12 months, how often did you and a VA dental provider talk about specific things you could do to prevent dental problems?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

21. **Sometimes there can be different options in dental care for your dental treatment or preventive dental care. In the last 12 months, did a VA dental provider tell you there was more than one choice for your dental treatment or care?**

- ☐ Yes
- ☐ No ➔ *If No, Go to Question* 24

22. **In the last 12 months, did a VA dental provider talk with you about the pros and cons of each choice for your dental treatment or care?**

- ☐ Definitely Yes
- ☐ Somewhat Yes
- ☐ Somewhat No
- ☐ Definitely No

23. **In the last 12 months, when there was more than one choice for your dental treatment or care, did a VA dental provider ask which choice was best for you?**

- ☐ Definitely Yes
- ☐ Somewhat Yes
- ☐ Somewhat No
- ☐ Definitely No

24. **What was the reason for your recent visit? (You may choose more than one).**

- ☐ Routine cleaning, check-up or examination
- ☐ Something was wrong, hurting, or bothering me
- ☐ Treatment of a problem my dentist discovered at an earlier check-up or examination
- ☐ Don't know/don't remember
- ☐ Other

25. **In the last 12 months, how often did you have a hard time speaking with or understanding your VA dental provider because you spoke different languages?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

THE FOLLOWING QUESTIONS WILL HELP US UNDERSTAND YOUR OPINION REGARDING SOME CHARACTERISTICS OF THE VA FACILITY DESCRIBED ON THE FRONT COVER OF THIS BOOKLET:

26. **How would you rate the following aspects of the dental examination or dental treatment room:**

	Poor	Fair	Good	Very Good	Excellent	Does Not Apply
a. **Cleanliness of the room**	☐	☐	☐	☐	☐	☐
b. **Privacy while in the room**	☐	☐	☐	☐	☐	☐
c. **Noise level**	☐	☐	☐	☐	☐	☐
d. **Sense of safety and security**	☐	☐	☐	☐	☐	☐

27. How would you rate the following aspects of the dental facilities:

	Poor	Fair	Good	Very Good	Excellent	Does Not Apply
a. Cleanliness of the reception/waiting area	☐	☐	☐	☐	☐	☐
b. Cleanliness of the restroom/lavatory	☐	☐	☐	☐	☐	☐
c. Availability of parking	☐	☐	☐	☐	☐	☐
d. How would you rate the clinic building overall (i.e., attractiveness of facility appearance, quality of building maintenance and upkeep)?	☐	☐	☐	☐	☐	☐
e. In terms of your satisfaction, how would you rate the convenience of the location of the clinic facility?	☐	☐	☐	☐	☐	☐

DENTAL COVERAGE AND ELIGIBILITY

28. In the last 12 months, how often did your VA dental coverage or eligibility cover all of the dental services you thought should be covered?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

ABOUT YOU

29. What is your age?

- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

30. Are you male or female?

- ☐ Male
- ☐ Female

31. What is the highest grade or level of school that you have <u>completed</u>?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

32. Are you of Hispanic or Latino origin or descent?

- ☐ Yes, Hispanic or Latino
- ☐ No, Not Hispanic or Latino

33. What is your race? (Mark all that apply)

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ American Indian or Alaska Native

34. Did someone help you complete this survey?

- ☐ Yes
- ☐ No→ *Thank you. Please return the completed survey in the postage-paid envelope.*

35. How did that person help you? Check all that apply.

- ☐ Read the questions to me
- ☐ Wrote down the answers I gave
- ☐ Answered the questions for me
- ☐ Translated the questions into my language
- ☐ Helped in some other way. *If so, please explain here:*

____

____

If you have a specific question or need help with your VA care, you may contact the VA:
1. By telephone:
   a. VA Benefits: 1-800-827-1000
   b. Health Care Benefits: 1-877-222-8387
   c. Telecommunications Device for the Deaf (TDD): 1-800-829-4833
2. Information on a broad range of veterans' benefits is available on our home page at http:// www.va.gov
3. At your local VA medical center. Either contact the department that you think can help you or ask for the Patient Advocate.

Your answers are important to help us improve VA care. Thank you for completing this questionnaire. Please place the completed questionnaire in the envelope we sent you. No stamp is required. Simply place the envelope in any mailbox and return the survey to:

Department of Veterans Affairs
c/o Synovate
P.O. Box 806046
Chicago, IL 60680

8

Question 103. In a response to a question about the fiscal year 2014 budget request on consolidating VHA Fee Programs processing system, VHA indicated they had not consolidated in the same manner as the Consolidated Patient Account Centers (CPAC) but had begun "work on a centralized claims processing system, known as * * * Health Claims Processing" (HCP). Please provide the Committee a detailed update on the implementation of HCP.

Response. HCP was chartered by VA to demonstrate the use of VA's Financial Service Center (FSC) to process health care claims for Non-VA Medical Care (previously known as FEE). The project is managed by the VHA Chief Business Office (CBO) in a partnership with the FSC. The FSC supports CBO with claims processing support for several VISNs experiencing high claim volume/ backlogs. For claims processed by FSC, VAMCs continue to be responsible for the Non-VA Care Coordination component, which includes eligibility determination and authorization for Purchased Care.

In addition, FSC has supported CBO in developing two HCP modules which support and introduce improvements to the upfront processes of Non VA Care including eligibility determinations as well as the authorization of inpatient care in the community (known as Hospital Notification). The Eligibility module is in production use at 3 VAMCs and is in the process of being integrated with the existing Fee Basis Claims System (FBCS). The national release of this functionality is currently scheduled to begin in March 2015. The module for Hospital Notification is scheduled for a January 2015 deployment to a second VAMC for testing and will be integrated with FBCS in the second half of 2015.

Question 104. Because information on VISN headquarters funding was left out of last year's request, Ranking Member Burr submitted a question for the record asking "[h]ow much does VA expect to spend in fiscal years 2014 and 2015 for VISN headquarters functions?" While VA never answered the question, this year's budget request provided the answer.

A. What accounts for the $115 million increase between fiscal year 2013 and 2014 at a time when VA was reducing the size the VISN staff?

Response. There was a $105 million increase in obligations from 2013 actuals to 2014 estimate. The 2013 actual of $186.8 million reflects actual obligations at the end of the fiscal year for the VISN headquarters only. The 2014 estimate of $291.6 million reflects projections for VISN headquarters and includes consolidated VISN functions, such as laundry, laboratory, and human resources. In 2013, these funds were initially sent to the VISN headquarters and then disseminated to the VAMCs. FY 2014 reflects a transition year for how these funds are initially disseminated to the field.

B. VISN Directors were given a deadline of December 31, 2013, to reduce their staff to no more than 65 FTEs; why did VISN 23 miss this target date? Please describe what remedies are being put in place to help VISN 23 reach the target.

Response. VISN 23 was compliant with the required staffing levels, with the exception of Bio-Medical Engineering and Health Care Technology which they requested to function as a consolidated service. The VISN Staffing Workgroup is conducting a review of all requests for consolidated service to validate those occupational functions which are best suited for consolidation.

If VISN 23's Bio-Medical Engineering/Health Care Technology proposal is approved, the staff are either moved to a consolidated service account or dispersed back to the local medical facilities. The VISN would then be 8 full-time equivalent employees (FTEE) under their currently approved ceiling of 59 FTEE.

C. In a meeting with Ranking Member Burr in 2012, senior VHA officials indicated they planned to reduce the number of VISN staff first, and then explore the overall number of VISNs needed. Has the second phase started? If not, when does VA expect to begin this phase of the VISN reorganization?

Response. The former Under Secretary for Health convened a workgroup in 2013 to review the composition of VISNs relative to Veteran population, health care service complexity levels, geography, budget, and other factors that are unique to each VISN. The workgroup developed the criteria and methodology that would be used to review the size and composition of the VISNs. The workgroup presented its findings and recommendations to VHA leadership in late 2013. VHA leadership instructed the review team to reevaluate certain criteria and revise recommendations for consideration. These recommendations were to provide for a tiered or staggered approach to any reorganization effort that would allow for a phased implementation of any changes.

Question 105. The Honoring America's Veterans and Caring for Camp Lejeune Families Act was signed into law 18 months ago. VA started treating Camp Lejeune Veterans in August 2012 when the President signed the law; however, family members are still waiting. When will VA start processing claims for Camp Lejeune families?

Response. VA can begin reimbursing eligible Camp Lejeune family members now that the interim final rule has been published and is effective. The interim final rule was published in the *Federal Register* on September 24, 2014 and became effective on October 24, 2014. Now that the Camp Lejeune family member rule is effective, VA will reimburse family members, as the last payer, for health care costs that are related to the 15 conditions in the law and were incurred from March 26, 2013, the day the Congressional appropriations were made, onward.

Question 106. In response to a question by Chairman Sanders in the Committee hearing on the budget about what debt forgiveness programs are available to attract primary care physicians to work for VA, Dr. Petzel stated the $60,000 cap of the Education Debt Reduction Program (EDRP) "could be higher." In fact, the Caregivers and Veterans Omnibus Health Services Act authorizes the Secretary to waive the $60,000 cap. In addition, the budget request states "EDRP was not utilized to the extent expected for the Mental Health Hiring Initiative (MHHI)."

A. How many times has the Secretary waived the $60,000 cap? Please provide a list by provider type and the amount of debt eventually paid.

Response. No Education Debt Reduction Program (EDRP) applicants have requested a waiver above the $60,000 cap; therefore, no waiver requests have required Secretary action/approval.

B. How did VA expect to utilize EDRP for MHHI? Please provide a detailed explanation of why it was not utilized as envisioned.

Response. In May 2012, VHA dedicated funding for 1,000 EDRP awards specifically for title 38 and hybrid title 38 permanent hires for the Mental Health Hiring Initiative (MHHI). All VISNs and facilities were notified of the availability of these funds to enhance their recruitment and retention efforts. Each facility is responsible for determining which positions are hard to recruit and include the EDRP incentive in the vacancy announcement accordingly. Over 4,000 clinical mental health professionals have been hired as part of the MHHI; 634 vacancy announcements for MHHI positions included the offer of the EDRP incentive. Of the employees hired from those vacancy announcements, 109 new employees have applied and been approved for EDRP in the amount of $5,243,001. As of April 1, 2014, there are 27 MHHI Psychology hires that have been offered EDRP but cannot apply until they have been licensed and converted to an excepted appointment. While VHA anticipated more EDRP usage for this important hiring initiative, there are a number of reasons it may not have been used to the extent expected. In particular, not all newly hired mental health professionals have qualifying education loan debt, and facilities may have determined that many of the positions hired were not hard to recruit. For example, pay for social workers in VHA is considered quite competitive with private sector, and nearly one-fourth of the clinical professionals hired as part of the MHHI were social workers. A survey of EDRP Coordinators is being conducted to identify barriers to using the program; that may prove beneficial to understanding the program's usage.

Homelessness

Question 107. Since the beginning of the Administration's initiative to eliminate veterans homelessness by 2015, VA's programs to assist homeless veterans have received a 67 percent increase in funding since fiscal year 2010. In 2013, there were 57,849 homeless veterans on any given night in January; however, this only represents a 24 percent decrease in the number of homeless veterans since 2010.

A. As we move into the end of rescue phase, how will the Administration define success?

Response. VA's goal is a systematic end to Veteran homelessness, which means there are no Veterans sleeping on our streets. Should Veterans become homeless, or be at-risk of becoming homeless, VA will have the capacity to quickly connect them to the help they need to achieve housing stability. The ultimate goal is that all Veterans have permanent, sustainable housing with access to high-quality health care and other supportive services that improve their quality of life.

B. What process will VA use to determine whether the rescue phase will need to be extended beyond 2015?

Response. VA recognizes there will always be a rescue component to homelessness. An end to homelessness among Veterans does not mean that a Veteran will never experience a housing crisis again. Changing economic realities and the unpredictability of life may create situations where a Veteran could experience or fall back into homelessness, or be at-risk of homelessness. We can prevent the number of homeless Veterans by identifying those who are most at-risk and quickly connecting them to programs that provide temporary financial assistance and access to housing, health care, employment assistance and other supportive services that help them obtain and sustain housing. Through coordination with other Federal and local partners, each community will have coordinated entry systems that can rapidly connect the Veteran to housing, health care and other supportive services that not only ends the episode of homelessness but promotes full reintegration back into the community. VA must also continue to utilize identified data to monitor its progress in ending homelessness and, when necessary, make local adjustments based on need.

C. What steps has the Administration taken to ensure that, as the troop drawdowns begin and continue over the next couple of years, these newly separated servicemembers do not fall into homelessness?

Response. VA has put into place a robust integrated system of care that focuses on both homeless prevention and rapid re-housing. Through its partnerships at the Federal and local levels, VA is using data-driven solutions that are evidenced-based and research-informed to quickly connect homeless Veterans to services and to prevent those at highest risk for becoming homeless to maintain housing. VA has coordinated with DOD to retool the Transition Assistance Program, which asks questions related to housing and vocational instability. This partnership promotes VA's capacity to more rapidly identify those most at risk for housing instability and connect them to preventative services, like the GI Bill, SSVF, benefits and other health care supports to mitigate risk and promote greater community readjustment and improved quality of life.

Question 108. The fiscal year 2016 advanced appropriation request currently has a significant decrease in funding for current homeless programs. If VA does not meet its goal for fiscal year 2015, will there be an increase in funding for homeless programs for fiscal year 2016 and will this be an increase above fiscal year 2015 funding?

Response. VA must sustain the progress that has been made thus far by maintaining the level of resources that have been allocated to date. VA's FY 2015 budget request calls for critical investments toward ending homelessness among Veterans while strengthening our systems of care for all individuals and families who experience homelessness. Although the Point-in-Time (PIT) estimate is an important data point for measuring progress, it is not the sole or primary data source VA uses to draft its budget. In preparation for the FY 2015 Budget Submission, VA used its own program evaluation data, poverty data, census data, and other health care data sources. VA will use all of these data sources to evaluate the effectiveness of VA's homeless programs and the PIT data to help adjust investments to priority communities where progress needs to accelerate to achieve the goal of ending Veteran homelessness.

Progress to date demonstrates that when new resources are invested in proven solutions and existing programs adopt best practices, it will be possible to end Veteran homelessness. To achieve the promise of ending Veteran homelessness, VA needs both investments in known, effective programs and a continued transformation of our existing systems to help Veterans swiftly achieve and maintain permanent housing. VA will need continued support from Congress for targeted programs like HUD-VASH, SSVF, Continuums of Care-funded Permanent Supportive Housing, Emergency Solutions Grants for Rapid Re-Housing and other programs that increase access to safe, affordable, permanent housing.

Question 109. The fiscal year 2015 budget request includes an additional 10,000 Housing and Urban Development Veterans Affairs Supportive Housing (HUD-VASH) vouchers, which would bring the total number of vouchers to roughly 68,155.

A. The fiscal year 2015 advance appropriation request submitted with the fiscal year 2014 budget request did not include an additional 10,000 vouchers for fiscal year 2015. What metrics were used to determine the need for additional vouchers for fiscal year 2015?

Response. The most recent data available from the 2013 PIT Count, suggests that there are still over 58,000 homeless Veterans on any given night. HUD-VASH vouchers are a critical component of our system and its ability to house these Veterans. With so many Veterans still homeless, it is clear that additional vouchers would be needed to end Veteran homelessness.

B. What is the total number of vouchers needed to meet the Administration's goal of ending veterans homelessness by 2015?

Response. At this point in time, it is not possible to definitively state the total number of vouchers needed to end Veteran homelessness. The total number of vouchers needed is dependent upon future data points, which HUD and VA can only estimate. The future data points include the future inflow of Veterans into homelessness, future placement rates accomplished with existing resources, and future placements rates accomplished with any new resources.

Question 110. The fiscal year 2015 budget request includes a $200 million increase for the Supportive Services for Veteran Families (SSVF) program. Since the beginning of SSVF, this program has seen a significant increase in funding each fiscal year. What type of analysis was conducted to determine the need for an additional $200 million in funding for fiscal year 2015?

Response. In determining the need for additional funding for the SSVF Program, VA used a stock and flow analytic tool that included data from the national PIT Count of homeless persons, VA's program utilization data, and national poverty data to model future homelessness trends. Based on these results, VA was able to project the number of homeless and at-risk Veteran families that would need access to SSVF rapid re-housing and prevention services. This model showed a gap in services that could impact VA's ability to end Veteran homelessness by the end of 2015. As a result, VA requested an additional $200 million for SSVF. It is important to note that SSVF emphasizes short-term crisis interventions that focus on the Veterans needing time-limited support to help them stabilize in permanent housing. Once VA meets its goal of ending Veteran homelessness, SSVF will be able to shift resources in order to prevent episodes of Veteran homelessness.

Question 111. Recently, VA changed the eligibility requirements for several programs, which has caused concern among the provider community.

A. How will the changes in eligibility requirements impact veterans seeking services through VA's homeless programs?

Response. No changes to VA homeless program eligibility requirements are in effect at this time. VA is currently reviewing the implications that changes in eligibility would have on Veterans and the homeless program provider community.

B. How many veterans currently seeking services will no longer be eligible for services through VA's homeless programs?

Response. No changes to VA homeless program eligibility requirements are in effect at this time. VA is currently reviewing the implications that changes in eligibility would have on Veterans and the homeless program provider community.

C. What steps is VA taking to ensure that veterans who are currently receiving services but will no longer be eligible for these programs are transitioned to other community resources?

Response. No changes to VA homeless program eligibility requirements are in effect at this time. VA is currently reviewing the implications that changes in eligibility would have on Veterans and the homeless program provider community.

Question 112. In December 2011, VA signed 38 leases creating a public-private partnership to develop housing units for homeless veterans. Through the Building Utilization Review and Repurposing initiative, VA identified unused or underutilized property, which would create an additional 4,100 housing units. How many additional units of housing were available through this program in fiscal year 2013 and how many will be available by the end of fiscal year 2014?

Response. VA currently has approximately 1,674 units of housing available through its EUL program. Of that number, 222 units are the direct result of EUL leases that are part of the Building Utilization Review and Repurposing (BURR) initiative. In FY 2013, 74 units were made available, and in FY 2014, an additional 148 units will be brought online, totaling 222 units directly related to BURR.

Rural Health

Question 113. Project ARCH was established through Public Law 110–387 to provide non-VA care to eligible highly rural enrolled veterans in five VISNs. This pilot program is set to expire at the end of 2014.

A. Please provide the Committee with the total number of veterans who participated in this pilot and the total costs at each pilot site.

Response.

VISN	Unique Veterans	Cost (Invoiced as of February 2014)
1	1,051	$3,914,105
6	336	$386,607
15	400	$345,233
18	1,745	$12,261,291
19	1,690	$19,544,700
Total	5,222	$36,451,936

B. When does the Department plan to determine whether to extend and/or expand this program?

Response. Section 104 of Public Law 113–146, the Veterans Access, Choice, and Accountability Act of 2014, extended Project ARCH for an additional two years, specifically until August 7, 2016. Section 104 specifies that the pilot program be carried out in Veterans Integrated Service Networks (VISNs) 1, 6, 15, 18, and 19 (and such other locations as the Secretary considers appropriate), and amends the eligibility criteria under the pilot to include Veterans enrolled in VA's system of patient enrollment as of August 1, 2014. The legislation sets standards for timely scheduling and occurrence of medical appointments under the pilot, requires outreach about the pilot program, and requires VA to make use of existing contracts or, in lieu of extending current contracts, enter into new contracts to carry out the pilot program.

In carrying out Project ARCH, VA conducted competitive acquisitions and awarded contracts with performance periods established commensurate with the law. All current contracts for Project ARCH were set to expire on September 30, 2014, but a six month extension to those contracts was executed. On September 26, 2014 the

President signed H.R. 5404 "The Department of Veterans Affairs Expiring Authorities Act of 2014." Section 409 provides contracting requirement relief, permitting sustainment of the existing contractors under Project ARCH. VA appreciates Congress's support of Project ARCH, and is actively working contracting activities to continue the pilot as required by Section 104.

Additionally, VA is working diligently to ensure Veteran access to care is not interrupted when Project ARCH concludes. VHA's Patient-Centered Community Care (PC3) program will be available to rural Veterans to help bridge this gap.

Under PC3, VHA has contracted with Health Net Federal Services and TriWest Healthcare Alliance to develop a network of providers to deliver covered care. This will provide eligible Veterans coordinated, timely access to specialty care through a comprehensive network of non-VA providers who meet VA quality standards when VA cannot readily provide the specialty care in-house due to geographic inaccessibility, lack of available specialists, and other factors. PC3 contracts have been awarded in six regions.

VA envisions the integration of PC3 will perpetuate increased access for Veterans in distance-challenged areas, provide quality health specialty care within all applicable VISN locations, and systematically reduce cost over time to ensure Veterans have accessible health care closer to their homes.

Question 114. In fiscal year 2014, the Office of Rural Health funded approximately 114 Rural Veteran Transportation Programs. Please provide the Committee with a list of where these projects are currently located, how many veterans are participating, and what metrics are used to determine the success of these projects.

Response. The 14 Rural Veteran Transportation Programs are being used in the following locations: Wilmington, Delaware; Beckley, West Virginia; Dayton, Ohio; Danville, Illinois (two projects); Battle Creek, Michigan; Indianapolis, Indiana (two projects); Iron Mountain, Michigan; Muskogee, Oklahoma; Harlingen, Texas; Spokane, Washington; Yuba City, California; Saginaw, Michigan.

In fiscal year 2014, VHA data indicates that these transportation programs served 14,494 rural Veterans and saved those Veterans over 379,000 travel miles. In addition, these projects have traveled 986,000 miles transporting rural Veterans in nearly 34,500 separate trips and an overall Veteran satisfaction rating 4.8 (5.0 scale, with 5 indicating completely satisfied).

Long-term Care

Question 115. More than half of the veterans seeking healthcare through VA are over the age of 65. As the veterans population continues to age, the Department will be faced with challenges of chronic health conditions as well as increasing demand for long-term care services. The fiscal year 2015 budget request includes a decrease in funding for State Veterans Homes grants. How will the decrease in construction funding impact the availability of beds for veterans seeking long-term care through State Homes?

Response. The decrease in the FY 2015 budget for funding State Veterans Home construction grant applications is projected to have a minimal impact. Although it is not possible at this time to predict with certainty how the FY 2015 budget will affect the number of new bed construction grant applications received, the two unfunded construction bed projects on the FY 2014 priority list were applications to replace existing beds. Therefore, these two projects would not affect bed availability. The current bed levels in the State Veterans Home program are such that occupancy rates average 85 percent. An occupancy rate averaging 85 percent indicates that a significant number of nursing home beds throughout the State Veterans Home program are consistently unfilled or unused.

As VA examined budgetary needs for Long-Term Services and Supports (LTSS), the focus remained on anticipated shifts in LTSS utilization from institutional to non-institutional care. As enrollees have greater access to home and community-based services, it is expected there will be less demand for long-stay facility-based services. This not only applies to VA's own Community Living Centers and contracted nursing home programs but to State Veterans Nursing Home programs as well.

Transportation

Question 116. VA has several transportation programs, including the Veterans Transportation Service (VTS), beneficiary travel, and numerous pilot programs that are supported through the Office of Rural Health.

A. How does VA track all funding utilized to provide for the transportation of veterans to VA facilities?

Response. Funding for transportation of Veterans comes from several sources depending on the program utilized. For VTS, VHA's CBO and Office of Rural Health partner to provide funds to the VA facilities. Funds are tracked by the respective programs through the dispersal process and also at the facilities by using specific budget object codes and fund control points. Funding for the Beneficiary Travel program is part of the individual facility budget and is also tracked at the local level by use of budget object codes and fund control points, and nationally via the VHA Support Service Center.

B. What metrics does VA have in place to ensure that these programs and pilot programs are not duplicative?

Response. VTS has a well-established collaborative partnership with VHA's Office of Rural Health. VTS and the Office of Rural Health meet on a monthly basis to discuss joint efforts and to consider all aspects of shared projects, including expansion/deployment of program functions, programs interaction and coordination of efforts. This process is defined in a Memorandum of Understanding between the programs that includes several features to guarantee non-duplication and enhanced collaboration at the facility level. These features include:

- Joint review of all medical center and VISN submissions/applications for participation and requests for funding to both programs;
- An identified methodology for comprehensive planning, identifying locations for joint funding and the funding formulas;
- Specific agreements regarding sustainment funding; and
- Specific metric reporting elements and a metric reporting system.

Medical Support and Compliance

Question 117. The Medical Support and Compliance appropriations account provides funding for the management, administration, and security of the more than 1,750 facilities throughout VHA. The VA medical centers and Other Field Activities subaccount is projected to decrease by $147 million or 3.7 percent between fiscal year 2014 and fiscal year 2015 and increase by $177 million or 4.7 percent between fiscal year 2015 and fiscal year 2016. The VA medical centers and Other Field Activities subaccount supported 36,977 FTE in 2013.

A. What accounts for the $147 million decrease between fiscal year 2014 and fiscal year 2015?

B. What accounts for the $177 million increase between fiscal year 2015 and fiscal year 2016?

C. What is the estimated FTE for 2014, 2015, and 2016?

Response. Total Medical Support and Compliance obligation estimates for FY 2014–2016 take into consideration anticipated changes in FTEE levels; travel and transportation of persons; rent, communications, and utilities; printing and reproduction; contractual services; supplies and materials, equipment; and, lands and structures based on past history and future requirements. Increases in FY 2015 and FY 2016 represent for the most part inflationary increases. Once those obligation estimates are determined, VA maintains the same proportion as reflected in the latest actual available (2013 actual for purposes of the FY 2015 Congressional submission) (see Percent of Overall Medical Support and Compliance Staffing by Function Table). VHA is undertaking an analysis of staffing levels and overall resources necessary to support the delivery of medical care. This analysis includes both central and field activities and may result in a shift in funding allocations among activities. VA has already assumed a total reduction of 1,289 FTEEs in 2015 compared to 2014. Please refer to the table below.

Percent of Overall Medical Support and Compliance Staffing by Function

Description	2013	2014	2015	2016
VAMCs and Other Field Activities	65%	65%	64%	64%
VISN Headquarters	3%	5%	5%	5%
VHA Central Office	12%	10%	11%	10%
Consolidated Patient Account Centers	5%	5%	5%	5%
Office of Informatics and Analytics	4%	4%	4%	4%
Health Administration Center	4%	4%	4%	4%
Employee Education Service Center	1%	1%	1%	1%
VHA Service Center	4%	4%	4%	4%
Health Resource Center	1%	1%	1%	1%
Health Eligibility Center	1%	1%	1%	1%
Consolidated Mail Outpatient Pharmacies	0%	0%	0%	0%
National Center for Patient Safety	0%	0%	0%	0%

Question 118. The VHA Central Office subaccount is projected to increase by $12 million or 1.9 percent between fiscal year 2014 and fiscal year 2015 and increase by $13 million or 2 percent between fiscal year 2015 and fiscal year 2016. The VHA Central Office subaccount supported 1,680 FTE in 2013.

A. What accounts for the $12 million increase between fiscal year 2014 and fiscal year 2015?

B. What accounts for the $13 million increase between fiscal year 2015 and fiscal year 2016?

C. What is the estimated FTE for 2014, 2015, and 2016?

Response. The response to question 117 also applies to questions 118–125.

Question 119. The CPAC subaccount is projected to increase by $5.7 million or 1.9 percent between fiscal year 2014 and fiscal year 2015 and increase by $6.4 million or 2.1 percent between fiscal year 2015 and fiscal year 2016. The CPAC subaccount supported 3,082 FTE in 2013.

A. What accounts for the $5.7 million increase between fiscal year 2014 and fiscal year 2015?

B. What accounts for the $6.4 million increase between fiscal year 2015 and fiscal year 2016?

C. What is the estimated FTE for 2014, 2015, and 2016?

Response. The response to question 117 also applies to questions 118–125.

Question 120. The Office of Informatics and Analytics (OIA) subaccount is projected to increase by $4.9 million or 1.9 percent between fiscal year 2014 and fiscal year 2015 and increase by $5.6 million or 2.1 percent between fiscal year 2015 and fiscal year 2016. The OIA subaccount supported 634 FTE in 2013.

A. What accounts for the $4.9 million increase between fiscal year 2014 and fiscal year 2015?

B. What accounts for the $5.6 million increase between fiscal year 2015 and fiscal year 2016?

C. What is the estimated FTE for 2014, 2015, and 2016?

Response. The response to question 117 also applies to questions 118–125.

Question 121. The Health Administration Center (HAC) subaccount is projected to increase by $4.2 million or 1.9 percent between fiscal year 2014 and fiscal year 2015 and increase by $4.7 million or 2.1 percent between fiscal year 2015 and fiscal year 2016. The HAC subaccount supported 1,055 FTE in 2013.

A. What accounts for the $4.2 million increase between fiscal year 2014 and fiscal year 2015?

B. What accounts for the $4.7 million increase between fiscal year 2015 and fiscal year 2016?

C. What is the estimated FTE for 2014, 2015, and 2016?

Response. The response to question 117 also applies to questions 118–125.

Question 122. The Employee Education Service Center (EES) subaccount is projected to increase by $1.3 million or 1.9 percent between fiscal year 2014 and fiscal year 2015 and increase by $1.5 million or 2.1 percent between fiscal year 2015 and fiscal year 2016. The EES subaccount supported 370 FTE in 2013.

A. What accounts for the $1.3 million increase between fiscal year 2014 and fiscal year 2015?

B. What accounts for the $1.5 million increase between fiscal year 2015 and fiscal year 2016?

C. What is the estimated FTE for 2014, 2015, and 2016?

Response. The response to question 117 also applies to questions 118–125.

Question 123. The VHA Service Center (VSC) subaccount is projected to increase by $4.7 million or 1.9 percent between fiscal year 2014 and fiscal year 2015 and increase by $5.3 million or 2.1 percent between fiscal year 2015 and fiscal year 2016. The VSC subaccount supported 2,489 FTE in 2013.

A. What accounts for the $4.7 million increase between fiscal year 2014 and fiscal year 2015?

B. What accounts for the $5.3 million increase between fiscal year 2015 and fiscal year 2016?

C. What is the estimated FTE for 2014, 2015, and 2016?

Response. The response to question 117 also applies to questions 118–125.

Question 124. The Health Resource Center (HRC) subaccount is projected to increase by $0.9 million or 1.8 percent between fiscal year 2014 and fiscal year 2015 and increase by $1.1 million or 2.1 percent between fiscal year 2015 and fiscal year 2016. The HRC subaccount supported 729 FTE in 2013.

A. What accounts for the $0.9 million increase between fiscal year 2014 and fiscal year 2015?

B. What accounts for the $1.1 million increase between fiscal year 2015 and fiscal year 2016?

C. What is the estimated FTE for 2014, 2015, and 2016?

Response. The response to question 117 also applies to questions 118–125.

Question 125. The Health Eligibility Center (HEC) subaccount is projected to increase by $0.9 million or 1.9 percent between fiscal year 2014 and fiscal year 2015 and increase by $1 million or 2.1 percent between fiscal year 2015 and fiscal year 2016. The HEC subaccount supported 265 FTE in 2013.

A. What accounts for the $0.9 million increase between fiscal year 2014 and fiscal year 2015?

B. What accounts for the $1 million increase between fiscal year 2015 and fiscal year 2016?

C. What is the estimated FTE for 2014, 2015, and 2016?

Response. The response to question 117 also applies to questions 118–125.

Medical Facilities

Question 126. The Medical Facilities account provides for the operations and maintenance of VHA facilities. The Engineering and Environmental Management Services subaccount is projected to decrease by $23.3 million or 4.3 percent between fiscal year 2014 and fiscal year 2015 and increase by $19 million or 3.7 percent between fiscal year 2015 and fiscal year 2016. This subaccount supported 3,182 FTE in 2013.

A. What accounts for the $23.3 million decrease between fiscal year 2014 and fiscal year 2015?

B. What accounts for the $19 million increase between fiscal year 2015 and fiscal year 2016?

C. What is the estimated FTE for 2014, 2015, and 2016

Response. Total Medical Facilities obligation estimates for FY 2014-FY 2016 take into consideration anticipated changes in FTEE levels; travel and transportation of persons; rent, communications, and utilities; printing and reproduction; contractual services; supplies and materials, equipment; and lands and structures based on past history and future requirements. Once those obligation estimates are determined, VA maintains the same proportion as reflected in the latest actual available (2013 actual for purposes of the FY 2015 Congressional Submission) (see Percent of Overall Medical Facilities (Excluding Non-Recurring Maintenance Table). FY 2015 Estimate for Non-Recurring Maintenance (NRM) reflects the FY 2015 Advance Appropriation level. FY 2016 NRM estimate of $460.6 million continues the same program funding level as projected in FY 2015. VA has already assumed a total reduction of 823 FTEEs in 2014 compared to 2013. Overall FTEE level estimates for Medical Facilities are 22,818 in 2014–2016. FTEE levels are subject to change. VHA is undertaking an analysis of staffing levels necessary to support the delivery of medical care (estimated delivery date September 2014).

Percent of Overall Medical Facilities
(Excluding Non-Recurring Maintenance)
(Obligations)

Description	2013	2014	2015	2016
Engineering & Environmental Management Services	14%	13%	12%	12%
Plant Operations and Leases	31%	37%	42%	42%
Transportation Services	4%	3%	3%	3%
Grounds Maintenance & Fire Protection	2%	2%	2%	2%
Recurring Maintenance & Repair	14%	13%	12%	12%
Operating Equipment Maintenance & Repair	12%	11%	10%	10%
Environmental Management Service	18%	16%	15%	15%
Other Facilities Operation Support	1%	1%	1%	1%
Textile Care Processing and Management	5%	4%	4%	4%

Question 127. The Plant Operations and Leases subaccount is projected to increase by $233.3 million or 15 percent between fiscal year 2014 and fiscal year 2015 and increase by $82.5 million or 4.6 percent between fiscal year 2015 and fiscal year 2016. This subaccount supported 1,369 FTE in 2013.

A. What accounts for the $233.3 million increase between fiscal year 2014 and fiscal year 2015?

B. What accounts for the $82.5 million increase between fiscal year 2015 and fiscal year 2016?

C. What is the estimated FTE for 2014, 2015, and 2016?

Response. The response to question 126 also applies to questions 127–135.

Question 128. The Transportation Services subaccount is projected to decrease by $5.9 million or 4.3 percent between fiscal year 2014 and fiscal year 2015 and increase by $4.8 million or 3.7 percent between fiscal year 2015 and fiscal year 2016. This subaccount supported 1,140 FTE in 2013.

A. What accounts for the $5.9 million decrease between fiscal year 2014 and fiscal year 2015?

B. What accounts for the $4.8 million increase between fiscal year 2015 and fiscal year 2016?

C. What is the estimated FTE for 2014, 2015, and 2016?

Response. The response to question 126 also applies to questions 127–135.

Question 129. The Transportation Services subaccount is projected to decrease by $5.9 million or 4.3 percent between fiscal year 2014 and fiscal year 2015 and increase by $4.8 million or 3.7 percent between fiscal year 2015 and fiscal year 2016. This subaccount supported 1,140 FTE in 2013.

A. What accounts for the $5.9 million decrease between fiscal year 2014 and fiscal year 2015?

B. What accounts for the $4.8 million increase between fiscal year 2015 and fiscal year 2016?

C. What is the estimated FTE for 2014, 2015, and 2016?

Response. The response to question 126 also applies to questions 127–135.

Question 130. The Ground Maintenance and Fire Protection subaccount is projected to decrease by $3.6 million or 4.3 percent between fiscal year 2014 and fiscal year 2015 and increase by $2.9 million or 3.7 percent between fiscal year 2015 and fiscal year 2016. This subaccount supported 732 FTE in 2013.

A. What accounts for the $3.6 million decrease between fiscal year 2014 and fiscal year 2015?

B. What accounts for the $2.9 million increase between fiscal year 2015 and fiscal year 2016?

C. What is the estimated FTE for 2014, 2015, and 2016?

Response. The response to question 130 also applies to questions 127–135.

Question 131. The Recurring Maintenance and Repair subaccount is projected to decrease by $22.5 million or 4.3 percent between fiscal year 2014 and fiscal year 2015 and increase by $18.4 million or 3.7 percent between fiscal year 2015 and fiscal year 2016. This subaccount supported 3,309 FTE in 2013.

A. What accounts for the $22.5 million decrease between fiscal year 2014 and fiscal year 2015?

B. What accounts for the $18.4 million increase between fiscal year 2015 and fiscal year 2016?

C. What is the estimated FTE for 2014, 2015, and 2016?

Response. The response to question 126 also applies to questions 127–135.

Question 132. The Non-Recurring Maintenance subaccount is projected to decrease by $334 million or 42 percent between fiscal year 2014 and fiscal year 2015 and remain at $460.6 million for fiscal year 2016. This subaccount supported 121 FTE in 2013.

A. What accounts for the $334 million decrease between fiscal year 2014 and fiscal year 2015?

B. What is the estimated FTE for 2014, 2015, and 2016?

Response. The response to question 126 also applies to questions 127–135.

Question 133. The Operating Equipment Maintenance and Repair subaccount is projected to decrease by $18.9 million or 4.3 percent between fiscal year 2014 and fiscal year 2015 and increase by $15.4 million or 3.7 percent between fiscal year 2015 and fiscal year 2016. This subaccount supported 2,012 FTE in 2013.

A. What accounts for the $18.9 million decrease between fiscal year 2014 and fiscal year 2015?

B. What accounts for the $15.4 million increase between fiscal year 2015 and fiscal year 2016?

C. What is the estimated FTE for 2014, 2015, and 2016?

Response. The response to question 126 also applies to questions 127–135.

Question 134. The Environmental Management Service subaccount is projected to decrease by $28.7 million or 4.3 percent between fiscal year 2014 and fiscal year 2015 and increase by $23.5 million or 3.7 percent between fiscal year 2015 and fiscal year 2016. This subaccount supported 10,512 FTE in 2013.

A. What accounts for the $28.7 million decrease between fiscal year 2014 and fiscal year 2015?

B. What accounts for the $23.5 million increase between fiscal year 2015 and fiscal year 2016?

C. What is the estimated FTE for 2014, 2015, and 2016?

Response. The response to question 126 also applies to questions 127–135.

Question 135. The Textile Care Processing and Management subaccount is projected to decrease by $7.6 million or 4.3 percent between fiscal year 2014 and fiscal year 2015 and increase by $6.2 million or 3.7 percent between fiscal year 2015 and fiscal year 2016. This subaccount supported 1,264 FTE in 2013.

A. What accounts for the $7.6 million decrease between fiscal year 2014 and fiscal year 2015?

B. What accounts for the $6.2 million increase between fiscal year 2015 and fiscal year 2016?

C. What is the estimated FTE for 2014, 2015, and 2016?

Response. The response to question 126 also applies to questions 127–135.

NATIONAL CEMETERY ADMINISTRATION

Question 136. The fiscal year 2014 current estimate for Grants for Construction of Veterans' Cemeteries is $62.1 million; however, the budget estimate for fiscal year 2015 was only $44.6 million, a difference of $17.4 million. The fiscal year 2015 request for the grant program is $45 million.

A. What led to the unobligated balance of $16.1 million that was left over from fiscal year 2013?

Response. The Department of Veterans Affairs' (VA) ability to obligate grant funds depends in large part on a state's readiness to proceed. Two projects experienced issues late in the Federal fiscal year that could not be resolved by the proposed suspense date. One project could not proceed as anticipated due to Environmental Assessment issues, and the other could not proceed due to timing of conveying the underlying land to the state. By the time the two projects were deferred by the states, it was too late to re-allocate the funds to other projects. VA has committed the $16.1 million to other projects and plans to make awards this fiscal year.

B. Does VA expect a similar carryover into fiscal year 2015? If so, please provide the amount and reasoning for the assumption.

Response. No, Department of Veterans Affairs does not anticipate a similar carryover into fiscal year 2015. However, because final grant awards are based on a state's readiness, a small amount of carryover each year is not unusual.

C. How many states have pending requests for state veteran cemeteries grants? Please list the grant application by state, location, and priority status.

Response. The fiscal year 2014 Priority List (attached) has a total of 87 pending grant requests for state and tribal cemeteries. These grant requests are identified by priority groups 1–4:

Priority Group 1—Projects needed to avoid disruption in burial service that would otherwise occur at existing veterans cemeteries within 4 years of the date of the preapplication. Such projects would include expansion projects, as well as improvement projects (such as construction of additional or replacement facilities) when such improvements are required to continue interment operations.

Priority Group 2—Projects for the establishment of new Veterans cemeteries.

Priority Group 3—Expansion projects at existing Veterans cemeteries when a disruption in burial service due to the exhaustion of existing gravesites is not expected to occur within 4 years of the date of the preapplication.

Priority Group 4—Improvement projects for cemetery landscaping or infrastructure, such as building expansion and upgrades to roads and irrigation systems, that are not directly related to the development of new gravesites. Operation and Maintenance Projects that address National Cemetery Administration's national shrine standards of appearance are included in this group.

Department of Veterans Affairs

Memorandum

Date: **SEP 1 3 2013**

From: Under Secretary for Memorial Affairs (40)

Subj: FY 2014 Priority List of Pending State and Tribal Government Cemetery Construction Grant Pre-applications (VAIQ # 7392376)

To: Secretary of Veterans Affairs (00)

1. Attached for your review and approval is the Fiscal Year (FY) 2014 Priority List of Pending State and Tribal Government Cemetery Construction Grant Pre-applications. The priority list will serve as VA's basis for awarding grants during FY 2014, which begins on October 1, 2013.

2. There are 87 total projects subject to 38 CFR part 39. All applications are ranked according to the methodology in 38 CFR part 39 and must meet the requirements in that part to receive a grant. As of August 15, 2013, all pending pre-applications have been ranked in order to establish the priority list for grant awards in FY 2014.

3. The number of projects to which VA will commit will not be known until VA's annual budget is approved. When the 2014 Grant Award Packages are sent for recommended approval, we will provide the Veteran population to be served for the new cemetery establishments, and the Veteran population for which continued service will be provided for the expansion projects.

4. Please note that six projects on the attached list with matching funds are planned for obligations in 2013. These projects will be removed from the 2014 Priority List when awards are made. If obligations are not incurred in 2013 as planned, the projects will carry over to 2014 and compete for funding according to the new priority group rankings.

5. If you have any questions, please contact Joshua de Leon, Director, Veterans Cemetery Grants Program at (202) 632-7369.

Steve L. Muro

Attachment

APPROVE/DISAPPROVE

Eric K. Shinseki

Date: 9/13/2013

FY 2014 Priority List of Pending State and Tribal Government Cemetery Construction Grant Pre-Applications

FY 2014 List Rank	FAI No.	State	Location	Description	State Match & Leg (Y/N)	Priority Group (PG) Ranking	Unserved Veteran Population	Est. VA Grant Cost (000)
				Applications For Which the State or Tribal Government Has Matching A&E Funds and Legislation - Group 1				
* Denotes on FY13 Priority List. Included because not awarded. If awarded in FY13, will be removed from FY14 Operating Plan.								
1	CT-13-02	CT	Middletown	Expansion	Y	1	-	3,438
2	ME-13-17	ME	Augusta (Civic Center)	Expansion/Improvement	Y	1	-	1,283
3	MD-13-28	MD	Hurlock	Expansion	Y	1	-	3,092
4	MD-11-25	MD	Crownsville	Expansion	Y	1	-	4,000
5	HI-12-31	HI	Maui/Makawao	Expansion/Improvement	Y	1	-	5,010
6	MN-13-07	MN	Little Falls	Expansion	Y	1	-	495
7	TX-13-07	TX	Killeen	Expansion	Y	1	-	4,437
8	WI-12-11	WI	Union Grove	Expansion/Improvement	Y	1	-	2,160
9	TX-13-06	TX	Mission	Expansion	Y	1	-	599
10	ME-13-18	ME	Augusta (Mount Vernon Road)	Expansion/Improvement	Y	1	-	1,114
11	WI-12-12	WI	Spooner	Expansion/Improvement	Y	1	-	1,224
12	NV-13-15	NV	Fernley	Expansion	Y	1	-	1,273
13	GU-11-03	GU	Agatna Heights*	Expansion/Improvement	Y	1	-	3,265
14	LA-07-03	LA	Rayville	New Establishment	Y	2	31,397	5,562
15	MN-10-05	MN	SE Minnesota (Preston)*	New Establishment	Y	2	31,150	10,116
16	MN-09-04	MN	SW Minnesota (Redwood)	New Establishment	Y	2	22,198	7,800
17	MN-08-03	MN	NE Minnesota (Duluth)	New Establishment	Y	2	18,364	8,360
18	AK-09-01	AK	Fairbanks	New Establishment	Y	2	11,727	7,514
19	AZ-09-04	AZ	Flagstaff	New Establishment	Y	2	9,727	7,450
20	NC-11-05	NC	Goldsboro	New Establishment	Y	2	5,332	4,296
21	MT-13-14	MT	Poplar	New Establishment	Y	2	4,000	2,123
22	KY-99-03	KY	South Eastern	New Establishment	Y	2	3,070	7,266
23	MT-13-13	MT	Crow Agency	New Establishment	Y	2	906	1,247
24	AZ-13-10	AZ	San Carlos	New Establishment	Y	2	628	694
25	OK-12-02	OK	Wewoka*	New Establishment	Y	2	600	1,306
26	SC-13-03	SC	Rock Hill	New Establishment	Y	2	91	557
27	OK-13-03	OK	Ponca City	New Establishment	Y	2	50	496
28	MP-13-03	MP	Rota	New Establishment	Y	2	30	351
29	MP-13-04	MP	Tinian	New Establishment	Y	2	30	351
30	CA-12-08	CA	Auberry*	New Establishment	Y	2	20	590
31	CA-09-05	CA	Monterey	New Establishment	Y	2	-	6,797
32	AZ-09-08	AZ	Northern Tuscon (Marana)	New Establishment	Y	2	-	7,600
33	TN-12-15	TN	Nashville	Expansion/Improvement	Y	3	-	4,635
34	TN-12-16	TN	Memphis	Expansion/Improvement	Y	3	-	7,219
35	HI-10-27	HI	Maui/Makawao*	Appearance Improvement (O&M)	Y	4	-	1,170
36	NJ-10-19	NJ	Wrightstown	Appearance Improvement (O&M)	Y	4	-	4,576
37	HI-10-28	HI	East Hawaii 1/Hilo 1	Appearance Improvement (O&M)	Y	4	-	563

FY 2014 Priority List of Pending State and Tribal Government Cemetery Construction Grant Pre-Applications

FY 2014 List Rank	FAI No.	State	Location	Description	State Match & Leg (Y/N)	Priority Group (PG) Ranking	Unserved Veteran Population	Est. VA Grant Cost (000)
				Applications For Which the State or Tribal Government Has Matching A&E Funds and Legislation - Continued - Group 1				
38	HI-10-23	HI	Kauai/Hanapepe	Appearance Improvement (O&M)	Y	4	-	827
39	HI-10-24	HI	Hawaii/Kaneohe	Appearance Improvement (O&M)	Y	4	-	3,093
40	HI-10-29	HI	East Hawaii 2/Hilo 2	Appearance Improvement (O&M)	Y	4	-	2,830
41	MD-10-20	MD	Garrison Forest/Owings Mills	Appearance Improvement (O&M)	Y	4	-	2,500
42	MD-10-21	MD	Eastern Shore/Hurlock	Appearance Improvement (O&M)	Y	4	-	1,600
43	MD-10-22	MD	Rocky Gap/Flintstone	Appearance Improvement (O&M)	Y	4	-	1,250
44	MD-10-24	MD	Crownsville	Appearance Improvement (O&M)	Y	4	-	1,630
45	KY-10-08	KY	Hopkinsville	Appearance Improvement (O&M)	Y	4	-	149
46	NV-10-13	NV	Boulder City	Appearance Improvement (O&M)	Y	4	-	1,886
47	TN-10-11	TN	Knoxville (Lyons)	Appearance Improvement (O&M)	Y	4	-	439
48	TN-10-12	TN	Nashville	Appearance Improvement (O&M)	Y	4	-	2,234
49	WI-10-10	WI	Union Grove	Appearance Improvement (O&M)	Y	4	-	374
50	DE-10-19	DE	Millsboro	Appearance Improvement (O&M)	Y	4	-	74
51	IN-10-03	IN	West Lafayette	Appearance Improvement (O&M) - NH Cemetery	Y	4	-	275
52	MI-10-01	MI	Grand Rapids	Appearance Improvement (O&M) - NH Cemetery	Y	4	-	100
53	GU-11-04	GU	Agatna Heights*	Appearance Improvement (O&M)	Y	4	-	160
54	NE-12-03	NE	Grand Island	Appearance Improvement (O&M) - NH Cemetery	Y	4	-	366
55	NJ-11-20	NJ	Vineland	Appearance Improvement (O&M) - NH Cemetery	Y	4	-	300
56	CA-13-09	CA	Igo	Improvement	Y	4	-	95
57	HI-10-20	HI	Lanai	Improvement	Y	4	-	203
58	HI-10-22	HI	Molokai/Hoolehua	Improvement	Y	4	-	300
59	HI-10-18	HI	East Hawaii 1/Hilo 1	Improvement	Y	4	-	294
60	HI-10-21	HI	Kauai/Hanapepe	Improvement	Y	4	-	2,284
61	CA-09-06	CA	Yountville	Improvement - NH Cemetery	Y	4	-	2,522
				Subtotal All Preapplications That Have Matching Funds and Legislation:				156,103

FY 2014 List Rank	FAI No.	State	Location	Description	State Match & Leg (Y/N)	Priority Group (PG) Ranking	Unserved Veteran Population	Est. VA Grant Cost (000)
				Applications For Which the State or Tribal Government Does Not Have Matching A&E Funds and Legislation - Group 2				
62	MA-13-04	MA	Agawam	Expansion	N	1	-	2,173
63	HI-13-32	HI	Kaneouhe	Expansion/Improvement	N	1	-	5,854
64	MD-13-27	MD	Flintstone	Expansion/Improvement	N	1	-	2,203
65	WA-13-02	WA	Medical Lake	Expansion/Improvement	N	1	-	1,001
66	NY-11-01	NY	Putnam County	New Establishment	N	2	42,004	5,000
67	LA-07-05	LA	Jennings	New Establishment	N	2	39,689	6,800
68	AZ-09-05	AZ	Yuma	New Establishment	N	2	23,208	6,800
69	NE-01-01	NE	Grand Island	New Establishment	N	2	21,783	5,102
70	NM-01-01	NM	Fort Stanton	New Establishment	N	2	7,832	6,515

FY 2014 Priority List of Pending State and Tribal Government Cemetery
Construction Grant Pre-Applications

FY 2014 List Rank	FAI No.	State	Location	Description	State Match & Leg (Y/N)	Priority Group (PG) Ranking	Unserved Veteran Population	Est. VA Grant Cost (000)
				Applications For Which the State or Tribal Government Does Not Have Matching A&E Funds and Legislation - Continued - Group 2				
71	AZ-09-07	AZ	Chinle	New Establishment	N	2	7,496	9,600
72	TN-10-14	TN	Jackson	New Establishment	N	2	6,431	6,000
73	OK-08-01	OK	Pawnee	New Establishment	N	2	2,110	1,950
74	NV-09-12	NV	Fallon	New Establishment	N	2	150	1,250
75	CA-08-02	CA	Tolumne City	New Establishment	N	2	25	57
76	TN-13-18	TN	Eastern	New Establishment	N	2	-	7,750
77	VI-01-01	VI	St. Thomas	New Establishment	N	2	-	1,200
78	VI-01-02	VI	St. Croix	New Establishment	N	2	-	1,200
79	AZ-09-06	AZ	Kingman	New Establishment	N	2	-	6,800
80	ID-13-05	ID	Southeastern	New Establishment	N	2	-	11,150
81	DE-13-21	DE	Millsboro	Expansion	N	3	-	809
82	MD-11-26	MD	Cheltenham	Expansion/Improvement	N	3	-	3,773
83	VT-05-04	VT	Montpelier	Expansion/Improvement	N	3	-	2,750
84	HI-12-30	HI	West Hawaii/Kailua-Kona	Improvement	N	4	-	795
85	TN-12-17	TN	Knoxville (Lyons)	Improvement	N	4	-	529
86	MT-10-11	MT	Columbia Falls	Improvement - NH Cemetery	N	4	-	100
87	MO-10-11	MO	St. James	Improvement - NH Cemetery	N	4	-	368
				Subtotal All Preapplications That Do Not Have Matching Funds and Legislation:				97,528
				Total All Pending Applications:				253,630

Applications will be funded by VA once they meet all requirements, provided sufficient funds are available. In determining whether sufficient funds are available, VA will consider the project's priority ranking, the total amount of funds available for the current fiscal year, and the estimated date at which higher ranking projects will meet all requirements for funding.

Approved

Eric K. Shinseki
Secretary, Department of Veterans Affairs

Date

Question 137. The fiscal year 2015 budget requests states: "Internments in 2013 were 124,785 and are expected to peak at about 130,000 in 2017. Internments will begin to decline gradually and expected to be about 126,000 in 2020."

A. Please provide the Committee with detailed information on the number of veterans whose families chose an inurnment (please breakdown between in-ground inurnment and those urns placed in a columbarium) as compared to the number who elected for an in-ground casket burial over the last five years.

Response.

	2009	2010	2011	2012	2013
Full Casket	57,634	59,503	61,036	59,708	61,656
In-Ground Cremains	30,023	31,547	33,155	33,327	33,588
Columbaria	18,704	20,757	23,221	25,121	29,541
Total Interments	106,361	111,807	117,412	118,158	124,785

B. What are the projections for inurnments compared to in-ground casket burial through 2020?

Response.

	2014	2015	2016	2017	2018	2019	2020
Full Casket	61,800	61,900	61,700	61,900	61,500	60,100	59,700
In-Ground Cremains	32,500	33,600	33,200	32,700	31,800	30,900	29,800
Columbaria	31,400	32,600	34,300	35,400	35,500	36,800	36,600
Total Interments	125,700	128,100	129,200	130,100	128,800	127,800	126,100

C. Will an increase in the numbers of inurnments versus in-ground casket burial affect VA's long-term projections on the need for additional land acquisition and construction? If so, please provide a detailed explanation.

Response. National Cemetery Administration (NCA) projects that the number of inurnments versus in-ground casket burials will continue to increase for the foreseeable future; however, it is unlikely that this trend will affect the need for additional land acquisition and construction. In fiscal year (FY) 2013, NCA conducted 60,742 in-ground burials in national cemeteries, which comprised 49.4 percent of total interments. NCA projects to conduct approximately 50,200 in-ground casket burials in national cemeteries, comprising 45.5 percent of total interments in FY 2050. These data illustrate both the continuing need for burial space at Department of Veterans Affairs (VA) national cemeteries and the demand for in-ground casket burials as an option for Veterans who choose interment in a national cemetery. Through the use and continued development of land-saving features, such as pre-placed crypts, columbaria, and memorial walls, NCA will maximize land use at national cemeteries and slow the rate at which new land may need to be acquired. However, the demand for new land will continue for the foreseeable future to ensure that VA is able to meet the burial needs of Veterans and their eligible family members.

Question 138. Arlington National Cemetery (ANC) has faced a number of management, infrastructure, and information technology challenges in the last five years. The National Cemetery Administration (NCA) was called upon to assist the Department of the Army and ANC to fix the numerous issues that were discovered at the cemetery. Many of these challenges have been resolved through the development of new technology, including geospatial tools and other grave location applications. Has NCA incorporated any of the new technology into its operations? If so, please detail the technology and how it is being used.

Response. National Cemetery Administration (NCA) is pursuing several technologies to improve cemetery operations, ensure the accountability of remains, and enhance the experience of visitors at Department of Veterans Affairs national cemeteries. NCA works continuously to upgrade existing information systems, such as the Burial Operations Support System and the Automated Monument Application System. NCA has implemented automation enhancements to these systems utilized for critical processes, including scheduling of committal services, establishing records of interment, and ordering and tracking delivery of headstones and markers.

NCA is also conducting pilot studies to integrate geospatial information technology to enhance documentation associated with the interment process and the marking of graves. At Indiantown Gap National Cemetery, PA, employees are testing GPS technology to attach geographic coordinates to digital records of casket and urn tags, and temporary and permanent gravesite markers. In a separate project, NCA is utilizing architect engineers to survey existing gravesites at six cemeteries to compile GPS information along with digital photographs of each headstone and marker. NCA is assessing the potential for eventual nationwide adoption of such processes to improve the accuracy of gravesite layout maps and records of interment; to support caretakers in the field with information immediately available via mobile devices; and to enhance visitors' ability to locate gravesites and obtain other information concerning the history and features of national cemeteries. NCA plans to adopt geospatial information technology with all interments that are conducted at five new national cemeteries that are planned to open nationwide beginning in 2015.

Question 139. When burial requests are initiated with the National Cemetery Scheduling Office, NCA personnel ask a number of questions regarding burial arrangements, including whether a veteran is ineligible pursuant to title 38, United States Code (U.S.C.), section 2411. Please provide a list of all the questions that are asked by NCA to funeral homes, family members, and other individuals who have contacted NCA for burial.

Response. The National Cemetery Administration employee asks a series of questions during the initial interview process to establish a record of interment and eligibility for burial. The following points guide the gathering of information from families or their representatives who call to schedule a burial in a Department of Veterans Affairs national cemetery.

1. National cemetery selected.
2. Determine if this is a first interment using the burial eligibility of a Veteran or a subsequent interment (Veteran or dependent is already interred).
3. If subsequent interment, name of the decedent who is already interred.
4. Decedent's full name, gender, SSN, date of death, date of birth, and relationship to Veteran.
5. Contact information (Funeral Home, director's name, phone number, and email address).
6. Next of Kin information (name, relationship to the deceased, SSN, phone number, and address).
7. Determine if the decedent resided within 75 miles of the requested cemetery.
8. Zip code and County of decedent at time of death.
9. Type of burial (casket or cremation), casket size, liner size, urn size.
10. Marital status of Veteran.
11. If the spouse is a Veteran: Determine if a set-aside gravesite is requested.
12. Ask if there are adult disabled dependent children who may be eligible for future interment.
13. Determine military documentation to establish eligibility for burial.
14. Ask whether the decedent had ever committed a capital crime.
15. Ask whether the decedent had been convicted of a sexual offense for which a minimum of life imprisonment was imposed.
16. Determine if the family has requested a service with military honors.
17. Ask if the family desires an emblem of belief on the headstone or marker; and if so, what type.

VOCATIONAL REHABILITATION AND EMPLOYMENT

Question 140. The fiscal year 2015 budget request proposes a legislative change to title 38, U.S.C., section 3697 to remove the annual funding limitation available to provide contract vocational and educational counseling to individuals qualifying under section 3697(A).

A. Please provide the Committee with the number of veterans who have participated in this counseling.

Response. The current VetSuccess on Campus contract for Chapter 36 vocational and educational counseling support runs from July 2013 to July 2014.

- Utilizing FY 2013 funds to date, there were 7,418 Veterans who participated in contract Chapter 36 vocational and educational counseling, with an additional 2,218 referrals for this counseling currently in progress.

Utilizing FY 2014 funds to date, there were 339 Veterans who participated in contract Chapter 36 vocational and educational counseling, with an additional 262 referrals for this counseling currently in progress.

B. How many contractors have been used to provide the counseling under section 3697?

Response. Utilizing FY 2013 funds to date, a total of 22 contractors have been used to provide the counseling under section 3697. Utilizing FY 2014 funds to date, a total of 10 contractors have been used to provide the counseling under section 3697.

C. How much funding was used in fiscal years 2013 and 2014 for the counseling, and how much remained under the statutory funding cap each year?

Response. Section 3697 of title 38 U.S.C authorizes VA to use $6 million from the RB account to pay for educational or vocational counseling services obtained by VA by contract for Veterans applying for or receiving Education or VR&E benefits. In FY 2013, over $5.2 million was obligated from the RB account for contract vocational and educational counseling, and approximately $0.8 million remained under the statutory funding cap. Of the $5.2 million obligated, over $2.6 million has been paid and we expect to pay invoices from the remaining $2.6 million. In FY 2014, obligations to date total over $1.4 million, leaving a current balance of approximately $4.6 million available to provide contract vocational and educational counseling to individuals qualifying under section 3697(A).

Question 141. It is the Committee's understanding that the Vocational Rehabilitation and Employment (VR&E) C-WINRS information technology system has faced a number of problems that have lowered its effectiveness.

A. What steps is VR&E taking to mitigate these issues?

Response. VR&E Service has identified both business process changes and IT system enhancements to improve data capture and reporting capability within CWINRS. These changes include streamlining the case status change movements and expanding select data points.

B. What are the long-term plans to replace or upgrade the system?

Response. VR&E Service has developed the business requirements for case-management technology to replace CWINRS, (a case-management software application named after the stations that collaborated to develop the original version:

Waco, Indianapolis, Newark, Roanoke, and Seattle). The business requirements are currently being validated. The desired future system will better reflect the business and data reporting needs of the VR&E Program.

Question 142. The VetSuccess on Campus (VSOC) program has expanded to at least 94 campuses over the last few years. The Committee has heard from academic administrators, at participating schools, that VSOC counselors do not have set performance standards and they often provide services that are outside the scope of services the program was originally designed for.

A. Please provide a list of schools that currently have VSOC counselors on campus, and what schools VA currently plans to expand VSOC to during fiscal year 2015.

Response. The VetSuccess on Campus (VSOC) program is currently at 94 campuses nationwide, with 79 VSOC vocational rehabilitation counselors. VA is committed to the VSOC program, and will continue to evaluate schools in 2015 for potential future participation in 2016. Attached is the list of VSOC sites in alphabetical order and state.

	School Name	Regional Office
ALABAMA		
1	Troy University	Montgomery (322)
2	University of Alabama	Montgomery (322)
ALAKSA		
3	University of Alaska - Anchorage	Anchorage (463)
ARIZONA		
4	Arizona State University	Phoenix (345)
ARKANSAS		
5	University of Arkansas	Little Rock (350)
6	Northwest Arkansas Community College	
CALIFORNIA		
7	California State University - Long Beach	Los Angeles (344)
8	Long Beach City College	
9	Mt. San Antonio College	Los Angeles (344)
10	Citrus College	
11	Saddleback College	Los Angeles (344)
12	Irvine Valley College	
13	Pasadena City College	Los Angeles (344)
14	California State University - Los Angeles	
15	Los Angeles City College	
16	American River College	Oakland (343)
17	San Diego State University	San Diego (377)
18	Mira Costa College	San Diego (377)
DISTRICT OF COLUMBIA		
19	George Washington University	National Capital Region Benefits Office (372)
FLORIDA		
20	Northwest Florida State College	Montgomery (322)
21	University of West Florida	Montgomery (322)
22	University of South Florida	St. Petersburg (317)
23	Florida State University	St. Petersburg (317)
24	Tallahassee Community College	
25	Florida International University	St. Petersburg (317)
26	University of Florida	St. Petersburg (317)
27	Santa Fe College	
28	Florida State College at Jacksonville	St. Petersburg (317)
HAWAII		
29	Hawaii Pacific University	Honolulu (459)
30	Leeward Community College	Honolulu (459)
31	University of Hawaii - Manoa	
IDAHO		
32	Boise State University	Salt Lake City (341)
ILLINOIS		
33	Southwestern Illinois College	Chicago (328)
34	University of Illinois - Urbana Champaign	Chicago (328)
KANSAS		
35	Johnson County Community College	Wichita (452)
KENTUCKY		
36	Eastern Kentucky University	Louisville (327)
37	University of Kentucky	Louisville (327)
38	Bluegrass Community College	
MARYLAND		
39	University of Maryland - University College	National Capital Region Benefits Office (372)

	School Name	Regional Office
	MICHIGAN	
40	Kalamazoo Valley Community College	Detroit (329)
41	Kellogg Community College	
42	Western Michigan University	
43	Eastern Michigan University	Detroit (329)
44	University of Michigan - Ann Arbor	
45	Washtenaw Community College	
	MISSOURI	
46	Webster University - St. Louis	St. Louis (331)
	NEBRASKA	
47	Bellevue University	Lincoln (334)
48	University of Nebraska - Omaha	Lincoln (334)
	NEVADA	
49	University of Nevada - Las Vegas	Reno (354)
	NEW JERSEY	
50	Rutgers University	Newark (309)
51	Middlesex County College	
	NEW MEXICO	
52	Central New Mexico Community College	Albuquerque (340)
53	University of New Mexico	Albuquerque (340)
	NEW YORK	
54	Syracuse University	Buffalo (307)
	NORTH CAROLINA	
55	East Carolina University	Winston-Salem (318)
	OHIO	
56	Cleveland State University	Cleveland (325)
57	The Ohio State University	Cleveland (325)
58	University of Cincinnati	Cleveland (325)
	OREGON	
59	Portland State University	Portland (348)
60	Portland Community College	Portland (348)
	PENNSYLVANIA	
61	Harrisburg Area Community College	Philadelphia (310)
	RHODE ISLAND	
62	Community College of Rhode Island	Providence (304)
63	Rhode Island College	
	SOUTH CAROLINA	
64	Midlands Technical College	Columbia (319)
	TENNESSEE	
65	Middle Tennessee State University	Nashville (320)
66	Austin Peay State University - Clarksville	Nashville (320)
	TEXAS	
67	University of Texas - San Antonio	Houston (362)
68	Sam Houston State University	Houston (362)
69	San Antonio College	Houston (362)
70	Lone Star College System - University Park	Houston (362)
71	Houston Community College	Houston (362)
72	University of Houston	Houston (362)
73	Texas A&M University - Central Texas	Waco (349)
74	Tarrant County College - South	Waco (349)
75	Tarrant County College - Northeast	Waco (349)
76	Central Texas College	Waco (349)
77	Texas A&M University - College Station	Waco (349)
78	Austin Community College	Waco (349)
79	University of Texas - Arlington	Waco (349)

	School Name	Regional Office
	UTAH	
80	Salt Lake Community College	Salt Lake City (341)
81	University of Utah	Salt Lake City (341)
	VIRGINIA	
82	George Mason University	National Capital Region Benefits Office (372)
83	Northern Virginia Community College - Alexandria	National Capital Region Benefits Office (372)
84	Northern Virginia Community College - Annandale	
85	Norfolk State University	Roanoke (314)
86	Tidewater Community College - Norfolk	
87	Tidewater Community College - Chesapeake	Roanoke (314)
88	Tidewater Community College - Portsmouth	
89	Tidewater Community College - Virginia Beach	Roanoke (314)
90	Old Dominion University	Roanoke (314)
91	ECPI University	Roanoke (314)
92	Liberty University	Roanoke (314)
93	St. Leo University - South Hampton	Roanoke (314)
	WISCONSIN	
94	University of Wisconsin - Milwaukee	Milwaukee (330)
	Updated:	4/3/2014

B. What performance measures are currently used to determine the effectiveness of VSOC counselors?

Response. To address the specific duties of a VSOC counselor on campus, separate performance standards were developed and implemented for FY 2014.

VBA's Office of Field Operations notified VBA ROs of the national performance standards for VSOC counselors. These performance standards highlight academic outreach activities, including those for Veterans on academic probation. Other performance factors include timeliness of Chapter 36 vocational and educational counseling, entitlement determinations, customer service, and accuracy. The performance standards include the following elements:

Element 1: Production/outcomes identified as new student contact rate, outreach activities, and academic probation.

- New student contact rate: 80 percent of new Veterans on campus contacted during the first semester of attendance
- Outreach activities and events: 12 VSOC related activities per year
- Academic probation outreach activities: Outreach to 95 percent of Veterans and beneficiaries on academic probation

Element 2: Timeliness of claims processing

- Chapter 36 timeliness: average of 30 days
- Days to entitlement decisions: average of 40 days

Element 3: Quality/accuracy of work

- VSOC vocational rehabilitation counselor accuracy (85 percent)

Element 4: Customer service

- VSOC counselors will maintain professional, positive, and helpful relationships with internal and external customers by exercising tact, diplomacy, and cooperation. Performance demonstrates the ability to adjust to change or work pressures, to handle differences of opinion in a professional manner, and to follow instructions conscientiously. As a division member, the VSOC counselor will contribute to the success of the VetSuccess on Campus mission by supporting school certifying and campus officials, as well as Veterans and dependents from neighboring schools.

Element 5: Program and data integrity

- The VSOC counselor will complete all counseling actions and documentation (both written and computer entry) in compliance with VBA's program directives.

Element 6: Cooperation and organizational support

- The VSOC counselor understands the agency mission and supports efforts to improve the work unit's performance through positive interaction with others.
- Displays professionalism and treats school officials, Veterans, and employers with courtesy and respect.

• Cooperates with supervisors, school officials, volunteers, and work-study students to accomplish work objectives and enhance efficiency.

• Recognizes the importance of teamwork and is sensitive to the contributions of others.

• Communicates, shares ideas, and demonstrates respect for differing viewpoints.

• Participates in cross-functional teams to address shared challenges, facilitate better communication, and achieve agency goals.

C. Please describe in detail the supportive services a VSOC counselor is allowed to provide veterans and what, if any, services are directly prohibited.

Response. Vocational Rehabilitation Counselors (VRC) are uniquely qualified, by virtue of their ability to provide Veterans with information about and seamless access to VA benefits and services, to support those Veterans' successful integration into college and university campuses and support their individualized educational goals, so they may persist, graduate, improve their life circumstances, and successfully live and thrive in the career field and community of their choice.

VSOC supportive services are specific in order to address the need of the Veteran, but encompass the following main categories:

- Adjustment counseling to resolve problems interfering with completion of education programs and entrance into employment
- Vocational testing
- Career and academic counseling (Chapter 36)
- Expedited VR&E services
- Support, assistance, and services to all Veterans eligible for VA benefits.

Question 143. A veteran qualifies for VR&E eligibility if they a have a VA service-connected disability rated at least 20 percent with an employment handicap, or rated 10 percent with a serious employment handicap.

A. Please provide the numbers and percentages of all VR&E participants for each of the five tracks by disability ratings.

Response. This data is not readily available. VBA is currently working to pull the data. Once the data is available, we will provide it to the Committee.

B. Please provide a list of the most prevalent disabilities of those veterans qualifying for VR&E services who are rated 10 percent.

Response. VR&E Service has no reporting capability that captures disability, gender, age, or similar demographic information for VR&E program participants based on their employment track or independent living status. VBA is working to obtain this information. We will pass this information to the Committee when it becomes available.

C. Once a veteran has received an entitlement decision and the veteran and VR&E counselor are developing a rehabilitation plan, is the type of services considered based on what limitations the veteran faces directly associated with their disability or on what type of employment the veteran wants to pursue irrespective of the disability?

Response. The mission of VR&E is to provide services to eligible transitioning Servicemembers and Veterans with service-connected disabilities and an employment handicap to help them prepare for, find, and maintain suitable employment. Each VR&E program applicant participates in a comprehensive evaluation with a professional Vocational Rehabilitation Counselor (VRC) to determine entitlement to services. The comprehensive evaluation includes an assessment of the Veteran's educational and employment history and current interests, aptitudes, and abilities, as well as the current and projected impact of the Veteran's service-connected disabilities and other medical conditions on employability, to assist in identifying the Veteran's rehabilitation needs.

Once the evaluation is complete and the Veteran's rehabilitation needs are identified, the VRC will work with the Veteran to develop an individualized rehabilitation plan. The plan takes into account the Veteran's interests, aptitudes, and abilities, as well as disability/medical considerations and labor-market factors likely to impact successful employment. As the goal of VR&E program is to assist Veterans to overcome the effects of service-connected condition(s), the selected employment goal must be suitable. Specifically, it must not aggravate the Veteran's disabilities, it must be stable, and it must be consistent with his or her pattern of abilities, aptitudes, and interests. While the VRC takes into account what the Veteran wants in terms of vocational pursuits, VR&E focuses on the needs of the individual and the disability impairments that may impede his or her success in a particular field.

D. How does whether or not a veteran plans to seek employment after completing a course of rehabilitation factor into a counselor's decision to approve a rehabilitation plan? If a counselor believes a veteran does not intend to pursue employment, is there a prohibition against approving a rehabilitation plan?

Response. The mission of VR&E is to provide services to eligible transitioning Servicemembers and Veterans with service-connected disabilities and an employment handicap to help them prepare for, find, and maintain suitable employment. The majority of rehabilitation plans have an end goal of employment. A rehabilitation plan is normally developed with the stated goal of employment, and the plan may or may not include training. If a vocational goal/employment is not feasible at that point for the Veteran, then a plan is developed to focus on activities of daily living with desired outcome of achieving maximum independence for the Veteran.

Independent living plans may include access to community-based support services, use of assistive technologies and accommodations, and independent living skills training. When a Veteran successfully completes a plan of independent living services, the Veteran and the VRC will work together to determine if the Veteran has achieved enough stability to consider pursuing employment.

Question 144. The fiscal year 2015 budget request describes the development of a new VR&E Staffing Model that is scheduled for completion in 2014.

A. Please describe the new model and how it will assist VA in making staffing decisions.

Response. The new RO staffing model for the VR&E program is based on factors that include actual workload, type of work done by various positions (VRCs, Employment Coordinators, Program Support Specialists, etc.), and geographic locations of ROs, out-based offices, and Veterans. The model will provide a more systematic way to align staffing needs, personnel allocations, and FTE requests as part of the budget cycle.

Expansion of the staffing model includes beta-testing and familiarization, adding new requirements, training, and a user guide.

B. What are the key milestones and dates for completion of this model?

Response. Requirements have been developed, and a contractor is currently working on user-acceptance testing. The model is planned to be ready for deployment in FY 2015.

Question 145. Please provide the Committee data on VR&E activities by regional office, including but not limited to: 1) number of counselors at each office, 2) number required at each office, 3) rehabilitation rate, 4) timeliness, 5) cases, and 6) veterans served.

Response. The number of VRCs required is based upon the Office of Field Operations (OFO) RAM, which is a staffing model based on workload demands and performance. In addition to VRC FTE allocations, OFO also allocates VR&E contract counseling funds to augment counseling services provided by VA employees. Station allocations are made based on workload demands and may be adjusted throughout the fiscal year to ensure coverage during workload surges and unexpected workload influx, or to assist in transitioning while vacant positions are backfilled.

	Number of Vocational Rehabilitation Counselors	Rehabilitation rate	Days to notification of entitlement determination (timeliness)	Chapter 31 participants	Number of Veterans served (all Chapters)
USA FY 2013	1,042	68.4%	42.3	135,815	140,452
Eastern Area (16 ROs)	202	—	—	29,889	30,592
Baltimore	14	68.9%	32.9	2,073	2,156
Boston	9	49.3%	83.5	1,415	1,426
Buffalo	15	62.7%	38.3	2,125	2,595
Cleveland	28	71.1%	47.1	4,779	4,795
Detroit	31	63.6%	51.6	4,354	4,363
Hartford	11	83.3%	35.9	1,643	1,646
Indianapolis	21	76.6%	45.8	3,401	3,403
Manchester	5	24.0%	52.2	716	719
New York	16	88.8%	46.4	2,078	2,118
Newark	11	81.9%	43.1	1,823	1,834
Philadelphia	13	71.1%	39.8	2,044	2,062
Pittsburgh	9	46.7%	40.4	945	963
Providence	7	73.7%	31.5	641	642
Togus	8	83.7%	35.8	956	970
White River Junction	2	5.0%	46.3	597	599
Wilmington	2	85.1%	43.6	299	301

	Number of Vocational Rehabilitation Counselors	Rehabilitation rate	Days to notification of entitlement determination (timeliness)	Chapter 31 participants	Number of Veterans served (all Chapters)
Southern Area (12 ROs)	327	—	—	40,077	41,195
Atlanta	46	83.9%	41.2	5,303	5,809
Columbia	30	74.7%	30.6	3,127	3,131
Huntington	9	92.2%	40.0	756	759
Jackson	7	77.3%	41.3	1,118	1,128
Louisville	25	77.9%	39.5	2,615	2,616
Montgomery	28	85.2%	35.9	3,883	3,891
Nashville	25	73.6%	56.9	2,760	2,814
Roanoke	30	70.3%	39.7	3,295	3,572
San Juan	6	88.9%	39.3	750	761
St. Petersburg	64	84.4%	37.3	9,530	9,578
Washington	24	84.4%	37.0	2,868	2,870
Winston-Salem	33	78.4%	35.5	4,072	4,266
Central Area (14 ROs)	275	—	—	33,334	34,509
Chicago	14	65.3%	38.4	2,258	2,268
Des Moines	8	73.1%	38.5	1,501	1,501
Fargo	6	70.6%	29.1	497	497
Houston	60	57.0%	39.7	7,463	7,506
Lincoln	8	82.6%	38.6	774	774
Little Rock	13	83.2%	24.3	1,592	1,614
Milwaukee	13	89.0%	28.2	1,598	1,610
Muskogee	22	32.1%	46.3	2,442	2,826
New Orleans	13	73.1%	34.6	1,631	1,635
Sioux Falls	7	69.0%	30.4	867	870
St. Louis	18	89.9%	37.9	2,203	2,209
St. Paul	11	80.3%	38.0	1,519	1,533
Waco	71	28.5%	47.6	7,870	8,540
Wichita	11	84.3%	21.3	1,119	1,126
Western Area (16 ROs)	238	—	—	32,515	34,156
Albuquerque	8	79.3%	47.1	1,312	1,337
Anchorage	8	93.8%	54.6	791	792
Boise/Cheyenne	—	—	—	—	—
Denver	25	81.5%	34.2	4,597	4,609
Fort Harrison	6	91.3%	39.9	900	902
Honolulu	13	81.9%	66.3	1,258	1,266
Los Angeles	24	72.2%	40.6	4,284	4,355
Manila	2	75.0%	33.8	176	176
Oakland	24	80.4%	43.7	3,660	3,711
Phoenix	21	83.5%	43.3	2,741	2,749
Portland	21	66.3%	57.7	2,560	2,573
Reno	5	90.8%	42.2	1,005	1,034
Salt Lake City	19	83.6%	41.6	1,883	1,909
San Diego	30	81.9%	38.6	3,296	4,661
Seattle	32	71.9%	61.9	4,052	4,082

FILIPINO VETERANS EQUITY COMPENSATION FUND

Question 146. Information in the fiscal year 2015 budget request discusses two ongoing lawsuits that could affect the Filipino Veterans Equity Compensation Fund's unobligated balance.

A. Please describe each lawsuit, and how they could potentially affect the unobligated balance.

Response. Both lawsuits challenge Department of Veterans Affairs' (VA) administration of the Filipino Veterans Equity Compensation (FVEC) fund and, in particular, the ways in which VA verifies whether a claimant had the service required by law.

Recinto v. *U.S. Department of Veterans Affairs* was brought by individual Filipino Veterans alleging their claims were wrongfully denied because of reliance on faulty records and by individual widows of Filipino Veterans challenging the statute on constitutional grounds. The number of individual claims directly involved in this case was small. However, any ruling that the Government's process or the statute itself is legally deficient could have conceivably expanded the scope of the program in ways that would have been difficult to predict.

De Fernandez v. *U.S. Department of Veterans Affairs* is a putative class action brought by three individuals and an organization seeking declaratory and injunctive relief. The suit principally alleges that VA relies on faulty records and unjustified "loyalty challenges" to wrongfully deny legitimate claims. If a class were certified and plaintiffs were successful, plaintiffs would likely ask the court to force VA to re-adjudicate all denied FVEC claims under new procedures crafted by the court.

Veterans Benefits Administration projects that the end of fiscal year 2015 unobligated balance for the FVEC Fund will be $55.4 million.

B. Does VA have a timeline for when the lawsuits will be resolved? If so, please provide it to the Committee.

Response. *Recinto* has been fully resolved. The case was dismissed by the district court, and the dismissal was affirmed by the United States Court of Appeals for the Ninth Circuit. *Recinto* v. *U.S. Department of Veterans Affairs*, 706 F.3d 1171 (9th Cir. 2012). Plaintiffs petitioned the United States Supreme Court for certiorari. The Court denied the petition on October 7, 2013.

The district court dismissed De Fernandez for lack of jurisdiction, relying on the Ninth Circuit's holding in *Recinto* that district courts lack subject-matter jurisdiction over veterans' benefits claims. The plaintiffs appealed this case to the Ninth Circuit, and the parties completed briefing in September 2013. We are currently awaiting oral arguments to be scheduled for this case. It is possible the appeal may be resolved within the next 12 months, depending on when the court schedules oral arguments and issues a decision.

Question 147. The fiscal year 2015 budget request for the Filipino Veterans Equity Compensation Fund indicates that 333 Notices of Disagreement (NODs) have not been resolved. The estimate for fiscal year 2015 is that $55.4 million in unobligated funds will remain at the end of the fiscal year.

A. When does VA believe the remaining 333 NODs will be resolved?

Response. The 333 appeals pending were as of September 2013. Currently, 130 Filipino Veterans Equity Compensation (FVEC) appeals are pending.

- 64 pending at the Manila RO, of which 33 are at the NOD and substantive appeal stages and 31 remanded by the Board of Veterans' Appeals (Board) for further development.
- 56 pending at the Board.
- 10 pending at other ROs for travel board hearings.

The majority of the 64 appeals pending at the Manila RO are awaiting service verification, hearings, or a reply to the Decision Review Officer election letter. The Manila RO regularly provides the National Personnel Records Center (NPRC) a list of all pending requests for service verification. Follow ups are completed via email and are faxed to NPRC when necessary. Additionally, FVEC appeals are given priority in the scheduling of hearings. Some of the hearings are coordinated with the nearest RO where the appellant resides in the United States. Typically, the appeals at the Manila RO are resolved or certified to the Board in 30 to 60 days. This is dependent upon receiving documents from NPRC and can be extended if the claimant submits additional documents for review.

B. Once the remaining NODs are dispensed with, when will VA close the account and remit the unobligated balance?

Response. We anticipate that VA will close the FVEC Fund account once all activities are complete. In FY 2010, Congress provided authority to transfer up to $67 million in unobligated balances from bid savings from the Major Construction account in section 901, Public Law 111–212. Any remaining funds will be returned to the Major Construction account for obligations as authorized by law.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. JERRY MORAN TO U.S. DEPARTMENT OF VETERANS AFFAIRS

Rural Health and Joint Medical Facility Projects

Question 148. Secretary Shinseki, will you please provide analysis or report material you have received regarding the expansion of Project ARCH? What are the recommendations from staff within the VA, the Office of Rural Health and VISN 15 on the future construct of ARCH? Do you intend to make a decision about the future of ARCH before the authority expires in September 2014?

Response. Project ARCH's congressional authority expires August 29, 2014. Section 402 of Public Law 110–387 allows the Secretary to make recommendations regarding the pilot program, including if the pilot program should be made permanent.

In preparation for the expiration of the Congressional authority for Project ARCH, VHA's CBO and Office of Rural Health are leading an integrated project team to review options for providing health care for rural Veterans. The team is preparing recommendations for senior leadership's consideration.

Additionally, VA is working diligently to ensure Veteran access to care is not interrupted when Project ARCH concludes. VHA's PC3 program will be available to rural Veterans to help bridge this gap.

Under PC3, VHA has contracted with Health Net Federal Services and TriWest Healthcare Alliance to develop a network of providers to deliver covered care. This will provide eligible Veterans coordinated, timely access to specialty care through a comprehensive network of non-VA providers who meet VA quality standards when VA cannot readily provide the specialty care in-house due to geographic inaccessibility, lack of available specialists, and other factors. PC3 contracts have been awarded in six regions.

VA envisions the integration of PC3 will perpetuate increased access for Veterans in distance-challenged areas, provide quality health specialty care within all applicable VISN locations, and systematically reduce cost over time to ensure Veterans have accessible health care closer to their homes.

Question 149. Secretary Shinseki, will you please provide metrics and data to ascertain how many veterans, across all VISNs, are receiving referrals for chiropractic care? Please describe the referral process, step by step and approximate wait time associated with the referral process.

Response. The number of unique patients receiving chiropractic care on-station and through non-VA care for FYs 2012, 2013, and 2014 year-to-date is provided in the first tab of the attached spreadsheet.

It is VA policy that access to chiropractic care, through consultation from either the patient's primary care provider or another VA clinician providing care for the condition for which chiropractic care may be helpful, is consistent with the facility's policy and practice for all other specialty care access. Additional requirements or authorizations are not to be placed on referral for chiropractic care at a VA facility or through the outpatient non-VA care program.

Consistent with the same process for all medical care, when a VA provider places a referral for chiropractic care, a designated staff member reviews the referral for clinical appropriateness. If additional information is needed or if the referral appears not suited for the chiropractic clinic, the referring provider is notified for additional follow up. If the referral request is appropriate, then a staff member is notified to contact the Veteran and schedule an agreed upon appointment. If the given facility does not have an on-station chiropractic clinic, a designated staff member from the business office reviews the referral to determine eligibility and notifies the Veteran of follow-up steps.

Data on wait times for on-station chiropractic care for FYs 2012, 2013, and 2014 year-to-date are provided in the second tab of the attached spreadsheet. Wait times for non-VA chiropractic care is not captured by VA and cannot be reported.

Outpatient Cube: Unique Patients for on-station (436) and non-VA (75) CHIROPRACTIC CARE

	FY 2012 Actual			FY 2013 Actual			FY 2014 Year-to-Date Actual		
	On-station	Non-VA	Total	On-station	Non-VA	Total	On-station	Non-VA	Total
All Payment Locations	23,834	9,059	32,893	25,829	10,105	35,934	16,844	7,548	24,392
V01	1,462	410	1,872	1,712	246	1,958	1,131	179	1,310
V02	2,364	182	2,546	2,499	306	2,805	1,705	274	1,979
V03	171	11	182	38	17	55	59	20	79
V04	385	244	629	304	370	674	124	332	456

Outpatient Cube: Unique Patients for on-station (436) and non-VA (75) CHIROPRACTIC CARE—Continued

	FY 2012 Actual			FY 2013 Actual			FY 2014 Year-to-Date Actual		
	On-station	Non-VA	Total	On-station	Non-VA	Total	On-station	Non-VA	Total
V05	445	52	497	509	106	615	376	80	456
V06	569	165	734	516	155	671	310	107	417
V07	682	126	808	742	30	772	497	13	510
V08	2,128	1,222	3,350	2,410	1,323	3,733	1,486	979	2,465
V09	960	619	1,579	974	447	1,421	560	266	826
V10	813	13	826	1,032	10	1,042	603	21	624
V11	975	509	1,484	1,223	530	1,753	688	414	1,102
V12	835	188	1,023	808	322	1,130	606	247	853
V15	1,189	638	1,827	1,212	673	1,885	755	580	1,335
V16	288	348	636	87	371	458	263	281	544
V17	3,569	92	3,661	3,645	44	3,689	2,216	8	2,224
V18	1,420	115	1,535	1,350	109	1,459	991	186	1,177
V19	767	325	1,092	753	999	1,752	360	944	1,304
V20	868	1,247	2,115	1,147	1,600	2,747	887	1,092	1,979
V21	1,012	820	1,832	1,171	802	1,973	705	491	1,196
V22	2,407	591	2,998	3,149	248	3,397	2,154	132	2,286
V23	554	1,150	1,704	564	1,404	1,968	375	905	1,280

Consult Cube: Number of Consults, Unique Patients, Average Days to Completed Consult, Percent of Consults Completed, Average Days to First Action

(436) CHIROPRACTIC CARE

	Number of Consults			Unique Patients			Average Days to Completed Consult			Percent of Consults Completed			Average Days to First Action		
	FY 2012	FY 2013	FY 2014	FY 2012	FY 2013	FY 2014	FY 2012	FY 2013	FY 2014	FY 2012	FY 2013	FY 2014	FY 2012	FY 2013	FY 2014
All Facility	36,399	41,643	22,526	26,539	31,231	19,776	50.6	49.0	35.2	99.6%	95.2%	66.1%	59.3	57.1	30.5
V01	1,983	1,972	1,049	1,478	1,570	985	61.1	37.9	39.3	98.9%	96.1%	73.2%	61.9	36.9	30.5
V02	2,707	2,641	1,089	2,028	2,004	1,034	31.1	29.6	27.4	100.0%	96.2%	84.1%	46.6	34.1	24.3
V03	64	174	96	60	139	88	29.3	50.1	50.6	100.0%	95.4%	54.2%	41.1	52.9	41.1
V04	593	765	635	431	552	543	33.1	39.8	28.4	100.0%	98.6%	64.6%	41.1	71.1	38.1
V05	592	892	436	423	637	355	65.5	59.3	30.9	100.0%	96.5%	58.5%	67.5	67.6	23.1
V06	648	725	392	512	610	377	36.4	56.4	44.8	100.0%	95.2%	58.7%	36.5	55.2	42.0
V07	611	651	351	581	613	341	61.2	57.7	28.1	99.7%	94.0%	76.6%	62.1	54.9	22.5
V08	3,737	5,655	2,817	2,326	4,005	2,677	55.2	67.2	40.1	99.5%	94.7%	54.2%	56.5	81.9	39.4
V09	1,086	1,198	639	778	942	580	33.0	37.7	28.7	99.4%	97.4%	69.0%	37.4	47.1	26.1
V10	1,445	1,819	962	1,154	1,389	856	32.7	24.6	26.3	99.7%	96.0%	70.2%	37.3	29.3	23.6
V11	1,926	1,582	533	1,168	984	480	28.3	25.1	26.7	99.8%	95.8%	85.0%	28.0	23.9	20.0
V12	946	1,125	512	719	852	493	40.0	30.6	29.7	99.3%	94.6%	82.4%	41.2	28.6	22.1
V15	3,208	3,205	1,476	2,558	2,638	1,357	106.7	73.7	38.9	99.0%	94.3%	44.2%	130.0	97.3	27.8
V16	257	287	685	213	247	657	58.0	77.6	38.8	96.5%	90.6%	44.1%	64.9	86.4	26.8
V17	5,379	5,100	2,441	3,957	3,892	2,287	33.4	32.6	33.3	99.6%	96.2%	69.7%	35.8	32.5	23.8
V18	3,498	3,494	2,256	1,897	1,918	1,370	62.3	49.1	24.0	99.9%	95.7%	81.5%	71.1	56.6	22.0
V19	765	682	195	698	626	194	32.9	33.6	19.5	99.9%	93.0%	89.2%	42.4	33.0	14.0
V20	1,110	2,581	2,662	924	2,044	1,948	35.1	74.0	48.2	99.9%	93.2%	65.6%	41.1	79.5	40.2
V21	1,830	2,227	1,347	1,339	1,778	1,283	49.3	43.8	36.2	99.9%	92.9%	60.2%	61.3	58.2	29.6
V22	2,977	3,775	1,533	2,456	2,884	1,491	66.8	62.8	58.3	99.7%	94.6%	60.2%	89.5	68.5	43.9
V23	1,037	1,093	420	841	907	380	24.8	30.9	14.6	99.5%	97.2%	78.6%	49.0	50.2	21.5

Question 150. Secretary Shinseki, what intentions, if any, do you have to make certain chiropractic care referrals are streamlined for our veteran population? What specifically has been done to increase veterans' access to a broader range of chiropractic services?

Response. VA has undertaken several steps to ensure appropriate access to chiropractic services for Veterans. Considering the rates of chiropractic services use at VA chiropractic clinics and the U.S. population at large, VA has developed a population-based use model targeting 1.2 percent of a facility's core unique patients. The chiropractic national program office continues to provide guidance and support to assist local VA facilities with the processes of implementing new chiropractic clinics. To help improve the efficiency of non-VA chiropractic services, a multidisciplinary workgroup developed a Clinical Patient Record System template for non-VA chiropractic consults that has been deployed and is now in use. VHA's Office of Academic Affiliations has also established a pilot chiropractic residency training program aimed at preparing graduates to better serve VA and the Nation.

Question 151. Secretary Shinseki, what steps are being taken or what plan has been developed to address physician recruitment in rural areas and the consequent extensive periods without physician care? Does the VA have a recruitment policy or framework for rural areas? Is this something the Office of Rural Health is given the opportunity to develop and the budget to carry it out?

Response. VHA markets directly to physicians for rural locations through its partnership with National Rural Recruitment and Retention Network (3RNet), a national network of non-profit organizations devoted to health care recruitment for underserved and rural locations. Through this partnership, VHA has access to a robust database of candidates especially interested in, and leveraged against, rural vacancies. National recruiters routinely post VHA practice opportunities on 3RNet's career page. In addition, 3RNet annually dedicates the month of November to Veteran health care awareness by making VHA its featured employer for the month. In FY 2013, national recruiters increased recruitment of Veteran physicians by 43 percent of which 24 percent were for rural or highly rural facilities.

Additionally, VHA's Office of Rural Health's goal is to develop innovative methods to identify, recruit and retain health care professionals in rural and highly rural communities. The Office of Rural Health has made significant investments to strengthen the rural VA provider workforce and continuously seeks to understand current and future rural provider workforce needs. Research shows that exposing students to rural health care during medical or health professions school is an effective way to recruit providers to rural areas.

In FY 2013 and so far FY 2014, VA invested more than $15 million to support rural provider training and continuing education initiatives to include:

Rural Health Training Initiative (RHTI)—This pilot program between the Office of Rural Health and the Office of Academic Affiliations increases rural health care workforce recruitment by providing opportunities for medical students and other health professions trainees to receive clinical training at rural health care sites. Launched in the fall of 2012, RHTI funds 7 projects where more than 260 clinicians have trained at 22 VHA rural sites of care.

VA Geriatric Scholars Program—The Office of Rural Health supports a successful program to train clinicians at rural VA facilities in the most current practices in geriatric care. In FY 2013, this program served all 21 VISNs, including 185 facilities and 1,356 staff.

Specialty Care Access Network—Extension for Community Healthcare Outcomes—In FY 2013, the Office of Rural Health provided funds to expand this already successful program that uses telehealth technology to provide specialty care consultation, clinical training, and clinical support from urban-based specialty care teams to over 100 rural VA providers at 40 rural facilities so that they can manage patients with chronic conditions closer to home. Providers trained included primary care physicians, nurse practitioners, and social workers. The Office of Rural Health is expanding this program in FY 2014 to up to 19 additional sites.

Women's Health Provider Training—The Office of Rural Health has provided funding to support the training of rural primary care providers in women's health care topics.

Rural Provider and Staff Training Initiative (RPSTI)—New in FY 2014, RPSTI funds 21 VHA clinical sites serving rural Veterans to implement locally based, innovative training and educational programs for health care providers and clinic staff on topics ranging from palliative care and dementia to polypharmacy and substance use disorders.

Question 152. Secretary Shinseki, the VA FY 2015 Budget Request referred to the Dole VA and McConnell AFB Joint Facility in the context of: "Several major construction projects that were included on the 2014 SCIP priority list were not scored in FY 2015 as they did not pass SCIP 2015 validation process, or were pulled from consideration in 2015." Was the Dole VA project pulled from consideration? If not, please provide the steps, measures and relevant detail associated with the aforementioned validation process, to include analysis and data that substantiates the submission by the Dole VA did not pass the SCIP validation process.

Response. The SCIP validation process is a multi-step effort to ensure projects are fully conceived and based on the most rigorous application of data possible. Validation is done at both the action plan and business case level; action plan validation review begins in early spring each year.

The FY 2015 SCIP validation process found that the Wichita project's business case did not address critical validation concerns and, therefore, the project was not scored or considered for FY 2015 funding. The scope of the project submitted was not well-defined and lacked clarity concerning the Department of Defense's (DOD) involvement in the project. The Wichita project was removed from consideration and was not scored in FY 2015 because the final business case included:

1. A cost estimate with more than a 25 percent variance from the established VA cost-estimating guidance;
2. Cost data for only one valid alternative was provided (major construction), when a minimum of three of the five additional alternatives (major lease, contract out, acquire an existing facility, VA/DOD collaboration, and renovation) are required; and
3. Cost estimates that conflicted with other supporting materials.

VA capital planning staff will work closely with the facility, DOD, and all stakeholders to improve the project's business case for consideration in the FY 2016 process.

Question 153. According to the VA FY 2015 Budget Request, "DOD CPC members participate actively in VA's SCIP evaluation process and assist in identifying possible locations that would support increased collaboration." Please explain the participation of DOD CPC members. How does the SCIP "evaluation" process differ from the SCIP "validation" process? Did DOD CPC members have the opportunity to assess and evaluate the Dole VA and McConnell AFB Joint Project in SCIP FY 2015, to include the numerous MOU's currently shared between Dole and McConnell? If not, why not? If so, what was their assessment and did it include a review of current MOU's?

Response. DOD Construction Planning Committee (CPC) members do actively participate in VA's SCIP process. DOD CPC and VA members share data each year on facility space (excess space or need space), workload, population, and proximity. This information is provided to all SCIP users before the start of the annual SCIP process to complete their action plans. Key contacts lists by location for VA and DOD planners are also provided so that they can easily reach out to each other and work together in collaboration where potential opportunities exist.

One of the key components of each Veterans Integrated Service Network's (VISN) action plan review is the Subject Matter Expert Teams (SMET) reviews. One SMET focuses on DOD/VA collaboration, and each VISN is reviewed to ensure joint opportunities are fully explored and included in the VA long-range plan. In addition, DOD CPC members attend the VISN action plan presentations to the SCIP Board and can ask VISNs questions concerning DOD/VA joint opportunities.

The validation, scoring, and prioritization of business cases is accomplished by the Department-wide SCIP Panel, which consists of senior staff from nine VA Administrations and Staff Offices. A project that increases sharing between DOD and VA would receive prioritization credit in DOD's collaboration sub-criteria. A project that lowers or does not increase sharing would not receive prioritization credit. Additional information on Departmental criteria is found in response to question 154.

Question 154. According to the VA FY 2015 Budget Request, "DOD collaboration is one of the national criteria elements VA uses to evaluate, score, and rank its capital projects." How does the VA numerically value "DOD collaboration" in the overall SCIP process and criteria? Currently, this element is one of four "Departmental Initiatives" and treated separately from "major and supporting initiatives." Why? If overlap occurs with major and/or supporting initiatives, how does that impact the score? Please explain "DOD collaboration" linkages, overlap, and duplication to separate criteria elements, particularly "best value solution" and "maximize efficiencies." For the Dole VA and McConnell AFB Joint Project, what was the numerical score for the "land transfer" by McConnell AFB as criteria for cost savings, best value solution and maximizing efficiencies? For major initiatives, how are educational institution partnerships numerically scored and ranked in comparison to other major initiatives?

Response. The FY 2015 SCIP Decision Criteria with priority weights are provided below.

FY 2015 SCIP Decision Criteria Weights

(sorted by Major Criterion)

Major Criterion	Priority Weight	Sub-Criterion	Priority Weight	Overall Weight
Improve Safety and Security	0.324	Seismic	0.437	0.142
		Safety/Compliance (excludes Seismic)	0.345	0.112
		Physical and Building Security/Emergency Preparedness	0.218	
Departmental Initiatives	0.216	Major Initiatives	0.543	0.117
		Supporting Initiatives	0.289	0.062
		DoD Collaboration	0.094	0.020
		Energy Standards	0.074	0.016
Fixing What We Have	0.200	Reduce Facility Condition Assessment Deficiencies	0.770	0.154
		Other Gaps (self-defined)	0.230	0.046
Increasing Access	0.155	Utilization/Workload	0.327	0.051
		Veteran Access to Services	0.213	0.033
		Internal Access to Services	0.052	0.008
		Wait Times	0.222	0.034
		Support Structures (parking)	0.186	0.029
Right-Sizing Inventory	0.057	Space—New Construction/Renovation/Lease	0.560	0.032
		Space—Collocation	0.229	0.013
		Space—Disposal/Reuse	0.118	0.007
		Space—Telework	0.093	0.005
Ensure Value of Investment	0.048	Best Value Solution	0.657	0.032
		Cost Saving Strategies	0.343	0.016

The DOD collaboration sub-criterion of the 2015 SCIP decision model has an overall priority value of .020. This sub-criterion is separated from the Major Initiatives (MI) and Supporting Initiatives criterion to emphasize the importance of these projects, as it effectively results in those types of projects earning "extra" points that non-VA/DOD projects cannot earn. If two decision sub-criteria were so similar as to overlap, then a project's score would include a "double-counted" score. Depending on how thoroughly the "overlapping" decision criteria questions were answered, the impact could range from no impact to significant because each sub-criterion is scored as a separate element. Duplication in the decision model is avoided where possible.

DOD collaboration is one of 20 sub-criteria in the decision model, which are grouped by their relationship to the major criteria. Addressing one sub-criterion does not automatically result in points given to another sub-criterion. A project is evaluated on how well each sub-criterion is addressed. For example, the project may receive a high score for the DOD collaboration question based on the written answer and supporting documentation demonstrating VA's and DOD's mutual interest in the project, and then score very low on the safety/compliance question because the narrative answer does not demonstrate that the project will mitigate a known safety violation or bring the medical center into compliance for a sited deficiency.

This type of project could earn points for the cost saving strategies question by demonstrating how this project saves money by allowing VA to acquire land at no cost. The effect of a no-cost land transfer would be factored into the Best Value Solution question as part of the Net Present Value (NPV) calculation of that alternative. For example, if the cost of the new construction option and the VA/DOD Collaboration option were equal except for the cost of land acquisition, the NPV for the VA/DOD Collaboration project would be better than the new construction option. The highest score in the Best Value Solution question can only be given to projects where the chosen option has the best NPV.

Because the Wichita VA/DOD major construction project did not pass the business case validation process, the project was not scored for the FY 2015 budget and planning cycle. There are no numerical ratings for this project.

The Major Initiatives for the FY 2015 budget and planning cycle are:

(1) Eliminate Veteran Homelessness;

(2) Improve Veterans' Mental Health;

(3) Perform Research and Development to Enhance the Long-term Health and Well-Being of Veterans;
(4) Enable 21st Century Benefits Delivery and Services;
(5) Automate GI Bill Benefits;
(6) Build Veterans Relationship Management Capability to Enable Convenient, Seamless Interactions;
(7) Enhance the Veteran Experience and Access to Health Care;
(8) Establish Strong VA Management Infrastructure and Integrated Operating Model;
(9) Transform Human Capital Management (telework); and
(10) Transform health care delivery through health informatics.

Educational institution partnerships are not ranked in relationship to the MIs.

Question 155. According to the VA FY 2015 Budget Request, "The VISN future year potential list includes several potential future collaborative efforts," listing the Dole VA and McConnell AFB Joint Project as one of six future collaborative efforts. Will you please explain why the VA FY 2015 Budget Request promotes and identifies this joint project as a specific example of VA/DOD collaboration but does not score or rank it in the same FY 2015 budget document? What is the rationale behind the decision to list a Wichita, KS joint project in VA collaboration with DOD but remove it from consideration to attain resources to develop this joint project?

Response. Though the Dole VA and McConnell AFB Joint Facility was not scored in the FY 2015 SCIP, it is listed in the SCIP long-range plan as a potential out-year major construction project. There is still an opportunity for future collaboration between VA and DOD at the Wichita location. VA is working with local facility planning to staff to assist in developing their business case to be considered for funding during the FY 2016 SCIP process.

Question 156. How will VA's proposed changes to "allow transfers to/from VA capital accounts in support of joint Federal facilities" lead to more joint projects, such as the Dole VA and McConnell AFB Joint Project? Has the VA identified existing, potential and planned projects that would utilize this new authority? Please provide a list of those projects. Please describe the differences in VA's FY 2015 proposal on "transfer of funds" from Sections 223, 224 and 8098 of the FY 2014 Omnibus Appropriations Act that provides for additional "transfer of funds" authority to the Joint Department of Defense- Department of Veterans Affairs Medical Facility Demonstration Fund. Are major and minor construction projects currently considered in the Joint Department of Defense—Department of Veterans Affairs Medical Facility Demonstration Fund? If not, please recommend a legislative alternative that would give the Medical Facility Demonstration Fund the authority to expend funds on minor and major construction projects.

Response. VA has proposed changes to its authorization to allow the Department to plan, design, construct, or lease shared medical facilities with the goal of improving access to, and quality and cost effectiveness of, the health care provided by the Department and other Federal agencies (e.g., DOD) to their beneficiaries. The proposal would allow the Department to transfer and/or receive funds (major and minor construction) to/from another Federal agency for use in the planning, design, and/or construction of a shared medical facility. Currently, VA cannot build space to accommodate non-VA workload. It also cannot build on non-VA owned land without specific authorization.

The VA proposal would also allow the transfer (from the Medical Facilities appropriation) or receiving of funds to/from other Federal agencies for the purpose of leasing space for a shared medical facility, after section 8104 authorization requirements have been met. In order to foster collaboration, VA also requested to amend the definition of "medical facility" to include any facility or part thereof which is, or will be, under the jurisdiction of the Secretary, or as otherwise authorized by law, for the provision of health care services.

The potential VA/DOD collaboration locations provided in Volume 4 of the 2015 budget submission are the locations that would most likely have the highest potential for using this new authority. These include Wichita, Kansas, El Paso, Texas, Fort Knox, Kentucky, Beaufort, South Carolina, San Antonio, Texas and Oakland, California.

In contrast to VA's FY 2015 proposal on "transfer of funds," Sections 223, 224 and 8098 of the FY 2014 Omnibus Appropriations Act, which provide for additional "transfer of funds" authority to the Joint Department of Defense—Department of Veterans Affairs Medical Facility Demonstration Fund, only allow for minor construction funds to be transferred to the Demonstration Fund to support operations at the Captain James A. Lovell Federal Health Care Center at North Chicago. Implementing VA's proposed authorization changes would provide VA and DOD the greatest potential for increase joint collaborative projects.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. JOHN BOOZMAN TO U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 157. What process is the VA Office of Acquisition and Logistics (OA&L) using to mitigate procurement risk associated with companies who are debarred, meaningfully related to debarred entities, have criminal activity, are financially stressed, and have other high risk characteristics?

Response. As part of the Office of Management and Budget Circular A–123 Acquisition Assessment, OALC conducts extensive file reviews, one of the goals of which is to assess the extent of compliance with the requirement to award only to responsible parties. File reviews include determining compliance with specific VA policies established by OALC, such as:

- VA Procurement Policy Memo (PPM) 2013–05, Determining Contractor Responsibility, dated August 12, 2013. This policy requires contracting officers to check the exclusions in the System for Award Management before any transaction (award or modification) is made with a contractor. The policy provides implementing guidance in determining contractor responsibility. File reviews assess whether the required contractor responsibility determination was made properly.
- VA Information Letter (IL 001AL–09–02), Integrated Oversight Process (IOP), dated June 19, 2009. The IOP policy requires procurement reviews of specific contract actions at various dollar thresholds, and the reviews are performed by contracting organizations of each Head of Contracting Activity (HCA) within VA. OALC's A–123 assessments and file reviews evaluate whether the IOP policy was followed and to what extent.

Question 158. Is there anything you are doing to prevent fraud or improper payments post-award? (This question is relevant because the Senator has a history of working on improper payment issues)

Response. To prevent fraud or improper payments, Department of Veterans Affairs continues to take the following actions:

- Partners with Treasury to leverage the Do Not Pay (DNP) solution, which matches payments monthly against the Public Death Master File (DMF) and the Excluded Parties List System (EPLS)/System for Award Management (SAM);
- Matches benefits payments against the Social Security Administration's Private Death Master File before they are submitted to Treasury;
- Compares vendors on our financial management system to the EPLS/SAM on a daily basis; and
- Performs recapture and recovery audits for our programs, which result in corrective actions to improve business processes and ensure compliance.

Question 159. Does the VA have a post award process that tracks contractor performance? If so, are there any metrics around the value of government data vs. commercial data sources for this purpose?

Response. VA's Policy for Past Performance reinforces the Federal Acquisition Regulation requirements and requires use of the Contractor Performance Assessment Reporting System (CPARS), managed by the General Services Administration, that generates status reports for their respective HCA. These include: Contract Status Reports, Ratings Metrics Report, and Processing Times Reports. These reports provide a record, both positive and negative, on a given contractor during a specific period of time. These reports are supported by program and contract management data, such as cost performance reports, customer comments, quality reviews, technical interchange meetings, financial solvency assessments, construction/production management reviews, contractor operations reviews, and performance evaluations. These reports are used as a resource to ensure VA is awarding best value contracts and orders to contractors that consistently provide quality, and on-time products and services that conform to contractual requirements. To our knowledge, there are no commercially available metrics which compare government data to commercial data.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. DEAN HELLER TO U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 160. When does the VA expect to fully deploy all components and subcomponents in VBMS across all VA Regional Offices so that all 56 will qualify as electronic Regional Offices (eRO)?

Response. Veterans Benefits Management System (VBMS) utilizes an agile development approach that allows the Veterans Benefits Administration (VBA) to continually build functionality to support claims processing in 12-week sprints. With continuous development, VBMS will allow the electronic distribution of workload on a national level and assist in automating portions of the claims process. As of June 2013, VBMS was fully deployed to all 56 regional offices (RO).

The Newark RO was chosen as the electronic Regional Office (eRO) pilot station to simulate the future operating model of a paperless RO. This allows VBA to understand the operational differences that a paper versus electronic environment poses. This also provides an opportunity for VBA to test additional initiatives to continue to understand the future state and impact of those initiatives in an electronic environment. Although VBA does not have the resources to remove all active paper claims folders from all ROs, the remaining ROs are naturally moving into a paperless state and adopting lessons learned through the distribution of the electronic Standard Operation Procedures and the realignment of responsibilities of clerical staff. As of April 9, 2014, almost 90 percent of VBA's rating inventory is electronic. VBA has not established a timeline for full transition to eROs.

Question 161. What percentage of claims being submitted at the Reno VA Regional Office are fully developed claims?

Response. In FY 2013, 25.4 percent of claims received by the Reno RO were fully developed claims (FDC). In FY 2014 through March, this increased to 39.5 percent.

Question 162. How has VA partnered with the Veteran Service Organizations (VSOs) to encourage and assist veterans with filing fully developed claims?

Response. VBA's Benefits Assistance Service (BAS) has partnered with VSOs on several programs in support of assisting Veterans with FDCs. VA ROs conducted workshops for their local Veterans Service Organizations (VSO) partners on the FDC program. Each RO has a very active partnership with their local VSO community and has representatives attend local VSO trainings and meetings to provide information on filing electronic FDCs. BAS also has ongoing bi-weekly meetings with VSOs and monthly meetings with VSO executive leadership, at which FDC filing and assistance are regularly discussed. An FDC Forum was held during the VSO bi-weekly meeting on February 6, 2014. This forum allowed national, state, and county VSOs to ask clarifying questions about the FDC program and inform VBA where additional training in the field may be needed. Additionally, BAS provides monthly FDC reporting to the "Big 6" VSOs. These reports provide the total number of FDC claims submitted to each RO and the number that have been removed from the FDC program. Based on these reports, VSOs are able to ascertain which of their offices require more training on FDC submissions. FDC claims subm4ission is addressed and encouraged during all VSO eBenefits training sessions. Finally, VBA also began a new partnership with VSOs and other stakeholders known as the Community of Practice (COP). The COP seeks to reduce the compensation claims backlog for Veterans by increasing the number of FDCs filed by Veterans and their advocates. The Disabled American Veterans and The American Legion are founding members, and The National Association of State Directors of Veterans Affairs is a member. In August 2013, VA also welcomed William & Mary Law School's Lewis B. Puller, Jr., Veterans Benefits Clinic to the FDC COP. The Puller Clinic was the first law school clinic in the Nation to join the FDC COP. VA consults with members of the COP throughout the development and implementation of VA's plan to end the backlog in 2015 to ensure best practices and their unique insights are incorporated.

Question 163. Does the DOD and VA's current agreement regarding the electronic transfer of service treatment records also apply to service treatment records for members of the reserve components of the U.S. Armed Forces?

Response. On January 1, 2014, the Department of Defense (DOD) ceased sending VA paper Service Treatment Records (STR). An interface was implemented to automatically transmit STRs between DOD's Healthcare Artifact and Image Management System and VA's VBMS in an electronic format. If a member of the Reserves or National Guard did not serve on active duty on or after January 1, 2014, an automated request for electronic STRs is not generated. VA continues to manually request these STRs from DOD, and DOD sends the STRs back electronically. VA and DOD are reviewing options to close this gap.

Question 164. Between January 1, 2013 and December 31, 2013, dependency claims, which are not included in the VA's rating bundle for backlog, rose from 170,000 to 230,000. What is the VA's plan to ensure that non-rating related claims are completed in as timely a manner as rating-related claims?

Response. VBA holds employees at all levels of the organization accountable for performance. Objective measures and performance standards are used to determine if our managers and employees are meeting or exceeding their job requirements.

Performance of Veterans Service Representatives (VSR), Ratings Veterans Service Representatives (RVSR), and Decision Review Officers (DRO) is tracked in a national work credit system that is aligned with individual performance standards (attached). Employees are evaluated based on quality of work, production, customer service, workload management, cooperation, and organizational support.

VBA sets the standards for work to be completed based on the position and experience level of the employee. VBA performance standards are consistent for all claims processors across the Nation. Performance credit for VSRs is weighted based on the complexity of the action completed. For example, completing an initial letter in response to a Veteran's claim for benefits is weighted higher than a follow-up contact with a Veteran via telephone. RVSR work credit is weighted based on the complexity of the case and number of issues rated. For example, an RVSR on the special operations team that rates a highly complex claim with nine medical contentions will receive a higher weighted credit than a RVSR on the express team that rates a claim with two medical contentions.

Question 165. What measurements does the VA currently use for the VBA claims processors' work credit system?

Response. VBA holds employees at all levels of the organization accountable for performance. Objective measures and performance standards are used to determine if our managers and employees are meeting or exceeding their job requirements. Performance of VSRs, RVSRs, and DROs is tracked in a national work credit system that is aligned with individual performance standards (attachments 1-3 follow). Employees are evaluated based on quality of work, production, customer service, workload management, cooperation, and organizational support.

Attachment 1

NATIONAL PERFORMANCE PLAN
VETERANS SERVICE REPRESENTATIVE (VSR)
(Excludes PMC and PCT VSRs)

ELEMENT 1—QUALITY (Critical)

The VSR must consistently and conscientiously exercise sound, equitable judgment in applying stated laws, regulations, policies and procedures to ensure accurate information is disseminated to Veterans and accurate decisions are provided on all benefit claims administered by the Department of Veterans Affairs.

Standard

Quality of Work

Successful Level

GS–7:	The accuracy rate during the evaluation period equals or exceeds 80% (cumulative)
GS–9:	The accuracy rate during the evaluation period equals or exceeds 85% (cumulative)
GS–10:	The accuracy rate during the evaluation period equals or exceeds 92% (cumulative)
GS–11:	The accuracy rate for work produced during the evaluation period equals or exceeds 93% (cumulative)

Indicators

A random selection will be made of an average of 5 actions per month regardless of number of contentions claimed. Quality of action taken on each contention will be evaluated. The selection of actions, while random, must reflect an appropriate mix of work performed by the employee throughout the month (i.e. not from a single day or single week).

If a routine review of a VSR's work demonstrates the need for quality improvement, an expanded sample of an average of 10 actions per month will be reviewed for quality purposes.

The ASPEN checklist to be used will mirror the STAR worksheet and will include a component on systems compliance, which will be considered a substantive error.

ELEMENT 2—TIMELINESS/WORKLOAD MANAGEMENT (Critical)

Timely processing of Veterans claims is of paramount importance, as it is highly correlated with customer satisfaction. The VSR will operate in an efficient manner to accurately finalize claims using all appropriate workload management tools and processes.

VSRs are responsible for the cycles/type of work respective to their assigned duties. If multiple timeliness sub-elements apply to a VSR (e.g. average days awaiting award, non-rating, and corrective actions) they must meet the Fully Successful level for all applicable sub-elements to be successful for the element.

Extenuating circumstances and notification to the employee's supervisor will be considered. An incident will not be called until after the first notification of non-compliance of the above standard.

Timeliness

Timeliness of Rating End Products (including EP 930 series)

Fully Successful

All grade levels must meet locally established timeliness requirements, which are to be derived from end of year station targets.

The percentage of claims in each cycle pending over the locally established cycle goal must align with station goals for percentage of claims greater than 125 days. Management for each station sets goals.

Cycle Times

a. Average Days Awaiting Development
b. Average Days Awaiting Evidence
c. Average Days Awaiting Award
d. Average Days Awaiting Authorization

Timeliness of Non-Rating & Control End Products (i.e. EPs 600, writeouts, 800 series)

Fully Successful

All grade levels must meet locally established timeliness requirements, which should be derived from station targets.

Timeliness of Direct Services (i.e. IRIS, Congressional Inquiries, etc.)

Fully Successful

All grade levels must meet locally established timeliness requirements, which should be derived from station targets. There will be no more than 5 instances where the VSR fails to meet established timeliness, or failure of employee to notify their supervisor when cases cannot be worked within established timeframes and reasons thereof.

Timeliness of Special Projects & Duties (i.e. Women Veterans Coordinators, AEW Project, etc.)

Fully Successful

There will be no more than 3 instances of tasks not being worked within established timeframes, or failure of employee to notify their supervisor when cases cannot be worked within established timeframes and reasons thereof.

Timeliness of Corrective Actions

Fully Successful

There will be no more than 3 instances of failure to complete a returned corrective action, or failure of employee to notify their supervisor when cases cannot be worked, within three days of the case being returned to them for correction.

Workload Management

Fully Successful

All grade levels must manage their workload in accordance with locally established workload management plans. There will be no more than 2 instances where the VSR fails to show compliance with established workload management procedures.

Local management will be responsible for creating and communicating a workload management plan that will identify the types of work to be completed.

Indicators

- VETSNET Operations Reports
- Local Tracking Reports
- Supervisory Observation

ELEMENT 3—OUTPUT (Critical)

Fully Successful

VSRs process a minimum cumulative average number of outputs per day. Outputs will be counted as follows:

- Development (Initial Development, Subsequent Development, and Ready for Decision including rating Eps, EP 930s, administrative decisions, appeals, non-rating Eps, and EP 600s)—.7
- 1–2 contention claim development (Initial Development, Subsequent Development, and Ready for Decision including rating Eps, EP 930s, administrative decisions, appeals, non-rating Eps, and EP 600s)—.5
- Telephone development -.1
- Process award/decision (generate award, clear end product)—.7
- Authorize award—.33

Note 1: Subsequent development includes any actionable item, which moves the claim forward and is subject to quality review.

Note 2: Telephone development requires contact with claimant, representative, or medical facility to further the development of the claim. Credit for telephone development may be taken in addition to development credit.

Note 3: VSRs performing Post-Determination authorization duties will receive an additional .5 weighted action for more complex cases involving out of system payments or retroactive effective dates preceding 1982 (earliest generate line in VETSNET).

Successful Level

GS–7: 4
GS–9: 5
GS–10: 5.5
GS–11: 6

Indicators

- VOR
- ASPEN

There will be no output element expectation for 90 days following the completion of challenge training regardless of entry grade.

Duplicate credit will not be allowed for self-correction of a VSR's error.

Leave, union time, and special projects or assignments pre-approved at the discretion of the supervisor are considered deductible time. Unmeasured time, such as informal training, was considered in developing the successful level and is not reportable deductible time.

ELEMENT 4—TRAINING (Critical)

VSR will stay abreast of current laws and regulations, work processes, policies and procedures and computer applications in order to provide optimum service to our Veteran population.

Employees are encouraged to actively participate in self-developmental activities.

Performance for this standard will be mitigated when the VSR's supervisor has not allotted sufficient time for VSR to complete training requirements or if the VSR is not provided a schedule of available training and the deadline they are to complete.

It is the responsibility of supervisors to provide VSRs with a training schedule in advance so they can complete their training requirements.

Successful Level

GS–7/9/10/11: Timely completion of nationally mandated training hours to include core requirements and mandated local training during evaluation period. Completes mandatory training within assigned deadlines with no more than 1 violation during evaluation period.

Indicators

- TMS
- Supervisory Observation

ELEMENT 5—Organizational Support (Non-critical)

Functions as a team member to enhance resolution of claims and customer service contacts by work actions. Maintains professional, positive, and helpful relationships with customers by exercising tact, diplomacy, and cooperation.

Performance demonstrates the ability to adjust to change or work pressures, to handle differences of opinion in a businesslike fashion, and to follow instructions conscientiously. As a team member, contributes to the group effort by supporting fellow teammates with technical expertise and open communications and by identifying problems and offering solutions. Performance also demonstrates the ability to effectively communicate in a courteous manner with customers during the personal or telephone interview process.

Successful Level

GS–7/9/10/11: No more than 3 instances of valid complaints or incidents.*

*A valid complaint or incident is one where a review by the supervisor, after considering both sides of the issue, reveals that the complaint/incident should have been handled more prudently and was not unduly aggravated by the complainant. Disagreeing, per se, does not constitute "discourtesy." Valid complaints or incidents will be determined by the supervisor and discussed with the employee.

Indicators

- Verbal and/or written feedback from internal and/or external customers
- Observations by a supervisor with the complaint documented

Attachment 2

NATIONAL PERFORMANCE PLAN
RATING VETERANS SERVICE REPRESENTATIVE (RVSR)
(Excludes PMC and IDES RVSRs)

ELEMENT 1—QUALITY (Critical)

The RVSR must consistently and conscientiously exercise sound, equitable judgment in applying stated laws, regulations, policies and procedures to ensure accurate information is disseminated to veterans and accurate decisions are provided on all benefit claims administered by the Department of Veterans Affairs.

Fully Successful (Issue Based)

Experience level defined by time in position:

6–12 months:	The accuracy rate during the evaluation period equals or exceeds 80% (cumulative)
13–18 months:	The accuracy rate during the evaluation period equals or exceeds 85% (cumulative)
19–24 months:	The accuracy rate during the evaluation period equals or exceeds 90% (cumulative)
Over 24 months:	The accuracy rate during the evaluation period equals or exceeds 92% (cumulative)

Indicator

A random selection will be made of an average of 5 end products per month regardless of number of issues decided. This includes completed cases and partial ratings to determine the accuracy of the originator. The selection of actions, while random, must reflect an appropriate mix of work performed by the employee throughout the month (i.e. not from a single day or single week).

If a routine review of a RVSR's work demonstrates the need for quality improvement, an expanded sample of 10 total end products per month will be reviewed for quality purposes.

Once an error is found and recorded concerning a specific issue associated with the claim (ex: effective date), no additional errors related to that issue should be recorded (consistent with M21–4 under the Quality Review Structure for cascading effect).

ELEMENT 2—TIMELINESS (Critical)

Timely processing of veterans claims is of paramount importance as it highly correlates with customer satisfaction. The RVSR will operate in an efficient manner to accurately finalize claims using all appropriate workload management tools and processes.

RVSRs are responsible for the types of work respective to their assigned duties. Extenuating circumstances and notification to the employee's supervisor will be considered.

Timeliness of Workload Management (includes rating, non-rating and appeals)

Fully Successful

RVSRs must manage their workload in accordance with locally established workload management plans.

There will be no more than 3 instances of RVSR specific duties not being completed within locally established timeframes, or failure of employee to notify their supervisor when cases cannot be worked within established timeframes and reasons thereof during the evaluation period. An incident will not be called until after the first notification of non-compliance of the above standard.

Indicators

1 VETSNET Operations Reports (VOR)
2 Local Tracking Reports
3 Supervisory Assignments and Observation
4 Folder Aging Reports
5 VACOLS Reports

ELEMENT 3—OUTPUT (Critical)

Processes a minimum cumulative average number of weighted actions on rating related end products and the following: EP 930 series, statements of the case, supplemental statements of the case, claims certified to BVA, hearing decisions, EP 290, 600, 095, 070, 172, 165.

Weighted action credit will be given based on number of issues completed per the following:

1–2 issues completed: .5 weighted action
3–4 issues completed: 1 weighted action
5–9 issues completed: 1.5 weighted actions

Each additional 5 issues completed will be given .5 weight actions (i.e. 10–14 issues completed: 2 weighted actions; 15–19 issues completed: 2.5 weighted actions; 20–24 issues completed: 3 weighted actions; et cetera)

Fully Successful

Experience level defined by time in position:

6–12 months: 1.5 weighted actions
13–18 months: 2 weighted actions
19–24 months: 2.5 weighted actions
Over 24 months: 3 weighted actions

* RVSRs on the Special Operations team will have an additional .25 weighted actions added to their output for each claim worked meeting special operations criteria to account for the complexity of these cases.

Indicators

VOR
ASPEN
VACOLS Reports

* Duplicate credit will not be allowed for self-correction of an RVSR's error.

** Leave, union time, and special projects or assignments pre-approved at the discretion of the supervisor are considered deductible time. Unmeasured time, such as informal training, was considered in developing the successful level and is not reportable deductible time.

ELEMENT 4—TRAINING (Critical)

RVSR will stay abreast of current laws and regulations, work processes, policies and procedures and computer applications in order to provide optimum service to our veteran population.

RVSRs are encouraged to actively participate in developmental activities of self and others. For example, this may include volunteering to conduct needed training, mentoring and second signature reviews.

The RVSR will complete mandatory Core Technical Training Requirements (CTTR) as outlined on a published training schedule and within specified deadlines.

It is the responsibility of supervisors to provide RVSRs with a training schedule in advance so they can complete their training requirements. It is the responsibility of the RVSR to complete all required training within established guidelines.

Performance under this element will be mitigated when the RVSR's supervisor has not allotted sufficient time for RVSR to complete training requirements or if the RVSR is not provided a schedule of available training and the deadline they are to complete.

Fully Successful

Timely completion of nationally mandated training hours to include core requirements and mandated local training during evaluation period. Completes training within assigned deadlines with no more than 1 violation during evaluation period.

Indicators

TMS
Supervisory Observation

ELEMENT 5—Organizational Support (Non-critical)

Functions as a team member to enhance resolution of claims by work actions. Maintains professional, positive, and helpful relationships with internal and external customers (to include fellow employees and all stakeholders) by exercising tact, diplomacy, and cooperation.

Performance demonstrates the ability to adjust to change or work pressures, to handle differences of opinion in a businesslike fashion, and to follow instructions conscientiously. As a team member, contributes to the group effort by supporting fellow teammates with technical expertise and open communications and by identifying problems and offering solutions. Performance also demonstrates the ability to effectively communicate in a courteous manner with internal and external customers (to include fellow employees and all stakeholders).

The RVSR provides information to veterans and claimants that is accurate, concise, complete and written in a non-adversarial, respectful manner that demonstrates courtesy and compassion. This information may be in the form of rating decisions, written correspondence to claimants and other verbal communication with claimants such as personal hearings.

Fully Successful

No more than 3 instances of valid complaints or incidents.*

*A valid complaint or incident is one where a review by the supervisor, after considering both sides of the issue, reveals that the complaint/incident should have been handled more prudently and was not unduly aggravated by the complainant. Disagreeing, per se, does not constitute "discourtesy." Valid complaints or incidents will be determined by the supervisor and discussed with the employee.

Indicator

Verbal and/or written feedback from internal and/or external customers. Observations by a supervisor with the complaint documented.

Attachment 3

PERFORMANCE PLAN DRO

ELEMENT 1—QUALITY OF WORK

The DRO must consistently and conscientiously exercise sound, equitable judgment in applying stated policies to ensure accurate and timely decisions on compensation and pension benefit claims administered by the Department of Veterans Affairs.

Successful Level: Accuracy rate during the evaluation period equals or exceeds 90%.

Indicators

An unbiased selection will be made of an average of five cases per month per employee. The cases selected will be reviewed [prior to concurrence by a second signature, if applicable] to determine the accuracy of the originator of the decision. Only one error is counted per case reviewed. The errors will be called using the categories identified on Attachment A below.

ELEMENT 2—PRODUCTIVITY*

Processes a minimum cumulative average number of 3 weighted cases per day. Cases will be counted for production purposes as follows:

- 1/2 case = deferred/supplemental development actions when no other action listed below is possible. This excludes sending/preparing a DRO election letter. This credit is not limited to formal appeal cases and can include any case for which substantive review and deferred/development by a DRO is appropriate.
- 1/2 case = Informal conference held; case certified to BVA; preparation time for a hearing; formal hearing held (the 1/2 case for preparing for a hearing should be reported separately from the 1/2 case awarded for holding a formal hearing).

*Leave, union time, special projects or assignments pre-approved at the discretion of the supervisor, and 2nd signature reviews (of trainees only) are considered deductible time.

- 1 case = SOC, SSOC or DRO decision (includes EPs 172/174/070) with less than 8 issues decided.
- 2 cases = SOC, SSOC or DRO Decision with 8–15 issues decided.
- 3 cases = 16–23 issues rated; 4 cases = 24–31 issues decided, etc.

Note:

1. Only one type of case credit can be taken at a time. For example, if a DRO does a separate SOC and a rating, only one credit would be taken. The credit with the greater weight should always be used. If separate decisions combine to eight or more issues, this can be combined and 2 case credits taken.
2. The 1/2 case development credit may apply to cases where an NOD has not been filed. To be applicable, the cases must have already had a decision made on them, and brought to the DRO's attention because of some conflict with the facts or law as applied in the case. This would also apply to any cases assigned to the DRO by VSC management based on the complexity/sensitivity of the case. This credit does not apply to routine rating development cases and, again, can only be claimed exclusive of any other weighted action listed above.
3. The case credit review for an SOC [EP 172 or 174] should be taken per the parameters in M21–4 Appendix C. Concerning formal hearings (EP 174), a full case credit is only available if the formal hearing is actually held; otherwise, the only credit available is the 1/2 case for preparation time, if applicable.
4. The term "DRO decision" is defined as any rating related to an appeal where the DRO has made a favorable decision requiring some type of award action. Separate DRO decision and rating decision documents for the same issue are not required.
5. Weighted case credit for non-appeal cases is the same as the RVSR weights.

Successful Level: weighted cases per day (cumulative)

Indicators

Production reports

ELEMENT 3—CUSTOMER SERVICE

Functions as a team member to enhance resolution of claims and customer service contacts by work actions. Maintains professional, positive, and helpful relationships with internal/external customers by exercising tact, diplomacy, and cooperation.

Performance demonstrates the ability to adjust to change or work pressures, to handle differences of opinion in a businesslike fashion, and to follow instructions conscientiously. As a team member, contributes to the group effort by supporting fellow teammates with technical expertise and open communications and by identifying problems and offering solutions. Successful achievement in this element reflects support of all scorecard goals.

Successful Level: No more than 3 instances of valid complaints or incidents.

Indicators

Verbal and/or written feedback from internal and/or external customers. Observations by a manager with the complaint documented.

A valid complaint or incident is one where a review by the supervisor, after considering both sides of the issue, reveals that the complaint/incident should have been handled more prudently and was not unduly aggravated by the complainant. Disagreeing, per se, does not constitute "discourtesy." Valid complaints or incidents will be determined by the supervisor and discussed with the employee.

ELEMENT 4—TIMELINESS

Works in a manner that supports and contributes to meeting established VBA timeliness requirements.

At present the timeliness element is not officially measured. Methods are currently being discussed concerning accurate and equitable ways to measure appeals timeliness. At that time, this element will be revisited.

ATTACHMENT A

Were all claimed issues addressed?
Were all inferred issues addressed?
Were all ancillary issues addressed?
Was effort to obtain all indicated evidence documented?
Was requested VA exam necessary & appropriate or was a necessary exam requested?
Was all evidence received prior to denying claim?
Was the grant or denial of all issues correct?

Was there percentage evaluations assigned correct?
Was the combined evaluation correct?
Were the effective dates correct?
Was all of the applicable evidence discussed?
Was the basis of each decision explained?

[end of attachments 1-3]

VBA sets the standards for work to be completed based on the position and experience level of the employee. VBA performance standards are consistent for all claims processors across the Nation. Performance credit for VSRs is weighted based on the complexity of the action completed. For example, completing an initial letter in response to a Veteran's claim for benefits is weighted higher than a follow-up contact with a Veteran via telephone. RVSR work credit is weighted based on the complexity of the case and number of issues rated. For example, an RVSR on the special operations team that rates a highly complex claim with nine medical contentions will receive a higher weighted credit than a RVSR on the express team that rates a claim with two medical contentions.

Question 166. The fiscal year 2015 VA Budget Submission for Major Construction Projects for the Veterans Health Administration notes that there remained $13.8 million in unobligated funds for the Las Vegas VA Medical Center through September 30, 2013. What is the VA's plan for utilizing unobligated funds to improve any inadequacies at the Las Vegas VAMC?

Response. As of March 31, 2014, $11.5 million remains unobligated. Currently, approximately $2.9 million is set aside to complete open contract issues on the original construction project, which includes the remaining contingency for active contracts. VA is examining potential enhancements to the Las Vegas VA Medical Center with the remaining $8.6 million.

Question 167. What progress has the VA made in establishing a National Veterans Burial Ground in a rural area of Nevada?

Response. Department of Veterans Affairs (VA) is proposing to establish a national cemetery presence in highly rural areas where the Veteran population is less than 25,000 within a 75-mile service area. The proposal targets those states in which there is no national cemetery within the state open for first interments and areas within the state that are not currently served by a state Veterans cemetery or a national cemetery in another state. Elko, Nevada is one of the eight locations in which VA intends to establish a national cemetery presence as part of VA's Rural Initiative. This location will serve a population of over 4,000 Veterans currently unserved by a Veterans cemetery burial option. Funding is available for the site selection process.

VA advertised for potential sites in September 2013, and then assembled a site evaluation team to visit Elko, Nevada, in December 2013 to review all responses. Because the results of that site evaluation tour yielded only marginally acceptable sites, VA is currently placing another advertisement seeking additional sites and will conduct further site selection visits after reviewing responses. VA is also collaborating with officials of the City and County of Elko and the U.S. Bureau of Land Management to seek available land that meets VA requirements. Once VA identifies preferred sites, it will proceed with due diligence studies on those sites to ensure that they are fully developable.

Chairman SANDERS. Thank you very much.

Let me begin by picking up on a point that Members have raised and you just discussed yourself. For the last several years, there has been a loud concern about the backlog.

General Shinseki, when you came into your position, you announced a very ambitious goal, and that goal was to process all claims in 125 days with 98 percent accuracy by 2015. Your goal was to go from a paper system to an electronic system.

Can you or General Hickey give us some explicit information about where you are in that process?

Secretary SHINSEKI. Certainly, Mr. Chairman. Let me just open, and then I will turn to Secretary Hickey for the specifics.

First, I would say that no veteran should have to wait to have their claims adjudicated, and we are committed to doing that as quickly as we can. Hence, 5 years ago, we had no standard for what was a backlog, so we established one at 125 days—every claim, not an average, but every claim handled in 125 days or less—and all of our work done at 98 percent accuracy. That has not changed.

What you have seen over the last 3 years was a commitment to do that by investing resources you provided to come up with an automation tool called VBMS, Veterans Benefits Management System. It has taken us time to design, develop, test, pilot, and make sure we had a good platform that we could hang capability on as we continued to improve it.

You have seen all of that over the last 3 years. We completed fielding it in June 2013.

Chairman SANDERS. If I may, because I only have 5 minutes, I just want to—the bottom line is you believe you are on path to achieve the goal that you established?

Secretary SHINSEKI. We are on path to do that.

Chairman SANDERS. General Hickey, do you want to add anything to that?

General HICKEY. Just to say that we have taken 237,000 out of inventory in a single year, and we have reduced the backlog by 40 percent in a single year. Our veterans are now waiting 117 days less on average for a claim decision, and our quality in all those decisions is up over 90 percent.

Chairman SANDERS. OK. Let me ask Dr. Petzel a question if I might.

Dr. Petzel, within the VA and throughout our country, there has been a concern that we overmedicate. The VA has done some cutting-edge work in terms of using complementary and alternative medicine to treat a variety of problems.

My understanding is that you have launched what is called an Opioid Safety Initiative in Minnesota. Can you tell us a little bit about that and what you see in terms of the future regarding complementary and alternative medicine?

Dr. PETZEL. Yes, Mr. Chairman. Thank you for that question.

We have actually launched this across the entire system. All of our medical centers are now participating in an opioid safety program, which entails five elements.

It is an opioid dashboard which elucidates high prescribers and high users and then a process by which the users and the providers are met with and treatment is discussed.

Two, every medical center has a pain clinic.

Three, every medical center uses the Stepwise pain process—which the VA developed—a real revolutionary approach to using the least risky alternatives in managing pain.

I think from your perspective, most importantly, we require right now that every pain program offer at least one alternative medicine-process and that they develop within this year another alternative medicine program. So, acupuncture for pain is probably the most common thing, and you will find that we have about 90 acupuncture programs around the country.

Chairman SANDERS. Are you finding veterans gravitating to those types of therapies?

Dr. PETZEL. Absolutely. People want to use the least risky way to manage their pain.

I mean, this is something that they have come with in general out of their experiences in combat, and it can be a terrible burden for them. And, yes, they want to find ways without using opioids or narcotics to manage their pain.

Chairman SANDERS. All right. My last question is for whoever may want to answer it, and that is with the health care budget.

As I understand it, Mr. Secretary, the VA anticipates seeing an increase of approximately 100,000 new patients in the coming year. We are delighted that more veterans are accessing VA health care, but I am concerned whether the 3 percent increase in medical care in this budget will be sufficient to care for these new users, existing users, expand available services, and keep pace with all of the issues that we have there.

Is that enough money? It sounds to me like it is not.

Secretary SHINSEKI. Mr. Chairman, I would tell you we have, for several years now, been working with DOD to understand how our patient load may change when they arrive at the point that they are going to make a decision about downsizing.

I believe that decision has been made. We are working with them now to understand the plan. So, this budget request is prior to that plan being provided, but we continue to work that.

We believe we have in this budget anticipated what our needs are going to be in 2015, but then, again, this will depend on what the downsizing plan entails.

Chairman SANDERS. OK. I am going to go vote and will be back as soon as I can.

Senator Brown, will you take over, and do we have anybody who has voted yet?

All right. We think Senator Isakson will be back soon. He will take over the Chair, and we will rotate back.

Senator Johanns.

Senator JOHANNS. I was just going to offer, Mr. Chairman. It looked like I had taken control. [Laughter.]

Just joking. Just joking.

Chairman SANDERS. Do not be reckless.

[Laughter.]

Senator JOHANNS. Secretary, let me focus on capital improvements, if I could.

The fiscal year 2015 budget request is for $561.8 million. As I understand the way that request is put together, it is actually for four ongoing projects that are in some state of construction.

So, the first question I have on that is, does that 561.8 represent a sufficient amount of money to get those projects to the finish line? Are they done at the end of that, or do we see this again next year?

Secretary SHINSEKI. Senator, the four construction projects—and I will list them: Los Angeles, for seismic corrections; Long Beach Mental Health and Community Living Center; Canandaigua, New York, domiciliary outpatient facility, community living center; San Diego, spinal cord and seismic deficiency. These are all projects that are on the execution list under the major construction program for 2015.

Senator JOHANNS. My question, though, is, does the $561.8 million complete those projects this year?

Secretary SHINSEKI. Yes, they do.*

Senator JOHANNS. It does.

Secretary SHINSEKI. Yes.

Senator JOHANNS. OK. The concern I have, I guess, is probably going to be obvious here. $561.8 million checks the box on those 4 projects. As you know, we have been working our way somewhere through the list in Nebraska, although I do not want to single out Nebraska. There are a whole bunch of other States out there, many of which are ahead of us.

What I am looking at is all of these projects. There has been an estimate—it is probably a pretty rough estimate-that $23 billion is necessary to address what is on the waiting list; and if Omaha is that far down the list, I can only imagine the problems ahead of us.

Tell me how we can best put a process in place to address what you are dealing with and what we are dealing with?

It is a lot of money. It would be very hard to come up with.

I do not think we would want some 20-some projects all going at once. That stretches everybody pretty thin.

So, how do we move these projects in a more aggressive way?

Secretary SHINSEKI. I would say, Senator, we have done our best to prioritize these projects so that at the very top are the safety and security issues that we have to address for safety of employees and veterans. And when we do that, of course, then you can see an ordering.

Second, the priority would be to ensure that what we have today is kept at a good standard. And therefore, for minor construction, not just major but minor construction and nonrecurring maintenance, those funds, in addition to the $561 million you talked about, we have $495 million for minor construction, another $460 million for nonrecurring maintenance. So, these other funds keep us at a safe standard in the facilities we have today.

Our commitment is as we work toward getting to Omaha, for example, that what we have today in Omaha, the hospital there, will be kept at a safe, functioning standard that veterans will see as their hospital delivering high-quality care.

Senator JOHANNS. Yes, I see the work. I was just out at the medical center recently, and I saw the work. They were talking to me about the minor construction that they are doing.

I always receive it as a bit of a mixed blessing. Yes, I want that facility to be safe and do things for veterans; on the other hand, no one is going to argue that that facility should have a long-term future.

So, all these millions we are putting into these facilities across the country—I just hope we are not chasing good money with bad money, if you know what I am saying.

I am sure it is a dilemma for you.

There is a point at which the buildings have just served their useful life.

Secretary SHINSEKI. We do have facilities that are underutilized and are vacant, and with those, we do our very best to take them down so we can husband resources that would ordinarily go on to

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*Secretary Shinseki corrects this statement later in his testimony.

some level of maintenance there, husband those resources to put in new facilities where they are needed.

I would also say, Senator, besides our major, minor and non-recurring maintenance, these projects, we also have a leasing program that is important to us which primarily does not come out of the construction budget; it comes out of the medical care account.

It is a powerful tool for us to be able to provide, in communities where community-based outpatient clinics may be needed, a lease arrangement. We stand it up very quickly, and it provides the services needed; and we are not going through a long-term development process.

I would add a sixth component here and that would be our telehealth/telemedicine capability. We have invested heavily in that. So, not only do you see 151 medical centers and 820 community-based outpatient clinics and 300 Vet Centers, they are all linked through telehealth/telemedicine, especially important in rural areas where travel and access are not what they need to be.

But, if we can provide in those communities a clinic where veterans can find access, even if we do not have a kidney expert there, through our telehealth means, we can give them access to one.

So, when we are talking about the construction program, I like to view it as access; that is, the walk-in access and how we link this through technology, to provide the best quality care and try to level the playing field here so that a veteran, no matter where they live, will be able to enjoy the quality care we can provide.

Senator JOHANNS. We will continue this discussion. I am going to head to the floor so I can cast my vote before they close it.

Thank you.

Senator ISAKSON [presiding]. Well, the rest of the team will be back in a little bit. I just passed them while coming back, so, we will have the whole complement of Members pretty soon.

Mr. Warren, did I understand it correctly that you are the information technology person?

Mr. WARREN. Yes, sir, I have that role.

Senator ISAKSON. Well, I am about to demonstrate that I am not, but I have a question about that which I would like to get an answer to.

I have been reading out the VBMS, the Veterans Benefits Management System, and I understand it is fully deployed now from the standpoint of being installed, yet it is not operational. Is that right?

Secretary SHINSEKI. Senator, it is fully deployed, fielded, and was completed last June, 6 months ahead of schedule. It is being used, but it is not the only means of processing a claim today.

This is probably the big crossover year for us. We still have claims in paper, and so the great workforce that we have is dribbling two basketballs at the same time. They have to be able to do paper today because that is the legacy system, but every day less paper, and sometime later this year it will be only digital, and they have to do digital at the same time today.

So, it is functional, but we are not totally reliant on just VBMS today.

Senator ISAKSON. From what I read, I think there is about $44.5 million in the budget for the continued installation of that. Is that correct?

Secretary SHINSEKI. Let me turn to Mr. Warren on that.

Mr. WARREN. The number is actually $137 million——

Senator ISAKSON. OK.

Mr. WARREN [continuing]. Being requested in the 2015 budget, and we would appreciate your support for that, sir.

Senator ISAKSON. And here comes my question that is going to illustrate my IT ignorance, probably. It is said in here that you are using an agile approach in terms of the installation and that you are deploying different patches and that this will take some time to complete. Would you tell me what kind of patches you are talking about or what they are referring to?

Mr. WARREN. Thank you for that question, sir.

Agile is an approach where instead of putting all your requirements together and then many years down the road you bring capability online, as the Secretary mentioned, the system has been brought online, and every 90 days we add more capability, more function, in the hands of the employees in VBA so they can keep processing more.

So, it is an iterative process. Every 90 days, major functionality gets deployed. In between the 90 days, if there are things we need to adjust or tweak, we add that capability in as well.

So, high frequency, high cycle rate, making sure we are putting capability on the ground so that the folks in VBA can drive ourselves to that outcome.

Secretary SHINSEKI. Senator, if I can try to—he is a techy person. I am not either, so let me try to put it in our terms.

There are two ways to approach a large IT project, which do not apply to the smaller IT projects. They are a little more manageable.

But, a large IT project—you can wait to design the entire elephant and then try to field that whole thing at once. And what sometimes happens is you will find something does not work in this large project, and then it is difficult to find it because everything is out there.

The agile approach that Steph Warren is describing is we have an idea where we want to go, and we know where we want to start, so we start modestly. We put a segment in. We let it run for 90 days, and we see what hiccups and burps, and then we fix that because we can find it in that narrow slice. Then we realize we need to add some more capability, and we do that.

Over time, it sounds like these incremental approaches would take longer, but they are actually faster, and that has been our experience.

Senator ISAKSON. The thing I want to be sure of in leading up to what I am about to ask you, is I have had one experience with a statewide installation of a computer system into 179 schools that I had to fix a bad problem that was related to patches where they had tried to custom-make the software to be site-specific rather than system-specific and the patches were used to correct that.

I am taking it from what Mr. Warren has said that you are phasing in the installation of the software but that it is universal. You are not patching at each site. You are patching it for the universal system. Is that right?

Mr. WARREN. Yes, sir, that is the case. It is a national deployment. So, when we roll out capability, every regional office gets that capability and they are able to use it the next day once it comes online.

Senator ISAKSON. And you are not correcting a problem. What you are doing is phasing in an activity. Is that right?

Mr. WARREN. Sir, we are adding more capability every time we bring new functions online for the benefits folks.

Senator ISAKSON. Well, you are doing it the right way because I did it the wrong way in the State of Georgia and I paid a terrible price for it. So, that is why I ask that question—because you cannot patch site-specific stuff; you have got to do it universally in the system.

Mr. WARREN. Yes, sir.

Senator ISAKSON. Dr. Petzel, I want to correct something that was in the record. It was reported that you inferred that—I do not think you probably did infer because I have talked to you about this before when you testified at our field hearing.

But you had a hearing in February with the House Veterans' Affairs Committee, and you stated, " * * *the IG report related to mismanagement of the [Atlanta] VAMC did not connect deaths to mismanagement."

But I believe you have stated before the hearing in Atlanta, as well as personally to me on a number of occasions, that there were mismanagement issues that contributed to the suicides in Atlanta. Is that correct?

Dr. PETZEL. You are absolutely right, Senator Isakson. I had misspoken in that I was referring to the review of the contract, not the review of the care on the facility.

The contract review by the IG—they did not directly connect it, but they did very definitely connect the activities on that ward with a suicide death. You are absolutely right.

Senator ISAKSON. Well, because of what you have done on this, I wanted the record to reflect accurately what you said in both cases.

I want to publicly acknowledge the fact that you have come to Atlanta and met personally with survivors of some of the suicide victims in Atlanta where you provided a great service at a great sacrifice on your part to do so. It is very much appreciated.

Secretary Shinseki, on this issue of suicides, one of the big questions that is being asked—and there is a lot of press looking into this in Atlanta, and I am sure something is going to be uncovered one of these days, so I want to be prepared to answer this question.

Are there contractual limits or union limits, or what kind of limits do you have, to reprimand or correct or otherwise dismiss an employee for inappropriate activity, mismanagement, or contributing to the failure of the system to deliver what it is supposed to deliver?

Explain to me what you have to do to discipline or reprimand or move or fire an employee.

Secretary SHINSEKI. Senator, I would say that I believe we have the tools that we need. First of all, VA employees, by and large, 30 percent of us are veterans ourselves. So, we have familiarity with the issues veterans face, and there is a tie to them; and we are deeply committed to our mission. In these discussions, transparency and accountability count as we are trying to establish and maintain trust.

I would say that in 2012 we dismissed—involuntarily removed—over 3,000 employees. In 2013, we did the same.

Senator ISAKSON. Is that total VA or just the medical services?

Secretary SHINSEKI. This is all of VA, but a very large part of us is the Veterans Health Administration. They account for 70 or 80 percent of our workforce, and at 3,000, we are talking about a percent of our workforce. Six senior executives were also dismissed over the past 2 years.

I think what I would also like to add here is that many of these incidents were discovered by VA employees, raised by them for our attention. We then, as transparently as we could, did our investigation, shared the information so others could learn from it and then set about correcting and then preventing future occurrences.

An important part of this is the courage and willingness of VA employees to stand up and report—in some cases on themselves if they made a mistake—which allows us to take the corrective actions we have been able to do.

I, for one, value that. I never want to see us lose that. So, this is part of the environment of trust that we are trying to retain.

It is unfortunate anytime a suicide happens. It is a terrible tragedy. Or, anytime we lose a patient under our care. The important thing is to never let it happen again or, at least, commit to never letting it happen again.

To do that, we have to find out what happened and get about taking corrective action, then holding people responsible where their performance did not meet our standard. As I said, I think we have done that here in the past 2 years.

Senator ISAKSON. I appreciate that answer.

I have run over my time. I want to go to Senator Murray, but before I do, very briefly, 3,000 per year the last 2 years have been dismissed in terms of VA employment for various, different failures to perform services.

Secretary SHINSEKI. That is correct.

Senator ISAKSON. How long does it take from the time you initiate an action to dismiss an employee for cause until you actually dismiss them? How long does it take you to go through that process?

Secretary SHINSEKI. A good question. I probably ought to do a little research and provide that to you for the record.

[Responses were not received within the Committee's timeframe for publication.]

Senator ISAKSON. Send me a memo. By the way, this is coming from a reporter out of Atlanta, so, I am trying to give you a heads-up, because I want to be able to have the right answer when they call me, too.

Secretary SHINSEKI. OK. Well, let me provide you a good answer.

Senator ISAKSON. Senator Murray.

STATEMENT OF HON. PATTY MURRAY, U.S. SENATOR FROM WASHINGTON

Senator MURRAY. Thank you very much, Senator.

Secretary Shinseki, thank you for being here as well as all your team.

Secretary Shinseki, several times you and I have discussed my concerns about getting medical centers the researchers they need to provide top quality care for our veterans.

The Spokane Medical Center recently prepared a draft response to questions from the network about their budget. They talk about the significant challenges of declining budgets, of numerous staffing vacancies, and leading the network in new veterans patients.

They also said, "Overall, senior management is very aware of the budget shortfall and is taking actions to limit the deficit. However, most actions will significantly limit staffing levels and access to care. These actions will have, and have had, a significant negative impact on moral and will drive some dissatisfaction among patients."

Dr. Petzel, I asked you a similar question about a similar budget problem at Indianapolis, at our hearing back on the 2012 budget, and you told me there was no evidence that any medical center would be unable to provide the care that we all expect. Unless your view has changed, Spokane's assessment seems to disagree, and I wanted to ask you what you and the network are going to do to get Spokane the resources that they do need.

Secretary SHINSEKI. Let me turn to Dr. Petzel for details here.

Dr. PETZEL. Senator Murray, thank you.

I am assuming that that is some employee's assessment of the situation; it is not the senior leadership's assessment of the circumstances in——

Senator MURRAY. It is the senior leadership's assessment.

Dr. PETZEL. I am not aware of this.

We do believe—and the budget was distributed back in October, and at that time, it was the consensus of the network directors and the facility directors that they had sufficient funds to——

Senator MURRAY. The questions were asked to them of the VISN, and they responded back. So, it was the senior leadership at the Spokane VA center, saying very clearly, they do not have the dollars to be able to do the duties that they need.

Dr. PETZEL. Senator Murray, I will have to go back and talk with both the network and with Spokane. This is information that is new to me.

Senator MURRAY. OK. Well, their draft response also calls for a discussion about the mission of their medical center. It asks if they are going to remain a full-service medical center and whether programs and services should be eliminated. This is deeply concerning to me.

Are there plans to reduce services at the Spokane Medical Center?

Dr. PETZEL. We have no plans to do so.

Senator MURRAY. OK. Well, I need you to follow up on that and let me know what is happening, why they are facing such a budget shortfall. It was very clear in the documents that we have seen that they are facing an extreme budget shortfall that is hampering their ability to care for the veterans in that region.

Dr. PETZEL. We will follow up.

[Responses were not received within the Committee's timeframe for publication.]

Senator MURRAY. OK. I also wanted to ask both of you about the Walla Walla State Veterans Home. As you know, I am very concerned about that, especially because the budget request proposes reducing funding for State veterans homes grants. These veterans have been waiting a very long time for this facility. We have more than 1,000 veterans who need care.

So, I want to ask whether this system that we currently have is correctly prioritizing State home projects? Do we have enough flexibility, and how are we going to ensure that we have got the funds for State veterans homes like Walla Walla?

Dr. PETZEL. Senator Murray, you and I have discussed on numerous occasions the Walla Walla State Veterans Home, and I share your angst about that particular project.

We are looking at whether there is a solution that will allow us to use the 2014 money in order to accomplish that construction, but we are not finished looking at what the alternatives are. Obviously, after we have done that and discussed it with the Secretary, we will get back to you.

Senator MURRAY. OK. We need to know where that is going and overall, meaning not just that one, but all of them. How are we going to deal with these veterans homes with declining budgets?

I think that as members of Congress we need to know what the need is, and then we need to figure out how to fund it rather than just being told everything is OK.

So, I want to know specifically about Walla Walla—what we are going to do, and the funding of State veterans homes in general.

Finally—and I know we have another vote—the War in Afghanistan is drawing to a close. We have more and more veterans coming home, who are going to seek care at the VA, and we are going to see this continue, I think, in the years ahead.

I think we all have this thought that when the war is over we do not have to worry about spending care on veterans anymore, but the exact opposite is true. A lot of veterans are going to come to the VA for the very first time in the coming years, and sometimes the conditions that they have have dramatically worsened.

So, I am very, very concerned about the budget request reduction for funding of TBI-specific health care and research. Why are you proposing to reduce spending on TBI care when we know that as these servicemembers come home and their conditions worsen they are going to be seeking care at the VA for the first time?

Dr. PETZEL. That is an excellent question, Senator Murray.

If you look at the money spent in 2011, 2012 and 2013, there is a slight decline in that, which is projected to continue. The specific reason for that is that we have had an almost 70 percent decline in the number of severely injured Traumatic Brain Injury patients that are going into our polytrauma centers. The number of people with mild-to-moderate TBI has continued to increase.

Senator MURRAY. That is right.

Dr. PETZEL. The cost of taking care of those people is much, much less than it is providing care for the patients that end up in our polytrauma program.

So, while we are going to be taking care of more people, absolutely true, we are going to be doing it at less cost because we are not going to be dealing with the people that are so severely injured in the war.

And the second thing is that the mild-to-moderate TBI patients, much of their care is absorbed into and seen in the mental health budget; we are talking about PTSD, depression, and other mental health conditions.

There is no relaxation of our concern about TBI. This is a——

Senator MURRAY. All right. I just want to make sure we stay focused on that, and if we do see the costs are not being met, that we are aware of that situation sooner, not later.

Dr. PETZEL. Yes.

Senator MURRAY. OK. Senator Isakson, I know another vote has been called so you and I need to go to the floor.

I appreciate this time here today. Thank you and thank you to our witnesses.

Senator ISAKSON. Bernie and I are about the same age. I think he can make it, and I will keep the hearing going. If he runs out of gas, then we will adjourn the hearing real quick.

I have another question if I can ask it while we are still going.

And we apologize for the gymnastics with the vote.

Mr. Secretary, in your implementation of several initiatives regarding the transformation process at VA, you have instituted mandatory overtimes, segmented lanes, the Veterans Benefits Management System, fully developed claims, e-benefits, et cetera. Can you tell us which of those initiatives have proved successful and beneficial to VA?

Secretary SHINSEKI. Certainly. I think I would just cap it all and say all of those have been successful, some more so than others, but in some cases their delivery came at an earlier point, and we have had more time to assess them.

Let me turn to Secretary Hickey for some details here.

General HICKEY. Senator Isakson, I would couch it by saying the following: We have implemented them, as the Secretary has said, on sort of a staggered approach. I can tell you that many of them contributed to our record-breaking 1.17 million claims production at a high quality and accuracy level last year alone.

I will tell you we are 26 percent ahead of where we were even last year at our record-breaking levels of production. In fact, by example, our hard-working VBA employees, who are 52 percent veterans themselves, are, as you said, working overtime 20 hours a month to produce, in the month of February alone, double the production than we have made in any February before.

So, we are seeing all of these different efforts producing good value for our veterans in terms of timeliness and accuracy.

I would call out one success in particular from our veterans service organizations, and that is our fully developed claims process, where since February of last year we have gone from 3 percent of our claims being fully developed to over 28 percent of our claims being fully developed, and that will do nothing but add to the benefit to a veteran as we move forward.

Senator ISAKSON. Thank you for the answer, and I will turn it back over to Chairman Sanders.

Chairman SANDERS [presiding]. Thank you very much, Senator Isakson.

I apologize for not knowing what just proceeded, but let me go to an issue that I think is on the minds of many Americans and people in the veterans community, which I know the VSOs are concerned about, and that is the overall issue, Secretary Petzel, about mental health in general.

The country, above and beyond the VA, faces a crisis in lack of quality, affordable access to mental health care. With several hundred thousand folks coming back from Iraq and Afghanistan, dealing with TBI or PTSD, it certainly is a problem within the VA.

Can you give us an overview of how we are doing in dealing with these serious problems and then also deal with another issue that is of concern of us; that is the issue of suicide?

Secretary SHINSEKI. Let me start and then I will ask Secretary Petzel to provide some detail. I will start on mental health first. I would say it is a discussion we have had with you, Mr. Chairman, and other Members of the Committee here.

Frankly, we have been at war for over a decade, and we have small professional formations, smaller than when I served, who have carried this responsibility for carrying on these two operational missions now for this long. So, because of the size of the force, they are rotated a number of times, multiple times, which compound the issues, especially in mental health.

Over these 5 years—six budgets now—we have worked and increased the mental health budget by over 60 percent because of the discussions we have had. We owe these youngsters the best we can provide.

Budgeting is a little bit reactive. We look at whom showed up at our medical facilities, and we then ask for resources to take care of the next population if, in fact, there has been an increase.

We are working with DOD to try to anticipate what our requirements are going to be just at large and trying to understand what the mental health piece of that is.

With that, let me ask Dr. Petzel to address some of the details here.

Dr. PETZEL. I want to add, Senator, to what the Secretary has said.

This is a very important consequence of what we have seen in this war—small force, repeated deployments, and a very recognizable number of people, perhaps 15 to 20 percent, returning from that conflict with depression, PTSD, anxiety disorders, chemical dependency, sleep disorders—things that very much have a bearing on their mental health. In 2015, we are expecting to treat about 1.7 million people with our specialty mental health services and spend about $7.1 billion on mental health services.

Let me just go through a few of the things, Mr. Chairman, that have been done over the last several years.

First of all, since March 2012, we have hired 2,400 additional mental health clinical providers so that we now have onboard over

20,000 clinical professionals delivering mental health services. It has had an impact on a number of things.

The access measures have improved. They are not perfect yet, and they are not where we want them to be——

Chairman SANDERS. We heard this morning, if I can interrupt, that there are still unacceptably long wait times in certain facilities around the country.

Dr. PETZEL. That is absolutely true, sir. There are places where we are having difficulty with wait times, primarily because we have difficulty recruiting people into the positions that we need. Individual psychotherapy, as an example, is something that in some parts of the country we have to wait long periods of time for.

However, established patients across the country—95 percent of them are being seen for an appointment with 14 days. The most important group, patients that are new to the VA and new to mental health, 90 percent of those patients are being seen within 14 days. Of course, if someone walks into urgent care or walks into the emergency room, they are seen immediately.

Chairman SANDERS. All right. I know, Senator Tester, you have to leave soon. Why don't you take over?

Senator TESTER. Well, thank you, Mr. Chairman.

I want to echo and thank you all for being here today. I very much appreciate your service in the past and currently.

General Shinseki, the backlog is always a big thing, and we will be talking about the backlog until we get it down to a point where we do not have to talk about it anymore. Can you give us an idea on what the shutdown did to your backlog numbers?

Secretary SHINSEKI. Say that again please.

Senator TESTER. What did the government shutdown in October 2013 do to your backlog numbers?

Secretary SHINSEKI. Frankly, the impact was less than we were concerned about, primarily because our employees went into high gear and just worked overtime, anticipating that this thing would grow. So, they were able to hold it stable for the month of October, but since last year we have greatly reduced the backlog.

A great concern at the end of October was if the shutdown continued we would put at risk all the benefits checks that were already decided and veterans receive every month, that we were not going be able to process, cut those checks and distribute them—a significant number of veterans and large monies.

Senator TESTER. Thank you.

I want to talk a little bit about the paper versus electronic medical record. You are running both right now, correct—paper and electronic?

Secretary SHINSEKI. Yes, we are.

Senator TESTER. How has the DOD been as far as have they made the transition to electronic medical records yet, or are they still lagging back?

I know we had a meeting with the Chairman of Appropriations, I think about a year ago right now, as a matter of fact, with both of you and others.

Secretary SHINSEKI. DOD has its own electronic health record just as we do.

Senator TESTER. Do they interface?

Secretary SHINSEKI. They do not interface in the way that we think is the future, but we have created a joint viewer developed by our people that will reach into the DOD database, reach into ours and pull up a single screen where a clinician, either in DOD or VA, can care for patients, then those decisions reside in their respective databases.

Right now, DOD is developing, or acquiring—they are on an acquisition track to see what the next electronic health record could be for them.

We are tracking them. We have our electronic health record, and our plan is to, with the support of the Congress, release some dollars that are on hold——

Senator TESTER. OK.

Secretary SHINSEKI [continuing]. To allow us to get up to level 4.

Senator TESTER. It would seem to me that part of the backlog has to do with two different medical records. Is that fair to say?

Secretary SHINSEKI. It has been, and we have worked to try to mitigate some of that.

Senator TESTER. OK. Well, let us know what we can do to help. I know there are some on this Committee that serve on the Armed Services Committee, too, and I think we can push because you should be—I mean, it should be, quite frankly, seamless. I think that is the way it should be.

Secretary SHINSEKI. Senator, after good work between both our staffs, in January, DOD began sending us service treatment records electronically. So, we are beginning to get those records electronically now.

Senator TESTER. OK, good.

Stating some statistics that you guys already know: there are 3.1 million veterans enrolled in the VA health system that live in rural America; that is about 36 percent of those that are enrolled.

Out of the total request for telehealth of $567 million—I am talking about telehealth—73 goes to rural telehealth. That is about 13 percent. It seems like it is about a third of what it should be.

Could one of you tell me why the amount is where it is?

Secretary SHINSEKI. Let me ask Dr. Petzel to provide some detail.

Senator TESTER. Sure.

Secretary SHINSEKI. In addition to telehealth and the breakout that you describe, we also have a rural health care account that also provides money for rural areas.

Senator TESTER. OK.

Dr. PETZEL. Senator Tester, providing adequate and good health care and accessible health care to rural veterans is a high priority for us, as you know, because that is a large percentage of the people that live in this country, of our veterans.

The telehealth program primarily serves rural America.

Senator TESTER. OK.

Dr. PETZEL. I would have to—I do not know where you got your figure, so I have to go back and see it.

Senator TESTER. I got my glasses now. So, it came from my staff.

Dr. PETZEL. If we put all the equipment that is in our tertiary care medical facilities as focused on providing consultation to more rural areas, I would imagine——

Senator TESTER. OK.

Dr. PETZEL. I would like to, if you do not mind——

Senator TESTER. We can flesh that.

Dr. PETZEL [continuing]. Go back and look at that.

[Responses were not received within the Committee's timeframe for publication.]

Senator TESTER. Yes, I would appreciate that.

So, I was down in Salt Lake City and saw the telehealth booth where the folks out there were delivering services—I believe to Bozeman, MT, when I saw it. It is very impressive, and I think it has got tremendous upsides.

I say that as somebody who was opposed to telehealth for mental health conditions, though you have turned me around on it although I do think you have to look eye-to-eye once in a while, too.

Thank you, Mr. Chairman.

Chairman SANDERS. Thank you, Senator Tester.

Let me get back to the issue—I am sorry. Senator, Johanns, I apologize.

Senator JOHANNS. Thank you, Mr. Chairman.

Mr. Secretary, during the break here, we have had an opportunity to take a look at the funding on the four capital projects that you have mentioned.

Secretary SHINSEKI. So, have I, Senator.

Senator JOHANNS. Yes, do you want to correct the record?

Secretary SHINSEKI. I was going to look for—correct the record.

Senator JOHANNS. Yes. As I see it, the New York facility is requesting $150 million in the future.

Secretary SHINSEKI. I believe that is correct.

Senator JOHANNS. Long Beach, 161. San Diego, 21, thereabouts. And, West Los Angeles, about 300. So, for a total of $631 million, which is not that far north of what you are getting this year for capital improvements.

So, I look out there another year, recognizing that those are probably just estimates—it could be higher. It could be lower, I guess, although my suspicion is they will be higher at the end of the day.

We are probably not going to make any progress on the list next year either. We seem to be stalling here.

Secretary SHINSEKI. Yes. I would not say that I am totally comfortable with where we are. I mean, this is something we have worked hard for 5 years.

I would add to the numbers that you just described, Senator, that we do have this Opportunity, Growth and Security Initiative. It is in the investment fund, and we have another $400 million in there. So, if we were able to leverage that, it would provide us about a $1.9 billion construction capability this year.

This year, 2014, it is 1.7. So, there is a slight increase.

What I can tell you is that the facilities we have today will continue to be maintained to be safe and secure environments even as we wait on these long-term projects. I will continue to work to try to get more leverage into our major construction account. This year's major construction account is about a 60 percent increase over the 2014 enterprise.

I will seek your help and try to do better at getting some of these projects addressed, but it is a long-term program.

Senator JOHANNS. Yes.

Thank you, Mr. Chairman.

Chairman SANDERS. Thank you.

Senator Blumenthal.

STATEMENT OF HON. RICHARD BLUMENTHAL, U.S. SENATOR FROM CONNECTICUT

Senator BLUMENTHAL. Thank you, Mr. Chairman.

Thank you, General, and thank you to your team for being here today. Thank you for your service to our Nation over many years and for providing information to me at our last meeting.

I think at that meeting your staff was going to provide some of the information relating to Connecticut on backlogs, and if they could do so, I would be very appreciative—Connecticut-specific information and then any additional information that you feel will inform us on the trends in those backlogs nationwide.

Secretary SHINSEKI. I regret we have not gotten those to you yet, Senator. We will have it to you today.

Senator BLUMENTHAL. Thank you.

I want to ask about homelessness. You have made homelessness a priority. Ending homelessness by 2015 is one of your preeminent goals, and you have a number of strategies that have been proposed for ending veteran homelessness, including the use of VA/HUD vouchers, which keeps veterans in their communities.

We have a facility in Rocky Hill, CT, that is essentially about half unused. There are more than 450 available dormitory-style beds. I am going to write you a letter about it because only about 250 or so of those beds are used at the moment. It is a facility that includes dormitory-style living as well as individual housing.

But I am very troubled by the lack of usage, which may well reflect the need to provide psychiatric care for residents or help counseling and medical care for people suffering from addiction. But whatever the cause, I am hopeful that the Federal VA, your agency, will help our State Department of Veterans Affairs in providing the services that are necessary to make sure that this facility is fully utilized. There are beds unused because of issues that really should be addressed.

The partnership between our State and Federal VA facilities, I think, is tremendously important.

I am not asking you the question now to seek your detailed responses to what the VA would do, but simply, number 1, to ask for your commitment that you will work with me and our State VA in seeking solutions; and, number 2, that you will inform the Committee more generally as to whether these kinds of issues are national in scope.

Just in case I have not made clear what I view the issue as being, it is essentially that there are perhaps physical facilities available to provide homes to veterans who are suffering on our streets, in our alleys, under bridges, but cannot be used because of the need for services addressing addiction, psychiatric care, other kinds of issues that obviously are complex and challenging, as you and I have discussed on occasion.

I know of your commitment to addressing those issues.

So, really, it is a commitment to work with me and our VA officials and address the problem more broadly, if you see it as a national problem.

Secretary SHINSEKI. Sure. Senator, I will make that commitment to work with you.

I do not know the specifics here, but I would say in the past 2 years we have created a fund called the Supportive Services to Veteran Families, which is a fund that allows us to provide grants to a variety of non-profit, local as well as national, agencies who work with us in housing the homeless.

For the last 2 years, we have distributed about $300 million each year, and I believe we are looking at, if this budget is approved, increasing that to $500 million. I know we have—it is a competitive process, and there is not enough to satisfy all the bids that are in, but it is handled in a way that every State gets attention.

We are more than happy to work with you on this.

Senator BLUMENTHAL. I very much appreciate that.

I know you are also aware and attuned to the medical records interoperability issue. Senator Tester has asked you about it.

I just want to say to you on the record here, as I have said privately in our meetings, if there is anything that I can do as a member of the Armed Services Committee to speed or expedite the Department of Defense's more positive approach on this issue, I would be more than happy to do so. I think our Committee is very interested in this issue, as you know.

Secretary SHINSEKI. Thank you. Thank you, Senator.

I would assure you that Secretary Hagel and I discussed this. We meet routinely, and this is a topic of discussion between us. And so, at our level, this has the priority you would expect.

Senator BLUMENTHAL. Thank you.

My time is expired. I thank you, Mr. Chairman.

Chairman SANDERS. Let me get back to health care—two issues.

I am a great believer in primary health care. I think one of the reasons as a nation we end up having the most expensive health care system in the world is we do not do enough primary care and we do too much specialty care.

The VA has historically, or at least in recent years, done a good job. What do we have?—over 800 CBOCs around the country.

We also have a whole lot of federally qualified community health centers, and I have worked very hard to expand those programs, and I believe in them.

I know that we have a partnership now that has been piloted, I guess, with both the Indian Health Service and, I think, federally qualified health centers. In other words, where you have a veteran who may be a distance away from a medical center or a distance away from a CBOC, that person can now access an Indian Health Service clinic or an FQHC in some pilots.

Can you talk about what is going on and what you would like to see, plus what is the potential there?

Secretary SHINSEKI. Dr. Petzel.

Dr. PETZEL. Thank you, Mr. Secretary.

Chairman Sanders, we have two different programs. We have a program with the Indian Health service, which has been very valuable in serving an incredibly needy group of veterans, and that is that we pay the Indian Health Service to provide services for veterans in their——

Chairman SANDERS. So, a non-Indian can walk into an Indian Health Clinic?

Dr. PETZEL. No, this is VA paying for veterans to be cared for in Indian Health Service——

Chairman SANDERS. Right.

Dr. PETZEL [continuing]. Or tribal clinics, not non-Indians, but Native Americans. So, we pay the bill, and they get treated in their own clinic.

Chairman SANDERS. Oh, I see. OK, if a CBOC is not nearby.

Dr. PETZEL. Right.

Chairman SANDERS. And this is limited to Native Americans.

Dr. PETZEL. That is correct. This is not a program that is involved in the federally qualified health care program.

Chairman SANDERS. Right.

Dr. PETZEL. We are piloting contracts with 24 of those around the country to see how it works in terms of the exchanges of money, et cetera. And I fully expect that we will expand that program as it proves successful.

Chairman SANDERS. All right, so let me understand. A Native American can now go into the Indian Health Service, and their service is paid for by the VA.

Dr. PETZEL. If they are a veteran.

Chairman SANDERS. Right.

Dr. PETZEL. An eligible veteran, correct.

Chairman SANDERS. Right. OK. And you have now a pilot with a number of FQHCs around the country.

Dr. PETZEL. Right, to care for veterans in those communities.

Chairman SANDERS. So, this is where an FQHC is near a veteran and a CBOC is not; is that the——

Dr. PETZEL. That is correct although in this case they have to be enrolled with us.

Chairman SANDERS. Right.

Dr. PETZEL. And we make the referral to the Federal clinic, but that is, in essence, yes.

Chairman SANDERS. And do you see the opportunity to expand that partnership?

Dr. PETZEL. We are going to be evaluating that pilot project. If it looks like it is a success, we will find other places where we can expand this, correct.

Chairman SANDERS. So, the bottom line there—a veteran lives near a community health center, not near a CBOC; the VA would pay for the care at a community health center.

Dr. PETZEL. If they were enrolled with us——

Chairman SANDERS. Right.

Dr. PETZEL [continuing]. And if we made the referral, correct.

Chairman SANDERS. OK. Let me ask you another question, General Shinseki or Dr. Petzel.

We all understand the mental health needs that have arisen out of the wars, and we have heard from you that you have greatly expanded the number of mental health counselors and therapists and so forth.

Say a word about—at the end of the day, I mean, obviously, we need that. We need to make sure that people have access to mental health services in a timely manner.

But, how effective are the therapies now being offered in terms of dealing with the very difficult issues of Traumatic Brain Injury and Post Traumatic Stress Disorder? Are we making progress?

Secretary SHINSEKI. Dr. Petzel.

Dr. PETZEL. Thank you, Mr. Chairman.

We are making progress. Traumatic Brain Injury actually has been quite dramatic. The Secretary has frequently talked about the Emerging Consciousness Program, where people have been unconscious for periods of three to 4 months and now have emerged from consciousness and, if you were to casually talk with them, you would not know that they had ever had a significant brain injury.

So, with the severely injured individuals, we are making progress.

We are also making progress in treating PTSD. The evidence-based therapies that the VA has developed have been shown in the literature to be successful in ameliorating the symptoms of PTSD.

You have mentioned something that is very important to us, and we are dealing with this group of veterans who need our services so badly coming back from the war, and that is:

> How do we measure how well we are doing?
>
> How can we tell that the $7.1 billion that we are requesting to provide care is actually improving the health of these people?

We have embarked now in mental health on a series of outcome measures, which we will be looking at over this year and be able to talk about at this time next year, that measure the influence of care on the symptoms of PTSD, that measure the influence of care on the Beck Depression Scale administered over time.

We are going to be looking at outcomes in anxiety disorders and depression.

We are going to be looking more carefully at people who are at risk for suicide and if we have actually improved their chances of not having another suicide attempt.

Chairman SANDERS. But, in general, you are telling us that you think the therapy——

Dr. PETZEL. We believe that we are having an impact on the mental health of the people that we are treating, correct.

Chairman SANDERS. OK.

Secretary SHINSEKI. Mr. Chairman, let me just add to this.

Chairman SANDERS. Sure.

Secretary SHINSEKI. This is a tough area for us, and we continue to apply. I think you will see that we are putting $7 billion against mental health. We have a separate funding line for Traumatic Brain Injuries, and then we do research in this area.

If you think of TBI, I would invite you to think about our polytrauma centers, the five polytrauma centers that ring the country—Tampa; Richmond; Milwaukee; Palo Alto, CA; San Antonio, TX. These are the five tier–1 polytrauma TBI centers of excellence which began many years ago.

Chairman SANDERS. In general, Mr. Secretary, these are for the more severe cases; is that correct?

Secretary SHINSEKI. More severe cases.

Once they are stabilized, then there is a tier 2, which I think there are about 82 tier–2 polytrauma locations.

And then there is even a tier 3.

The whole point of this system is as people improve they are moved closer to home, where, ultimately, they will be sustained.

All of us had a chance to sit in the State of the Union address recently. In closing, the President introduced Sergeant Cory Remsburg. Sergeant Remsburg is a graduate of one of our Emerging Consciousness programs—a 70 percent success rate in bringing patients back from deep comas, comatose. Years before, people would have given up and said there is no hope.

Chairman SANDERS. So, these are people who were injured in an explosion, became unconscious, and remained unconscious for months.

Secretary SHINSEKI. For months.

Chairman SANDERS. Now you are saying we are having a 70 percent rate in bringing people back to normal?

Secretary SHINSEKI. Bringing back to consciousness. And their return is—over time, we have some tremendously wonderful successes, where if you and I were having a discussion with one of our graduates we would have a hard time understanding that; but, then there are others who are not as far along. And there are various stages.

Chairman SANDERS. So, you see the VA making some significant breakthroughs in this?

Secretary SHINSEKI. This is a great contribution here. It is part of the TBI research, although it is being done in one of our polytrauma centers. It is research that is giving us opportunities to see a win.

Chairman SANDERS. My time expired a long time ago.

Senator Boozman.

STATEMENT OF HON. JOHN BOOZMAN, U.S. SENATOR FROM ARKANSAS

Senator BOOZMAN. Thank you. It is good to see you, Secretary Shinseki. We appreciate all of you all's hard work for our veterans.

In following up with that, last Congress, we passed a law that would guarantee veterans with TBI that they would receive treatment aimed at maximizing quality-of-life rather than restoring function, though I do not think we have really seen the implementation language of that. Can you expound on that?

And it is great to hear the stories that you are telling.

One of our concerns with these things is that we do not want to have some arbitrary cutoff date when science tells us that you have gone as far as you can go, and yet, we are learning things. And then, too, we want to restore quality-of-life issues rather than just function.

Secretary SHINSEKI. Yes. I am going to call on Dr. Petzel for the specifics here.

Senator BOOZMAN. Sure.

Secretary SHINSEKI. But I would say that the program I just described, the Emerging Consciousness, is proof of your point, that we know more today than we did 5 years and there should not be an arbitrary line drawn that says we cannot help this individual anymore.

In fact, it is the folks down in Tampa who have tried anything and everything to try to get a response, and 70 percent of the time they succeed, which is great for the rest of the country. It can benefit from the learning that has been created through this research effort on TBI, which this Committee has funded.

Senator BOOZMAN. And we are not—you know, we are talking about a finite number of individuals. I mean, this is not a tremendous amount of people. It is certainly a very significant amount.

You may know that I am an optometrist by training. A year or so ago some of the residents were in that worked at the medical center and also were helping, rotating through the veterans' hospital there. But, just individuals that had things that you really could not actually quantify as to what was going on, but you knew from their histories that they were different now and having trouble with cognitive this and that.

Can you elaborate, Dr. Petzel, on what we are doing to make sure, again, that we are dealing with quality-of-life issues versus some arbitrary function number?

Dr. PETZEL. Thank you, Senator Boozman.

I want to echo the comments that the Secretary made and also add that I think one of the pieces of evidence about your concern about restoring people to the quality-of-life that they would have wanted, or as near to what they wanted had they not been injured, is over 75 percent of the people that go through our polytrauma centers actually return home, sometimes with great effort and tremendous amounts of support, but they are back in their homes, with their families, getting the support services that they need in order to be able to participate in their community.

The people that I think you are referring to are those that are less severely injured, have injuries but are not confined to a bed, are not people that have spent a year and a half in a polytrauma center, and there is a tremendous——

Senator BOOZMAN. Well, really both, in the sense it is one thing to go home, with restored function as best we can do; it is another thing to go home and be somewhat integrated into society but not fully integrated or integrated to the—so really, a little bit of both.

Dr. PETZEL. And that is our aim with every single one of these patients, to provide them the capacity to do the maximum that they can and want to do in terms of integrating their life back into society.

The example is it is not quite polytrauma, but it used to be that you were happy to get—somebody was happy to get an artificial leg if they lost their leg. That is not true anymore.

If you live in Minnesota, that soldier wants to go out and play hockey. He wants to be able to function on the ice there. He wants to be able to play baseball.

That is the kind of approach that we are taking with all of these injured soldiers, sailors, airmen, and Marines that are coming to us and really want to get back into society to do the things that they had always done.

Senator BOOZMAN. Very good.

We have advanced funding in the health care aspect. Has that been a positive or a negative, or has it been something that has given you the ability to plan a little bit better? How has that gone along?

Secretary SHINSEKI. Senator, we first received that advance appropriation capability in 2012. So, here we are several years later. We have had a little learning to go through. We are better at it today.

Having a 1-year budget and planning and programming for a 1-year cycle versus two—there is an adjustment you have to make. So, we are pretty much through that, still learning from it.

For our health care account—medical care, medical services, medical facilities—that has been a great fit for what we do in health care administration. On October 1, without having to wait to see how the budget turns out, because of advance appropriations, they can write a contract for services for the entire year. Patients and employees are very well served, but primarily, our veteran patients are very well served by that.

Senator BOOZMAN. There are some of us that would like to give you that authority, you know, extend that authority to other accounts. From your experience that you have had with the health care aspect, would that be a positive or a negative?

The trouble that we have, as you all know better than any—we were celebrating not too long ago, only a few weeks ago, that we finally passed an appropriations bills and that was 3 months into the year.

So, it is not like you generally go year to year. It is more like you do not know what is going on for several months, and then finally you get some certainty.

Can you comment on if you feel like that perhaps would be a positive thing?

I mean, common sense to me dictates that it would.

Secretary SHINSEKI. Senator, I would say anytime those of us who are trying to help our workforce provide services, anytime we can provide them predictability about what those services are going to be for the entire year it is helpful for them. So, in the health care account this makes pretty good sense. It would make sense in other accounts as well.

But, I raise this issue as I did in testimony last October when there was this discussion. In the case of the Veterans Benefits Administration, we cannot process a claim within our own confines. To process a claim, we have to go to Social Security to validate other disabilities. We have to go to IRS to validate, by the law, threshold income requirements. We deal with DOD. We deal with Department of Education, the post-9/11 GI Bill. We deal with the Department of Labor on employability issues.

So, for me to say that we can do this without the investment from other Departments, I think I would not be giving you the full picture.

As I said in October—and I do not mean to lecture anyone here—the best way for us to see meeting our full mission would be to have a budget for the Federal Government every year. That is what would make all of our work much easier.

Senator BOOZMAN. Thank you, Mr. Chair. I apologize for going over.

Chairman SANDERS. Senator Blumenthal.

Senator BLUMENTHAL. Thank you, Mr. Chairman, and thank you for having a second round of questions.

Thank you, Mr. Secretary, for being so forthright and helpful in your answers to my questions.

Let me just begin again on a seemingly local issue. Our VA facility in West Haven has been found to be deficient in a number of serious respects by the inspector general of the VA. So, I would like your commitment that you will work with me in seeking remedies for those failings. They have been documented. The VA officials have been very forthcoming and responsive to my visits and inquiries.

I would like to have the resources of the VA committed to providing the highest quality care in that West Haven facility.

Secretary SHINSEKI. You and I have the same goal, Senator.

Senator BLUMENTHAL. Thank you.

Secretary SHINSEKI. I commit to working with you.

Senator BLUMENTHAL. Next item, going to PTS, you may be aware of legal action that has been brought by the Yale Veterans Clinic. The good news is you are not a defendant.

It was brought against the Secretary of the Army and a number of other officials. For me, it is a very serious legal action but also one that really embodies a moral imperative. It relates to veterans of the Vietnam War, who have suffered from PTS.

The named plaintiff, Conley Monk, has suffered from PTS for 40 years. He was wounded in combat, and then he was wounded a second time because he was denied VA medical treatment for Post Traumatic Stress. That condition was unrecognized at the time. It was undiagnosed and, therefore, not treated at all.

As you and I have discussed, both in public and private, I know you have a deep understanding and concern on this issue and that changing his discharge from less than honorable to honorable is not within your power. It is the authority of the review board in the Department of Defense.

You have mentioned that you have regular conversations and meetings with Secretary Hagel. I have asked about this subject in the course in the Armed Services hearings. I believe that you are sympathetic and supportive, as his he.

And, again, I would just like your commitment that you will raise it privately and publicly with him because the urgency of this cause, I think, is no less, perhaps even more than it was when we last discussed it, and yet, there has been no general action to address this concern among the Vietnam veteran population generally, who may have suffered from PTS at the same rate as the Iraq and Afghanistan veterans have done.

Secretary SHINSEKI. Certainly, Senator, I will commit to continuing to work this with you and work this as a priority as well.

We approached DOD and had those discussions that I have described and looking for a review of the character of discharge.

For one thing, as you point out, we did not do well by the Vietnam generation, and I happen to know many of them. So, part of our commitment here is never—not to repeat what happened there.

So, if you go back 3 years, you will see a decision within the VA that if a combat veteran has medically verifiable PTSD, we will make the service connection and allow that individual to submit a claim for benefits as well as treatment and move beyond this discussion of putting the burden of proof on the veteran to demonstrate how and why PTSD was an issue.

We have increased awareness about PTSD. We have increased our funding in this area. I do think we are doing better but still not enough with the current generation.

Many of our mental health issues, PTSD issues, still go back to the Vietnam generation. We owe them better, and we are doing our best to make up for lost time here.

We owe this generation, as well, the best care we can provide.

Senator BLUMENTHAL. I really appreciate your support on this issue. I know you have a deep understanding and concern, as I mentioned earlier.

By the way, I refer to it as PTS rather than PTSD because I think that calling it a disorder gives it a kind of stigma that is completely unjustified. It is Post Traumatic Stress.

I welcome your making this policy flexible so as to provide the medical benefits, but of course, those benefits cannot be supplemented by other benefits, whether relating to employment and homelessness and so forth that the VA has to offer, because of the less-than-honorable discharge, not to mention the stigma of that kind of discharge that they have suffered for 40 years or more.

So, I agree with you that it is a moral imperative, an obligation of this country, not to mention the need to settle this lawsuit, which I fully support because I think legally it is well-justified.

Secretary SHINSEKI. I would just offer to you, Senator, that the character discharge clearly still remains a DOD issue; and I can tell you that this is at the top of discussion. I know Secretary Hagel is looking at it.

In the meantime, we have asked DOD to provide us a list by name of veterans who, in some cases, may have been discharged under rules that no longer exist—"don't ask, don't tell," for example, behavior issues that could be PTSD.

We have about 73,000 names, and we are running those names against our registry of homeless veterans, and thus far, we have found about a 6,500 name match.

So, we are pulling those individuals into our review to see whether or not we can provide benefits and care, and we are. In those 6,500 cases, we are.

I think here shortly we have either written 73,000 letters to folks on that list or will complete doing that shortly.

For those that we do not get a response from by this summer, we will turn around and try to follow up on that, again, trying to close this loop on folks who have been denied benefits and services that they earned.

Senator BLUMENTHAL. Let me make one last comment which is to thank you for, again, expanding the circle. I think it has been a mark of your leadership that you have sought to increase the circle of accessibility and eligibility, whether it is Agent Orange or other disability claims. Rather than kind of circling the wagons more closely, you have had the courage to try to increase availability and access.

I really do appreciate the point that you just made and, finally, would say I am very concerned about discrimination against veterans, particularly in employment situations and most especially when it comes to PTS.

My concern is embodied in legislation that I have offered that prohibits discrimination. Whether it will pass, I certainly cannot say. The odds are against any single piece of legislation.

But the evidence I am seeing, again, indicates that among a small proportion—and I emphasize it is maybe a small minority, but it is there—of employers, there is this discrimination for whatever reason against veterans.

A law is a blunt and cumbersome instrument to work against it, but I hope that perhaps I can work with you in documenting the discrimination if it exists, then doing something to counter it.

Chairman SANDERS. Let me—I am going to have to interrupt and go to Senator Moran now.

Senator Moran.

Senator BLUMENTHAL. I apologize. I thought I was the last. So, I apologize, Mr. Chairman.

Senator MORAN. Now my feelings are hurt. I just thought you were windy. I did not realize you were——

[Laughter.]

Senator BLUMENTHAL. Well, that, too, but——

STATEMENT OF HON. JERRY MORAN, U.S. SENATOR FROM KANSAS

Senator MORAN. Mr. Chairman, thank you very much.

Mr. Secretary and your colleagues, thank you for being here.

I have three or four questions I would like to raise about specific programs particularly of interest to me as a Senator from Kansas.

The first one is a program—a law that was passed in 2010. I was in the House of Representatives then and chaired the Health Care Subcommittee on Veterans, and we were successful in passing a bill called Access Received Closer to Home, ARCH. The crux of that effort was to recognize, in particularly a State like ours, like mine, that VA hospitals are a long way from many veterans.

We initially addressed that with outpatient clinics, and that provided routine services closer to home, but still miles and hours away from many of the veterans in our State.

With the support of many of my colleagues, including the Senator from Arkansas, we were successful in passing legislation that would require the VA to provide services, in a sense, in hometowns, where the veteran chose to have those services provided if they lived more than a certain number of miles from a CBOC or VA hospital.

That was narrowed down before the bill was passed and became a pilot program. That pilot program has been in place now for 3 years. Reports, I assume, are either on your desk or soon to be on your desk.

My initial question is, do you have thoughts about this program's success and what is the Department's plan for its continuance?

Secretary SHINSEKI. The report has not yet arrived. So, I await that.

I think we learned a lot from Project ARCH, and we have in the meantime put in place some other initiatives that are VA programs that address some of those lessons that we got out of ARCH.

I do not know what the next step is going to be with ARCH, but let me call on Dr. Petzel to talk about some of the things that we have implemented, not the least of which is telehealth to help try to bridge even those remote and rural areas where veterans have no access to health.

Dr. PETZEL. Senator Moran, thank you.

The pilot was done in five different networks, and as you know, Kansas was one of them. Pratt County was actually the place where we did that.

Various things were done. In a couple of instances, primary care was provided, but in the bulk of places it was a specialty care kind of phenomenon where if the veteran needed and wanted specialty care in the community we were able to provide that.

We made progress in other areas since then, as the Secretary alluded to. With telehealth, telehome health, we are in a much better position now to provide specialty care in remote areas that we might have been three or 4 years ago.

In addition to that, in anticipation of the pilot for ARCH ending, we have developed a new program nationwide called PC3, which is a program by which we have developed networks around the country to provide specialty care on referrals. In other words, a referral network, where if somebody lives in a remote area and a decision is made they need to have specialty care and it is inconvenient and not appropriate for them to travel, we can go to that contract provider under the PC3 contract and provide that care in the community.

The program started in January when the first network was set up. It is now fully operational around the country, and the business is booming, so to speak. We are seeing the contract and the network being used all over the country.

In addition to that, we do have the capacity—we always have had—to provide for fee-basis care in the community and have used that extensively, particularly in places like Kansas, again, where it is just not appropriate for someone to travel 200 miles to Topeka or to Wichita or into Kansas City.

Senator MORAN. I appreciate that answer.

We want to continue to work with the VA to expand this program. Pratt County is one of them. It is important that we test this, I suppose, in a small county although when the legislation passed I expected it to be tested VISN-wide and the VA narrowed it to a county, which is a significant difference in the outcome.

Let me highlight something that you said, which causes me to bring up two other questions. You talked about telemedicine, for example.

One of the problems that we have discovered in CBOCs is the lack of physicians, of mid-levels. The Liberal CBOC on the Kansas/Oklahoma border has not had a physician for more than 2 years. You have been recruiting for more than 2 years with no success.

The Topeka VA recently closed its emergency room services, claiming they have a lack of physicians to man or person an emergency room. Now the VA in Topeka is telling veterans who show up at their hospital that we have no emergency services; you need to go to a commercial hospital.

The Secretary and I have had this conversation at, I think, every occurrence in which he has appeared before this Committee or the Appropriations Committee in this admonition, this request.

I understand the difficulty. I am a rural person. I know how difficult it is outside the VA to recruit physicians. But the VA has yet, in my view, to find the solution to the lack of physicians and other mid-level professionals within the system.

So, this problem—if we delay going to the private sector, if we delay going to the community hospital and the local physician, we are exacerbating the problem where the CBOCs have no ability to provide the necessary level of care and treatment. And even at a hospital the size of Topeka—the VA hospital—we are told there are not enough doctors to staff an emergency room.

One of the other aspects—and I do not want to be accused of Mr. Blumenthal's problem, of speaking beyond my time, so I am moving quickly to my other questions.

Chiropractors. Again, a piece of legislation authored in the House of Representatives in my day requires the VA to place chiropractic care to meet the needs of veterans in every VISN. It seems to me that the VA has been very slow to implement that legislation. We have chiropractic are available, but there is no systemwide effort at providing chiropractic care.

One, it can be a value. But, again, in a State like mine in the absence of other health care professionals, chiropractic care becomes critical.

And before my 2 minutes past time goes any further, the final thing I would raise with you is we are confused by something that has happened in Wichita. The Dole VA Hospital and the McConnell Air Force Base has been working.

And, again, the Secretary and I had the conversation I think the last time you were in front of this Committee, about how do we get the project that will combine those two facilities—a hospital that is already at McConnell and a VA hospital, the Dole Hospital. The plan by the VA has been to combine those two and build a new facility on McConnell Air Force Base property.

Last year—and I need to look at my notes—it was included in the list, and I asked you, how do we move that up?

Well, Mr. Secretary, not only has it not moved up, but it is no longer on the list. And, at least to our knowledge, no one at the Dole VA Center can explain why last year it was being considered. It was ranked.

My question to you is, how do we get a higher ranking?

And now it is gone entirely.

Secretary SHINSEKI. Senator, I owe you a better answer than I am going to give you, which is that every year we re-look at priorities, and where we have a safety or security project that leaps up that we have to do something about in the ordering that will move a project forward.

I will go back and research what the issue is with the Dole/McConnell project.

My guess is it is still on our list of things to do. You do not see it in the budget because the available funding covered those projects that we could fund this year—$1.5 billion in the base account and then $400 million in the investment account.

Senator MORAN. Thank you, Mr. Secretary.

The project was ranked No. 197 in fiscal year 2014; not on the list this time.

Mr. Chairman, thank you.

Chairman SANDERS. If it is OK with the members——

Senator BLUMENTHAL. Mr. Chairman, could I just give General Shinseki an opportunity to respond to the question I asked.

I did not know whether you had a response on the issue of discrimination. You may have been interrupted without having a response.

Before my friend from Kansas leaves, I want to say that I apologize to him. Senator Moran, my apologies to you for keeping you longer.

Senator MORAN. Well, you set the precedent, and I followed your——

Senator BLUMENTHAL. You took advantage of it.

Sorry, General, please.

Secretary SHINSEKI. I would just say our approach has been—and it did not begin with my arrival—that VA is a welcoming place, and we have generously taken care of veterans for many generations now. I think if you look at the decisions that have been made in at least the last 5 years, our effort has been to provide veterans the care and benefits that they have earned without drawing any walls around that statement.

Senator BLUMENTHAL. And I am not talking about VA benefits right now. I am talking about private employers who may discriminate against veterans for whatever reason.

Secretary SHINSEKI. This is what I put into the area of what I call "the undiscussables," and it is a topic I discuss every opportunity I have with potential employers.

I assure them that at VA our experience is when we diagnose and treat whatever the issue is, but even PTS or PTSD, that people improve and that they should not let that be a barrier to them making a hiring decision. They will not regret it. Our veterans are very capable youngsters. They come with tremendous experience, along with the kind of work ethic and discipline we all like seeing. They will not regret making that hiring decision.

I am happy to work with you on how do we make that a more compelling argument.

Senator BLUMENTHAL. Thank you very much.

Thank you, Mr. Chairman.

Chairman SANDERS. If it is OK, let me just ask one last question, picking up on a question that Senator Moran raised.

I wear another hat. I am chairman of the Subcommittee on Primary Care. We know that as a Nation we have a real crisis in terms of whole areas, including in Kansas. I think it is a serious problem in areas of Kansas, above and beyond the VA, where people cannot access a primary care physician. We have some of that in parts of Vermont as well.

We tripled a couple of years ago, in the Affordable Care Act, funding for the National Health Service Corps. The President's budget was very generous again for the National Health Service Corps, which provides debt forgiveness for those medical school graduates or dentists who are practicing in underserved areas.

What kinds of programs does the VA have in terms of debt forgiveness or scholarships, or whatever it may be, to attract primary care physicians into the VA to handle the problems that Senator Moran raised?

Dr. PETZEL. Mr. Chairman, the VA has got a number of possibilities of attracting people into these remote areas. Let me just go through them quickly. Then I will talk specifically about debt forgiveness.

We have retention bonuses. We have recruitment bonuses. We have home buyouts, where we can buy people's homes, allowing them to make the move. We have got quite a bit of flexibility in terms of salary. Our salary rates are competitive, and they are flexible.

In terms of loan forgiveness, right now, I think the Secretary's limit on forgiving educational loans is $60,000. That could be higher; I will just be blunt.

There are not many instances where you need to do that, and the cost of it is not particularly extensive, but it can be a great incentive for somebody that is carrying $200,000 worth of educational debt, coming out of college and medical school, to be able to have a goodly portion of that actually forgiven.

Chairman SANDERS. If my memory is correct, what the Department of Defense does is say we will send you to medical school and then get X number of years of your life after you graduate.

Dr. PETZEL. They do. And we have a program that is not unlike that.

The difficulty is that you cannot predict where they are going to go. It would be wonderful if you could take somebody that is a senior in college——

Chairman SANDERS. Well, can't you write that into the contract? We will pay for your medical school. We will send you——

Dr. PETZEL. You do not get anybody to sign that contract.

With DOD, it is you are going to serve in the military, but you have got a lot of flexibility in terms of what you do in the military.

With us, if we wanted to direct these people into things like rural health, to go to Helena, MT, or Liberal, KS, you would have to write that into the contract, and we have not been able to accomplish that right now.

Chairman SANDERS. I think it is an important issue that is worth further discussion.

Dr. PETZEL. Could I mention just one more thing for rural? And that is the use of advanced practice nurses, who are very versatile and very flexible and actually have helped keep Liberal and its 278 patients going—that and we have a provider that visits that area.

That is the only place in Kansas we are having trouble, interestingly. The rest of our clinics—I just checked—have got the full complement of providers.

We will continue to work on it, Senator.

Chairman SANDERS. Because people are shocked about Liberal, KS. They cannot get that through their heads. [Laughter.]

Senator Boozman, did you want——

Senator BOOZMAN. I would just—I did not realize that you were also involved in another committee.

This really is a huge problem, and it is not just with VA. It is regardless of where anybody is at on the health care bill we are going to have more people into the system. OK?

So, many of the providers are our age, and it is just something that we really need to look at.

We can work hard and work hard on our making sure that the veterans have the benefits that were promised, but if you have this great deal and you cannot find anybody to provide the care it really is a big thing.

Maybe that is something that at some point we could actually have a hearing on.

Chairman SANDERS. I think that is a good idea.

Senator BOOZMAN. Get them to get the data over—where we are at now, where they feel like we are going to be five——

Chairman SANDERS. And the point is, this is not just a VA problem.

Senator BOOZMAN. Exactly.

Chairman SANDERS. It is a national problem

Senator BOOZMAN. The trouble is, though, you cannot—this is something that if we are going to be short on physicians 5 years from now you cannot decide 3 years from now that you are going to do something.

Chairman SANDERS. Absolutely right.

All right, can we—Senator Moran, are you all right?

[No response.]

Chairman SANDERS. OK, let me——

Senator MORAN. If I have a chance to follow up, I would be glad to.

Chairman SANDERS. A brief, brief follow-up.

Senator MORAN. First of all, I would ask Secretary Shinseki if he would give us an idea of when he is going to receive the report about ARCH and when we then could see the results.

And for Secretary Petzel, I would just say that your response to the Chairman's question about all the array of things we have to offer physicians—it may be a long list, but it does not seem sufficient.

I have asked this question at every hearing. What is it that we can do? What are you missing?

I have never had an answer that says that we have now examined this; a solution to our problem that does not go away would be additional pay, additional loan forgiveness, all the things that are on that list but maybe more.

So, for the answer to the Chairman's question to be this is all the things we have, I appreciate knowing that, but I just would remind you that it still does not seem to solve the problem.

Chairman SANDERS. Let me suggest this. I think Senator Boozman raised the issue. Let's do a hearing on this. Does that sound good?

Senator MORAN. Sounds good.

Chairman SANDERS. OK. And we will get you guys back to do some thinking about that.

Senator MORAN. And the answer to when we could receive a report?

Secretary SHINSEKI. It is coming to me from Dr. Petzel. I just asked him that question, Senator, and he said, shortly. So, I assume I will have it before the sun sets today.

Senator MORAN. All right. [Laughter.]

Thank you for holding his feet to the fire.

Secretary SHINSEKI. That is the way we define shortly.

Chairman SANDERS. With that, I want to thank all of the panel for spending over 2 hours with us, for your thoughtful answers; and in these very difficult times, we are proud of the work that you are doing.

With that, this hearing is adjourned.

[Whereupon, at approximately 4:08 p.m., the Committee was adjourned.]

A P P E N D I X

PREPARED STATEMENT OF DIANE M. ZUMATTO, NATIONAL LEGISLATIVE DIRECTOR, AMVETS

Chairman Sanders, Ranking Member Burr, and distinguished Members of the Committee: As an author of *The Independent Budget* (*IB*), I appreciate this opportunity to share with you the *IB*'s recommendations in what we believe to be the most fiscally responsible way of ensuring the quality and integrity of the care and benefits earned by Americans veterans.

The venerable and honorable history of our national cemeteries spans roughly 150 years when the earliest military graveyards were, not surprisingly, situated at battle sites, near field or general hospitals and at former prisoner-of-war sites. With the passage of the National Cemeteries Act of 1973 (PL 93–43), the Department of Veterans' Affairs (VA) became responsible for the majority of our national cemeteries. The single most important obligation of the National Cemetery Administration (NCA) is to honor the memory of America's brave men and women who have selflessly served in this Nation's Armed Forces. As of late 2010, there were more than 20,021 acres of cemetery landscape, funerary monuments, grave markers, as well as, other architectural features and memorial tributes, much of it historically significant, included within established installations in the NCA which are therefore representative of the very foundations of these United States.

The signing of the Veterans Programs Enhancement Act of 1998 (PL 105–368) officially re-designated the National Cemetery System (NCS) to the now familiar National Cemetery Administration (NCA). The NCA currently maintains stewardship of 133 of the Nation's 147 national cemeteries, as well as 33 soldiers' lots, including two new national cemeteries scheduled to open in 2015. Since 1862 when President Abraham Lincoln signed the first legislation establishing the national cemetery concept, more than 3.5 million burials have taken place in national cemeteries currently located in 39 states and Puerto Rico, with approximately 128,100 interments expected in 2015.

There are an estimated 22.4 million veterans alive today and with the transition of an additional 1 million servicemembers into veteran status over the next 12 months, this number is expected to continue to rise until approximately 2017. On average, 14.4 percent of veterans choose a national or state veterans' cemetery as their final resting place. As new national and state cemeteries continue to open, and as our aging veterans' population continues to grow and we continue to be a nation at war, the demand for burial at a veterans' cemetery will continue to increase.

The Independent Budget veterans service organizations (IBVSOs) would like to acknowledge the devotion and commitment demonstrated by the NCA leadership, especially Undersecretary Steve Muro, and his staff in their continued dedication to providing the highest quality of service to veterans and their families. It is in the opinion of the IBVSOs that the NCA continues to meet its goals and the goals set forth by others because of its true dedication and care for honoring the memories of the men and women who have so selflessly served our Nation. We applaud the NCA for recognizing that it must continue to be responsive to the preferences and expectations of the veterans' community by adapting or adopting new interment options and ensuring access to burial options in the national, state and tribal government-operated cemeteries. We also believe it is important to recognize the NCA's efforts in employing both disabled and homeless veterans.

NCA ACCOUNTS

While NCA's operating budget has remained fairly stagnant at around $250 million for 4 out of the last 5 years, their workload has been anything but static and this trend is expected to continue for the foreseeable future. The IBVSO's are appreciative of the roughly $8 million increase in NCA's overall FY 2015 budget, however, that increase comes with a simultaneous $8.4 million reduction in the National Shrine account.

Between FY 2014 and FY 2015, the number of gravesites needing maintenance will increase by approximately 2.4%, while interments will increase by roughly 1.9%.

The NCA was also able to award 44 of its 48 minor construction projects and had four unobligated projects that will be moved to FY 2012. Unfortunately, due to continuing resolutions and the current budget situation, the NCA was not able to award the remaining four projects.

The IBVSOs support the operational standards and measures outlined in the National Shrine Commitment (PL 106–117, Sec. 613) which was enacted in 1999 to ensure that our national cemeteries are the finest in the world. While the NCA has worked diligently improving the appearance of our national cemeteries, they are still a long way from where they should be.

The NCA has worked tirelessly to improve the appearance of our national cemeteries, investing an estimated $39 million into the National Shrine Initiative in FY 2011. According to NCA surveys, as of October 2011 the NCA has continued to make progress in reaching its performance measures. Since 2006, the NCA has improved headstone and marker height and alignment in national cemeteries from 67 percent to 70 percent and has improved cleanliness of tombstones, markers and niches from 77 percent to 91 percent. Although the NCA is nearing its strategic goal of 90 percent and 95 percent, respectively, for height and alignment and cleanliness, more funding is needed to continue this delicate and labor-intensive work. Therefore, the IBVSOs recommend the NCA's Operations and Maintenance budget to be increased by $20 million per year until the operational standards and measures goals are reached.

The IBVSOs recommend a minimum Operational and Maintenance budget of $260 million for the National Cemetery Administration for FY 2015, so it can meet the demands for interment, gravesite maintenance and related essential elements of cemetery operations. This request includes $34.5 million for the National Shrine Initiative to ensure that our national cemeteries meet or exceed the highest standards of appearance required by their status as national shrines.

The national shrine funds would be used, among other things, to maintain:

- occupied graves;
- developed acreage;
- historic structures; and
- cemetery infrastructure

The IBVSOs call on the Administration and Congress to provide the resources needed to meet the critical nature of the NCA's mission and to fulfill the Nation's commitment to all veterans who have served their country so honorably and faithfully.

STATE CEMETERY GRANT PROGRAMS

The State Cemetery Grants Program (SCGP) complements the National Cemetery Administration's mission to establish gravesites for veterans in areas where it cannot fully respond to the burial needs of veterans. Several incentives are in place to assist states in this effort. For example, the NCA can provide up to 100 percent of the development cost for an approved cemetery project, including establishing a new cemetery and expanding or improving an established state or tribal organization veterans' cemetery. New equipment, such as mowers and backhoes, can be provided for new cemeteries. In addition, the Department of Veterans' Affairs may also provide operating grants to help cemeteries achieve national shrine standards.

In FY 2011 the SCGP operated on an estimated budget of $46 million, funding 16 state cemeteries. These 16 state cemeteries included the establishment or ground breaking of five new state cemeteries, three of which are located on tribal lands, expansions and improvements at seven state cemeteries, and four projects aimed at assisting state cemeteries to meet the NCA national shrine standards. Since 1978 the Department of Veterans' Affairs has more than doubled the available acreage and accommodated more than a 100 percent increase in burials through this program.

With the enactment of the "Veterans Benefits Improvement Act of 1998," the NCA has been able to strengthen its partnership with states and increase burial services to veterans, especially those living in less densely populated areas without access to a nearby national cemetery. Through FY 2010, the state grant program has established 75 state veteran's cemeteries in 40 states and U.S. territories. Furthermore, in FY 2011 VA awarded its first state cemetery grant to a tribal organization.

The Independent Budget veteran's service organizations recommend that Congress fund the State Cemetery Grants Program at $48 million for FY 2015. The IBVSOs believe that this small increase in funding will help the National Cemetery Administration meet the needs of the State Cemetery Grant Program, as its expected demand will continue to rise through 2017. Furthermore, this funding level will allow the NCA to continue to expand in an effort of reaching its goal of serving 94 percent of the Nation's veteran population by 2015.

VETERAN'S BURIAL BENEFITS

Since the original parcel of land was set aside for the sacred committal of Civil War Veterans by President Abraham Lincoln in 1862, more than 3 million burials have occurred in national cemeteries under the National Cemetery Administration.

In 1973, the Department of Veterans' Affairs established a burial allowance that provided partial reimbursement for eligible funeral and burial costs. The current payment is $2,000 for burial expenses for service-connected deaths, $300 for non-service-connected deaths and a $700 plot allowance. At its inception, the payout covered 72 percent of the funeral costs for a service-connected death, 22 percent for a non-service-connected death and 54 percent of the cost of a burial plot.

Burial allowance was first introduced in 1917 to prevent veterans from being buried in potter's fields. In 1923 the allowance was modified. The benefit was determined by a means test until it was removed in 1936. In its early history the burial allowance was paid to all veterans, regardless of their service connectivity of death. In 1973, the allowance was modified to reflect the status of service connection.

The plot allowance was introduced in 1973 as an attempt to provide a plot benefit for veterans who did not have reasonable access to a national cemetery. Although neither the plot allowance nor the burial allowance was intended to cover the full cost of a civilian burial in a private cemetery, the recent increase in the benefit's value indicates the intent to provide a meaningful benefit. *The Independent Budget* veterans' service organizations are pleased that the 111th Congress acted quickly and passed an increase in the plot allowance for certain veterans from $300 to $700 effective October 1, 2011. However, we believe that there is still a serious deficit between the original value of the benefit and its current value.

In order to bring the benefit back up to its original intended value, the payment for service-connected burial allowance should be increased to $6,160, the non-service-connected burial allowance should be increased to $1,918 and the plot allowance should be increased to $1,150. The IBVSOs believe Congress should divide the burial benefits into two categories: veterans within the accessibility model and veterans outside the accessibility model.

Congress should increase the plot allowance from $700 to $1,150 for all eligible veterans and expand the eligibility for the plot allowance for all veterans who would be eligible for burial in a national cemetery, not just those who served during wartime. Congress should increase the service-connected burial benefits from $2,000 to $6,160 for veterans outside the radius threshold and to $2,793 for veterans inside the radius threshold.

Congress should increase the non-service-connected burial benefits from $300 to $1,918 for all veterans outside the radius threshold and to $854 for all veterans inside the radius threshold. The Administration and Congress should provide the resources required to meet the critical nature of the National Cemetery Administration's mission and to fulfill the Nation's commitment to all veterans who have served their country so honorably and faithfully.

PREPARED STATEMENT OF PAUL R. VARELA, ASSISTANT NATIONAL LEGISLATIVE DIRECTOR, DISABLED AMERICAN VETERANS (DAV)

Chairman Sanders, Ranking Member Burr, and Members of the Committee: On behalf of the DAV and our 1.2 million members, all of whom are wartime disabled veterans, I am pleased to present recommendations of *The Independent Budget* (*IB*) for the fiscal year (FY) 2015 budget related to veterans' benefits and the Veterans Benefits Administration (VBA). The *IB* is jointly produced each year by DAV, AMVETS, Paralyzed Veterans of America and Veterans of Foreign Wars of the United States. This year's *IB* contains numerous recommendations to improve veterans' benefit programs and the claims processing system; however, in today's testimony I will highlight just some of the most critical ones for this Committee to consider.

Mr. Chairman, the timely delivery of earned benefits to the millions of men and women who have served in our Armed Forces is one of the most sacred obligations of the Federal Government. The award of a service-connected disability rating does more than provide compensation payments; it is the gateway to an array of benefits that support the recovery and transition of veterans, their families and survivors. However, when these benefits are delayed or unjustly denied, the consequences to veterans and their families can be devastating. For those wounded heroes who file claims for disability compensation, the wait to receive an accurate rating decision and award can take anywhere from a few months to several years; longer if they have to appeal incorrect decisions.

In early 2010, Secretary Shinseki laid out an extremely ambitious goal for VBA to achieve by 2015: process 100 percent of claims in less than 125 days, and do so with 98 percent accuracy. Since that time, VBA has worked to completely transform their IT systems, business processes and corporate culture, while simultaneously continuing to process more than a million claims each year. VBA is actively rolling out new organizational models and practices, and continuing to develop and deploy new technologies almost daily.

Today there are about 685,000 claims for compensation and pension awaiting decisions at VBA. At the beginning of 2013, there were more than 860,000 pending claims for disability compensation and pension. By the end of the year, that number had dropped by more than 20 percent, down to about 685,000 pending. The number of claims in the backlog—greater than 125 days pending—dropped by about a third, from more than 600,000 in January 2013 to just over 405,000 in January 2014. The VBA increased the number of claims completed each month from an average of about 89,000 during the first four months of the year to more than 114,000 during the succeeding six months prior to the government shutdown. Claims production dropped significantly following the shutdown and during the subsequent holiday period.

In the midst of this massive transformation, it can be hard to get the proper perspective to measure whether their final systems will be successful, but we believe there has been sufficient progress to merit continued support of the current transformation efforts. Now is not the time to stop or change direction.

We urge this Committee and Congress to provide the support and resources necessary to complete this transformation as currently planned, while continuing to exercise strong oversight to ensure that VBA remains focused on the long-term goal of creating a new claims processing system that decides each claim right the first time. In particular, the proposed FY 2015 budget for VBA includes additional funding for scanning and conversion of existing paper claims files, absolutely critical for VBA to complete its transformation from an outdated, paper-based claims system to a modern, paperless, automated claims system.

Mr. Chairman, one of the most important aspects needed to assure ongoing positive changes within the VBA is their willingness to remain open and partner with veterans service organizations. Our organizations possess significant knowledge and experience of the claims process and collectively we hold power of attorney (POA) for millions of veterans who are filing or have filed claims. VBA recognized that close collaboration with VSOs could not only reduce its workload, but also increase the quality of its work. We make VBA's job easier by helping veterans prepare and submit better claims, thereby requiring less time and resources for VBA to develop and adjudicate them.

The *IB* veterans service organizations (IBVSOs) have been consulted about initiatives proposed or underway at VBA, including Fully Developed Claims (FDC), Disability Benefit Questionnaires (DBQs), the Veterans Benefit Management System (VBMS), the Stakeholder Enterprise Portal (SEP), and the update of the Department of Veterans Affairs (VA) Schedule for Rating Disabilities (VASRD). Both Secretary Shinseki and Under Secretary Hickey have reached out to consult and collaborate with VSOs and we are confident that VBA's success going forward will require a continued and enhanced partnership that will result in better service and outcomes for veterans.

Since 2009, VBA has made some significant changes in how claims are processed. The most important amongst these is the development of the VBMS, its new IT system. VBMS has been rolled out to all 56 Regional Offices and VBA was able to complete implementation of the VBMS ahead of schedule in June; by the end of 2013, nearly all of VBA's pending claims were processed using electronic files. It is important to remember that VBMS is not yet a finished product; rather, it continues to be developed and perfected as it is deployed so it is still premature to judge whether it will ultimately deliver all of the functionality and efficiency required to meet VBA's future claims processing needs.

Another very important milestone was VBA's decision and commitment to scan all paper claims files for every new or reopened claim requiring a rating-related action, and creating digital e-folders to serve as the cornerstone of the new VBMS system. E-folders facilitate instantaneous transmission and simultaneous reviewing of claims files. At present, there are an estimated 500,000 e-folders and that number will continue to grow as the remaining ROs convert to VBMS this year.

In addition, the Appeals Management Center (AMC) is now working in VBMS and able to review e-folders. The Board of Veterans Appeals (BVA) will also begin receiving appeals in VBMS on a pilot basis.

VBA also continues to strengthen its e-Benefits and SEP systems, which allow veterans and their representatives to file claims, upload supporting evidence and check on the status of pending claims. VBA has rolled out a new transformation organizational model (TOM) to every Regional Office that has reorganized workflow by segmenting claims into different processing lanes depending upon the complexity of the issues to be decided for each claim. Other key process improvements that we strongly support include the FDC program, which expedites ready-to-rate claims, and DBQs, which standardize and encourage the collection of private medical evidence to aid in rating decisions. To improve the accuracy of their work, VBA also fulfilled one of our long-standing recommendations by creating local Quality Review Teams (QRTs), whose primary function is to monitor claims processing in real time to catch and correct errors before rating decisions are finalized.

CLAIMS PROCESSING RECOMMENDATIONS

Over the next year, Congress must continue to perform aggressive oversight of VBA's ongoing claims transformation efforts, particularly new IT programs, while actively supporting the completion and full implementation of these vital initiatives. In order for VBA's current transformation plans to have any reasonable chance of success, VBA must be allowed to complete and fully implement them. Congress must continue to fully fund the completion of VBMS, including providing sufficient funding for digital scanning and conversion of legacy paper files, as well as the development of new automation components for VBMS. At the same time, the IBVSOs recommend that Congress encourage an independent, expert review of VBMS while there is still time to make course corrections.

Congress must also encourage and support VBA's efforts to develop a new corporate culture based on quality, accuracy and accountability, as well as strengthen the transmission and adoption of these values and appropriate supportive policies throughout all VBA Regional Offices. The long-term success of all of VBA's transformation efforts will depend on the degree to which these changes are institutionalized and disseminated from the national level to the local level. In addition to strengthening training, testing and quality control, VBA must be encouraged to properly align measuring and reporting functions with desired goals and outcomes for both its leadership and employees.

For example, as long as the most widely reported metric of VBA's success is the Monday Morning Workload Reports, particularly the weekly update on the size of the backlog, there will remain tremendous pressure throughout VBA to place production gains ahead of quality and accuracy. Similarly, if individual employee performance standards set unrealistic production goals, or fail to properly credit ancillary activity that contributes to quality but not production, those employees will be incentivized to focus on activities that maximize only production. VBA must develop more and better measures of work performance that focus on quality and accuracy, both for the agency as a whole and for individual employees.

Furthermore, VBA must ensure that employee performance standards are based on accurate measures of the time it takes to properly perform their jobs.

Congress must also ensure that VBA does not change its reporting or metrics for the sole purpose of achieving statistical gains, commonly referred to as "gaming the system," in the absence of actual improvements to the system. For example, VBA recently announced that they will change how errors are scored for multi-issue claims.

Previously, a claim would be considered to have an error if one mistake on at least one issue in the claim was detected during a STAR review. Under the new error policy, if there are 10 issues in the claim and a single error is found on one of the issues, that would now be scored as only 0.1 errors for that claim. While this may be a more valid way of measuring technical accuracy, it also has the effect of lowering the error rate without actually lowering the number of errors committed. For instance, if VBA measures errors by issue, then the backlog of claims would not be the reported 405,000, but a multiple of that based upon the total number of issues, which would be in the millions. Likewise, VBA's allowance rate must be adjusted with this type of change in reporting to accurately reflect the number of issues allowed out of the total number of issues claimed, which would be significantly lower than the current allowance rate per claim. In essence, VBA cannot simply change the metrics to suit their need to reflect gains or improvements; they must change all corresponding metrics such as claims versus issues, allowances versus denials and remands, or similar.

Additionally, to make the system more efficient, Congress should enact and promote legislation and policies that maximize the use of private medical evidence to conserve VBA resources and enable quicker, more accurate rating decisions for veterans. The IBVSOs have long encouraged VBA to make greater use of private medical evidence when making claims decisions, which would save veterans time and VBA the cost of unnecessary examinations.

DBQs, many of which were developed in consultation with IBVSO experts, are designed to allow private physicians to submit medical evidence on behalf of veterans they treat in a format that aids rating specialists. However, we continue to receive credible reports from across the country that many Veterans Service Representatives (VSRs) and Rating Veterans Service Representatives (RVSRs) do not accept the adequacy of DBQs submitted by private physicians, resulting in redundant VA medical examinations being ordered and valid evidence supporting veterans' claims being rejected.

Although there are currently 81 approved DBQs, VBA has only released 71 of them to the public for use by private physicians. In particular, VBA should allow private treating physicians to complete DBQs for medical opinions about whether injuries and disabilities are service-connected, as well as DBQs for PTSD, which current VBA rules do not allow; only VA physicians can make PTSD diagnoses for compensation claims. Congress should work with VBA to make both of these DBQs available to private physicians.

To further encourage the use of private medical evidence, Congress should amend title 38, United States Code, section 5103A(d)(1) to provide that, when a claimant submits private medical evidence, including a private medical opinion, that is competent, credible, probative, and otherwise adequate for rating purposes, the Secretary shall not request a VA medical examination. This legislative change would require VSRs and RVSRs to first document that private medical evidence was inadequate for rating purposes before ordering examinations, which are often unnecessary.

VBA STAFFING AND RESOURCE RECOMMENDATIONS

Compensation Service Staffing

In recent years, VBA has seen a significant staffing increase because Congress recognized that rising workload, particularly claims for disability compensation, could not be addressed without additional personnel and thus provided additional resources each year to do so. More than 5,000 full-time employee equivalents (FTEE) were added to VBA over the past five years, a 33 percent increase, with most of that increase going to the Compensation Service. In FY 2013, VBA's budget supported an additional 450 FTEE above the FY 2012 authorized level, and the FY 2014 level added less than 100 new FTEE, and for FY 2015 the level of staffing remains unchanged.

Since the early part of 2013, the VBA has clearly made positive strides toward increasing productivity, reducing the backlog of disability claims and, by the end of 2015, reaching the Secretary's goal of completing all claims in less than 125 days with 98 percent accuracy. Over the past year, the total number of claims pending dropped by about 20 percent, and the number in the backlog (over 125 days) decreased by more than a third. The VBA has employed a variety of aggressive initiatives, such as processing all claims pending longer than two years and then, when completed, moving to process all claims pending longer than one year.

We believe allowing the VBA to again hire employees for a two-year temporary term could supplement and/or alleviate the reliance on mandatory overtime and further reduce the backlog of disability claims to help reach the Secretary's goal by the end of 2015. Such an initiative would also provide an outstanding opportunity for VBA to have a generous pool of fully trained, qualified candidates to choose from as replacements for full-time VBA employees who will undoubtedly be lost over the next few years because of attrition.

However, rather than hiring "new" employees who need training and time to become fully productive, VBA would have instantly productive replacements ready and would have the ability to hire only the best of these candidates. Therefore, we urge Congress to provide the funding and resources necessary for VBA to hire a minimum of 1,000 new employees for a temporary two-year term.

Board of Veterans' Appeals Staffing

Based on historical trends, the number of new appeals to the Board averages approximately five percent of all claims received, so as the number of claims processed by the VBA is expected to rise significantly, so too will the Board's workload rise accordingly. Yet the budget provided to the Board has been declining, forcing it to reduce the number of employees. Although the Board had been authorized to have up to 544 FTEE in FY 2011, its appropriated budget could support only 532 FTEE that year. In FY 2012, that number was further reduced to 510. At present, due to cost-saving initiatives, the Board may be able to support as many as 518 FTEE with the FY 2013 budget; however, this does not correct the downward trend over the past several years, particularly as workload continues to rise.

The FY 2014 budget actually proposed cuts to funding for the Board and further reduced staffing down to 492 FTEE, despite expected workload increases each year. Projecting for FY 2014, the IBVSOs recommended a modest increase in staffing to 544 FTEE.

We are pleased Congress supported this recommendation and actually went beyond the suggested number by providing enough funding for BVA to increase staffing to approximately 640 FTEE to be in place by the end of FY 2014 and an FY 2015 budget request to increase the number of FTEE to 650.

VOCATIONAL REHABILITATION

Employment Service Staffing

In FY 2012, VA's Vocational Rehabilitation and Employment (VR&E) program, also known as the VetSuccess program, had 121,000 participants in one or more of the five assistance tracks of VR&E's VetSuccess program, an increase of 12.3 percent above the FY 2011 participation level of 107,925 veterans. In FY 2012, VR&E had a total of 1,446 FTEE, and anticipates an increase of approximately 150 FTEE for FY 2013. Given the estimated 10 percent workload increases for both FY 2013 and FY 2014, the *IB* estimated VR&E would need an additional 230 counselors in FY 2014 in order to reduce their counselor-to-client ratio down to their stated goal of 1:125.

An extension for the delivery of VR&E assistance at a key transition point for veterans is through the VetSuccess on Campus program. This program provides support to student veterans in completing college or university degrees. VetSuccess on Campus has developed into a program that places a full-time Vocational Rehabilitation Counselor and a part-time Vet Center Outreach Coordinator at an office on campus specifically for the student veterans attending that college. These VA officers are there to help the transition from military to civilian and student life. The VetSuccess on Campus program is designed to give needed support to all student veterans, whether or not they are entitled to one of VA's education benefit programs.

In FY 2015, Congress must provide the Vocational Rehabilitation and Employment Service with sufficient funding to support an adequate number of FTEE to meet growing demand of the program and achieve its current caseload target of one counselor for every 125 veteran clients and equitably allocate resources among VAROs in a manner to achieve that target. This includes assuring that as other programs, such as the VetSuccess on Campus staffed with tenured VR&E counselors, the workforce gaps left behind at the ROs are backfilled to keep pace with local workload demands.

IT Enhancements

In addition, the VBMS was ultimately intended to include all of VBA's business lines so that no matter where a veteran or survivor applied for benefits, the VBMS would seamlessly connect them to all benefits they may be entitled to receive. While some programs, such as Education Service, have developed adequate IT systems in recent years, others, especially the Vocational Rehabilitation and Employment (VR&E) service, are in dire need of a complete IT overhaul. VR&E's processing system, called the Corporate Winston-Salem, Indianapolis, Newark, Roanoke, Seattle (CWINRS) system, is incapable of managing the many needs of this program. Rather than invest in short-term upgrades and patches, the IBVSOs believe that VBMS development for VR&E should be accelerated.

VBA must complete the full development and integration of the VBMS to the AMC, BVA, and Court of Appeals for Veterans Claims as well as to the other VBA business lines and in particular VR&E.

The IBVSOs are pleased that the Administration's budget request for FY 2015 is approximately $200 million more than the FY 2014 IT funding, and we support that level of funding. More importantly, Congress must ensure that from the total IT funding made available to VBA, that VR&E receives the necessary resources and support to upgrade its antiquated IT systems.

RECOMMENDATIONS FOR IMPROVEMENTS TO VA BENEFITS

Annual Cost-of-Living Adjustment (COLA)

Congress has annually authorized increases in compensation and dependency and indemnity compensation (DIC) by the same percent as Social Security is increased.

Under current law, the government monitors inflation throughout the year and, if inflation occurs, automatically increases Social Security payments by the percent of increase for the following year, which the Congress then applies to veterans' programs.

While Congress has always increased compensation and DIC based on inflation, there have been years when such increases were delayed, which puts unnecessary financial strain on veterans and their survivors.

The IBVSOs urge Congress to enact legislation indexing compensation and DIC to Social Security COLA increases.

End Rounding Down of Veterans' and Survivors' Benefits Payments

In 1990, Congress, in an omnibus reconciliation act, mandated that veterans' and survivors' benefit payments be rounded down to the next lower whole dollar. While this policy was initially limited to a few years, Congress has continued that policy.

The cumulative effect of this provision of the law effectively levies a tax on totally disabled veterans and their survivors. Congress should repeal the current policy of rounding down veterans' and survivors' benefits payments.

On November 21, 2013, with the President's signature, the Veterans' Compensation Cost-of-Living Adjustment Act became Public Law 113–52. The Act provided a 1.5% increase in veterans' disability compensation, DIC and other related veterans benefits, effective December 1, 2013. Unlike COLAs in the past, this COLA did not include the provision of rounding down increases to the nearest whole dollar amount.

The IBVSOs urge Congress not to return to a policy of rounding down veterans' and survivors' benefits payments.

Reject Any Proposal to Use the "Chained CPI"

In the past year, there has been much discussion about replacing the current CPI formula used for calculating the annual Social Security COLA with the Bureau of Labor Statistics (BLS) new formula commonly termed the "chained CPI." Such a change would be expected to significantly reduce the rates paid to Social Security recipients, and thereby help to lower the Federal deficit. Since the Social Security COLA is also applied annually to the rates for VA disability compensation, DIC, and pensions for wartime veterans and survivors with limited incomes, its application would mean systematic reductions for millions of veterans, their dependents and survivors who rely on VA benefit payments. The IBVSOs urge Congress to reject any and all proposals to use the "chained CPI" for determining Social Security COLA increases, which would have the effect of significantly reducing the level of vital benefits provided to millions of veterans and their survivors.

The IBVSOs also note that the CPI index used for Social Security does not include increases in the cost of food or gasoline, both of which have risen significantly in recent years. While no inflation index is perfect, the IBVSOs believe that VA should examine whether there are other inflation indices that would more appropriately correlate with the increased cost of living experienced by disabled veterans and their survivors.

End Prohibition against Concurrent Receipt of VA Disability Compensation and Military Longevity Retired Pay

Many veterans retired from the Armed Forces based on longevity of service must forfeit a portion of their retired pay, earned through faithful performance of military service, before they receive VA compensation for service-connected disabilities. This is inequitable—military retired pay is earned by virtue of a veteran's career of service on behalf of the Nation, careers of usually more than 20 years. Entitlement to compensation, on the other hand, is paid solely because of disability resulting from military service, regardless of the length of service. Most nondisabled military retirees pursue second careers after serving in order to supplement their income, thereby justly enjoying a full reward for completion of a military career with the added reward of full civilian employment income. In contrast, military retirees with service-connected disabilities do not enjoy the same full earning potential since their earning potential is reduced commensurate with the degree of service-connected disability.

In order to place all disabled longevity military retirees on equal footing with non-disabled military retirees, there should be no offset between full military retired pay and VA disability compensation. To the extent that military retired pay and VA disability compensation offset each other, the disabled military retiree is treated less fairly than is a nondisabled military retiree by not accounting for the loss in earning capacity. Moreover, a disabled veteran who does not retire from military service but elects instead to pursue a civilian career after completing a service obligation can receive full VA disability compensation and full civilian retired pay—including retirement from any Federal civil service position.

While Congress has made progress in recent years in correcting this injustice, current law still provides that service-connected veterans rated less than 50 percent disabled who retire from the Armed Forces on length of service may not receive disability compensation from VA in addition to full military retired pay. The IBVSOs believe the time has come to remove this prohibition completely. Congress should enact legislation to repeal the inequitable requirement that veterans' military longevity retired pay be offset by an amount equal to the disability compensation awarded to disabled veterans rated less than 50 percent, the same as exists for those rated 50 percent or greater.

SURVIVOR BENEFITS

Increase DIC for Surviving Spouses of Servicemembers

The current rate of compensation paid to the survivors of certain deceased veterans rated permanently and totally disabled and deceased servicemembers is inadequate and inequitable. Under current law, the surviving spouse of a veteran who had a total disability rating is entitled to the basic rate of DIC. A supplemental payment is provided to those spouses who were married for at least eight years during which time the veteran was rated permanently and totally disabled.

However, surviving spouses of veterans or military servicemembers who die before the eight-year eligibility period, or who die on active duty, respectively, only receive the basic rate of DIC.

Insofar as DIC payments are intended to provide surviving spouses with the means to maintain some semblance of financial stability after losing their loved ones, the rate of payment for service-related deaths of any kind should not vastly differ. Surviving spouses, regardless of the status of their sponsors at the time of death, face the same financial hardships once deceased sponsors' incomes no longer exist. Congress should authorize DIC eligibility at increased rates to survivors of servicemembers who died either before the eight-year eligibility period passes or while on active duty at the same rate paid to the eligible survivors of totally disabled service-connected veterans who die after the eight-year eligibility period.

Repeal of the DIC-SBP Offset

The current requirement that the amount of an annuity under the Survivor Benefit Plan (SBP) be reduced on account of, and by an amount equal to, DIC is inequitable. A veteran disabled in military service is compensated for the effects of service-connected disability. When a veteran dies of service-connected causes, or following a substantial period of total disability from service-connected causes, eligible survivors or dependents receive DIC from the VA. This benefit indemnifies survivors, in part, for the losses associated with the veteran's death from service-connected causes or after a period of time when the veteran was unable, because of total disability, to accumulate an estate for inheritance by survivors.

Career members of the Armed Forces earn entitlement to retired pay after 20 or more years of service. Survivors of military retirees have no entitlement to any portion of the veteran's military retirement pay after his or her death, unlike many retirement plans in the private sector. Under the SBP, deductions are made from the veteran's military retirement pay to purchase a survivor's annuity. This is not a gratuitous benefit, but is purchased by a retiree.

Upon the veteran's death, the annuity is paid monthly to eligible beneficiaries under the plan. If the veteran died from other than service-connected causes or was not totally disabled by service-connected disability for the required time preceding death, beneficiaries receive full SBP payments. However, if the veteran's death was a result of military service or after the requisite period of total service-connected disability, the SBP annuity is reduced by an amount equal to the DIC payment. When the monthly DIC rate is equal to or greater than the monthly SBP annuity, beneficiaries lose the SBP annuity in its entirety.

The IBVSOs believe this offset is inequitable because no duplication of benefits is involved. Payments under the SBP and DIC programs are made for different purposes. Under the SBP, coverage is purchased by a veteran and at the time of death, paid to his or her surviving beneficiary. On the other hand, DIC is a special indemnity compensation paid to the survivor of a servicemember who dies while serving in the military, or a veteran who dies from service-connected disabilities. In such cases, DIC should be added to the SBP, not substituted for it. Surviving spouses of Federal civilian retirees who are veterans are eligible for DIC without losing any of their purchased Federal civilian survivor benefits.

The offset penalizes survivors of military retirees whose deaths are under circumstances warranting indemnification from the government separate from the annuity funded by premiums paid by the veteran from his or her retired pay.

Congress should repeal the inequitable offset between DIC and the SBP because there is no duplication between these two distinct benefits.

Retention of Remarried Survivors' Benefits at Age 55

Congress should lower the age required for remarriage for survivors of veterans who have died on active duty or from service-connected disabilities to be eligible for retention of DIC to conform with the requirements of other Federal programs.

Current law allows retention of DIC on remarriage at age 57 or older for eligible survivors of veterans who die on active duty or of a service-connected injury or illness. Although the IBVSOs appreciate the action Congress took to allow restoration of this rightful benefit, the current age threshold of 57 years is arbitrary.

Remarried survivors of retirees of the Civil Service Retirement System, for example, obtain a similar benefit at age 55. This would also bring DIC in line with SBP rules that allow retention with remarriage at the age of 55. Equity with beneficiaries of other Federal programs should govern Congressional action for this deserving group. Congress should enact legislation to enable survivors to retain DIC on remarriage at age 55 for all eligible surviving spouses.

Mr. Chairman, that concludes my statement and I would be happy to answer any questions you or other Members of the Committee may have.

PREPARED STATEMENT OF PARALYZED VETERANS OF AMERICA

Chairman Sanders, Ranking Member Burr, and Members of the Committee, as one of the four co-authors of *The Independent Budget* (*IB*), Paralyzed Veterans of America (PVA) is pleased to present the views of *The Independent Budget* regarding the funding requirements for the Department of Veterans Affairs (VA) for FY 2015.

As Congress and the Administration continue to face immense pressure to reduce Federal spending, we cannot emphasize enough the importance of ensuring that sufficient, timely and predictable funding is provided to the Department of Veterans Affairs (VA). The co-authors of *The Independent Budget*—AMVETS, Disabled American Veterans, Paralyzed Veterans of America, and Veterans of Foreign Wars—recognize the pressure that the Administration and Congress face; however, we believe that the ever-growing demand for health care services certainly validates the continued need for sufficient funding. We also understand that the VA has fared better than most Federal agencies with regards to budget proposals and appropriations. However, we are concerned that discretionary funding for the VA is no longer keeping pace with medical care inflation or health care demand.

That being said, we certainly appreciate the increases offered by the Administration's budget for FY 2015 and the FY 2016 advance appropriations, particularly with regards to health care and benefits services. Unfortunately, we have real concerns that the serious lack of commitment to infrastructure funding to support the system will undermine the VA's ability to deliver those services. Similarly, we remain concerned that the funding levels provided by the House and Senate Committees on Appropriations in the recently passed omnibus appropriations bill will be insufficient to address the continuously growing demand for VA health care services.

Moreover, *The Independent Budget* co-authors oppose the steps VA has taken in recent years in order to generate resources to meet ever-growing demand on the VA health-care system. The Administration continues to rely upon “management improvements,” a popular gimmick that was used by previous Administrations to generate savings and offset the growing costs to deliver care. Unfortunately, these savings are often never realized leaving VA short of necessary funding to address ever-growing demand on the health-care system.

Of even greater concern is the fact that the VA continues to overproject and underperform with its medical care collections estimates. Overestimating collections estimates affords Congress the opportunity to appropriate fewer discretionary dollars for the health care system. However, when the VA fails to achieve those collections estimates, it is left with insufficient funding to meet the projected demand. As long as this scenario continues, the VA will find itself falling farther and farther behind in its ability to care for those men and women who have served and sacrificed for this Nation. In fact, we believe that is exactly what is happening now. For example, the VA originally projected collections of approximately $3.3 billion in

FY 2013 and FY 2014 and approximately $3.2 billion in FY 2015. Congress based its appropriations for the VA for those fiscal years on those projected collections. However, the VA subsequently revised its estimates anticipating collections of $2.8 billion in both FY 2013, $2.9 billion in FY 2014, and less than $3.1 billion for FY 2015. The flawed projections estimates and the dollars appropriated by Congress in each of those fiscal years suggest that the VA may have received $1.0 billion too little in resources during that period. And yet, this shortfall has never been addressed through supplemental appropriations.

Too often in meetings with congressional offices, staff members have proclaimed the belief that VA has received too much money. We would ask the Committee how that logic passes when we have clearly identified a shortfall simply based on faulty collections estimates. Similarly, we would ask that the Committee proceed with caution in FY 2016 as the VA has once again projected a collections estimate of $3.3 billion despite the fact that its recent performance suggests that it will not achieve that level. The fact that the VA continues to experience problems with its medical care collections reflects an even greater need for Congress to properly analyze, and if necessary, revise the advance appropriations from previous years to ensure that the VA health care system is getting the resources it actually needs.

FUNDING FOR FY 2015

For FY 2015, *The Independent Budget* recommends approximately $61.1 billion for total medical care, an increase of approximately $3.4 billion over the FY 2014 operating budget. Meanwhile, the Administration recommended in its FY 2015 Budget Request a revised advance appropriation estimate for FY 2015 of approximately $56.0 billion in discretionary funding for VA medical care. This revised estimate reflected a projected increase in discretionary funding of approximately $368 million over the recently approved advance appropriations level. When combined with the approximately $3.1 billion revised projection for medical care collections (decreased from $3.2 billion in last year's estimate), the total available operating budget recommended for FY 2015 is approximately $59.1 billion. This reflects an increase of $1.7 billion over the previously approved FY 2014 operating budget, an amount that we believe is inadequate to fully meet health care demand.

The medical care appropriation includes three separate accounts—Medical Services, Medical Support and Compliance, and Medical Facilities—that comprise the total VA health-care funding level. For FY 2015, *The Independent Budget* recommends approximately $49.3 billion for Medical Services. Our Medical Services recommendation includes the following recommendations:

Current Services Estimate	$47,616,189,000
Increase in Patient Workload	1,171,260,000
Additional Medical Care Program Costs	500,000,000
Total FY 2014 Medical Services	$49,287,449,000

Our growth in patient workload is based on a projected increase of approximately 87,000 new unique patients—priority groups 1–8 veterans and covered nonveterans. We estimate the cost of these new unique patients to be approximately $853 million. The increase in patient workload also includes a projected increase of 83,350 new Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF), as well as Operation New Dawn (OND) veterans at a cost of approximately $318 million. The increase in utilization among OEF/OIF/OND veterans is supported by the average annual increase in new users from FY 2002 through the 3rd quarter of FY 2013.

The Independent Budget also believes that there are additional projected funding needs for VA. Specifically, we believe there is real funding needed to address the array of long-term care issues facing the VA, including the shortfall in institutional capacity, and to provide additional centralized prosthetics funding (based on actual expenditures and projections from the VA's prosthetics service). *The Independent Budget* recommends $375 million directed toward VA long-term care programs. In order to support the rebalancing of VA long-term care in FY 2015, $125 million should be provided. Additionally, $95 million should be targeted at the VA's Veteran Directed-Home and Community Based Services (VD-HCBS) program. The remainder of the $375 million ($155 million) should be dedicated to increasing the VA's long-term care average daily census (ADC) to the level mandated by Public Law 106–117, the "Veterans Millennium Health Care and Benefits Act." In order to meet the increase in demand for prosthetics, the *IB* recommends an additional $125 million. This increase in prosthetics funding reflects an increase in expenditures from FY 2013 to FY 2014 and the expected continued growth in expenditures for FY 2015.

For Medical Support and Compliance, *The Independent Budget* recommends approximately $6.1 billion. Finally, for Medical Facilities, *The Independent Budget* recommends approximately $5.7 billion. Our Medical Facilities recommendation includes the addition of $650 million to the baseline for Non-Recurring Maintenance (NRM). The Administration's request over the last two cycles represents a wholly inadequate request for NRM funding, particularly in light of the actual expenditures that are outlined in the budget justification. In fact, the VA's FY 2015 and FY 2016 advance appropriations request for infrastructure is wholly insufficient (a topic that will be addressed by the VFW in its statement to the Committee), particularly with regards to Major and Minor Construction and Non-Recurring Maintenance (NRM). The VA continues to slash funding for NRM as evidenced by the rapidly decreasing estimates for Medical Facilities. And yet, the VA admits in its own documents that it spends between $1.3 billion and $1.4 billion per year on NRM. Similarly, we are extremely disappointed that the VA has requested such a laughable funding level for Major and Minor Construction, particularly considering the rapidly advancing age and condition of its infrastructure. It is time for Congress to take the necessary steps to reverse this course before the VA system collapses on itself.

The Independent Budget co-authors have ongoing concerns about the lack of investment in Medical and Prosthetic Research. While we recognize that the Administration requested an increase in the research account for FY 2015, the $3 million increase does not even keep pace with inflation. If the VA is to remain a world leader in research, it is imperative that the Administration get serious about requesting real dollars and that Congress provide adequate resources to continue those efforts. With this point in mind, *The Independent Budget* recommends $611 million for Medical and Prosthetic Research funding for FY 2015. Similarly, we recommend at least $50 million in Major Construction and $175 million in Minor Construction and NRM to address the deteriorating state of VA research infrastructure. Failure to make these investments will undermine the VA's ability to continue to attract the best medical professionals into the research field and promote cutting edge advancements to benefit the men and women who have made great physical and mental sacrifices in defense of this Nation.

ADVANCE APPROPRIATIONS FOR FY 2016

Just as we did for the first time last year, *The Independent Budget* once again offers baseline projections for funding through advance appropriations for the medical care accounts for FY 2016. While we have previously deferred to the Administration and Congress to provide sufficient funding through the advance appropriations process, we have growing concerns that this responsibility is not being taken seriously.

For FY 2016, *The Independent Budget* recommends approximately $62.5 billion for total medical care. The Administration's Budget Request includes approximately $62.0 billion for total medical care—$58.7 billion in discretionary spending and approximately $3.3 billion in medical care collections. We appreciate the fact that the Administration has offered a substantial increase in health care funding from FY 2015 to FY 2016 (as a part of its advance appropriations request).

For FY 2016, *The Independent Budget* recommends approximately $50.8 billion for Medical Services. Our Medical Services recommendation includes the following recommendations:

Current Services Estimate	$49,193,067,000
Increase in Patient Workload	1,074,225,000
Additional Medical Care Program Costs	510,000,000
Total FY 2015 Medical Services	$50,777,292,000

Our growth in patient workload is based on a projected increase of approximately 67,000 new unique patients—priority groups 1—8 veterans and covered non-veterans. We estimate the cost of these new unique patients to be approximately $746 million. The increase in patient workload also includes a projected increase of 83,350 new Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF), as well as Operation New Dawn (OND) veterans at a cost of approximately $328 million.

Last, *The Independent Budget* believes that there are additional projected funding needs for VA. For FY 2016, we believe that an additional $375 million should be invested to address the spectrum of long-term care issues within the VA. Additionally, we believe that a continued increase in centralized prosthetics funding will be essential. In order to meet the continued increase in demand for prosthetics, the *IB* recommends an additional $135 million.

For Medical Support and Compliance, *The Independent Budget* recommends approximately \$6.0 billion. Finally, for Medical Facilities, *The Independent Budget* recommends approximately \$5.7 billion. Our Medical Facilities recommendation includes the addition of \$900 million to the baseline for Non-Recurring Maintenance (NRM). Last year, the Administration's recommendation for NRM reflected a projection that would place the long-term viability of the health care system in serious jeopardy.

ADVANCE APPROPRIATIONS FOR ALL VA ACCOUNTS

The Independent Budget co-authors are concerned that the broken appropriations process continues to have a negative impact on the operations of the VA. Once again this year Congress failed to fully complete the appropriations process in the regular order. In fact, many Federal operations were shuttered as part of a partial government shutdown in October 2013. This had a significant negative impact on many of the services provided by the VA. While VA health care was shielded from this political disaster, benefits services, research activities, and general operations for the rest of the VA were impacted. Additionally, many of the operations that support the health care system, particularly through the Information Technology system, were negatively impacted complicating the VA's ability to delivery timely, quality health care.

We also have real concerns about the advance appropriations process as it currently functions. Our intent for this process was for the Administration to request an advance appropriation for a given fiscal year (two years ahead of the start of that fiscal year), and then revise that recommendation in its next budget request immediately prior to the start of the fiscal year in question. We appreciate the fact that the Administration's FY 2015 Budget Request does include a significant revision for Medical Services reflecting an increased need for funding of approximately \$368 million. However, during past budget cycles, the Administration has offered very little revision in its advance appropriations requests essentially asking for the same funding level. Moreover, we believe that Congress has not done its due diligence to adequately analyze the advance appropriations recommendations and make any necessary changes through supplemental appropriations. In fact, once Congress has approved an advance appropriations level for VA, it has not revised its previous years' decision in any appreciable way. This undermines the principle benefit of advance appropriations—having additional time to ensure that sufficient funds are provided.

With this in mind, we call on Congress to immediately approve legislation that would extend advance appropriations to all VA discretionary and mandatory appropriations accounts. Advance appropriations have shielded VA health care from most of the harmful effects of the partisan bickering and political gridlock that has paralyzed Washington in recent years. Now Congress must provide the same protections to all remaining discretionary programs, including Medical and Prosthetic Research, General Operating Expenditures, Information Technology, the National Cemetery Administration, Inspector General, Major Construction, Minor Construction, State Home Construction Grants, State Cemetery Grants and other discretionary accounts, and all mandatory funded programs, including disability compensation, pension, education benefits, and dependency and indemnity compensation.

Chairman Sanders, the co-authors of *The Independent Budget* sincerely appreciate your commitment to this effort. Similarly, we applaud Senator Boozman and Senator Begich for leading this effort in the Senate by introducing S. 932, the "Putting Veterans Funding First Act." We commit to you our steadfast support to see this legislation through to final passage and enactment. Enactment of S. 932 will generally free all VA services from the political gridlock that has crippled the appropriations process in Congress.

In the end, it is easy to forget that the people who are ultimately affected by wrangling over the budget are the men and women who have served and sacrificed so much for this Nation. We hope that you will consider these men and women when you develop your budget views and estimates, and we ask that you join us in adopting the recommendations of *The Independent Budget*.

This concludes our statement. We would be happy to answer any questions you may have.