

DEPARTMENT OF VETERANS AFFAIRS

Advisory Committee on Disability Compensation (ACDC) Virtual Meeting

September 26-27, 2024

EXECUTIVE SUMMARY

Transcription Services: Provided by Jamison Professional Services

Veterans Affairs (VA) Staff Present:

- Jadine Piper, ACDC Lead Designated Federal Officer (DFO)
- Claire Starke, DFO
- Lisa Lotts, DFO
- Paulette Jones, DFO
- Jessica Pierce, Director, Policy Staff, Compensation Service
- Joshua Jacobs, Under Secretary of Benefits (USB), Veterans Benefits Administration (VBA)
- Robert Parks, Regulations Chief, Compensation Services (CS), VBA
- Sara Cohen, Lead Program Analyst, Policy Staff, CS, VBA
- Michael May, Regulations Analyst, Policy Staff, CS, VBA
- Bill Browne, Assistant Director, Training Staff, CS, VBA
- Kristina Messenger, Deputy Executive Director, Operations, CS, VBA
- Mary Glenn, Deputy Director, Medical Disability Examination Office (MDEO)
- Toby Mathew, MHA/MBA, VHA-CM, Chief Officer, DMA, VHA
- Kenesha Britton, Assistant Deputy Under Secretary for Field Operations – National Contact Operations
- Abigail Werner, Policy Liaison, CS, VBA
- Paul Shute, Assistant Deputy Under Secretary, Office of Deputy Under Secretary Automated Benefits Delivery (ABD)
- Becky Lindstrom, Director, Office of Benefits Automation (OBA)
- Mike Edsall, Assistant Director, Operations, Office of Administrative Review (OAR)
- William Vargas, Project Manager/Data Analyst, Detailed to the Center for Minority Veterans (CMV)
- Christina Hanson, Management and Program Analyst, Pension & Fiduciary (P&F)
- Angelita Taylor, Veterans Claim Examiner, P&F
- Janel Keyes, P&F
- Waymon Tyson, P&F

ACDC Members Present:

- Evelyn Lewis, Chair
- Frank LoGalbo
- Eloisa Taméz
- Jarrad Turner
- Fred Wagar
- James Ridgway
- Richard Evans
- Ronald Lewis

The committee met virtually in an open, public session on September 26-27, 2024.

Purpose: The purpose of the Advisory Committee on Disability Compensation is to provide advice to the Secretary of Veterans Affairs on establishing and supervising a schedule to conduct periodic reviews of the VA Schedule for Rating Disabilities (VASRD).

Rules of Engagement: Jadine Piper, DFO for Advisory Committee on Disability Compensation, conducted rules of engagement. Also indicated that the meeting is open to the public and being recorded.

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September 26, 2024

Opening Remarks

Claire Starke, DFO, introduced herself and began the meeting, indicating that the meeting was being recorded. She conducted roll call and confirmed they had met quorum and the meeting could continue. She then turned the floor over to Jadine Piper, lead DFO for the meeting.

Ms. Piper welcomed the committee, VA staff, and guests to the meeting. She then conducted the rules of engagement. The committee members introduced themselves at that time.

The PSA video from Secretary of Veterans Affairs Denis McDonough was then played for the attendees.

Secretary of Veterans Affairs Public Service Announcement

Secretary McDonough thanked the Federal Advisory Committees for their work on behalf of Veterans, their families, caregivers, and survivors. He emphasized the importance of caring for Veterans and the committee's job of providing advice to ensure Veterans are being delivered the care they deserve.

He continued, promising that VA will always deal with Veterans, Veteran advocates, and all Veteran organizations with integrity, as well as committing to ensuring that everything the VA does best serves Veterans. He also promised that VA will be the leading advocate for Veterans, families, caregivers, and survivors in everything. VA will always provide all Veterans with the respect and professionalism they deserve. All Veterans must feel safe and welcome in every VA facility. Finally, VA will seek excellence in all they do, leveraging the strength of diversity that defines Veterans, the VA workforce, volunteers, committee members, and America. He again thanked the committee members for their work and looked forward to their recommendations.

With the video finished, the meeting moved on to the public comments portion.

Public Comments

Ms. Piper invited any member of the public who wished to speak to do so at that time. With no live public comments being offered, Chair Lewis read a public comment that was submitted prior to the meeting.

The comment was given by Lisa Oxendine and referred to 38 CFR 4.23, which is attitude of rating officers. The comment stated, "It is to be remembered that the majority of applicants are disabled persons who are seeking benefits of law to which they believe themselves entitled. In the exercise of his or her functions, rating officers must not allow their personal feelings to intrude. An antagonistic, critical, or even abusive attitude on the part of the claimant should not in any instance influence the officer's handling of the

case. Fairness and courtesy must at all times be shown to applicants by all employees, whose duties bring them in contact, directly or indirectly, with the Department's claimants. While this reference specifically is identified for rating officers, it applies to all employees. CFR 4 applies to raters deciding claims; however, this exact language or similar should be added to CFR 3, which is what claim processors use to develop claims. As a claim processor supervisor, I've heard several times, I don't believe or I feel that those opinions are biased and have nothing to do with the claim being processed before them. It would be nice to actually see this included for development of processors so they are aware that personal feelings and/or bias don't belong in their workplace. Just a thought." The statement also included, "VSRs, you are my first line of defense as a claim processor. You are hired to send forward a completely developed claim. Please ensure you have crossed all your Ts and dotted all your Is and documented your notes in VBMS before you send a claim forward to the rating boards.

Raters, you were hired to make a decision. Make a decision and then support that decision you made with your VBMS notes. Finally, today you could be standing next to someone who could be trying their best not to fall apart, so whatever you do today, do it with kindness in your heart."

Ms. Piper asked once again if any members of the public wished to speak. None came forward.

Contract Exams/Simulated Patients

Ms. Piper welcomed the Under Secretary for Benefits, Joshua Jacobs. Mr. Jacobs thanked them for having him at their meeting. He expressed his appreciation for the committee's time and expertise, and their commitment to Veterans. As they were reaching the end of the fiscal year, he shared that he had been reflecting on what they've been able to accomplish and where they were going, and he wanted to share some of that with them.

At the start of FY24, they set a goal to deliver more benefits to more Veterans than ever before. As they approach the end of the fiscal year, he shared that they have reached that goal. In the two years since PACT Act was signed into law, they delivered over 1.2 million PACT Act benefits to Veterans and survivors, which comes to about 7 billion dollars in PACT Act related benefits. In FY24, they have completed over 2.4 million claims, and are on track to hit 2.5 million. Those claims have a 65 percent grant rate. The PACT Act claims specifically have a 75 percent grant rate.

Mr. Jacobs shared how the VA is holding Veteran Claims Clinics across the country, are partnering with VSOs and State Departments of Veterans Affairs as well as County VSOs and are going into communities in order to meet Veterans where they live instead of asking Veterans to come to them.

In FY23, they had a 40 percent increase year over year for claims filed and have kept pace with that level of claims. Mr. Jacobs noted that the VA has hired significantly to

keep up with the increased claim load. He shared that September 25, 2024, they had the biggest day in their history where they delivered more than 11,000 claims in just that day. They have also had 126 days where more than 10,000 claims were processed in a single day.

Mr. Jacobs told the committee that they were able to secure the funding needed so VA can continue to send Veterans their payments on time rather than be delayed by any budget delays. Having done so, the VA is now taking a hard look at their projections. He shared that something he learned from this experience is that they cannot underestimate their workforce, as they have demonstrated over the last several years that they are continuing to deliver at a very high rate. Therefore, the projections should be updated to assume that continued delivery.

The total average disability rating is increasing at a higher rate than it has historically. It used to be about a 1 percent increase per year, but over the past two years, it has increased by more than 2 percent, which has significant financial implications that will need to be taken into account moving forward.

He continued, admitting that they have seen some learning curves due to significant hiring and people taking on new positions. They have seen challenges with mandatory overtime, which they recently shifted away from. As they recognize some of the challenges happening across the system, they hosted their first ever Quality and Employee Wellness Stand Down on June 6. He shared that they took nearly all of their then 34,000 employees off of production and focused on training, employee wellness, managing during challenging environments, and staff cohesion.

Mr. Jacobs shared that they were also working more systemically to focus on an issue that has been a challenge, which is overdevelopment. Too many Veterans are sent to unnecessary exams when there is evidence in the record that the employees could be using to make a decision. They are also working on improving training by modernizing a significant amount of it.

He told the committee that he wanted to speak with them about how VA might leverage specific capability gaps and needs that are not currently being filled to try to position themselves to do so better in the future. He said he had a lot more to speak about but knew he had limited time and so wanted to make sure they had the ability to cover any questions, comments, or concerns the committee had.

James Ridgway said that one of the things the committee had heard a lot about was the standard for getting exams. In the last site visit, they were told how the National Work Queue was designed and that a big part of the problem was, for example, if a Veteran files for a back and then both knees secondary to the back. Because the NWQ is capped to 10 end product codes, the back will go to somebody who has 9 EPs in their queue, so the knees will be sent to somebody else, often at a different regional office.

Each person who gets the claim to process will see that an examination needs to be

done, and so each of them will order an exam, which is part of why examinations are being ordered redundantly. He suggested the work queue keep together a Veteran's claim to avoid duplicative work.

Mr. Jacobs shared that he had previously requested for a Red Team review of the NWQ when they were working through implementation of VBMS. He said there are certainly challenges he had heard about, but not the particular issue Mr. Ridgway shared and so he will follow up with Ken Smith, who oversees the NWQ, to talk about the issue.

Mr. Ridgway also shared how nobody with expertise in the actual law was shown the rubric for judging quality of exams. Therefore, in terms of getting the complete and accurate information needed to make a decision, the rubric doesn't ask if crucial information was solicited such as a complete and accurate symptom history. In terms of a nexus opinion or the rating opinion, the case law is clear that the Veteran's statements have to be considered or give medical reasons why the Veteran's statements should not be considered reliable.

Mr. Jacobs said he had spoken to the head of their Office of Administrative Review about the Remand Tiger Team they had put into place and are working on evaluating AMA claims that were remanded back to them to understand what is driving the remands and what can be done to learn from them. He shared that of 100 claims reviewed, 37 were remanded based on the Board's judicial discretion but the remainder were largely medical exam related.

Chair Lewis said she had two questions. The first had to do with how examiners themselves are never reviewed on site visits, and how they had spoken at a previous committee meeting about simulated patients. She asked if he had looked into that or had any additional thoughts around the concept.

Mr. Jacobs answered that for the purposes of evaluating the quality and customer experience of C&P examiners, they have gone back and forth with the MDEO office. The concern is that there are contractual implications, and so he has been working with their lawyers to get around that. He didn't think that another organization needed to be hired in order to do the review, which he felt was what was holding MDEO back on the idea. It was still in the works and being discussed.

Chair Lewis asked if the committee would continue to get reports on the progress of the situation. Mr. Jacobs shared that he had an upcoming meeting in the next week on the topic and would follow up with them.

Chair Lewis then asked about claim approval rates and the data specifically for minority group approval rates. She asked if anybody was looking at that data. Mr. Jacobs said they have been doing a lot in that space with the Office of Equity Assurance and worked with GAO. He said one of the things they first identified was the grant rate disparity for primarily Black Veterans on mental health with a 10 percent lower grant rate. One of the things they did with that information is continue to dig into it by hiring an external partner

to conduct a study. What they identified was when they are able to connect Veterans with their earned benefits within the first year of leaving the military, they can effectively eliminate those disparities. Also, when they connect Veterans with a VA accredited representative like a VSO, the grant rate increases. What they have been doing with that information is working to do more targeted outreach to military service partners, going on base and encouraging Veterans to file. They are also working with their Solid Start program which calls Veterans 3 times in their first year of leaving the military to try and encourage them to file their claim within the first year if they haven't done so already.

They also have an Equity Assurance plan which they are working on to focus on understanding more clearly the data they have. He shared that one of his concerns is that the focus on equity cannot be the single responsibility of the Office of Equity Assurance. It is the responsibility of everyone in VA, so they have pulled in representatives from offices across the VA.

Fred Wagar shared how the VA has no problem doing unannounced visits or surveys to the Nevada state Veteran homes and felt that was a good policy. He concurred with Chair Lewis about the importance of seeing how examiners work in person. He also shared that some Veterans had spoken up about having exams where they were not asked questions, but the examination report said those questions were asked. Mr. Jacobs said that for fraud cases like that, they definitely need to be reported and that they are working with MDEO with individual investigations for all allegations.

Mr. Turner had a question about outreach, sharing that the VEAC team hasn't been reaching out to as many Veterans as they should be. He said he recently found they had only reached out to over 9,000 Veterans which is not many at all when it comes to outreach. He emphasized the importance of collaboration, and shared how when Warrior Alliance works with VEO for a PACT Act event, they are able to reach out to over 85,000 Veterans.

Mr. Jacobs said that VEO runs VEAC and coordinates with everyone. Mr. Turner said that there is an opportunity for the VEAC to be bringing in many more Veterans per outreach event than they currently are, and that they should look into it. Mr. Jacobs said he wasn't aware of the cap that Mr. Turner was speaking about and that he would research that, but that he guessed it might be due to staff. Mr. Jacobs had to take his leave at that time.

Character of Discharge Update/Overview

Ms. Piper turned the floor over to Robert Parks, Regulations Chief, Compensation Services, to introduce himself. Mr. Parks greeted the committee and introduced himself. He shared that he would be sharing information about character of discharge with them, and encouraged the committee to ask questions if they had any that were not answered by the presentation.

Mr. Parks informed them that he would be covering an update on what care is provided to Veterans regardless of COD, the effect of the new COD regulation, and decision outcomes by station.

He gave a background about how the final rule about COD became into effect June 25, 2024. Until that date, the VA had been able to provide some amount of care for Veterans with other than honorable (OTH) discharges. He pointed out that 38 CFR 3.60B has a bar for eligibility for healthcare due to a BCD. This is separate from the idea of whether someone's service is going to be found honorable or not for VA purposes.

So technically, you could have a Veteran who is not barred statutorily but still get a BCD which may cause the Veteran to lose their opportunity for healthcare benefits.

Mr. Parks shared that with the new regulation, a lot of things have changed with regard to implementation for COD. They had received a question about what happens if under the new COD, somebody has a BCD, but the VA finds them honorable for VA purposes. The answer is that those people would still get access to VA healthcare.

He moved on to speaking about the new regulation in more detail. The policy letter 2401 has been issued, and the COD claims that were previously held until the regulation was implemented are now being processed. There were previously 6 statutory bars and 5 regulatory bars under 3.12 for COD. The 6 statutory bars cannot be changed, and so have not been changed with the new regulation. However, the final rule does make changes to the 5 regulatory bars.

They will be maintaining with a few edits discharge in lieu of general court martial, mutiny or spying, moral turpitude, and willful persistence of misconduct. The bar for aggravated homosexual acts has been completely removed.

Mr. Parks highlighted that a "compelling circumstances" element has been applied to the bars for 180-day AWOL under the statutory bar, applying that to two of the regulatory bars, which are moral turpitude and willful persistence of misconduct.

In the regulations there are now factors that they can consider as compelling circumstances that would affect how a person's COD would be honorable or not. He highlighted that one of these is that mental impairment at the time of AWOL or misconduct, whether diagnosed or not, can be considered as a compelling circumstance. This includes substance abuse and cognitive disabilities. Discrimination will also be considered, including race or sex, in the compelling circumstances analysis.

Mr. Parks shared that they will also be applying reasonable doubt to the overall consideration of the COD at all levels of the decision, not only top-level decisions. It will be made plain to all claims processors that they may only apply a bar to benefits when the record clearly supports it.

He then covered lay statements, and how a Veteran can file a lay statement to argue

their COD. He noted that the lay statement may be sufficient to prove a compelling circumstance if the claims processor finds it credible after considering plausibility, consistency, and with other evidence of consistency of the statement itself. If the VA decides to reject the lay statement as proof of compelling circumstances, the reasons for that decision will be documented in the final COD determination.

For effective date, they are considering the new regulation to be liberalizing in the sense that this is a new way of considering CODs, therefore it is liberalizing, and they will give effective dates consistent with the rest of 3.114.

They will not be pulling old decisions for people who were denied benefits and redo them. They are not seeing it as an error or processing issue. A former service member who did get a prior unfavorable COD can now request a new one under the new rules. That is without the need for new and material evidence.

Mr. Ridgway asked about CODs which involve the insanity standard that VA uses from 1961. Mr. Parks said they're not changing the definition, but he agrees that it's old and they have discussed internally the need to change it but politically there are a lot of ramifications. If somebody applied under 3.54 and were found dishonorable and insanity didn't apply, they should apply under the new regulation.

Chair Lewis asked who they should speak to about changing the insanity definition. He said he is the one to speak to, but it being an old and legally specific definition doesn't make it inappropriate or wrong. If it's changed in one place, it's changed everywhere, and so if it's being changed the change should overall help Veterans in their claims process. He also said he and his staff also have a lot of other priorities, but that they can work on a presentation for the committee to give them more information. If there is a broader concern to change it, it could be higher on the list.

Mr. Ridgway shared that the definition for insanity is "An insane person is one who, while not mentally defective or constitutionally psychopathic, except when a psychosis has been engrafted upon such basic condition, exhibits, due to disease, a more or less prolonged deviation from his normal method of behavior; or who interferes with the peace of society; or who has so departed (become antisocial) from the accepted standards of the community to which by birth and education he belongs as to lack the adaptability to make further adjustment to the social customs of the community in which he resides." Mr. Parks emphasized that this is a legal, not medical, definition.

Mr. Parks said he didn't currently have much data about the current number of COD claims since the regulation was put in place, but that he was happy to look for any specific data to bring back to them. Mr. Ridgway shared that he was curious to see the data based on where the Veteran lives since they had seen in the past that the patterns of approval versus denial changed dramatically based on where the determining examiner was located. He was curious to see the data before and after the regulation to see if there is a difference.

Chair Lewis asked how the average Veteran finds out about these changes. Mr. Parks said they did a press release, but they would probably find out mostly through VSOs.

Chair Lewis pointed out that a lot of the people this regulation affects probably don't have VSOs because they weren't eligible for VA benefits before. Mr. Parks said they had a lot of conversation with VHA and had several summits with them where they spoke about how the regulation works and how they need to make sure there is a good hand-off between VHA and VBA. More specifically, VHA has made a shift in terms of saying, "Let's see if you get benefits" rather than a straight out, "No, you don't get benefits" and that will help with more people knowing about this change.

With no further questions, Mr. Parks thanked the committee and took his leave.

Training Overview

Ms. Piper shared that they were now at the training overview portion of the agenda and turned the floor over to Kristina Messenger and Bill Browne for introductions and presentation.

Ms. Messenger, Deputy Executive Director of Operations with Compensation Service, introduced herself and said training is one of the many things she's responsible for. She thanked the committee for their advocacy work and expressed her appreciation for the committee. She turned the floor over to Mr. Browne for the presentation.

Mr. Browne introduced himself as the Assistant Director for Compensation Service's Training Staff. He said he would be going over the comprehensive and tailored training curriculums they utilize to ensure their staff nationwide are thoroughly equipped to accurately administer VA disability benefits and deliver exceptional service to our nation's Veterans and their families. He noted that the presentation was put together based on questions he received from the committee.

The first topic he covered was the Competency Based Training System (CBTS). He said the committee had received feedback about it not being effective, and that they would like a better understanding of the system and its impact, as well as how they know if it's effective. Mr. Browne shared that public law requires that all claims processors are evaluated, so CBTS is designed not only to provide efficient training, but also to satisfy those requirements in CFR about evaluation of the processors.

CBTS is a diagnostic assessment that is designed by third party assessment professionals and is built in collaboration with Compensation Service (CS), the Office of Human Capital Services (HCS), the Office of Field Operations (OFO), and subject matter experts that are approved by their respective districts.

The collaboration involved the design of a program of instruction, a test specification plan, content validity, and item writing workshops. The items or questions are written by subject matter experts from VBA's regional offices that are currently working in claims. These SMEs are volunteers approved by regional offices, their district offices, and the

OFO. When building out these questions, they review a job task analysis for the specific position as well as the knowledge, skills, and abilities that are requirements for those positions. When writing a question for CBTS, they link that question to a specific course that is contained within the program of instruction. Although there is basic knowledge included in the program of instruction, it's also created to specifically address trends in stakeholder identification for different areas of interest.

In addition to the collaboration with different business lines across VBA, they also include stakeholder feedback from Congress, OFO, OIG, GAO, VA Central Office business lines and partners, and subject matter experts as well as RO leadership for suggestions related to any perceived training needs that are identified.

Once all of those activities are completed, the CBTS program uses that diagnostic assessment based on each employee's specific position to lay the foundation for an individual training plan that is identified through potential skills or knowledge gaps with that assessment. CBTS provides opportunities for training based on the quality and deferral trends as well as leadership and ad-hoc requests.

While CBTS does make specific suggestions for each employee based on that assessment, regional offices and supervisors still have the autonomy to assign additional training and can also mitigate training suggestions made by that tool. That assessment assists in identifying those potential gaps related to skills and knowledge prior, ideally, to those becoming negative error trends for the individual or regional office and VBA as a whole.

Mr. Browne continued, sharing that what they have been doing is looking at different trends, not only at the individual level but across the organization. That has allowed them to increase training focus and assessment questions in areas related to error trends, combining to create a dashboard that leverages a lot of existing data from every individual employee. This data is put together in a one-stop-shop so that employees and supervisors can see deferral and error trends for specific personnel with the click of one button. It combines reports and puts them in one location so that if someone is trying to identify a specific error or deferral trend with an employee, it makes training suggestions for that employee specifically. This is done in addition to CBTS.

The training staff continuously updates the content and curriculum used to support CBTS based on those current error trends as well as different changes in laws and procedures. This dynamic approach allows VBA to effectively assess the claims processors and remain in compliance with public law.

He asked if there were any questions for CBTS at that time. Mr. Turner asked if those going through training are still under production. Mr. Browne said there is a 90-day period to complete the assessment and then an additional 90-day period to complete training recommendations from CBTS. So, they are still under production and completing the training throughout the 90 days to remain productive during that timeframe.

Ms. Messenger said that when the employees are taking the training, it is deductible time. While they do have a production requirement, they are accounting for the time in training.

Mr. Turner said he was asking because that was one of the things they heard from employees, that the production load was so high that it makes it hard to get away to do training.

Mr. Ridgway asked if there was a channel for students to ask questions about the training material and how it applies to their work. They don't like having a person right with them to ask questions to. He said that getting questions from students would show which parts of the materials are difficult to understand or complete.

Mr. Browne said there are multiple avenues for such questions. There's a survey but also a pretext component where they are able to receive comments from students. Each regional office also has a quality review and training staff, so if they want somebody there locally for questions, they can do so. They also meet regularly with quality staff to review the star and error trend data which can be drivers for updating additional training or having focused areas in specific training.

Ms. Messenger said specifically with AMA, they do collaborate with the Office of Administrative Review, and they are the office taking a look at their trends when it comes to higher level reviews. She said they use that data when looking at trends as well. The quality staff not only looks at the national claim completion level, but also the individual quality review information.

Chair Lewis shared that what she hears from their presentation and what the committee heard in their site visits are very different. At the site visits, training is a constant piece that is brought up, which isn't connecting with the information being shared. She emphasized that she wasn't saying they weren't doing their job with the training, but that it's not resulting in positive results because the feedback is negative.

Ms. Messenger asked if they were speaking about training broadly, or specifically CBTS, because there are differences. Mr. Turner said it's both. Ms. Messenger shared that when they talk about feedback, they have been going through almost a year and a half or so of effort dealing with training and modernization generally. They are on a second iteration with short- and long-term recommendations, which has not only initial training but how they are following an employee and what it looks like as they go through.

She said it looks at the learner focus versus content focus, which has its own differences. The groups they have may feel that they're not listening to the field, which is not true. She shared how she had been to listening sessions with every district and quality review team, and at their Service Center Manager Conference they had an entire dedicated session for this topic. She shared that when they go through and create the actual assessments, they have field personnel, claims processors, that are part of those groups and actually creating the assessments their peers are taking.

Mr. Ridgway said he would be interested in receiving more detail in terms of what modernization looks like, how that affects the content and structure of the lessons, the relationship between the assessments that can be used in the trainings versus the actual daily skills.

Chair Lewis emphasized that they weren't questioning what CBTS was doing, only that they are hearing different versions of what the outcome is of the training depending on who they are speaking to. She asked for the feedback about CBTS that Ms. Messenger and her office has received, so they can compare to the feedback from the townhalls the committee puts together at site visits.

Ms. Messenger said that would be helpful to compare. She also requested advocacy to spread the message about the training, because the field is huge, and the message may not reach each person.

Mr. Wagar pointed out that from his experience, the training is only as good as the supervisor's focus on said training.

Mr. Browne continued with the presentation, sharing that one of the questions they received from the committee was related to Talent Management System (TMS) and Learning Catalog and what the process was to update specific training in TMS. He answered that their VBA Learning Catalog is a repository of their training materials and courses that are designed for employees and are accessible for all employees through the Learning Catalog and TMS. He also noted that TMS is the VA system of record for all training, so that includes VHA and the Department of VA so everything in TMS is not specific to VBA.

Currently the Learning Catalog includes about 600 courses. Some are call notes and curriculum but are all related to compensation benefits. They do have a curriculum management staff that is responsible for all activities that involve the assigning, creating, updating, publishing, maintaining, and archiving of all form of Compensation Service training staff. They are regularly searching all of their Learning Catalog and have an internal tracking mechanism based on topics and manual references so when changes occur, they are able to quickly search, figure out which courses are impacted, and make those changes.

Mr. Ridgway said the structure level of the training looks fine to him, but it's the lesson level items that are confusing. He shared that he's done a lot of work for training and how it's important to keep things structured in small chunks, and testing people immediately based on what they got from the training.

Mr. Browne said that is what they are working on for the training modernization, and what he mentioned is a similar structure to what they are working to implement. Ms. Messenger requested that the term "learners" be used instead of "students" as they are working on how the learning program is viewed. They are also working on teaching people how to be successful when doing their job at home.

Mr. Browne noted that if there is any change in procedure, they want to get that information out as soon as possible so often, that requires the training portion to be for the employee to read the SOP.

Mr. Turner asked if there was any criteria or requirement for trainers in the Train the Trainer program. He shared that something they heard was how employees like VSRs who had been there less than 2-years were training new employees.

Mr. Browne shared that there is a GAO report 21-348 that showed 10 recommendations for different things to update and improve across their training program. One of those recommendations was based around instructor qualifications, so they've worked with the Office of Field Operations to create those instructor qualifications so they should have experience in their position, as well as meeting their quality and production standards, to be an instructor.

Mr. Turner asked if the VA has thought about how they are engaging with medics and corpsman separating from service? He felt they would be bringing in a wealth of knowledge when it comes to understanding in the application of 38 CFR. Mr. Browne shared that they have a program where they are training service members while still on active duty to become claims processors, and he's sure at least some of them are medics.

Mr. Browne and Ms. Messenger had to take their leave at that time, but Mr. Browne asked for any further questions to be forwarded to them.

Exams: Training, Scheduling, and Data Updates

Ms. Piper announced that they were at the exams training, scheduling, and data updates portion of the agenda. She turned the floor over to Mary Glenn, Deputy Director, Medical Disability Examination Office (MDEO).

Ms. Glenn noted that one of the questions the committee had asked her to review had to do with the training for contract examiners, and what was required of them. She shared that the contract examiners must complete the same certification training as VHA does.

For new examiners and active examiners, the vendors certify that they have completed their training. MDEO then goes into LMS to certify the training was completed, at which point they give the vendors the permission to start scheduling exams for that examiner. The training directs the examiners to consider all the records contained in the e-folder, including lay statements, especially when they're looking at medical opinions, and use those to provide supporting rationale. That's included in the training provided, emphasizing the importance of using lay evidence and considering it when making a determination on DBQs.

Mr. Ridgway asked to what extent they have people from the Board of Veterans' Appeals, or OGC involved in developing the content of the training to make sure that it's

consistent with the Court's case law in terms of what makes for an adequate exam. He pointed out how many inadequate exams the Board sees. Ms. Glenn said the training they develop is sent through Comp Service and Office of Field Operations, but she didn't know that it was sent to BVA unless it was specifically appeals related.

Earl Hutchinson introduced himself as the Assistant Director of Policy and Program Management under Ms. Glenn. He shared that while the specific training products may not flow through BVA or OIG, the BVA does have membership on the DBQ change control group, so when the DBQs are changed they all go through that control group. He said the Board of Veterans' Appeals would bring up any issues if DBQs are not compliant with case law.

Mr. Ridgway shared that it wasn't the content of the DBQs, it was the analysis provided. For example, Court case law is very clear that an opinion that says, "Based upon the objective evidence" is implying that it's not considering lay statements. Or if it says, "Based upon service medical records and treatment records" but does not list lay statements included in the case file, it is assumed that those lay statements were ignored.

Ms. Glenn noted that they and MDEO do not make a determination as to the adequacy of the examination for rating purposes. They look at compliance to the contract, which she said she would cover in a later slide.

She moved on to speak about reserve scheduling. She shared that the MDE vendors are responsible for all aspects regarding the scheduling of contracted C&P appointments. Written notification of appointments is required, delivered via FedEx with appointment date/time/location, and it will provide the examiner information including their name and training. MDE vendors will attempt to call, text, and e-mail using information provided to the VA. If the vendors are not able to contact the Veteran, they will reserve schedule. Veterans or service members can still contact the MDE vendors to adjust their appointment times after they reserve a time slot.

If a claimant needs to reschedule the exam, they should contact their scheduled vendor at least 48 hours prior to the examination. Claimants can only reschedule once per exam for contract examinations, and the rescheduled appointment must be within 5 days of the original appointment. If they are not available during those 5 days, they should tell the vendor and contact the VA.

Ms. Glenn shared that they are working on implementing self-scheduling for the Veteran to do on their own if needed. This would involve them sharing their availability and scheduling the appointment based on that.

Mr. Wagar brought up how they met a Veteran in a previous site visit who did a self-schedule appointment but had a lot of issues with it. Ms. Glenn said their program was

conceptual at that time so she wasn't sure what it would look like and what the capabilities would be. She emphasized that customer experience is important to them.

Ms. Glenn moved on to speak about no-shows, and that they're hopeful the self-scheduling will decrease the number of no-shows they have. Right now, they have less than 10 percent no-shows on appointments, and they do track and report no-shows, as well as sharing no-show data for pre-discharge in particular in case their command isn't allowing them to go to pre-discharge examinations. They also collaborate with Exam Liaisons to clarify the distinction between unavailability and no-show. There are monthly Exam Liaisons calls and have an open line to speak with them at any point. She clarified that a no-show meant there was no contact from the Veteran about being unable to attend the examination and they just didn't show up, while unavailable meant the Veteran gave notice, they were unable to attend. They are also working with VHA in certain areas where VHA already has a robust transportation system to get assistance in transporting Veterans to C&P examinations.

Mr. Wagar told Ms. Glenn about several Veterans he's worked with who experienced a denial on their claim due to a no-show when the Veteran said they clearly expressed their inability to make the examination appointment. He asked how that could be handled. Ms. Glenn said that vendors are unable to cancel an examination appointment when that happens, so the claims processor should be rescheduling the examination for a time that works for the Veteran.

She shared that MDEO is currently working with the OAR Tiger Team on remands to address DBQ error trends. Of note, the claims processing errors in relation to the accuracy of examination requests, duty to assist, and other development requirements are addressed by the Quality Review Teams by the QRS in the DROCs and VAROs. Remanded claims have older examinations that may or may not have been impacted by Court case law which were decided between the time the DBQ was completed and the time the DBQ was reviewed by the Board. She also informed the committee that there are monthly meetings between MDEO, OAR, P&F, and Comp Service to address DBQ trends and steps to improve the quality process.

Mr. Hutchinson noted that they recognize there have been repeated complaints about the lay statement issue, and they do have plans to develop a microburst training specifically for vendors and examiners on addressing lay evidence. This will hopefully be done by the first quarter of FY25.

Ms. Glenn and Mr. Hutchinson then took their leave.

Office of Disability and Medical Assessment (DMA) Overview

Ms. Piper introduced Toby Mathew, MHA/MBA, Chief Officer, DMA, for their Office of Disability and Medical Assessment Overview portion of the meeting.

Mr. Mathew thanked her and the committee members for having him and his team to

provide a quick overview of DMA. He encouraged questions at any time. He shared that DMA has 8 core functions in VHA. These include: VA National Compensation & Pension Examination Program; Consultative Medical Opinion reviews; Analytics, Performance Improvement and Reporting; C&P Education, Policy, and Training; DBQs support; DoD/VA service member transition support; C&P Clinical and Administrative Information Technology Subject Matter Experts & Consulting support; and VHA Liaison to VBA, BVA, and DoD.

Mr. Mathew moved on to their mission & overview. He explained that their core mission is to help support C&P clinics at VA medical centers and Veterans scheduled for VHA exams. They work with Veteran Integrated Service Networks (VISNs), VA medical center leadership, and C&P departments in looking at a variety of things from guidance, program evaluation policy, data needed for workload, and any workload that comes to VHA to complete an examination. They also serve as a liaison for a variety of different offices across VA and congressional groups.

They have had a long partnership with VBA to provide C&P examinations to Veterans. In June of 2024, they created a MOU outlined with 11 key focus areas they are going to work on starting in 2024. These include joint strategic planning, workload allocation and exam request management, data sharing and reporting, disability examination training, policies and procedures, VASRD and DBQ collaboration, quality control and assurance and performance, Veteran satisfaction, intra and interagency collaboration, responses to external stakeholders, and Electronic Health Record Modernization (EHRM).

Chair Lewis asked what roles they had with helping the EHRM move along. Mr. Mathew answered that when the DBQ is put into Oracle Cerner Platform, there's a variety of parameters that they have to test in the testing phase to ensure the DBQ is effective. They have people in their office and other areas that test that system, and those deficiencies. That's one aspect from an operational standpoint. The other aspect is taking their existing systems and trying to figure out how they are compatible with the new system. He felt that the complexity and feedback he's received is how to make sure the legacy systems like CAPRI are all compatible with the new systems. They are still being tested out.

Mr. Ridgway shared his concern about making sure the quality measurement process under the contract aligns with the actual needs to do claims right. He asked if legal people are involved with his office at all. Mr. Mathew said he believed they worked together with VBA and a few years prior had worked with them on how they audit DBQs for quality. One of the strategic goals for that year was to look into quality and see if there were any opportunities to continue to cross-collaborate.

Mr. Mathew then shared a journey map for Veterans when it comes to bringing Veteran benefits & healthcare. He explained that they are working constantly to bring Veterans into the VHA system.

He moved on to speak about VHA C&P supported services. He explained that VHA

continues to support disability exams identified per M21 specified in the Contract Exams Exclusions List. This list includes the following: Former Prisoner of War (FPOW) protocol examination; Examination requires hospitalization or surgical evaluation, such as colonoscopy or laparoscopy; Veteran is an inpatient at a VHA facility, nursing home, extended care facility, or domiciliary (including state-operated Veterans' homes); and Veteran is an employee of the contract examination vendor scheduled to conduct the examination.

Additional considerations for continued VHA C&P support include Veterans with complex behavioral risk such as being disruptive, violent, or suicidal, as well as post deployment health. VHA C&P examiners support the VA's Environmental Health Registry Evaluation for Veterans Program available to service members who may have been exposed to environmental hazards. These included the Agent Orange registry, Airborne Hazards and Open Burn Pit Registry, Gulf War Registry (including Operations Iraqi Freedom and New Dawn), Ionizing Radiation Registry, Depleted Uranium Follow-Up Program, and Toxic Embedded Fragment Surveillance Center.

Mr. Mathew shared a slide with a list of 33 specific DBQs that can be completed using telehealth. A few of these include PTSD initial and review, DBQ Chronic Fatigue Syndrome, and DBQ Sleep apnea.

He moved on to VHA required C&P training. VHA and VBA contracted C&P examiners must complete specific training modules and post-tests for certification prior to being allowed to perform any C&P disability exams. For specific training requirements, there are 5 general courses required for all clinicians performing C&P examinations and includes a C&P training course in MST. Additional specialty C&P training is needed for mental health, musculoskeletal, and TBI examinations. TBI, audiology, mental health, and vision C&P examinations are performed by specialists.

Chair Lewis asked about quality of training and checking to make sure the training is working. Mr. Mathew said providers are evaluated on how they complete their exams by peers and that's an area they're focusing on to see how consistent exams are.

Mr. Mathew reviewed the VHA C&P performance measures. The metrics measured include timeliness at 30 average processing days, ratable quality of exams at greater than or equal to 90 percent, and VSignals surveys. They monitor exams pending over 90 days, cancellation rates and reasons, and insufficient exams for rating purposes.

When it comes to exam quality assurance, DMA conducts approximately 420 C&P chart reviews per month to assess quality through audits and timeliness of VHA exams. Their performance metrics provide feedback to VHA, VISN, and medical center leadership to ensure Veterans' C&P exams are high quality and completed timely. Mr. Mathew shared that according to VSSC's VHA C&P quality report, the VHA National C&P Exam Quality was 98 percent. According to a Comp and Pen Workload Timeliness, the VHA National C&P Exam Timeliness had an average of 24 average processing days with a target of 30 days.

The VHA C&P exam satisfaction surveys were implemented in June 2020. The surveys are comprised of two survey instruments that gain feedback from Veterans interaction with VHA C&P on two touch points: scheduling an appointment for their C&P examination, and the Veteran's interaction with the C&P examining clinician. This survey is sent out via e-mail and is 100 percent web based. Acceptable Clinical Evidence (ACE) exams and contract C&P exams are not eligible for participation. The data reported represents a new sample of Veterans at each time period.

Mr. Mathew shared a list of questions the Veterans are asked in the surveys regarding scheduling an appointment. These include trusting the facility to fulfill the country's commitment to Veterans and their families, that it was easy to get their appointment, that they got their appointment on a date and time that worked for them, that they were treated with courtesy and respect when scheduling their appointment, and that they are satisfied with the service they received from the facility. There has been a slight increase in how easy it is to get an appointment, and a 2 percent increase on being treated with courtesy and respect.

Chair Lewis pointed out that these questions are all from Veterans who are online and use the internet. She asked about the many Veterans who do not use the internet or have an e-mail, and if the numbers are similar for those Veterans. Mr. Mathew said they asked that a few years ago, and that there is a survey that isn't online only that captures a wider scope for satisfaction. His office wanted to focus in on just C&P, so they had to get approval for a separate survey. Chair Lewis understood, but wanted to see if they could get information from those who are not online as well so that the data isn't skewed.

The next slide Mr. Mathew shared included the questions asked to Veterans regarding their examining clinician. They rated the statements from true to false on a scale as they did with the previous questions, and the statements regarding clinicians are the following: I trust the facility to fulfill our country's commitment to Veterans and their families; after I entered the facility, I found it easy getting to my appointment; after I checked in for my appointment, I knew what to expect; my examiner listened carefully to me; my examiner explained things in a way that I could understand; after my visit, I knew what I needed to do next; and I am satisfied with the service I received from the facility.

Mr. Mathew went over the DMA Strategic Focus for FY2025-2029. The items to focus on included implementation of the VHA/VHA MOU, modernizing DMA technologist, improving examination quality, refining C&P examiner certification training, monitoring Veteran experience, enhancing data analytics, and supporting VA EHRM.

Mr. Mathew indicated that he had reached the end of his presentation and took a moment to commend his staff and their hard work. He asked the committee if they had any further questions. There were none, so Mr. Mathew thanked the committee for having them and encouraged them to forward any follow up questions to him.

Office of Field Operations (OFO) – Military Sexual Trauma (MST) Overview/Update

Ms. Piper shared that they would be getting MST overview/updates at that time. The first update was from the Office of Field Operations. Ms. Piper turned the floor over to Kenesha Britton, Assistant Deputy Under Secretary for Field Operations.

Ms. Britton greeted the committee and introduced herself. She began her update by sharing that over the last year or so as it relates to the MST program, they have seen a significant increase in their inventory which has had an impact on the number of cases that are pending in their backlog. Also, they have looked into their quality after receiving the special focus review completed by Comp Service on an annual basis. They recognized that there was a gap between how they measure quality locally and nationally. There have been some changes in their quality arena due to that.

As far as inventory increase, they had 31,270 cases in the FY23 MST inventory, and 34,490 at the end of FY21 Quarter 1, which was a 10 percent increase. From Q1 to Q2, there was a 9 percent increase, and from Q2 to Q3, there was a 3 percent increase. The surge assistance helped in slowing inventory growth.

Ms. Britton shared a slide with a chart showing the average days pending (ADP) for an MST case. As of September 2024, the ADP is 199.1 days. They are seeing an increase in the number of average daily completions (ADC), however. At end of FY23, they had about 173 ADC and as of September 2024, they ADC was 274.

She noted that about 90 percent of the cases that come in for MST do require an examination, so they know that adds to the days pending for the workload. They have noticed that they are having a in with disclosure as it relates to Veterans self-disclosing. They are filing for PTSD when they are being seen by the examiner at the medical center when the core issue is MST. They are investigating this, but having the work centralized gives them the opportunity to see where there are gaps and opportunities in their process for further improvement.

Ms. Britton shared a snapshot via charts of their MST staffing operations center where cases are centralized. They have increased the number of employees, going from 340 to 571. As of the previous week, they had 540 on board. They are working to have all employees onboarded by the end of calendar year 2024.

For the surge support site, which is their interim solution until everybody is onboarded, they have the Roanoke regional office providing surge support via about 225 employees who are claims processors assisting with completing the work. She emphasized that all of their claims processors receive the same training whether they are at the operations center or surge support. They are governed by the same processes and procedures outlined in the MST playbook as well as their quality management and workload management plan.

Ms. Britton said they have changed how they're managing quality for their MST cases.

They have also added some additional quality review specialists to the process. With the new process shift for reviewing quality, they have shifted from individual quality reviews which look at the employee at the local level and measures quality based on transactions. They have migrated to a process where they are now doing individual in-process reviews, which allows them to measure the MST condition. With the old process, they may or may not review an MST issue as part of the process because it looked at transaction. Because the cases they work involve MST conditions as well as non-MST conditions, the transaction may not have to do with MST.

They are focusing on assessing the accuracy of how the MST contentions are being processed. They took lessons learned from the special focus review done by Comp Service as well as lessons learned gathered over the past few years, from which they created a revised quality checklist. This checklist is used by all of their quality assessment areas. With that, they are able to measure the accuracy of the MST condition at every cycle within the claims process. This allows them to touch more cases and expand their sample size.

Ms. Britton then shared some things they have done from a path forward perspective. They have partnered with DoD with an MOU which allows them access to the Sexual Assault Prevention and Response Office (SAPRO) database. This database houses all of the non-restricted sexual assault incident reports. This can help reduce the burden on the survivor but also reduce re-traumatization.

She noted that they had also made changes to their notification letters using sensitivity and trauma informed language to make sure they're not re-traumatizing Veterans in how they are engaging with them. There have also been changes to the statement in support of claim for service connection for Post-Traumatic Stress Disorder which is one of the initial forms survivors have to complete when filing to PTSD related to MST. Feedback had shown that the burden to complete the form was labor intensive and also did not follow the trauma-informed language principle.

They have completed their first round of MST journey map based on feedback from MST survivors. Ms. Britton assured the committee that her office is constantly looking for other ways to engage with MST survivors and have moved on to the second phase of their journey map which involves looking into inquiries to see how they can further improve the process.

The VA exam fact sheet was deployed September 12, 2024, which was another document they worked on based on information received from their customer experience workgroup. This workgroup is comprised of VSOs, VBA, and VHA SMEs. They heard that Veterans were not aware of many things they had the ability to do such as requesting a gender specific examiner.

Having finished her presentation, Ms. Britton opened the floor for questions. Mr. LoGalbo asked if claims from one Veteran are separated and sent to different raters

when there is more than a MST claim on it. Ms. Britton said multiple transactions make up the process for a claim, but certain transactions are specific to MST such as going to the SAPRO office to validate that an incident occurred. The transactions that are not MST related are looked at, but as part of a different process.

Dr. Jessica Pierce shared that they had sent out guidance to claims processors about the updated language. Mr. Turner shared that he had not seen a letter with that updated language yet.

With no additional questions, Ms. Britton thanked them for their time and took her leave.

Compensation Service (CS) – Military Sexual Trauma (MST) Overview/Update

Ms. Piper turned the floor over Abigail Werner, Policy Liaison for Compensation Service, for the CS MST overview and update. Ms. Werner introduced herself and said she had some additional updates about some things being done in the MST environment.

She first shared more information about trauma-informed language being incorporated into their work products. This includes decision notice letters and supplemental development levels, and forms 21-0781 and 20-0995. They are working to improve training for claims processors with best practices on trauma-informed interactions and micro-learning courses on trauma-informed concepts.

Ms. Werner covered some recent updates in MST claims provisions. One is for PL 117-271, the VA Peer Support Enhancement for MST Survivors Act, which made it so that in compensation claims forms for conditions based on MST, VA shall include an option for a Veteran to elect to be referred to a VHA MST coordinator at the facility nearest their residence. The second is PL 117-303, MST Claims Coordination Act. The key VBA provisions for this act include: a coordinated provision of materials requires VBA to provide the MST claimant with certain MST resources during designated events in the claims process, and automatically notifying VHA shortly before certain events in the claims process if the MST claimant consents to the notification and is enrolled or registered with VHA. There is also a regulation revision in progress related to direct service connection.

She noted there has been a draft proposal submitted to MDEO for the MST marker-based medical opinion to be added into the medical opinion DBQ. This clarifies the information needed from the examiner to make an informed decision and help avoid rework and reduces the required DBQ in response to these requests from five to 2. In addition, QA works with MST claims processors to clarify procedures for PTSD personal trauma to include MST examination and medical opinion requests and are working to implement applicable clarification into procedural guidance.

Another MST QA special focused review had to do with development procedures, showing that procedures were being misinterpreted or misunderstood by claims

processors. QA worked with OFO operations compliance to establish in-process reviews for MST claims processing, and QA and MST Operations Center drafted several revised manual references to assist with processor understanding of the development. They are working to implement this as applicable in terms of procedural guidance.

The last special focus review Ms. Werner shared had to do with development for reports/evidence of the in-service MST event from DoD. To address this, they are working on a collaborative workgroup to establish a Memorandum of Agreement between DoD and VA to obtain information. This would help to streamline VA's access to DoD records to better serve Veterans and simplify processes for claims processors, as well as gain clear instruction for obtaining records from different offices within DoD.

Ms. Werner opened the floor for questions. Mr. Ridgway asked if anybody had thought about doing a search for MST claims denied due to bad paper and trying to send notice to people about character of discharge regulations being updated. Ms. Werner answered that they had not done any targeted outreach for that yet.

Mr. LoGalbo asked if the MST sites are focusing only on the MST conditions with the others being distributed out for development via the NWQ. Ms. Werner said it's her understanding that the entire claim is being done by the MST operations center. There has been discussion on if it would be better to break them up to manage workload, but that has not happened at this time.

With no further questions, Ms. Piper thanked Ms. Werner for the updates and Ms. Werner took her leave.

Meeting Adjournment

Ms. Starke reminded everybody to turn in their signed invitation letters before adjourning the meeting for the day.

September 27, 2024

Call to Order

Ms. Starke herself and began the meeting, indicating that the meeting was being recorded. She conducted roll call and confirmed they had met quorum, and the meeting could continue. She then turned the floor over to Jadine Piper, lead DFO for the meeting.

Ms. Piper reviewed the rules of engagement. The committee members then each introduced themselves.

Ms. Piper thanked the committee for their introductions and moved on to the first presentation of the day.

Artificial Intelligence (AI) and VBA-related Tools

Ms. Piper turned the floor over to Paul Shute, Assistant Deputy Under Secretary for Office of Automated Benefits Delivery (ABD), and Becky Lindstrom, Director of Office of Benefits Automation (OBA).

Mr. Shute introduced himself and thanked the committee for having him. He shared how automated systems give the opportunity to free employees from a lot of routine and repetitive tasks in order to redirect their time and talent to providing fast, accurate, and consistent decisions. In July 2021, VA was one of the first federal agencies to bring together a tremendous amount of information and guidance from across the federal government in describing four distinct pillars for how the VA plans to implement AI.

The first pillar involves using existing AI to improve outcomes and experiences for Veterans. The second is to increase VA's AI capacity and capabilities, which involves employee focus. The third is increasing Veteran and stakeholder trust in how the VA uses AI, and the fourth pillar is leveraging existing partnerships across the federal government, academia, and industry so they can bring the cutting-edge technology in a way that exemplifies industry best practices.

Mr. Shute shared some guidance published over the last few years, emphasizing three in particular. These include Executive Order 13960 which talks about the promotion of trustworthy AI in government; Executive Order 14110, Safe, Secure, and Trustworthy Development and Use of AI; and OMB M-24-10, Advancing Governance, Innovation, and Risk Management for Agency Use of AI.

He pointed out how VA has over 400,000 employees, and how every 1 out of 1,000 US adults is a VA employee. They process over 2 million claims per year and have the largest integrated healthcare system with over 9 million patients, and over 1200 medical facilities. This involves a large amount of work for managing complex healthcare and benefits programs, and AI as well as advanced automation systems can help VA to do a lot of the work at the scale that needs to be done to accelerate progress across the organization.

Mr. Shute noted that another piece of AI guidance or framework that VA created is the VA trustworthy AI framework. This takes all of those executive orders and other guidance across the federal government and synthesizes that down into a really comprehensive document that talks about being purposeful in the use of AI. This means looking at the problem and determining the best solution, because it's not always AI or a technology solution. He emphasized the importance of privacy and security as well, and providing fair, transparent decisions when looking at utilizing these types of capabilities.

He moved on to speak about implementation, sharing that the OMB memo recently published speaks about the utilization of tech sprint which allows rapid exploration and prototyping of how technology like AI can be leveraged to solve a distinct problem they have in VA. The first tech sprint involves ambient dictation, which focuses on addressing issues such as clinician burnout. On the healthcare side of VA, there are

clinicians treating patients daily and following that treatment, the clinician has to go and transcribe that treatment encounter into the Veteran's electronic health record. A lot of that is done manually, so the first tech sprint focused on partnering with industry academia and others to develop an AI scribe to map out a treatment report while the clinician is treating a patient in order to reduce the manual data entry required. VA also needs to capture key insights within a Veteran's records in order to provide structured data back to the Veteran's EHR.

Mr. Shute emphasized that AI is not new and has been around for a long period of time. Generative AI makes it seem like AI is new and made it more tangible to the masses. A lot of VA's work with AI involves natural language processing, optical character recognition, machine learning, and other types of AI. He opened the floor for questions.

Mr. Wagar asked if AI was still in the development phase or if it had been implemented in certain areas. Mr. Shute said it is used in some areas. He shared that each year, VA and other federal agencies have to do a complete inventory of AI use cases across their agency and that is reported out to OMB as well as published on the public-facing webpage. In 2023, they captured about 100 AI use cases across the agency, mostly in the healthcare case. Some were in production, and some were non-operational research efforts.

Mr. Shute continued, noting that they had just completed their FY24 use case inventory and had seen a dramatic increase in the number of AI use cases across VA. He said those would be forwarded to OMB in the next 30 days. Mr. Wagar shared how several Veterans had come forward to him with examples of letters from VBA that were clearly partially written with AI, which was an issue because AI was unable to read handwriting and so the letter was very jumbled. Mr. Shute said that he would like to see those letters, and that he was not aware of AI being used for development of any letters on the benefits side, but there are automated letter capabilities.

Mr. Ridgway asked if he could send the committee the link to the use cases, specifically anything related to the disability benefits side. He also asked about the testing process and where the use cases are being found, as well as the standard before something is taken from development into production.

Mr. Shute shared that a lot of the use cases are based on how to inform and augment the work that employees are doing. As an example, the procedural guidance manual for how to process claims is thousands of pages. Getting the workforce up to speed on that large amount of information, even as more is added to the manual, can be helped by AI summarizing and identifying relevant or salient information for the employees to use. As far as criteria about something being good enough to move to production, it's use case specific. They want to ensure the technology used is as good as or better than the human counterparts who would be doing that job.

Mr. Turner concurred with Mr. Ridgway's request to get some of the findings that have been found about how AI has been used in the last year. He expressed his concern

about Veterans not often being told about the changes with technology and how it is going to improve their care and lives. Mr. Shute said that with the automated decision support system and benefits transformation platforms specifically, IBM is supporting that work with their suite of tools. VA is also working with businesses of all sizes to work with them on all of their acquisition work.

Mr. Ridgway asked if Mr. Shute's office was talking internal to VBA about the automation paradox, in terms of how the more something becomes automated, the more important it is to have people who can figure out what's happening and spot problems with AI. Mr. Shute said that was a good conversation and that it segued into the next portion of the discussion he was going to have with them, which was how to approach work from a human-centered design perspective, both from the up-front development of the tools with understanding the experience and perspective of the employees, and post-implementation with how feedback is being gathered and how user and customer sentiment is being understood with those products. He turned the floor over to Ms. Lindstrom to cover the different tools and resources they have available for capturing that user feedback.

Ms. Lindstrom thanked Mr. Shute and shared that ABD created a mechanism to capture feedback from the field on ADS claims processing. This feedback is used to train ADS logic and technology, identify issues with ADS functionality, identify issues with specific ADS prototype/pilot claims, identify issues with ASRD, SCIP, or HDR documents, and drive formatting improvements.

They have monthly engagement sessions with claims processors and senior leaderships at the sites, as well as additional engagements with change agents. In the event that some of the feedback wasn't captured in the virtual or in person engagements, they have a feedback tracker which is available for all claims processors to utilize to provide information to them immediately for review.

Ms. Lindstrom covered the tools available for users, such as the feedback tracker being used to identify issues within the prototype and pilot claims as well as claims that have been moved to national production, as well as identify specific issues with any of the tools being used. The process of this tracker begins with the user providing feedback, which is then reviewed to see if it is an issue which has been resolved or if it's a new issue that requires a solution. Specific information such as claim IDs is requested so that they can look at that specifically to see how it was processed, what the outcome was, and what information was available in the record as it was processed. Unique to the feedback tracker is the ability to see if other people have submitted the same issue. If not, it can be submitted as new feedback.

Mr. Ridgway asked for a list of the tools and capabilities she was speaking about, recalling a briefing the committee received in March that shared the automation eligible diagnostic codes in production with the PACT Act. He also asked how they get feedback from VSOs and representatives, because it is often the Veteran and representative who recognize errors.

Ms. Lindstrom answered that they meet monthly and quarterly with VSOs. On their

internet site, they do have a VSO corner which includes a VSO toolkit that talks about what ADS means so a VSO can see from their perspective what it means and what is changing for Veterans. She said they have been very deliberate on communication specifically for VSOs. Mr. Ridgway asked if they were seeing people use that toolkit, and Ms. Lindstrom said that they do, and monitor that traffic to see how many are using it.

Mr. Wagar asked if they are also following up with the end users to ask how the automation is working. Ms. Lindstrom said they do so at the monthly engagement visits and site visits.

Mr. LoGalbo asked if they were tracking error trends as they look at feedback to make sure the decisions are more streamlined. Ms. Lindstrom said that currently, they have 186 diagnostic codes that they will run automation on, and part of the automation asks, is there enough relevant medical evidence where they can mark the condition or contention ready for decision? Then asks if there was an examination or draft examination, or if there wasn't enough evidence and needs to be sent to a claims processor for review. They are looking to expand and add more diagnostic codes. She shared that they also have automation on claims for increase, presumptive claims, and supplemental claims. They have not yet incorporated direct service connection claims and will be starting to do so through the automation processing in the next year. There is also another body of work for pre-discharge, where they are incorporating automation for those claims coming in.

Ms. Lindstrom also shared that a recent change was ensuring DBQs are up front on the automated review summary document so that they can quickly see if there was a relevant DBQ related to the condition in the file. They also include what specific medical information or documents were reviewed to determine if the condition was ready for decision from an automated review.

Mr. Ridgway asked if they look at the outcomes later to see if they are making meaningful changes. She said one of the things they do is reach out to claims processors immediately following a release of a condition on a claim through automation. This allows them to get feedback within two days of the condition being processed. For a condition to be moved to national deployment, it does go through specific phases and gate checks throughout the process.

Chair Lewis shared that there has been a movement from her perspective from the Army in particular to change PTSD to PTS because the "disorder" part adds a stigma where Veterans don't want to call it a disorder. She asked if there have been any adjustments specifically in the code that make that change. Ms. Lindstrom was unsure but said she would take that back with her to find out more.

With no further questions, Ms. Piper thanked Ms. Lindstrom and Mr. Shute for their time.

Higher Level Review Data (HLR): Issues and Solutions

Ms. Piper announced that they had reached the HLR data presentation portion of the agenda, and turned the floor over to Mike Edsall, Assistant Director, Operations, OAR. Mr. Edsall thanked Ms. Piper and introduced himself. He said he would be speaking about what type of data is captured for HLRs and how the data is used to identify and resolve problems. He began by outlining how they operate and manage their workload with two teams, one being a management team which overviews the Decision Review Operation Centers (DROCs). This team looks at the workloads received at the stations daily to ensure they are getting adequate distribution of work, and that the DROCs are managing the workload.

The RO VSCs under the OFO handles all supplemental claims as well as AMA HLR returns. The DROCs primary job is to handle AMA HLRs, all Board decisions to include remands and grants, as well as the special mission work, pension work, et cetera. DROC D.C. is their primary Legacy processing site.

With AMA, they are increasing production year over year since the inventory has filled out. They have gone from 172,000 per year to 314,000 per year, which includes supplemental workload. The HLR output is around 196,000. They are processing those in an average of 102 days FY to date. A lot of the claim increase is due to PACT Act. Mr. Edsall shared that in the data gathered, 16 percent are filing supplemental claims, 9.7 percent are filing HLR, and both numbers are increases from the previous year. However, Board appeals have dropped by about .08 percent. For grant rates at HLR, they are seeing 21.8 percent which has increased since FY22. Supplemental claims are at about 50.7 percent, and that is where a minimum of one condition on the claim has been granted.

The DROs look for duty to assist errors or potential for difference of opinion decision to be filed with HLRs. They work to ensure the Veteran doesn't have to wait needlessly for additional development to be finished before their claim can go forward to be completed. For a supplemental claim, that will always be a higher grant rate because supplemental claims allow for additional evidence to be submitted for consideration.

Mr. Edsall moved on to speak about HLR receipt volume, and how since FY21 there has been relatively consistent growth with a plateauing and slight decrease in FY24. OFO over the last 2 years due to PACT Act has increased staffing and output, which does have a direct effect on the volume. He shared how the Board is also working to get their workload backlog taken care of as well.

He shared how occasionally they get an inquiry for a HLR that had been sitting for a long time, where they often discover it was erroneously closed, so they make sure it's correctly taken care of.

Mr. Edsall reviewed a problem with Caseflow they had in a previous year where it was not properly establishing the HLR return, which is supposed to be automatically

established when the HLR is closed. He explained that if a DRO is reviewing the case and discovers a duty to assist error or potential for difference of opinion that could favor the Veteran, but there is development needed, the DRO would remand it back to have the development completed in order to finish that opinion.

He spoke about the feedback loop with OAR, Comp Service, and the Board, where they look at any form of deferral and remand in order to try to determine what can be done to bring that number down. He also shared information about his forecast and analysis team and how they look at data all the way down to the employee level for things such as how quickly they complete work, how many decisions they complete in a day, and how it translates into their productive capacity. This allows them to be more precise with their target goals.

Mr. Edsall then moved on to speak about another area they look at is customer feedback, and how they play a large part with the VSignals surveys. They take a hard look at the data and have two people whose dedicated job is to look at that data and speak to Veterans.

There are a lot of changes planned for FY25. They are looking at the AMA policy process and form improvements VBA wide. They are also working with MDEO on how to improve the exam process and cut down on redundancy in exams and working with OGC and GAO. He shared that self-scheduling is another item they're working on implementing, as there are a lot of levels of disconnect when it comes to scheduling for exams.

Mr. Edsall opened the floor for questions. Mr. Ridgway asked about AMA HLR returns being sent back to the service center, and if those would be going to the individual employee where they made an error? He felt that sending someone who made an error their work back to fix it is the best feedback that you can give, and the best way to learn from mistakes. Mr. Edsall said he had asked that question before himself, and do not know the answer at that time. He does know that NWQ's preference is that the employee does get that feedback.

Mr. Ridgway shared a heatmap from Social Security to diagnose and treat, and how they with this heatmap they were able to tell where there were policy issues across the country or where issues were happening only in one area, and so they knew what to look at and where to treat it. He suggested VA does something similar. Mr. Edsall said that is something they would be looking into for FY25.

Mr. Wagar asked if there was a maximum percentage wise that attorneys can charge for their services. Mr. Edsall thought it was still 20 percent but that he would look into it. Mr. Wagar shared the issue about unaccredited agents, and that knowing the fees for accredited attorneys would help him fight the battle against the unaccredited ones charging Veterans.

Chair Lewis asked if their data about grant rates and claim levels was also broken down

to show the disparity between different races and genders. She also asked if they were part of collecting data to ensure the disparity doesn't exist or continue to exist. Mr. Edsall answered that yes, the data for OAR is involved, but they have limited access to that level of data.

Mr. LoGalbo asked for information to be sent to the committee on what training and implementation looks like for the different sections and training components. Mr. Edsall said they do work hand in hand with the training team from Comp Service so a lot of the material that is AMA related is reviewed by their team. They do their own TMS when it comes to AMA, but since they don't own the training process by VBA, they work as part of that process.

Tamara Dobbs, holistic health advocate and US Navy Veteran based out of the Chicago area, referred back to Chair Lewis's question regarding the discriminatory impact of review to African Americans. She asked if the department was seeking data or if they already have it. Mr. Edsall said they have not asked for that data, but they are a small portion of VBA, and the data is analyzed at a higher level and then brought in to review the data once that process is done. He said they would look into seeing what kind of data is out there that he would be able to access. With no further questions, Mr. Edsall thanked the committee and took his leave.

Research on Inequity

Ms. Piper noted that they had reached the Research on Inequity portion of the agenda. She turned the floor over to William Vargas, Project Manager/Data Analyst detailed to the Center for Minority Veterans (CMV).

Mr. Vargas shared that he was there to discuss how Veterans, particularly those from minority backgrounds and those who have served in combat, receive fair and effective compensation for their service-related disabilities. He explained that the CMV is dedicated to ensuring that the unique needs of minority Veterans are recognized and addressed. Their role includes advocacy for policies that ensure equity and fairness in all aspects of VA service, particularly with disability compensation.

The CMV was established on November 2, 1994, by legislation that was in response to the low utilization of VA benefits and services by minority Veterans. They focus on several key areas to fulfill this mission. First, the Advisory Committee on Minority Veterans, as well as the Minority Veteran Program, CMV liaisons, and leveraging data from across the department, federal government, and other sources to improve outcomes for minority Veterans.

Mr. Vargas shared some CMV highlights, including a legislative proposal for HR 4325, the Historically Underserved Veterans Inclusion Act of 2023. This expands to include historically underserved groups which include but are not limited to LGBTQ+, language barriers, those without citizenship status, religious minorities, and it allows for SEVA to consider additional groups. They are also collaborating with an interdisciplinary team of

VA experts on VA data anomalies affecting minority and underserved Veterans. He covered VASRD and the importance of it for minorities and combat Veterans, who often face unique challenges such as higher rate of certain physical and mental health conditions.

Mr. Vargas noted that minority Veterans make up about 23 percent of the Veteran population, and approximately 30 percent of minority Veterans have service-connected disabilities, with higher rates of chronic conditions like PTSD, diabetes, and musculoskeletal injuries. Cultural barriers can affect access to benefits, healthcare, and resources. Combat Veterans often face severe physical injuries and psychological conditions like PTSD and depression, requiring comprehensive and specialized care.

He emphasized the importance of culturally competent care, sharing that providing culturally sensitive care ensures that Veterans from diverse backgrounds feel understood and receive treatment that meets their unique needs. Training healthcare providers on cultural nuances can improve the delivery of services, increasing accessibility and effectiveness for minority and combat Veterans.

The VASRD has several strengths, such as providing a standardized framework that ensures consistent disability rating across all Veteran cases. This helps ensure fairness in compensation. Mr. Vargas reviewed how the VASRD is going through a full update. However, the VASRD can be complex, resulting in inconsistent rating decisions, especially in cases where Veterans have multiple disabilities. Another limitation is that the VASRD does not fully reflect mental health conditions and the impact on Veterans.

Mr. Vargas shared that the recommendations given for these issues include expanding the coverage for mental health disabilities, showing that the VASRD fully recognizes the long-term impact of combat related and non-combat related mental health disorders.

They also are asking VA to incorporate cultural competency evaluations and develop training programs for evaluators to enhance cultural awareness and ensure fair assessments for minority Veterans. The VASRD should be expanded to comprehensively cover disabilities unique to female Veterans.

He shared that the call to action is that the VA must treat the VASRD as a document to meet the evolving needs of all Veterans, so they receive the compensation they deserve. Mr. Vargas opened the floor for questions.

Chair Lewis asked about the next steps and recommendations, and if those items have been established or are coming later. Mr. Vargas said that is coming later, and they are working to make those items happen. Ms. Dobbs also shared her concern for the lack of action, and Mr. Vargas assured her that he was also concerned and that is why they are now working to do as much as they can to get the data they need and work groups together.

Ms. Piper thanked Mr. Vargas for his time, and he took his leave.

Pension & Fiduciary: Fiduciary Training and Field Visits

Ms. Piper turned the floor over to Christina Hanson, Management and Program Analyst with Pension & Fiduciary (P&F), and Angelita Taylor, Veterans Claim Examiner with P&F.

Ms. Hanson thanked Ms. Piper and introduced herself. Ms. Taylor then introduced herself, and shared that they had a number of people on their team also on the call. She asked that they hold questions until the end of the presentation and until the previously submitted questions had been answered, at which point the floor would be opened for questions.

Ms. Taylor began with P&F's mission, vision, and core principles. Their mission is to honor our Veterans' sacrifices by innovatively delivering accurate and timely pension, fiduciary, and survivor-related benefits and services. Their vision is to deliver compassionate, prompt, and accurate service to Veterans and their survivors. Their core principles are based on the word ACTIVE, to mean Accurate, Compassionate, Trustworthy, Innovated, Veteran-Oriented, and Excellence.

The VA fiduciary program was established to protect Veterans and other beneficiaries who, due to disease, injury, or age, are unable to manage their financial affairs. For those placed in the program, VA will appoint a fiduciary to manage their VA funds. In addition, VA will provide appropriate oversight of appointed fiduciaries to ensure they are meeting the needs of the beneficiary they serve. Ms. Taylor shared some terminology with the committee, such as fiduciary, beneficiary, and field examiner.

A fiduciary is a person or legal entity charged with the duty of managing the estate of an incompetent beneficiary. A VA-appointed fiduciary is a fiduciary who is appointed by VA for a beneficiary unable to manage their VA funds. A beneficiary is a person within the Fiduciary Program who has received or is receiving a VA monetary benefit, including proceeds of VA insurance. Finally, a field examiner is a VA employee who conducts interviews with beneficiaries, investigates prospective fiduciaries, and conducts follow-up interviews and meetings as appropriate.

Ms. Taylor then shared a map of USA with the committee which was color coded to show locations of fiduciary hubs and centers. She explained that the Legal Instrument Examiner (LIE) is responsible for reviewing accounting and funding review, and other actions related to fiduciary oversight. The Financial Accounting Representative (FAR) is responsible for making determinations involved in administrative of all beneficiary estates and handling misuse cases. The Fiduciary Service Representative (FSR) is responsible for finalizing field examinations and ensuring proper oversight has been established, as well as finalizing all competency determinations. The field examiners are the boots-on-ground liaisons who conduct field examination interviews and investigations and are the decision makers for fiduciary appointment as well as ensuring proper oversight of the beneficiary and fiduciary.

She explained that P&F is responsible for promulgating competency claims, conducting

field examinations, completing beneficiary and fiduciary oversight, as well as initiating misuse actions and assisting over business lines with conducting non-fiduciary program examinations.

They conduct beneficiary oversight in three ways: annual written contact, telephone call, or face to face visit. Every beneficiary in the program receives an annual written contact letter to remind them of their status in the fiduciary program, their rights, and to contact VA if there is an issue with their fiduciary.

Fiduciary oversight happens by way of accounting, fund usage reviews, and on-site reviews. The accounting team is responsible for auditing accounting and fund usage reports, following up on past-due accounting, establishing bond and accounting requirements when necessary, and they recommend changes of fiduciary when serious problems occur. Accounting can be a one-time or annual requirement.

The VA is required to conduct periodic on-site reviews of any fiduciary in the United States who serve 20 or more beneficiaries, and whose benefit payments exceed the threshold. On-site interviews are a tool used to determine if VA appointed fiduciaries are performing satisfactorily. The purpose of misuse activity is to work closely with district council and OIG to investigate and process misuse allegations. Misuse activity is responsible for conducting an in-depth analysis of increase in documents pertaining to allegations of misuse, establish appropriate end-product so they can manage misuse allegations, work with support services division and debt management center to establish any debts, and refer misuse cases to the appropriate agency.

A beneficiary can be removed from the fiduciary program by showing evidence of competency with new medical evidence, or a field examiner can determine that the beneficiary is able to manage their own funds during a field visit. If that occurs, the examiner will submit a recommendation for a new rating. Once the favorable new rating is issued, the beneficiary's competency is then restored.

Ms. Taylor moved on to the topic of training. She explained that they have new employee training, and continuing education training. Their new employee training is called FOCUS, which covers foundation, organization, core, user application, and sustainment. Their employee training/continuing education is a competency-based training system (CBTS) and based on the National Training Curriculum (NTC).

The most current future initiative being worked on is FAST-VBMS Integration. This is an enhancement scheduled to be released by October 2024, and this initiative is relative to processing of accounting. Accountings are submitted via the Fiduciary Accountings & Submissions Tool (FAST) and it allows fiduciaries to submit financial statements and complete their accounting directly within the tool. The business need for the integration with VBMS is it allows for the automatic transfer of electronic documents and data to go from FAST to VBMS which will provide internal users the ability to seamlessly upload documents to the VBMS e-folder. In addition, the FAST internal users will be made aware of when unread documents exist and accounting records and will identify

documents uploaded by a fiduciary after the accounting has been submitted. They are also currently working to establish CBTS for other positions. This will help to free up the man-hours from local quality, review, and training teams by ensuring employees are only taking the necessary training they need.

Ms. Taylor explained that in order to obtain clarification of the manual, employees are encouraged to send questions to their QRT team for submission to the Field Inquiry Tool (FIT). Those who can diagnose mental competency include medical doctors, doctors of osteopathy, a physician's assistant, or an advanced practice registered nurse (APRN). Users will have to apply guidance on a case-by-case basis using judgement based on the law and basic procedural principle.

Follow-up field exams are determined by annual written contact, phone call, and an actual visit. Beneficiary oversight is determined by a number of factors such as type of fiduciary, well-being monitored by VHA or a state or federal agency, and the ability to respond and being oriented to person/place/events.

For the question of whether changes in beneficiary oversight caused possible misuse, Ms. Taylor shared that current trends indicate that findings of misuse are increasing which suggests more possible misuse is being discovered.

Ms. Taylor thanked the committee for having her office, and opened the floor to questions, explaining that if they are unable to provide a response to a question that day, they would provide a written response within 10 business days.

Mr. Wagar asked if DIC claims were part of a different office. Ms. Taylor deferred the question to her assistant director, Janel Keyes. Ms. Keyes explained that DIC is a different program that falls under P&F but is separate from the fiduciary program. Mr. Wagar suggested they get someone to come and present to the committee at a future time, because Veterans are confused about DIC benefits.

Mr. LoGalbo recalled the committee's site visit in Indianapolis where the fiduciary hub employees explained that they felt the annual letter was sometimes insufficient. They wanted to make sure misuse wasn't happening and felt that they should be doing more field examinations. Ms. Taylor asked Ms. Keyes if she could answer the question. Ms. Keyes said that this is an ongoing discussion that has been brought to their attention. They have a lot of communication with the field and OFO and district offices, and so they are looking at annual written contact in general because of concerns. The biggest concern is that the Veteran is getting and understanding the letters. She said they are in the middle of collecting data on instances where there are concerns in that area and what is done to address those concerns. The data will be analyzed, and a solution proposed to eliminate this pain point.

Mr. Ridgway asked for more information on how employees get clarification, as the employees they spoke to said they weren't getting answers when they were submitted to the field inquiry tool as directed. Ms. Taylor asked for her chief, Waymon Tyson, to answer that question. Mr. Tyson said their current process is, when they receive

inquiries from the field, they respond within 5 business days and track everything through the FIT tool. The employees are managed by their local leadership, but they have monthly fiduciary quality calls. He explained that employees have multiple avenues to reach out with questions and would be responded to in a timely manner. Mr. Ridgway asked how often the fiduciary manual is updated. Mr. Tyson said it's updated frequently but he doesn't know how frequently since he's the chief of training, so he would take down the question and get back to them.

Richard Evans brought up how some employees they spoke to from a fiduciary hub felt they were getting a strike against their work quality if they decide to do a field visit and found nothing wrong. He asked why an employee would be penalized for taking a proactive approach on ensuring a beneficiary is being treated as they should.

Ms. Keyes said that it's a local decision, and that if local management determines something requires a site visit, it is approved. She said they would look into it with the quality and oversight team to verify. Mr. Evans also asked if there is any response required from the beneficiary for the annual written contact. Ms. Keyes confirmed that no response is required. Mr. Evans asked if there were any plans for that to change. Ms. Keyes answered that they are looking at room for improvement.

Mr. Wagar asked if the average time was being tracked for getting answers to employees who submit questions to FIT. Ms. Keyes said they were not, because the time varies greatly.

Ms. Piper thanked the P&F team for their time and presentation, and they took their leave.

Subcommittee Meetings Out brief & Biennial Report Discussion

Ms. Piper informed the committee that they would be hearing subcommittee out-briefs at that time. She turned the floor over to Chair Lewis.

Chair Lewis said that since not everybody could be in every subcommittee meeting, they would be briefing the full committee on their decisions and conversations. She shared that they spoke about the headline topics that would be in the biennial report, including the VASRD, TDIU, et cetera. She shared a document with bullet points of what was covered during each subcommittee meeting. She also explained the focus groups that happened with Veterans and questions that were asked.

2024 Biennial Report Voting

The committee moved on to the biennial report voting section of the meeting. Ms. Starke explained that the committee would be voting on whether or not to move the drafted recommendations into a final status and include the recommendations in the committee's submission of the 2024 biennial report to the Secretary. She said she would be going through each recommendation's short title and then call on each

member to vote aye or nay on if each recommendation should be included in the report. The committee voted unanimously yes on every recommendation.

Meeting Wrap-up & Adjournment

Ms. Piper asked if the committee would still be able to get the final recommendation report to the DFOs by October 18. Chair Lewis felt they should be able to do so, but asked if anybody else had something they wanted to add or discuss about the report.

Mr. Ridgway said he wanted to take a look at the pieces he drafted earlier and edit it to be more concise. Mr. LoGalbo said Mr. Ridgway could use the link shared at a previous meeting to do so.

Chair Lewis said she would strive to get the final report to the DFOs before October 18. With no further questions or comments, Ms. Piper requested that the committee members complete the wrap-up survey that was sent to them for the meeting. Chair Lewis shared that she didn't feel the CMV presentation answered the questions she had, and that she didn't have questions but that her feedback was that the information given didn't align with what they were looking for.

Chair Lewis also thanked everybody for their participation with all of the meetings and work done to create and finalize the document. She also thanked the DFOs for all of their work scheduling the meetings and site visits.

Ms. Piper thanked Chair Lewis and reminded the committee members to turn in their signed invitation letter by the end of that day. She then adjourned the meeting.

Jamison Professional Services
Preparer of the Executive Summary

/s/Jadine Piper
Committee DFO
Dated: November 22, 2024

/s/ Evelyn Lewis
Committee Chair