Department of Veterans Affairs
Veterans' Family, Caregiver and Survivor Advisory Committee
November 30 – December 1, 2023

Advisory Committee Members
Lee Woodruff, Chair
Dr. Rebecca Porter, Vice Chair
Meredith Beck
Caira Benson
Melissa Comeau
Holly Ferrell
Stacy Greathouse
Lisa Hallett
Linda Kreter
Shawn Lopez
Mary Chi Michael
Laura Monk
Johnathan Pruden
Andrea Sawyer
Tori Seals
Chelsey Simoni
Robert Thomas
Lauren Trosclair Duncan
Maggie Hall Walsh

Committee Members Absent
Gregory Gadson

VA Staff
Dr. Colleen Richardson, Executive Sponsor
Dr. Betty Moseley Brown, DFO

Patricia Carter
Dr. Shereef Elnahal, USH

James Elliott
Janet Elder
Fera Marion
Jill DeBord
Julianna Holt
Dr. Catherine Kelso
Louis Jackson
Jennifer Koget
Timothy Jobin
Pedro Ortiz
Ismael "Milo" Quiroz

Julie Lee
Richard Starliper (ESD)
Jeffrey Powell
Cyndee Costello (support contractor)

Shilpa Desai (support contractor)
Allison Williams
Alfred Flores (support contractor)
Maggie Walsh (support contractor)

Jelessa Burney

Public
Danielle Armbruster
Meg Harrell
Corey Siebers
Ray Babbie
Leilani Hickerson
Regina Skaggs
Carla Bartello
Beverly Hobbs
Joe Smith
Maame Bassaw
Yvette Hubmer
Kerby Stracco
Lisa Bonfrancesco
Elisa Z James
Roscoe Butler
Jasper Senter

Chiquita James
Aimee Campbell
Adrian Atizado
Jester Jersey
Bob Carey
Rene Campos
Daniel Craig
Benjamin Krause
Agnes Keys
Rosemarie Dejong
Drake Martin-Greene
Lindsay Dove
Autumn Onna
Krystall G.
Kyle Orlemann
Caira Genson
Guy Strawder
Sidath Panangala
Renee Golden
Jason Passabet
Caitlin Goodale-Porter
Heather Peterson
Rebecca Gudenkauf
Anny Rozelle
Tara Kaplan

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Day One: Thursday, November 30, 2023	
Call to Order and Pledge of Allegiance Betty Moseley Brown, Ed.D., Designated Federal Officer	Call to Order, Pledge of Allegiance • Attendees can request a copy of the consolidated slide deck by emailing their request to VHA12CSPFAC@VA.gov. • Rules of behavior for the meeting were reviewed. • All committee members have completed their ethics training. • There is a quorum to conduct business.
Welcome and Opening Remarks - Colleen Richardson, Psy.D., Executive Director, Caregiver Support Program (CSP), Veterans Health Administration (VHA)	• In May 2023, Secretary McDonough transferred the oversight of this federal advisory committee to her office under the Veterans Health Administration (VHA). • Strategies as the VFCS executive sponsor: o Listen to the needs of the families, caregivers and survivors. o Enlist the VA experts who can provide updates on what VHA is doing to improve lives.

	○ Use the committee's recommendations to fill in the gaps to improve the care benefits and services for families, caregivers, and survivors. • Agenda review for the two days.
Opening Remarks & Committee Introductions – Lee Woodruff, Chair, Veterans' Family, Caregiver and Survivor (VFCS) Advisory Committee	• Welcomed new committee members. ○ Recognized members are serving as volunteers giving their time and expertise to help provide guidance and recommendations to Dr. Richardson and the VHA for SECVA • Committee members discuss the problems and are part of the solutions which are not always as easy as identifying the problems. • Committee members introduced themselves.
Remarks - Shereef Elnahal, M.D., M.B.A., Under Secretary for Health	• Thanked the individuals for serving on the committee. • These are important advisory committees they have across many functions of the mission, and they understand this takes a significant amount of personal time to provide critical feedback and advice on VAs programming. • Caregivers and family members and Veterans have helped to enshrine the policies and remind them that when an individual signs up to wear the uniform for our country they sign up for the entire family to go with them. Sometimes physically by moving from base to base during their active duty, but certainly after they come home. • Thanks to the first chair, The Honorable Elizabeth Dole who continues to serve the community of Caregivers with her organization. • Thanks to Lee Woodruff as chair of the committee and for her advocacy on behalf of Veterans. • Feedback received was to have the committee embedded in what VA does. • Veterans Health Administration: ○ VHA Core Mission: To Honor American's Veterans by providing exceptional health care that improves their health and well-being. • VHA's Four Statutory Missions: ○ Care Delivery – Develop, maintain, and operate a national health care delivery system for eligible Veterans. ○ Education – Administer a program of education and training for health care personnel. ○ Research – Conduct health care research benefiting Veterans and the public.

	o Emergency Response – Provide contingency support to the nation during national emergencies, natural disasters, and war. • Discussed some of the important factors when it comes to their policies toward caregivers and families. o They are formulating new regulations that will define the Caregiver Support Program in particular the program for comprehensive assistance for family caregivers. o There are painstaking efforts that they are putting into rulemaking significant socialization and concurrence across the agency and federal government. o They will pull all the leverage they can to expand eligibility into the program, while making sure that what is in the regulations passes the test of time thereafter. This takes time to get it right. • He is very proud of the Caregiver Support Team for expanding to all service eras and continuing to expand our roles in the program. • This has been an extremely important line of effort at VA. • In addition to the comprehensive assistance, the Caregiver Support Program extends to even more caregivers and Veterans that may not necessarily qualify for the Program of Comprehensive Assistant for Family Caregivers (PCAFC). They have specific programming that allows them to function as a payor and a provider of clinical services for eligible family members. Those services include: o Programs that allow them to pay for care outside of the system. o Invite specific cohorts of family members to include survivors into the system directly to receive care. o Working on getting the "word out" on CHAMPVA and programs that are similar. o Working on ways that can make it easier to participate in the CHAMPVA program. ▪ Possibly through electronic funds reimbursement. They are working with the Office of Management and Budget (OMB) on a standard of how they compensate family members who participate in CHAMPVA. ▪ They are assessing how to expand eligibility for CHAMPVA. ▪ They are also looking for ideas from this committee and the community as well.

	• We want to meet the mission when it comes to the cohort of beneficiaries that VA is obligated to serve. • Much of this programming is managed out of VHA. Ms. Woodruff: When you look at the priorities and the work that needs to get done, what is helpful in terms of this committee setting the tone for this year? Dr. Elnahal: The caregivers, families and survivors are a priority, and each network and medical center is being held accountable for milestones, hitting goals on metrics, enrollment programs, significant expansion of outreach for the CHAMPVA program. Ms. Chi Michael: Interested in seeing baseline data and where they are trying to go. Regarding metrics, what is the outcome they are trying to accomplish? Dr. Elnahal: They want to offer support for every Veteran who needs a caregiver. Important metrics to review: • The increases in the roles of people in the program. • Acceptance rate into the program. Ms. Comeau: How do you envision Whole Health informing Patient Centered Care and Cultural Transformation of some of the work we do together in the context of Veterans, families, caregivers and survivors? Dr. Elnahal: They are very related which is why we pair Whole Health with the articulation of this priority around caregivers. Whole Health is a more holistic view of the Veteran and their needs and then translating that into how they operationalize their services. Ms. Sawyer: Do you have data on why people are not using CHAMPVA? Dr. Elnahal: We do not have the data, but this is something the Veterans Experience Office can query on this behalf. I believe that people may not be using CHAMPVA is because they have other insurance, or they might not be aware of the program. If they are not aware of the program this is something that is actionable through improved outreach. Ms. Kreter: Asked for clarification regarding the unacceptable deniability of people who were applying. Dr. Elnahal: The 2020 criteria as defined in the regulations is too restrictive and this needs to be revisited.

Break	
Veteran Directed Care – Catherine McVearry Kelso, M.D., M.S., Deputy Executive Director, Geriatrics and Extended Care, Veterans Health Administration	Dr. Kelso: Detailed the Veteran Directed Care Program. Veteran Directed Care (VDC) Program. • Self-directed program that allows Veterans to determine the services and supports they need to be independent and live in the community. This is in lieu of the home health aid where the company provides the caregiver. • Serves Veterans of any age who are at risk of admission to a facility-based care if they don't get their homecare. • Premise o Veterans hire their own careworkers, including family, friends and neighbors to provide personal care services in accordance with a Veteran-developed and VA-approved spending plan. o Veterans receive assistance to manage their employer responsibilities from person-centered counselors and financial management services (FMS) providers. o VA Medical Centers (VAMC) purchase VDC services from VA-approved Aging and Disability Network Agencies (ADNAs) using Veteran Care Agreements (97% of expenditures are for direct care) as opposed to home health aides where it is company based and up to 50% of the expenditures are overhead and administrative costs. VDC Providers • VAMCs purchase VDC from VA-approved ADNAs, using Veterans Care Agreements, (Area Agencies on Aging, Aging and Disability Resource Center/No Wrong Door Systems, Centers for Independent Living, State Units on Aging). • There are challenges in the rural areas to find these partnerships. They are looking at creative ways to extend the services that the state agencies can provide. • Before offering VDC, ADNAs complete a VA Readiness Review, conducted by VA Central Office. This ensures ADNAs have demonstrated the skills and competencies to deliver VDC to Veterans. VDC Benefits and Requirements • Benefits that they have found, and Veterans and Caregivers have shared with them. o Fewer potentially avoidable health care events than those in other personal care services (especially rural Veterans). o Higher level of satisfaction with services.

	○ Flexibility to customize services to meet individualized needs, the Veteran can set up their own plan, (evening hours, weekend hours, etc.). • Requires a partnership with the local ADNAs, Area Agencies on Aging (AAAs), Centers for Independent Living, or State Units on Aging to assist Veterans with: ○ Budget planning, ○ Assistance with Veteran as an employer, ○ Creation of an emergency plan, ○ Oversight to ensure no financial exploitation. The benefits of VDC compared to use of nursing home services positive feedback from Veterans and their caregivers. Being able to choose their caregiver and how they receive services is "life changing" to them and knowing that the VA is there to provide this relieves a lot of stress. • There is a 5-year expansion plan for VDC to be available at all VA Medical Centers (FY 2022-FY 2026). • White House Executive Order released in April 2023 for VDC expansion to be completed by end of FY 2024. • Home Health Services is available everywhere, but VDC has not. • VHA has accelerated this expansion, and it is on the performance plans for all Senior Executives and Medical Center Directors. Ms. Beck: What efforts are being made so the VA staff understand the process by which a person is potentially eligible and referred to that option? Dr. Kelso: There has been training for the last 1.5 years, implementing a case mixed tool to help standardize the assessments. With this VDC expansion being on the performance plans there is much interest from senior executives and medical center directors to ensure people are educated and moving this forward. Ms. Beck: The VDC program has been predominately used for personal care services, but can it be used for other potential quality-of-life plans or services? What is its intention for use? Dr. Kelso: The intention is to support the Veterans. So, if they need adult day healthcare services and that is the plan then they can use VDC services to pay for their adult day health care. If they need help with taking care of their yard, it will provide services for the area of the yard so the Veteran can leave safely to get into their vehicle to go to their appointments. It is based on what the need is and that is how the care is designed.

	Ms. Beck: Can you pay a family caregiver through VDC? Dr. Kelso: Unsure how that works but will take it back to the team to follow-up on. Mr. Lopez: For those that are currently in the PCAFC program and need more help in the home, if they are getting paid as a Caregiver in that program but could use more services or goods for the Veteran's healthcare and want to participate in the VDC program as well as long as they are not duplicating services, they can get paid as a family Caregiver in VDC but not get paid in both programs. But what VDC does is provides help with obtaining goods and provides healthcare services, things that are considered IADLs that are not considered with the PCFC eligibility. Dr. Kelso: Unsure and would need to reach out to the VDC team to clarify. Mr. Pruden: As they try to expedite the roll-out for the VDC program, what challenges do they see? Is there standardization currently, or the intent for standardization for the criteria for the program? Dr. Kelso: They are standardizing the criteria. If someone was in the VDC program and becomes hospitalized when they are discharged it should be seamless as they should continue in the VDC program. Ms. Sawyer: Is there a person in charge of VDC at each medical center, will they be assigned this as their primary duty and not as a collateral duty? Dr. Kelso: The expectation is that there is a dedicated VDC coordinator at every facility. Ms. Sawyer: Rights for VDC care, in the past VDC was done as reimbursement to the medical facilities which lead to budget issues at medical centers and caused them not to want to use the program because it required them to pay up front and then get reimbursed. Is this now being budgeted moving forward, so medical centers don't need to ask for reimbursement? Dr. Kelso: It is part of Community Care, so it is authorized outside of the medical center budget.

Survivor and Memorial Program – Jill DeBord, LCSW, Executive Director, Care Management & Social Work Services, Veterans Health Administration	Ms. DeBord: VHA is in the process of standing up a new program Survivors Assistance and Memorial Support Program. • The Survivors Assistance and Memorial Support (SAMS) Program was established to provide personalized, supportive services to families, Caregivers, and survivors at the end of a Veteran's life and ensure Veterans without identified family received dignified burials to honor their service. • Under the Office of Care Management & Social Work they are hiring staff for the SAMS Program, and they will be building in staff at the VISN level and facility level as well. • Goal: Proactive, supportive services for families, caregivers and survivors at the Veteran's end of life and ensuring the survivors have what they need to make those decisions and feel supported by VA. • Discussed the history of the need for the SAMS program. • Currently, Decedent Affairs is under Member Services which is a business process providing information on benefits and eligibility. Highly unstandardized, and 67% of survivors reported that they needed more help with funeral arrangements. • VHA will have an infrastructure at every level for standardized clinical and operational processes, training and oversight to enhance the Veteran and survivor end-of-life experience. o Governance Board submission – creating a national position description for a SAMS specialist under Care Management and Social Work, (Q1 FY 2024). o Goal: this will go live at every facility in the country by summer 2024. o Education and training materials developed, (Q2 FY 2024). o National program office fully onboard, (Q3 FY 2024). o Initial operational capabilities, (Q4 FY 2024). In the facilities people will be trained and coordinating activities. Mr. Pruden: What is the group being used to inform/provide the level support? (Disposition of remains, transport of remains, travel for family to VAs to recover the body). Ms. DeBord: Through this IPT there were representatives from NCA and VBA so that everyone knows which "lane they are in" so

	there is not duplication of services and that it is clear to the families/survivors to who they need to reach so it is a coordinated plan. They are taking the input from the IPT group to develop processes and tools for the staff to use. • Working with VEO on a V-Signals for survivors so they can receive feedback and make improvements. • Creating survivors journey map. • Post intervention if a Veteran dies by suicide. Mr. Pruden: How far out is the interim guidance? Ms. DeBord: They anticipate there may be the need for a legislative fix due to legislative constraints by what the clinical staff can provide to non-Veteran survivors, (e.g., bereavement counseling). Ms. Monk: There is a need for this, she personally will get calls from survivors and Veteran Service Organizations (VSOs) with questions regarding what to do when the Veteran dies. Ms. DeBord: They want to make sure they are providing what survivors need and would like to speak more with Ms. Monk.
Break	
Veteran Family Resources – Jennifer Koget, M.S., LCSW, BCD, National Director, Social Work, Fisher House & Family Hospitality and Intimate Partner Violence Assistance Programs, Care Management & Social Work Services, Veterans Health Administration	Ms. Koget is focused on a new program they are developing under Care Management and Social Work Services called the Veteran Family Resource Program (VFRP) formally the Family Coordinator Program. • Pending Governance Board approval to move forward with implementation. • Through the VHA, Office of Patient Care Services (PCS), and Care Management and Social Work Services (CMSWS), hoping to implement the VFRP across all VISNs, to provide support to Veterans through connection to family resources. • Want the Veteran to define who their family is--the Veteran may be caring for a neighbor or providing childcare for an extended family member. The definition of family is very fluid for this program but keeping it under VA's authority to provide the care directly to the Veteran in areas where the social determinants of health issues within their family unit are impacting their ability to access their own healthcare or to reach their highest level of health and wellness.

	• Mission: To enhance the resilience, health, and well-being of Veterans by addressing Social Determinants of Health (SDOH) challenges experienced in their family unit through person-centered clinical integrations, connection to VA benefits, and community resource engagement.
	• Vision: Ensure Veterans and their families have access to a continuum of services and resources needed to support wellness within their family unit as they define it.
	• The VFRP aligns with several cross-cutting national priorities:
	  o Joining Forces and the *Strengthening America's Military Families* report.
	  o Helping Heroes Act of 2023.
	  o Hidden Helpers.
	  o Veterans' Family, Caregiver and Survivor Advisory Committee.
	• VFRP aligns with these VHA priorities:
	  o Accelerated the U.S. Department of Veterans Affairs journey to be a High Reliability Organization.
	  o Support Veteran's Whole Health, their caregivers, and survivors.
	  o Connect Veterans to the soonest and best care.
	• There is a need at the medical center level for a point person who understands and a good working knowledge of all the resources that families, caregivers and survivors may be eligible for under VA's authority as well as community resources available when there is a gap because VA could not meet that need.
	• For Veterans managing the care of their families, there exists a critical need for a program that improves access and navigation of public and private family resources.
	• Program Development for the VFRP has been guided through listening sessions with Veterans, families and employees and a Steering Committee from relevant VHA programs and internal partnerships.
	• Organizational Alignment will be under the National Social Work Program.
	  o Staffing: One Social Work Program Manager, One Health Systems Specialist and One VFRP Coordinator at each site.
	• Program Goals and Metrics:
	  o Goal 1: Connect Veterans to family resources to increase their well-being and resiliency.
	  o Goal 2: Develop internal partnerships to improve Veterans health care.

	○ Goal 3: Capture and maintain data to enhance understanding of process improvement opportunities and impact. ○ Goal 4: Function as a community liaison to bolster existing partnerships and conduct due diligence to form new ones. ○ Metrics: ▪ Missed Appointments ▪ VA referrals into the program ▪ Non-VA referrals into the program ▪ Health factors (TBD) ▪ Veteran and staff satisfaction • VFRP is seen as a sister program to Caregiver Support with the focus being on the Veterans and their needs as they may be caregivers or have other issues that may be impacting their health and wellness that are occurring within their family unit. Ms. Kreter: Asked to clarify the roles between the VFRP and the Caregiver Support Coordinators. Ms. Koget: The Caregiver Support Coordinators focus is on the needs of the caregivers. The VFRP will be focused on the Veteran's needs as it relates to what is happening within their family unit and specifically supporting the Veteran in their health and wellness. Ms. Kreter: From a training perspective, would it be helpful to involve the Caregiver Support Coordinators? Ms. Koget: There will be bi-directional collaboration between the Caregiver Support Coordinator and the VFRP Coordinator at the facility level to meet the Veteran's needs.
Readjustment Counseling Service (RCS) – Pete Ortiz, Deputy Chief Officer, Readjustment Counseling Service	Mr. Ortiz: Provide an overview of the Readjustment Counseling Service (RCS) • Mission Statement: To welcome home and honor those who served, those still serving, and their families by reaching out to them, engaging their communities, and providing them with quality readjustment counseling and timely referral. • Vet Center Services are community-based services that provide a wide range of services to eligible Veterans, service members, their families and caregivers. • They focus on providing services to Veterans and service members who served in combat operations, areas of hostility, stateside deployments or endured military

	service-related trauma. The also serve their families, and Caregivers to support the growth and goals of the Veteran or service member. • Eligibility varies based on individual military experience including those with service in the National Guard, Reserves and Coast Guard. • If someone is found not to meet the Vet Centers eligibility requirements, they will work with them to find available community resources that may be more suitable for that individual. • All services available at the Vet Centers are at no charge to the individual and without time limitations. They are also not required to enroll in the VA healthcare program. • Family eligibility and services: o Readjustment counseling o Bereavement counseling o Coping with deployment • The Vet Center slogan is "Connection, Camaraderie, Community." • South Jersey Vet Center Caregiver Support Group provides support for the families through Peer Support. • Services are provided through a Therapeutic Model o Allows a non-medial model where they can develop individual counseling plans to meet the goals of the individual. o Builds trusting and therapeutic relationships. o Creates programming that keeps the Veteran or service member engaged. o Increased engagement leading to stronger, trusting relationships with the team. o Ability to work together on safety plans. o Encourages honest conversations about decreased mental state of suicidal ideation. o Allows Vet Center team to recognize when something is "off." • They want to meet the Veteran or service member "where they are" for their readjustment journey: o Reduce Barriers to Care o Community Partnerships o Expansion of Services • Delivery of Services o Vet Centers (200)

	○ Vet Center out-stations ○ Vet Center Community Access Points ○ Mobile Vet Centers ○ 24/7 Vet Center Call Centers • Veteran and Service Member Experience has consistently been high through surveys. • District Directors are at the field level contact information provided in the slide deck. • Online www.vetcenter@va.gov
Status on Veteran Childcare Programs – Ismael "Milo" Quiroz, National Director of Veteran Childcare Programs	Mr. Quiroz: Implementing Isakson Roe Section 5107(a) Veterans Child Care Assistance Program (VCAP) • Regulations regarding this program are still in the regulatory process. • The VCAP team has been tasked with assisting all VAMCs with providing a form of childcare assistance by 2026. • VCAPs two-prong implementation plan: ○ Onsite drop-in childcare centers (VA Kids Care). ○ Direct Veterans Reimbursement for childcare services in the community. • This is a centrally funded program. • Veteran eligibility criteria: ○ Primary caretaker of child(ren) ○ Requires travel to and from VHA facility. ○ Has a qualified VA appointment. Receives VHA mental health care, intensive health care and/or other VHA services. The Secretary determines childcare assistance would improve access to such health care services. Does not include emergency services or an appointment where the Veteran would need to be sedated. • Onsite Childcare at VA Medical Facilities (VA Kids Care) ○ Renovate space to accommodate for design requirements (est. 500 – 1000 sq. ft.). ○ Childcare services provided by service contract. ○ Renovation and annual service contract will be centrally funded. ○ Three-hour limit to maintain drop-in status. ○ VA Kids Care implementation is at the discretion of the respective Medical Center Director. • Direct Veteran Reimbursement

	○ VA will directly reimburse the Veteran for cost incurred for drop-in for licensed childcare services provided in the community. ○ Coverage of time for childcare services will include travel time to and from the location of childcare services rendered. ○ Direct Veteran Reimbursement will be available at all VAMC's upon national implementation. • Voice of the Veteran – the need exists for childcare when the Veteran has an appointment. ○ No-show/cancellation (58%) due to lack of childcare ○ Children in VA medical facilities (35%) Veterans took their children with them to their medical appointments due to lack of childcare. ○ Children in VA exam rooms (59%) Veterans and physicians stated that children in the exam rooms negatively impacts quality of care. • VCAP have consulted with other drop-in childcare centers to determine what VA's childcare centers might look like. • Currently, 43 VAMCs are committed to implementing a VA Kids Care drop-in childcare center. • For more information VACOVCAP@VA.gov Ms. Beck: Can the eligibility be extended to Caregivers caring for their Veteran? For survivors is there any flexibility for the reimbursement to be able to use it for a month or two months after their Veteran has passed away in order to attend to the items that need to happen at that difficult time? Mr. Quiroz: Unfortunately, they are bound by the legislation that is very clear that this is for Veterans and one of the requirements is that the Veteran must have an appointment. There is flexibility for a service that doesn't require an appointment such as lab or radiology. If the Caregiver is with the Veteran and the Veteran is present that is not a problem.
Wrap Up Lee Woodruff, Chair., Veterans' Family, Caregiver and Survivor (VFCS) Advisory Committee	Ms. Woodruff: There are three subcommittees: 1) Veteran Families 2) Caregivers and, 3) Survivors There will be an ex-officio assigned to each subcommittee in the area of expertise. If members decide they would like to switch to

	another sub-committee just to let Ms. Woodruff know (note: subcommittee assignments have changed since this meeting). Dr. Richardson: Thanked the members for joining. Dr. Porter: The presentations have set the stage for great conversations. Ms. Woodruff: Thanked the group. Meeting Adjourned.

Day Two: Friday, December 1, 2023	
Call to Order Betty Moseley Brown, Ed.D., Designated Federal Officer	The DFO started the meeting with welcoming everyone to the meeting and then reciting the Pledge of Allegiance. She explained that the public was on the muted line and will be permitted to speak if they submitted their public comments. Some of the public could not attend virtually, so their written comments will be submitted into the record. She also noted that all the present committee members have completed their ethics training. She said there is a quorum and introduced the committee's Vice Chair, Dr. Rebecca Porter, who was Acting Chair for Chairwoman Woodruff
Welcome Dr. Rebecca Porter, Vice Chair, Veterans' Family, Caregiver and Survivor (VFCS) Advisory Committee	Dr. Rebecca Porter welcomed and thanked the committee. She stated the goal for the second day was to get an update on the Caregiver Support Program and review what groundwork was laid down by the previous committee. She also wanted the committee to have a background as they meet with their subcommittees in February. She yielded the floor to Dr. Colleen Richardson.
Caregiver Support Program Colleen Richardson, Psy.D., Executive Director, Caregiver Support Program (CSP), Veterans Health Administration (VHA)	Dr. Richardson said that they are open to feedback about subcommittees, want to be thoughtful about balancing out subcommittees. The purpose of her presentation today was to give updates on Caregiver Support Program (CSP). Dr. Richardson said it was important to set a yearly theme when she took over CSP in 2020. These themes serve as a directional vision for staff. CSP's annual themes are developed using feedback obtained from Veterans, caregivers and staff during listening sessions, site visits, and customer data. The first fiscal year was "Getting it Right." Caregivers and Veterans felt like the CSP wasn't getting it right. During listening sessions, Dr. Richardson found that Caregivers need more support. They funded 54 mental health positions and stand ups, psychotherapy hubs, and a program called "Award-Winning Contacts" where they went around the country to train staff on how to improve the overall experience in the program. They also focused on respite and the importance of giving Caregivers breaks. Dr. Richardson shared some statistics on CSP since she took over: • Increased total staff at the VACO program office. • They have increased their approval rate in the program by about 14% (34% of applications get approved). • Now, there is 98% percentage of applications dispositioned within 90 days of application date vs. 62.9% in FY21 (staff has worked hard to get the percentage higher).

	• PCAFC approval at end of FY21 was 19% and now it is 30%. CSP achievements include: • Launched Phase II expansion • Implemented legal and financial services. • Received over 108,500 applications processed within 90 days of application date. • Recruited 14 different Respite Coordinators and increased respite utilization by 284% • Added chosen pronouns/self-identified gender identity (SIGI) into CARMA records. • Appeals workstream is engaging in real time intake and triage of incoming review and repeal requests. • Caregiver Support Line (CSL) is now able to provide status updates beyond confirmation of receipt regarding Review and Appeals requests. • Improving communication for decisions that are rendered. • 97% of clinical reviews are processed in under 45 days. • Despite a 31% increase in applications, we experienced a 35% decrease in Clinical Reviews compared to last FY. • Resumed in-person home visits post-COVID 19 • Transition CSL to the CSP Program Office • Expanded tele-mental health hubs to 10 VISNs. • Launched Award Winnings Contacts (AWC) training at 5 pilot sites. Trained over 200 trainer/champions to prepare for national, team-based roll-out in FY24. Explained the V-Signals survey for PCAFC. The survey showed that the satisfaction rate was high. The PGCSS data was lower than PCAFC, which Dr. Richardson found surprising. They then hired over 250 staff to help PGCSS (from 56 employees to 308 employees). They are trying to find what matters most to Caregivers. They have expanded the review and appeal options for PCAFC. Veterans and Caregivers who disagree, in whole or in part, with a VA decision under the PCAFC, now can appeal or request VHA review of the decision. This is new to VA and different from the Veteran Board of Appeals. They have worked with IBM to speed the process of pulling information and files from 8 hours to 2 hours.

	She expressed the importance of having permanent staff on board. She explained they have 4-stages of review and appeals, and they're able to provide Veterans and their Caregivers information on which stage they are in during the process. Discussed the improvements and advancements when it came to appeals and that many Veterans and Caregivers have questions wondering where their claim is, etc. VHA PCAFC Decision Review Metrics (data as of November 1, 2023) • Legacy Notice of Disagreement about PCAFC decisions (those are Veterans and Caregivers that receive their decision before Feb. 2019 and want to have it reviewed by the team at CSP. There are 1,571 pending. • VHA Higher Level Review and VHA Supplemental Claim means that they have come into our centralized mailing portal, and they have triaged those mailings into "decisions to be rendered at this time". • Incomplete Forms Submitted meaning when a Veteran does not know what previous forms were submitted or want additional information, they can apply for a Request For Information (RFI). There were 19,209 total requests and they have processed 17,725 of those. • Reviewed the "Percentage of Decisions Issued Resulting in a Grant" that captures the percentage of reviewed appeals that are overturned in favor of the Veteran and Caregiver. (14% for Higher-level review, 13% for Supplemental Claims, and 8% for Legacy NOD) • Explained that 13% is about what they see in the VHA clinical appeals process. • When cases go to SEAT teams, it's about a 13% overturn process as well. PCAFC Board of Veterans' Appeals Metrics • Docketed 1,363 AMA Appeals • 2,585 pre-docketed (Appeals received and identified by the Board as related to PCAFC). • Dispositioned 1,047 – remands because they need more information to render a decision (goes directly to CSP). This FY's theme, "The Year of the Caregiver" focusing on Caregiver feedback and getting the support they need through FY24 program goals and objectives.

	FY24 CSP Program Goals and Objectives
	• Expansion of Clinical Services
	  o Respite subject Matter Expert (SME) at every site localizing with every VA Medical Center. Caregiver surveys and listening sessions say respite care is inconsistent. Caregivers need and deserve respite.
	  o End of FY24, fully operationalized Virtual Psychotherapy HUBS in all VISNs—13 and 5 left to onboard. They have seen over 430 Caregivers enrolled for mental, wanted this service it to be virtual for convenience.
	  o Piloted Veteran Directed Care-Respite (VDC-R) at 11 sites. Their Caregivers want to choose who they want in to come into their homes.
	• Enhance the operations of Veterans and Caregivers appeals to PCAFC decisions (very important to Veterans and Caregiver to have clear communications
	  o Improve appeal communication (triage those that come in mail very quickly).
	  o Leverage the Caregiver Support Line in providing the status of submitted appeals.
	  o Design a dashboard to track the time for appeal status and provide proactive notification letters of status.
	  o Centralized Eligibility Appeal Teams (CEAT) to assist with Remands from the Board of Veteran Appeals (quadrupled the staff).
	• Continue efforts to promote standardization and consistency.
	  o Want all Veterans and Caregivers to have consistent care.
	  o Continue to refine PCAFC decision letters with consistent evidence so Veterans and Caregivers know why their decision was made.
	  o Dr. Richardson has hired for Quality Management who will oversee a quality management workstream in the VACO support program office.
	  o Site visits every single month, in-person site visits and get models of standardization and consistency—continuity of care.

	• Expand partnerships with caregiver advocate groups, community providers, etc.,
	  o Participate locally.
	  o Increased the Peer Support Program staff since they understand what Caregivers go through.
	  o Get caregivers CPR certified (partnering with Red Cross, etc.)
	  o Focus on media and outreach events that Veterans and Caregivers will be at. CSP staff is there answering questions. CSP plans to be at American Legion Conference, NAMVETS National Convention, Sturgis Motorcycle Rally, and
	  o Paralyzed Veterans of American Summit and Expo
	
	• Develop measures to improve trust with Veterans, Caregivers, and CSP staff.
	  o Expand Award Winning Contacts across all VA Medical Centers
	  o Leverage feedback from VSignals—listen to what Veterans and Caregivers are saying.
	  o Continuing listening-sessions with Caregivers and Veterans.
	
	Dr. Richardson concluded her presentation and asked the committee for questions.
	
	Shawn Lopez: In the presentation, there was a statistic that said application rates have increased by 10% deemed "ineligible" and what are some of the most common reasons why an application would be denied?
	
	Dr. Richardson explained that there are some civilians that apply to the program, and that counts as "ineligible." They try to look at those that are eligible to apply in the first place (70% service connected).
	
	Mr. Lopez: Do you find that rate of appeals that are overturned are going down?
	
	Dr. Richardson: Yes, the number of appeals began to go down because of more descriptive communication. Before, we were vague on why someone could not enter the program. Now, we

	have letters explaining the process, which results in a lower number of appeals. Ms. Beck: Thanked Dr. Richardson on the improvements she has made at CSP the past two years. She asked about the directive pilot for respite care and if they used the current Veteran directed program for respite care when designing their budget or is that something that is precluded to use? Dr. Richardson: I don't know the answer to the question—I will have to ask Molly, but that is not what necessitated the pilot. It was brought about because Caregivers were saying they cannot always get AB and C locally and I don't just trust anyone to come in and take care of my Veteran, especially if they have specific needs. So, this would be paying someone they're familiar with and pay for them to provide respite. Obviously, they cannot double dip, but it is Veteran/Caregiver led. Ms. Beck said she didn't understand if they were able to use it already and if they put that in the budget. Dr. Richardson said not right now since it is a pilot program. Ms. Beck: I am a huge fan of the marriage and family therapy counseling services which will be more widely available. I want to understand and make sure Caregivers are in a good place to care for their Veteran, but records can be sent to the Centralized Eligibility and Appeals Team CEAT. Is that accurate? Dr. Richardson: I am not aware of that but will double check. There is such a stigma associated with mental health, the last thing she wants Caregivers to worry about is how mental health may be used against them. They have seen that for active duty as well—I don't want to see you because it may jeopardize my security clearance, etc.? I will get back to you on the answer. Ms. Beck said she would look in to VDC, too. Ms. Comeau: I am excited you are using VSignals and have gotten 90% and above scores. Do you know if there are any VSignals designed specifically for the legacy participants? Dr. Richardson: They are typically included in VSignals, but she can ask. Is there any data that you're specifically looking for? They are

	part of the listening sessions but there's no VSignals designed specifically for legacy applicants. Ms. Comeau: Some legacy participants were saying it was unclear what the cut offs were and that most of the program was focused on those coming into the program and weren't explaining legacy with appeals. I want to make sure we have thoughtful VSignals for legacy participants. Dr. Richardson agreed that the VSignals were more focused on those coming into the program and enrollment, so they will try to fix that. Ms. Ferrell: Are legacy participants included in the denial or discharge rates for the increase in applicants. Does that count for the increase? Dr. Richardson: For the reassessment piece, those are new applications. Ms. Ferrell: So, the reassessments are counted as reassessments or new applications, because some are being told it is a new application. Dr. Richardson: Not that I know of, I will ask our data team, but I don't believe those are being counted. I am not sure. Ms. Ferrell: My second question is for the Veterans that are also Caregivers, can their Veteran record not be included in Caregiver notes? Veteran Caregivers shouldn't have their medical records used against them since VA does not have access to civilian Caregivers' medical records—we don't want to create a bias. That complicates both sides. Dr. Richardson agreed and said they could continue that dialogue.
Overview on Recommendations Previously Submitted – Way Forward Colleen Richardson, Psy.D., Executive Director, Caregiver Support Program (CSP), Veterans Health Administration (VHA)	Dr. Richardson, executive sponsor for this committee, wanted to talk to the committee about the recommendations that were previously submitted. In January 2023, the subcommittees briefed the full committee on their recommendations and those recommendations were not approved by the full committee. The potential recommendations were stalled. They are potentially starting with new

	recommendations. No more than 5 go forward to the Secretary for consideration. Recommendations follow the SMART goal model. Dr. Richardson explained the subcommittee Chairs' role and presenting to the full committee. Ms. Beck: When you are in the subcommittee and present to the full committee, can there be amendments to the recommendation? Dr. Moseley Brown: Yes, the subcommittee presents the recommendation and there is wordsmithing that goes on. The full committee votes on the final version and that goes forward to the Secretary.
Break	
Public Comments	Daniel Craig Mr. Craig shared statistics about military children and how losing a parent in the line of duty can lead to depression, suicide, and other issues. Mr. Craig works for *LifeCampUSA* that helps young women and men who have lost a father to the United States military or law enforcement. They have had over 6,000 kids in the program and are looking for parents to assist in funding operations and programming, communicating to invite affected families and volunteers, and providing direct services. His full written comments are submitted for the record. Jester Jersey Mr. Jersey is a proud son of a Navy Veteran who served in Vietnam. In 2017, he suffered a stroke. Him, his mother, and other family members were Caregivers, but during the pandemic, it was only him and his mom. Prior to the pandemic, they did request support and were denied. He wants the committee to know Caregivers need support and they have been trying to get help for six years. They have also paid out of pocket for medical expenses, etc. What is the point of providing benefits if it takes years to receive them? He wants the committee to focus on processing claims. He also has a written statement submitted for the record. Robin Stitt She commended the committee for incorporating new faces on the advisory. She told a story of her husband, who has cognitive communication disorder stemming from his service-connected Traumatic Brain Energy. He did not effectively communicate his

	needs to the new psychiatrist and there was contradictory information from the CEAT (Clinical Eligibility and Appeal Team) vs. his medical records. She is asking the committee to recommend that the VA abolish the CEATs and retract all the documentation entered into the Veteran's medical record. At the least, give Veterans and Caregivers the option to erase erroneous form. She also submitted some solutions to replace the CEAT. Her full written comments are submitted for the record. Danielle Anderson She is a Caregiver who is a participant in the family Caregiver program. She said there are often conditions that are overlooked in the medical record during the six-month review process. Some of her husband's issues are largely ignored. She would like to see the board consider conditions that may not be rated by VBA as service connected, combined with other ratings, or disregarded as factors of eligibility and care needs. She also wants the 70% VBA disability rating requirement for PCAFC eligibility and grandfather all PCAFC legacy Caregivers along with other suggestions in her full written comments submitted for the record. Lindsay Dove Her comments reflect what many have already said. When she was first in this program, it was 2012 and things have gotten worse since she applied. The reassessments are stressful for Caregivers who know their Veterans are continuing to get worse. It becomes a threat to their livelihood. It was not clearly explained that Caregivers would lose their social security working credits. She agrees that there are inaccurate assessments and medical documents that can be used against the Veteran and Caregiver. She pointed out at the since the program was passed in 2010, it is not following the original congressional intent. She also agrees that the 70% disability qualifier should be reconsidered, and that PACT Team involvement is not consulted regarding assistance needs for PCAFC eligibility. She also expressed inconsistency in assessments. Her written statement is submitted into the record. Lelaini Hickerson Lelaini Hickerson is a Caregiver and noted she made public comment to the board in January 2023 providing recommendations for them to consider. She did thank Dr. Richardson for some of the improvements to the program but wanted to make clear that Veterans and their families want to grandfather in participants who continuously meet the eligibility criteria. She also attached a link to Veteran Warrior's legislative and regulatory recommendations. She is concerned the board is

	not listening to Veterans and their Caregivers since it was stood up in 2016, so there should be no excuses. Her written statement with the link is submitted into the record. Benjamin Krause Benjamin Krause is from the United Veterans Leadership Council (UVLC). He is a disabled Veteran that has battled with the VA about his benefits. He is also an attorney and helps other Veterans get their benefits with VA. He recommends the committee and especially the subcommittees use consultants from the Veteran and Caregiver community as it forms regulations. He recommends the committee consult the Veteran community as it forms regulation. This includes Veterans and Caregivers that have: • Successfully disputed Veterans and Caregiver benefit claims and have won. • Filed a VFTCA actions against the agency where the agency settled, or the verdict was made against the agency. He also advocated for smaller law firms instead of larger firms. He added resources that VA can use to find these lawyers and legal professionals in his written comments that are submitted for the record. Valerie Mulligan Valerie Mulligan has been a Caregiver for her husband of 30 years. He is a Desert Storm Veteran and suffers from Gulf War Illness. She is also the Founder and Director of Operation Veteran and Caregiver Support, a small non-profit from Ohio. She wants the board to know that Caregivers need support, paid or not. Her husband had a stroke last December and she is just now received services, which she believes is unacceptable. She recommends the board treat the stipend as a paycheck, so Caregivers do not lose their social security working credits. She also urged they offer life insurance. She called for the Board to end the division of the eras of Veterans. No generation is more or less than any other. Her written comments are submitted for the record. Bob Carey Mr. Carey understands that the rules have been changed and the committee is not allowed to consider anything that hasn't been brought up in the meetings. He was glad the Under Secretary admitted yesterday that the VA exceeded their reach on the eligibility of the Caregiver program. He wanted to modify the previous regulation and amend it to say all eras. He also wanted more transparency and feedback by having the committee post the recommendations in the Federal Register with all comments

	catalogued and responded to in the comments. He echoed others in wanting to remove the 70% disability qualifier and remove the fully dependent requirement including SPI. He also thinks the board should be able to make recommendations without the public coming into the meeting and the rules should not limit their Veteran advocacy outside of the committee. He agrees to get rid of discrimination of eras of Veterans. His written comments are submitted for the record.
Next Meeting Dates and Locations	Dr. Richardson thanked those who provided the public comments. She noted that the comments will be considered by the committee and subcommittee discussions. She wanted the committee to note some important dates: • Subcommittee virtual discussion is February 14, 2024. • Next full committee meeting will be in Washington, DC and is scheduled for May 1-2, 2024 (note: the dates were confirmed after the meeting) • Subcommittee virtual discussion on June 3, 2024. • Full committee virtual meeting will be on June 18, 2024 Dr. Richardson noted that many board members are caregivers themselves, so it is important to plan on schedules in advance. She also reiterated that recommendations to the Secretary must be submitted before July 1st as outlined in the charter. Before the meeting adjourned, Dr. Porter and Dr. Moseley Brown asked committee members who did not get to introduce themselves yesterday to the rest of the committee to speak.
Final Comments & Adjournment	Dr. Moseley Brown said there would be copies of the slide decks, speakers' biographies, and other materials available to the committee. She thanked the committee, VA staff who made the meeting possible, and the public for their patience as they navigate virtual webinars before adjourning.

COLLEEN RICHARDSON

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Approved
Dr. Colleen Richardson, Executive Sponsor

Approved
Ms. Lee Woodruff, Chair

Approved
Dr. Rebecca Porter, Vice Chair

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Approved
Dr. Betty Moseley Brown, DFO