



U.S. Department
of Veterans Affairs

Veterans Health Administration
Information Access and Privacy (105HIG)
810 Vermont Avenue NW
Washington, DC 20420

Request No: 21-01718-F

September 29, 2021

Austin Evers
American Oversight
1030 15th Street, NW
Washington, DC, 20005

Dear Mr. Evers:

This letter is and initial agency decision on July 28, 2020 request, under the Freedom of Information Act (FOIA), 5 U.S.C. § 552, to the Department of Veterans Affairs (VA), Office of the Secretary (OSVA). It was determined by OSVA that a portion of the records located in response to your request were created and maintained by the Veterans Health Administration (VHA) as a result a portion of the response records were referred to the VHA Central Office FOIA for review and release determination. Within our request you seek: All calendars and calendar entries for the agency officials listed below, including any calendars maintained on their behalf, reflecting events that took place from January 1, 2020 to the date the search is conducted. The specific calendars that you are seeking pertain to the following individuals:

1. Secretary Robert Wilkie;
2. Acting Deputy Secretary Pamela J. Powers; and
3. Acting Chief of Staff Brooks D. Tucker

On December 11, 2020 OSVA issued a corrected eighth (8th) Initial Agency Decision (IAD) and advised that two hundred and thirty-six (236) pages of responsive records were being referred to VHA for review and release determination. It is noted that the referred documents contained Bates numbering, however due to dark page borders the Bates numbers are difficult to read. For ease of reference, responsive record pages will be identified using the Adobe page numbers for the PDF file displayed in the top tool bar. OSVA's partial referral of responsive records was received in my office on December 12, 2020 and was assigned FOIA tracking number 21-01718-F.

Upon my review of the 236 pages of responsive records, I have found information protected under FOIA exemption 5, 5 U.S.C. § 552(b)(5) and FOIA exemption 6, 5 U.S.C. § 552(b)(6). FOIA Exemption 5 permits VHA to withhold a document or information contained within a document as "pre-decisional" if two requirements are met. First, there must be an identifiable deliberative process. That is, the document must be a direct part of the deliberative process. Second, the agency generated the information or document as part of the agency decision process. Stated another way, VA may withhold information under Exemption 5 where the document or its content makes recommendations or expresses opinions about legal or policy matters during a decision-making process and the document is not the decision document or

incorporated into the decision document. Additionally, in accordance with the FOIA Improvement Act of 2016, an agency shall withhold information under the FOIA only if the agency reasonably foresees that disclosure would harm an interest protected by an exemption or disclosure is prohibited by law. Therefore, if the disclosure is not prohibited by law, the agency must state an articulable, foreseeable harm to the agency or its activities that could occur as a result of release of the document or information.

Upon review of pages 94 thru 106 and 190 thru 215, I have determined that they contain identical VHA Office of Budget power point presentations presented to SECVA outlining VHA's budget proposals for Fiscal Year (FY) 2022. This document is predecisional and contains raw data compiled for the review and consideration of SECVA for incorporation into the Departments annual budget submission to the Office of Management and Budget. If this raw data were released to the public, it would have a chilling effect on the internal methodologies and communications. Although the raw data is predecisional and is protected under FOIA exemption 5, VHA Office of Budget has advised that the Department's FY 2022 President Budget Request is publicly available and can be located at <https://www.va.gov/budget/products.asp>. Pages 94 thru 106 and 190 thru 215 have been withheld in their entirety under FOIA exemption 5.

In addition, I have identified predecisional information on pages 149 and 163 and have withheld these pages in part under Exemption 5. Specifically, there is documented analysis regarding the adequacy of patient care referrals to the community. This predecisional analysis data is used for policy and decisions regarding referrals for healthcare resources outside of VHA for our nations Veterans. I have also found that pages 177 thru 180 contain draft talking points regarding Community Care Network. It is noted that on pages 151 thru 157 and 167 thru 173 the document is in final format and is presented twice in its entirety. I have withheld pages 177 thru 180 in their entirety under FOIA exemption 5.

There are several categories of documents that routinely are protected by the deliberative process privilege of Exemption 5. Among the protected documents are advisory opinions, recommendations, and deliberations comprising parts of a process by which governmental decisions and policies are formulated. They are protected because, by their very nature, their release would likely "stifle honest and frank communication within the agency." Materials of this nature go to the very heart of the privilege, for, as the Supreme Court has stated, "the deliberative process privilege rests on the obvious realization that officials will not communicate candidly among themselves if each remark is a potential item of discovery and front-page news." *Department of Interior v. Klamath Water Users Protective Ass'n*, 532 U.S. 1, 8-9 (2001). "A subordinate who wishes to provide information candidly should not fear that the public will be privy to his views merely because his superiors have not yet acted on his recommendations." *Schell v. U.S. Dept. of Health & Human Services*, 843 F.2d 933, 941(6th Cir 1988).

In determining whether a document is pre-decisional, an agency does not necessarily have to point specifically to an agency final decision, but merely establish "what deliberative process is involved, and the role played by the documents in issue in

the course of that process. " Thus, so long as a document is generated as part of such a continuing process of agency decision making, courts have found Exemption 5 can be applicable. In a particularly instructive decision, *Access Reports v. DOJ*, the Court of Appeals for the District of Columbia Circuit emphasized the importance of identifying the larger process to which a document sometimes contributes. Further, "pre-decisional" documents are not only those circulated within the agency but can also be those from an agency lacking decisional authority that advises another agency possessing such authority. They even can be "documents which the agency decision maker herself prepared as part of her deliberation and decision-making process, or documents that do not end up being considered by the agency decision maker at all." Release of this information would inhibit employees from freely exchanging opinions resulting in harm to deliberative process itself. If employees believed that their open and frank feedback were to become public, staff would be less likely to freely communicate their opinions. See, e.g., *Russell v. Dep't of the Air Force*, 682 F.2d 1045, 1048 (D.C. Cir. 1982); *Coastal States Gas Corp. v. DOE*, 617 F.2d 854, 866 (D.C. Cir. 1980); *Jordan v. DOJ*, 591 F.2d 753, 772-73 (D.C. Cir. 1978) (en banc); *Brown v. EEOC*, No. 09-111, 2010 U.S. Dist. LEXIS 46466, at *9 (W.D. Ky. May 12, 2010) (holding that Exemption 5 was properly applied to prevent potential chilling effect on agency's discussions and undermining of agency's ability to perform its duties); *Morley v. CIA*, 699 F. Supp. 2d 244, 255-56 (D.D.C. 2010) (stating that privilege is "intended to prevent chilling future government employees from engaging in frank discussions during the deliberative process" (citing *Coastal States*, 617 F.2d at 866)), *aff'd* in pertinent part, vacated and remanded on other grounds, 466 Fed. App'x. 1 (D.C. Cir. 2012). Thus exemption 5 is applied to protect against public confusion that might result from disclosure of reasons or rationales that were not in fact ultimately the grounds for the agency's decision.

Exemption 6 permits VA to withhold a document or information within a document if disclosure of the information would constitute a clearly unwarranted invasion of a living individual's personal privacy. Stated another way, VA may withhold information under FOIA exemption 6 where disclosure of the information, either by itself or in conjunction with other information available to either the public or the FOIA requester, would result in an unwarranted invasion of an individual's personal privacy without contributing significantly to the public's understanding of the activities of the federal government.

Upon completion of the analysis in balancing personal privacy interests against public interest, it has been determined that the personal privacy interest of the individuals outweighs the public interest. I have redacted the names of the VA purchasers. Courts have found that an invasion of privacy need not occur immediately upon disclosure in order to be considered "clearly unwarranted."

The coverage of FOIA exemption 6 is absolute unless the FOIA requester can demonstrate a countervailing public interest in the requested information by demonstrating that the individual is in a position to provide the requested information to members of the general public and that the information requested contributes significantly to the public's understanding of the activities of the Federal government.

Additionally, the requester must demonstrate how the public's need to understand the information significantly outweighs the privacy interest of the person to whom the information pertains. Upon consideration of the materials you provided, we have not been able to identify a countervailing public interest of sufficient magnitude to outweigh the privacy interest in this case. Consequently, redactions were made to protect information withheld under FOIA exemption 6, 5 U.S.C. § 552 (b)(6).

Please be advised, you may appeal the determinations made in this response to the VA, Office of General Counsel. Appeals may be submitted electronically to their electronic appeal mailbox, ogcfoiaappeals@va.gov or mailed to the following address:

Office of General Counsel (024)
Department of Veterans Affairs
810 Vermont Avenue NW
Washington, DC 20420

If you should choose to file an appeal, your appeal must be postmarked or electronically submitted no later than ninety (90) calendar days from the date of this letter. Please include a copy of this letter with your written appeal, identify the determination(s) you are appealing and clearly state why you disagree with the determination(s).

In addition to filing an appeal with the Office of General Counsel, you may also seek assistance and/or dispute resolution services regarding your FOIA request from VHA's FOIA Public Liaison and or Office of Government Information Services (OGIS) as provided below:

VHA FOIA Public Liaison:
Email Address: vhafoia2@va.gov
Phone Number: (877) 461-5038

Office of Government Information Services (OGIS)
Email Address: ogis@nara.gov
Fax: (202) 741-5769

Mailing address:
Office of Government Information Services
National Archives and Records Administration
8601 Adelphi Road
College Park, MD 20740-6001

If you should have any further questions, please feel free to contact me at (717) 675-8363.

Sincerely,

DEANA M.

MARAKOWSKI 262091

Digitally signed by DEANA M.
MARAKOWSKI 262091
Date: 2021.09.29 15:06:00
-04'00'

Deana Marakowski
VHA FOIA Officer

Enclosure



Date: 06/12/2020

Table of Contents

Program Management Review (PMR) Accomplishments since last PMR
Follow-Up on Action Items since last PMR
Expansion Integrated Timeline Risks and Issues
IT Development Regulation Program Enhancement Directive, Notice, and SOPs
Hiring Training Implementation Readiness

Program Management Review (PMR)

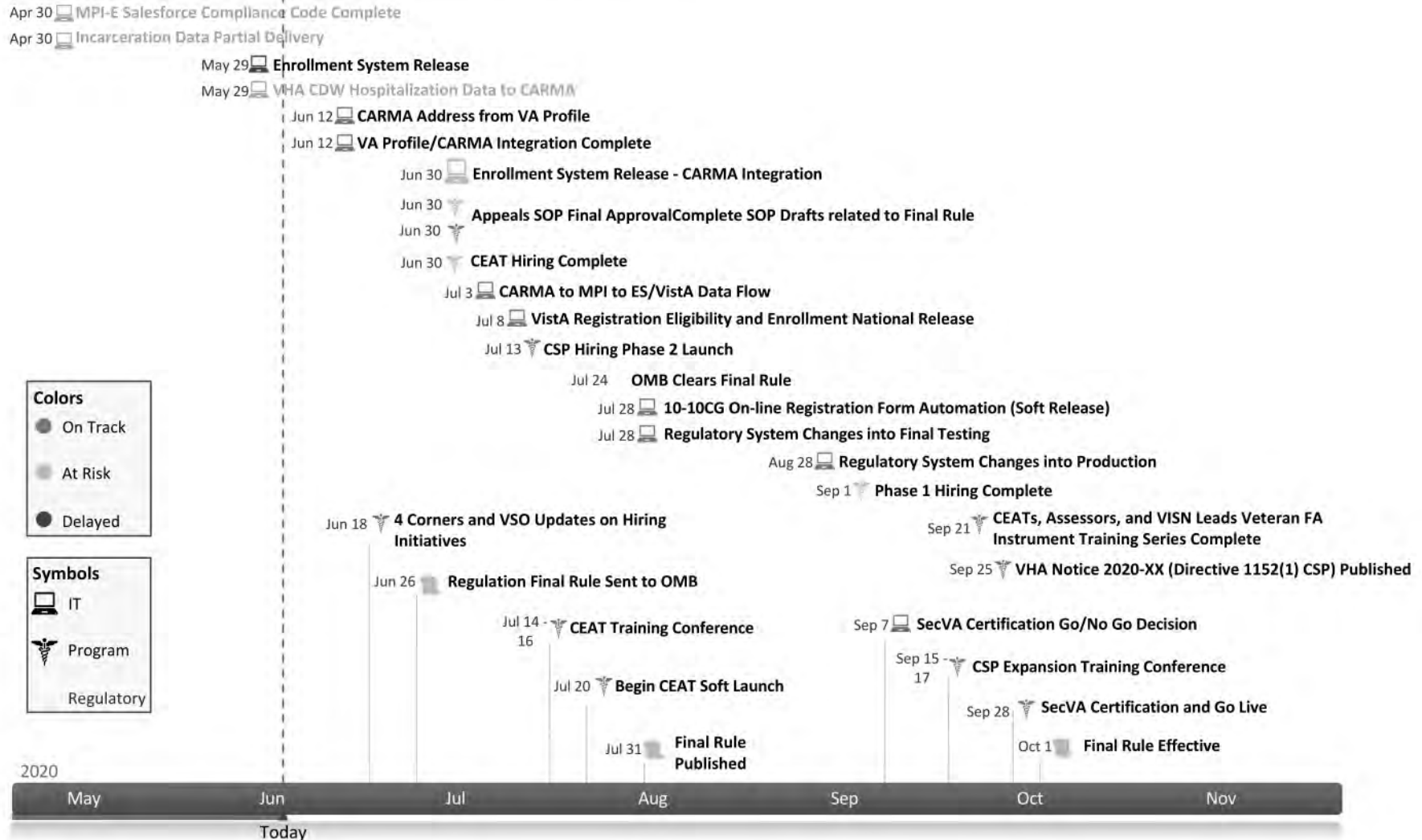
Accomplishments Since Last PMR

#	Item	Organizational POC	Completion Date
1	Office of General Counsel (OGC), VHA Regulations, and Office of Enterprise Integration (OEI) completed their initial response to the public comments	(B6)	5/28/2020
2	VHA has expedited the hiring of additional key field staff to support current program needs as well as anticipated expansion. As of 5/28, the program has achieved 85% of the Phase 1 goal of expanding from 480 to ~1,100 staff	(B6)	5/28/2020
3	Office of Information Technology (OIT) will expedite the development timeline and release the regulatory functionality required for SECVA certification by July 28	(B6)	5/29/2020
4	OIT completed CARMA integration with Corporate Data Warehouse (CDW)	(B6)	5/29/2020
5	Designed approaches to validate new business process required for expansion and regulation implementation	(B6)	6/2/2020
6	Summary of regulation public comments submitted to Office of Management and Budget (OMB) for review	(B6)	6/10/2020

Follow-Up on Action Items Since Last PMR

#	Item	Organizational POC	Completion Date
1	Understand how the rule impacts Veterans Benefits Administration (VBA), develop consistent data/assumptions to assess the impact on VBA to estimate the # of Veterans who may file for increased compensation ratings in order to qualify for Caregiver Stipend. VBA Milliman Exhibits submitted to VBA reviewKey contributors from VBA/VHA developing informed estimates of the # of increased compensation rating filingConvening workgroup meetings to write and clear a cost methodology of impact to VBA for Regulatory Impact Analysis (RIA)	(B6)	6/17/2020
2	Working with 00Reg, HR&A, VHA, OEI to finalize a hybrid staffing model using data modeling and VISN staffing needs assessments	(B6)	6/12/2020
3	Worked Jeff Goldstein and James Crowe at OMB to identify actions VA can take to help expedite OMB's regulatory review	(B6)	5/20/20
4	OEI is scheduling a briefing for DEPSEC in July on VA plans for Caregiver access to Army and Air Force Exchange Service (AAFES) and Commissaries (to include long-term approach to issuing a Caregiver ID card)	(B6)	

Expansion Integrated Timeline



Risks and Issues

Description

POC

Controls/Mitigation

Very Aggressive Implementation Schedule: If unanticipated events occur which significantly impact the critical development path they may jeopardize reaching the target SECVA certification date.

(B6)

By early August, Identify any potential for schedule slippage that might require adjustments to planned deliverables. Identify, define and execute training for any necessary manual workarounds.

OMB Expedited Review: If OMB does not agree to expedite the review of the proposed Caregiver Support Program (CSP) final rule, then the new regulation will not be in place in time for the program expansion

(B6)

- Request OMB waive Congressional Review Act

Legacy Participants: If unable to secure a large enough team to complete the ~20,000 reassessments of Legacy Participants within the first year, the timeliness of processing new applications for Vietnam and Korean War era Veterans will be jeopardized

(B6)

- Consider use of VHA Traveling Nurse Corp to meet this need – meeting scheduled 6/19 Reassess current field-based staff roles and realign as needed/appropriate – in process Investigate contracting staffing services – in process

Risks and Issues

Description	POC	Controls/Mitigation
Personnel: If unable to hire a qualified and seasoned permanent Program Director, the ability to establish necessary esprit de corps among the workforce weakens and impacts the ability to successfully expand the program	(B6)	Detail announcement closed on 6/5 – 1 applicantDirector announcement drafted for Social Worker/Psychologist/NurseRelocation expenses requested awaiting final approvalAnnouncement to post: Mid July 2020
Staffing Models/Funding: If unable to accurately estimate staffing models and associated funding that incorporate VAMC resource needs, VAMC staff will be unable to execute the increased workload expected due to the program expansion	(B6)	HR&A/VHA/OEI/00 Reg working together to come up with best possible staffing estimates and associated costs for inclusion in RIA due to OMB 6/26
Program Office Requirements: If the Program Office is not adequately staffed to meet workload needs, VACO will be unable to effectively ensure consistent program operations and timely services to Veterans and Caregivers	(B6)	Long Term: VHA Modernization calls for increased full-time equivalent (FTE) for Program Office; Proposed Org chart developed; Submitting task orders on 2 IDIQs for support and 1 contractShort Term: 2 additional details being pursued for CARMA; Supervisor, administrative, analytics, training, operational FTE needed; Detailed MD as Acting Medical Sr. Advisor 3 days a week

IT Development

1

Status

- Schedule currently on track, though very tightWeekly Program Management Reviews with all appropriate stakeholders being held to closely monitor progress VA Profile work to verify and update non-identity information for caregivers is in progress

2

Key Accomplishments

- CARMA 10-10CG Dark Release completed 5/22CARMA integration with CDW completed 5/29

3

Issues and Risks

- The schedule is extremely tight. Any unanticipated challenges (changes to requirements, difficulty in reducing backlog, unavailability of critical resources, etc.) will negatively affect the ability to deliver 100% of currently planned capabilities.

4

Upcoming Key Milestones

Milestone	Est. Finish	Status
Release CARMA functionality to meet regulatory requirements	7/28/2020	
Soft Release of 10-10CG	7/31/2020	
National Release of all CPRS templates	8/31/2020	
Release of reassessment functionality	8/31/2020	
SecVA Certification and Go-Live	9/28/2020	

Project Status Legend:



Completed



On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

Regulation Status

1

Status

- CSP, OGC, VHA Regulations and OEI are meeting every day to refine the responses to the public comments and the final regulatory textIdentifying and preparing sections for OMB informal review throughout June

2

Key Accomplishments

- CSP, OGC, VHA Regulations and OEI completed initial responses to the public comments on 5/28Initial draft of final regulation developed and sent to CSP, OGC, and OEI on 6/3; daily meetings scheduled the week of 6/8 to review and discuss; engaging VBA to discuss commentsSummary of public comments submitted to OMB for review

3

Issues and Risks

- If OMB does not expedite review of the proposed final rule, then the new regulation will not be in place in time for the expansion that will occur when the required IT certification is completed

4

Upcoming Key Milestones

Milestone	Est. Finish	Status
Submit final rule to OMB for review	6/26/2020	☐
OMB clears the final rule	7/24/2020	☐
Final Rule is effective	10/1/2020	☐

Project Status Legend:



Completed



On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

Program Enhancement

Directive, Notice and Standard Operating Procedures (SOP)

1

Status

- Drafting VHA Notice and associated SOPs which will publish by 10/1 to align with the effective date of final rule. 3 Concurrent workgroups are underway: Writers, Reviewers, 2nd level Reviewers. As of 6/8, 16 SOPs are in progress. Target to have SOPs written by 6/30. The Appeals SOP is concurrently undergoing OGC review. VHA's Policy Office to review 3 most involved SOPs (Legacy, Discharge/Revocation, Application Processing) starting week of 6/8.

2

Key Accomplishments

- The process of how appeals will be adjudicated was approved by the VISN Chief Medical Officers on 5/18.

3

Issues and Risks

- If Policy and SOPs are incomplete, then the enterprise will lack uniformed guidance directing VISN and VAMC program operations. If Program Office staff workload continues to be reassigned to prioritize SOP development, then field-based programing and implementation will be severely delayed impacting key expansion activities. If Field Guides are not disseminated to VISNs and VAMCs in advance of expansion and implementation, then program operations and decision making will vary across the enterprise. Stakeholders (VSO, Members of Congress) requesting inclusion in policy development. If full inclusion, then the program office will be setting precedent of including external entities in the development policy.

4

Upcoming Key Milestones

Milestone	Est. Finish	Status
Complete drafting SOPs	6/30/2020	
Publish Appeals SOP	6/30/2020	
Complete drafting VHA Notice for entry into VHA concurrence	7/15/2020	
Brief VSOs and Hill staff on Appeals/Eligibility/Reassessments process	Late July 2020	
Begin SharePoint review for CSP Directive 1152 update	10/31/2020	

Project Status Legend:



Completed



On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

Hiring

1

Status

- In process of hiring the final 85 FTE to complete Phase 1 Hiring InitiativeFinalizing staffing model on the Phase 2 hiring initiative; getting field input and will make adjustments as appropriate

2

Key Accomplishments

- Hired 100% VISN LeadsHired 93% of the Phase 1 PCAFC Facility Program Managers/SupervisorsHired 89% of the PGCSS Facility CoordinatorsHired 64% of all Centralized Eligibility and Appeals Team (CEAT) staffSix VISNs have fully staffed CEATs

3

Issues and Risks

- If national policy guiding decision making among CEATs is not developed, then risk inconsistent practices among teams enterprise wide, resulting in inconsistent clinician assessment practices nationwide

4

Upcoming Key Milestones

Milestone	Est. Finish	Status
Four Corners Briefing	6/18/2020	■
Phase 2 Hiring Launch	7/13/2020	■
100% of CEAT staff are onboard	7/14/2020	■

Project Status Legend:



Completed



On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

Training

1

Status

- Executing on the plan for two web-based conferences in July (CEAT) and September (CSP Expansion) Developing the presentations for CEAT conference. CEAT policy under development Planning for eligibility and appeals hands-on experiential training for CEAT staff Initial Functional Veteran Assessment Instrument modules planned completion by end of June to record with Employee Education Service

2

Key Accomplishments

- Finalized agenda and accreditation for CEAT Training Conference Community of Practice Calls instituted to keep Field informed VISN lead calls instituted Eight CSP webinars are available on TMS with an additional nine webinars under development

3

Issues and Risks

- Technology limitations with increased usage of VANTS and Adobe can impact virtual conference experience Unlikely that all CEAT members will be onboard by 7/14 conference date Training material based on proposed regulations for CEAT conference cannot be deployed until expansion Staffing resources limited and staff realignment required to assist with expansion training in September

4

Upcoming Key Milestones

Milestone	Est. Finish	Status
Finalize CEAT Training Conference content	6/27/2020	
Conduct CEAT Training Conference	7/16/2020	
Deploy Veteran Functionality Assessment Instrument training series	9/1/2020	
Conduct Expansion Training Conference	9/17/2020	

Project Status Legend:



Completed



On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

Implementation Readiness

1

Status

- Establishing support mechanisms to assist field staff with adopting new business processes, to monitor consistency of clinical decision making, and to complete reassessments of Legacy Participants
- Developing Table Top Exercises to test new business processes, identify weaknesses and create solutions prior to fully fielding the new program

2

Key Accomplishments

- VA-CARES QUERI, a partnered evaluation center, is partnering with the program office to conduct formative evaluation and monitoring of Eligibility/Assessments/CEAT Processes supporting consistency across VISNs and VAMCs

3

Issues and Risks

- If unable to secure a large enough team to complete the ~20,000 reassessments of Legacy Participants within the first year, the timeliness of processing new applications for Vietnam and Korean War era Veterans will be jeopardized
- If current Program Office FTE are prioritized to focus on all aspects of field implementation, then no resources are available supporting day-to-day operations and general program oversight

4

Upcoming Key Milestones

Milestone	Est. Finish	Status
Develop processes for auditing VAMC and VISN performance	6/30/2020	
Complete implementation of WebVRAM	8/3/2020	

Project Status Legend:



Completed



On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

PMR Wrap Up



Date: 06/12/2020

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Directive, Notice, and SOPs Hiring Training Implementation
Readiness**

Program Management Review (PMR)

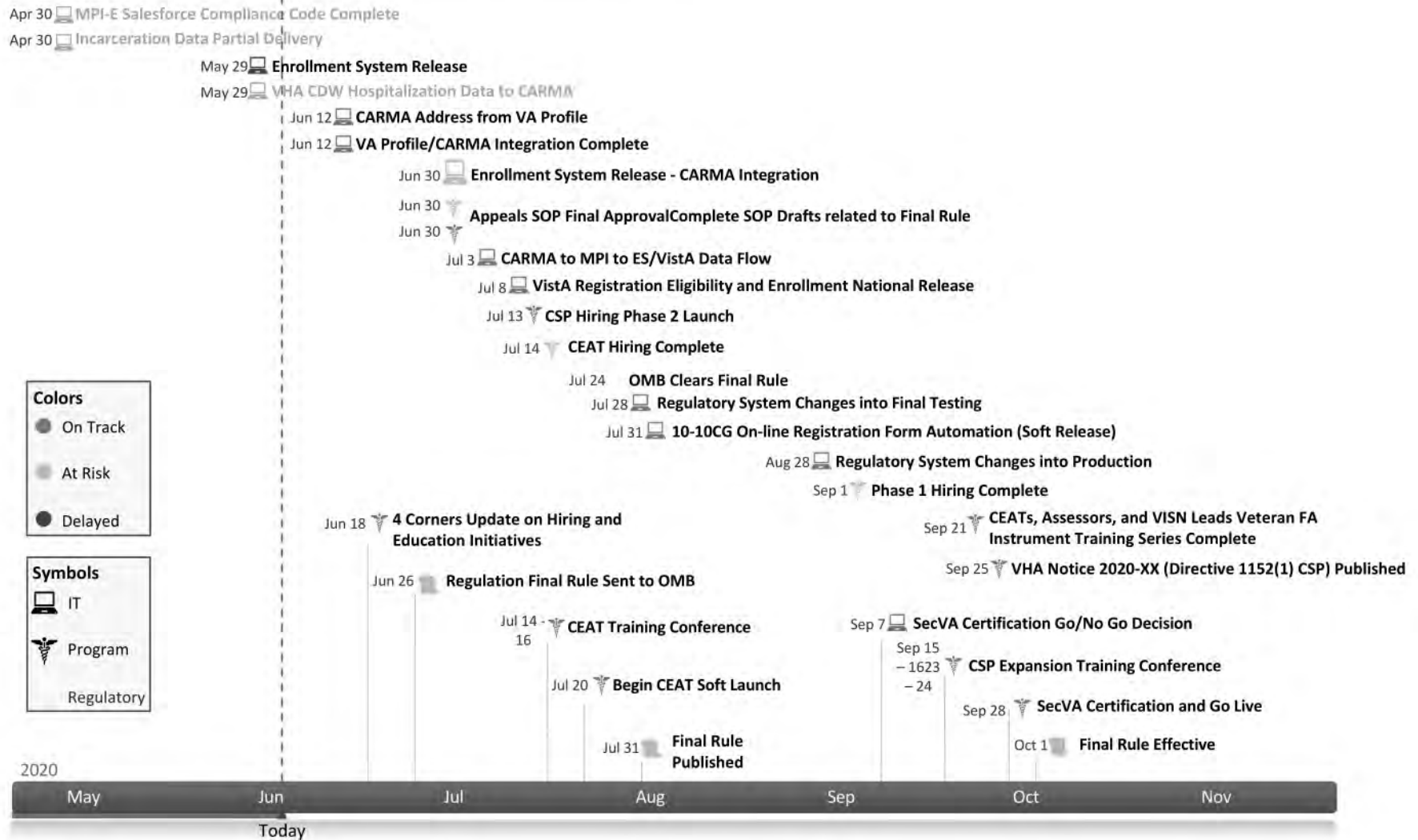
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Expansion Integrated Timeline



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Issues and Risks

- If Policy and SOPs are incomplete, then the enterprise will lack uniformed guidance directing VISN and VAMC program operations. If Program Office staff workload continues to be reassigned to prioritize SOP development, then field-based programming and implementation will be severely delayed impacting key expansion activities. If Field Guides are not disseminated to VISNs and VAMCs in advance of expansion and implementation, then program operations and decision making will vary across the enterprise. Stakeholders (VSO, Members of Congress) requesting inclusion in policy development. If full inclusion, then the program office will be setting precedent of including external entities in the development policy.

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Upcoming Key Milestones

Milestone	Est. Finish	Status
Complete drafting SOPs	6/30/2020	
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Complete drafting VHA Notice for entry into VHA concurrence	7/15/2020	
Brief VSOs and Hill staff on Appeals/Eligibility/Reassessments process	Late July 2020	
Begin SharePoint review for CSP Directive 1152 update	10/31/2020	

Project Status Legend:



Completed



On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

Hiring

1

Status

- In process of hiring the final 85 FTE to complete Phase 1 Hiring InitiativeFinalizing staffing model on the Phase 2 hiring initiative; getting field input and will make adjustments as appropriate

2

Key Accomplishments

- Hired 100% VISN LeadsHired 93% of the Phase 1 PCAFC Facility Program Managers/SupervisorsHired 90% of the PGCSS Facility CoordinatorsHired 69% of all Centralized Eligibility and Appeals Team (CEAT) staffSix VISNs have fully staffed CEATs

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Issues and Risks

- If national policy guiding decision making among CEATs is not developed, then risk inconsistent practices among teams enterprise wide, resulting in inconsistent clinician assessment practices nationwide

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Upcoming Key Milestones

Milestone	Est. Finish	Status
Four Corners Briefing	6/18/2020	■
Phase 2 Hiring Launch	7/13/2020	■
100% of CEAT staff are onboard	7/14/2020	■

Project Status Legend:



Completed



On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

Training

1

Status

- Executing on the plan for two web-based conferences in July (CEAT) and September (CSP Expansion) Developing the presentations for CEAT conference. CEAT policy under development Planning for eligibility and appeals hands-on experiential training for CEAT staff Initial Veteran Functional Assessment Instrument modules planned completion by end of June to record with Employee Education Service

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Key Accomplishments

- Finalized agenda and accreditation for CEAT Training Conference Community of Practice Calls instituted to keep Field informed VISN lead calls instituted Eight CSP webinars are available on TMS with an additional nine webinars under development

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Issues and Risks

- Technology limitations with increased usage of VANTS and Adobe can impact virtual conference experience Unlikely that all CEAT members will be onboard by 7/14 conference date Training material based on proposed regulations for CEAT conference cannot be deployed until expansion Staffing resources limited and staff realignment required to assist with expansion training in September

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Upcoming Key Milestones

Milestone	Est. Finish	Status
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Project Status Legend:



Completed



On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

Implementation Readiness

1

Status

- Establishing support mechanisms to assist field staff with adopting new business processes, to monitor consistency of clinical decision making, and to complete reassessments of Legacy Participants
- Developing Table Top Exercises to test new business processes, identify weaknesses and create solutions prior to fully fielding the new program

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Key Accomplishments

- VA-CARES QUERI, a partnered evaluation center, is partnering with the program office to conduct formative evaluation and monitoring of Eligibility/Assessments/CEAT Processes supporting consistency across VISNs and VAMCs

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Issues and Risks

- If unable to secure a large enough team to complete the ~20,000 reassessments of Legacy Participants within the first year, the timeliness of processing new applications for Vietnam and Korean War era Veterans will be jeopardized
- If current Program Office FTE are prioritized to focus on all aspects of field implementation, then no resources are available supporting day-to-day operations and general program oversight

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Upcoming Key Milestones

Milestone	Est. Finish	Status
Develop processes for auditing VAMC and VISN performance	7/15/2020	
Complete implementation of WebVRAM	8/3/2020	

Project Status Legend:



Completed



On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

PMR Wrap Up



Caregivers

Program Management Review (PMR) Veterans Health Administration

Date: 06/12/2020

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Program Management Review (PMR) Accomplishments since last PMR
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IT Development Regulation Program Enhancement Directive, Notice, and SOPs
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Program Management Review (PMR)

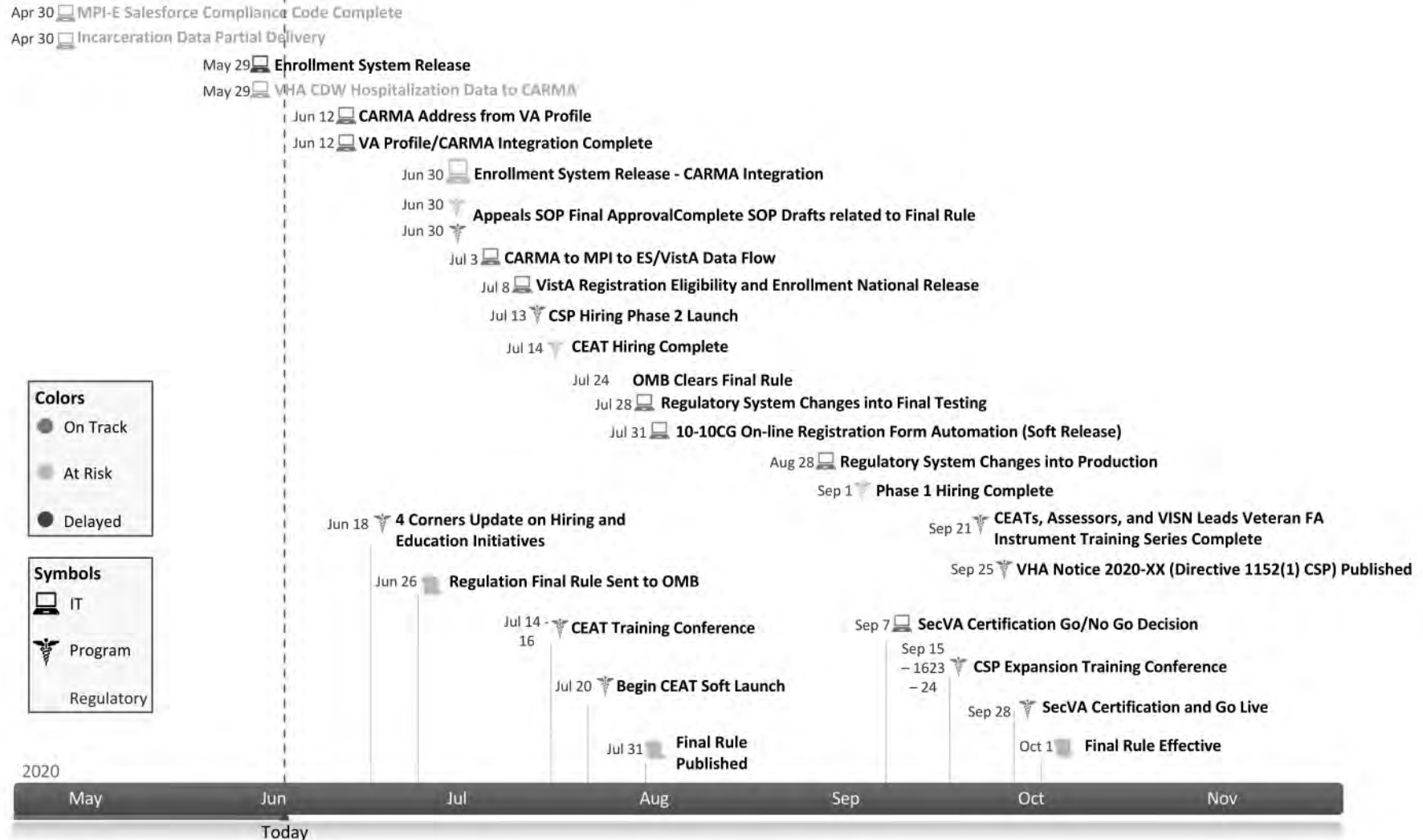
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3	Office of Information Technology (OIT) will expedite the development timeline and release the regulatory functionality required for SECVA certification for testing by July 28	(B6)	5/29/2020
4	OIT completed CARMA integration with Corporate Data Warehouse (CDW)	(B6)	5/29/2020
5	Designed approaches to validate new business process required for expansion and regulation implementation	(B6)	6/2/2020
6	Summary of regulation public comments submitted to Office of Management and Budget (OMB) for review	(B6)	6/10/2020

Follow-Up on Action Items Since Last PMR

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1	Understand how the rule impacts Veterans Benefits Administration (VBA), develop consistent data/assumptions to assess the impact on VBA to estimate the # of Veterans who may file for increased compensation ratings in order to qualify for Caregiver Stipend. VBA Milliman Exhibits submitted to VBA reviewKey contributors from VBA/VHA developing informed estimates of the # of increased compensation rating filingConvening workgroup meetings to write and clear a cost methodology of impact to VBA for Regulatory Impact Analysis (RIA)	(B6)	6/17/2020
2	Working with 00Reg, HR&A, VHA, OEI to finalize a hybrid staffing model using data modeling and VISN staffing needs assessments	(B6)	6/12/2020
3	Worked (B6) and (B6) at OMB to identify actions VA can take to help expedite OMB's regulatory review	(B6)	5/20/20
4	OEI is scheduling a briefing for DEPSEC in July on VA plans for Caregiver access to Army and Air Force Exchange Service (AAFES) and Commissaries (to include long-term approach to issuing a Caregiver ID card)	(B6)	

Expansion Integrated Timeline



Risks and Issues

Description

POC

Controls/Mitigation

Very Aggressive Implementation Schedule: If unanticipated events occur which significantly impact the critical development path they may jeopardize reaching the target SECVA certification date.

(B6)

By early August, Identify any potential for schedule slippage that might require adjustments to planned deliverables. Identify, define and execute training for any necessary manual workarounds.

OMB Expedited Review: If OMB does not agree to expedite the review of the proposed Caregiver Support Program (CSP) final rule, then the new regulation will not be in place in time for the program expansion

(B6)

- Request OMB waive Congressional Review Act

Legacy Participants: If unable to secure a large enough team to complete the ~20,000 reassessments of Legacy Participants within the first year, the timeliness of processing new applications for Vietnam and Korean War era Veterans will be jeopardized

(B6)

- Consider use of VHA Traveling Nurse Corp to meet this need – meeting scheduled 6/19 Reassess current field-based staff roles and realign as needed/appropriate – in process Investigate contracting staffing services – in process

Risks and Issues

Description	POC	Controls/Mitigation
Personnel: If unable to hire a qualified and seasoned permanent Program Director, the ability to establish necessary esprit de corps among the workforce weakens and impacts the ability to successfully expand the program	(B6)	Detail announcement closed on 6/5 – 1 applicantDirector announcement drafted for Social Worker/Psychologist/NurseRelocation expenses requested awaiting final approvalAnnouncement to post: Mid July 2020
Staffing Models/Funding: If unable to accurately estimate staffing models and associated funding that incorporate VAMC resource needs, VAMC staff will be unable to execute the increased workload expected due to the program expansion	(B6)	HR&A/VHA/OEI/00 Reg working together to come up with best possible staffing estimates and associated costs for inclusion in RIA due to OMB 6/26
Program Office Requirements: If the Program Office is not adequately staffed to meet workload needs, VACO will be unable to effectively ensure consistent program operations and timely services to Veterans and Caregivers	(B6)	Long Term: VHA Modernization calls for increased full-time equivalent (FTE) for Program Office; Proposed Org chart developed; Submitting task orders on 2 IDIQs for support and 1 contractShort Term: 2 additional details being pursued for CARMA; Supervisor, administrative, analytics, training, operational FTE needed; Detailed MD as Acting Medical Sr. Advisor 3 days a week

IT Development

1

Status

- Schedule currently on track, though very tightWeekly Program Management Reviews with all appropriate stakeholders being held to closely monitor progress VA Profile work to verify and update non-identity information for caregivers is in progress

2

Key Accomplishments

- CARMA 10-10CG Dark Release completed 5/22CARMA integration with CDW completed 5/29

3

Issues and Risks

- The schedule is extremely tight. Any unanticipated challenges (changes to requirements, difficulty in reducing backlog, unavailability of critical resources, etc.) will negatively affect the ability to deliver 100% of currently planned capabilities.

4

Upcoming Key Milestones

Milestone	Est. Finish	Status
Release CARMA functionality to meet regulatory requirements	7/28/2020	
Soft Release of 10-10CG	7/31/2020	
National Release of all CPRS templates	8/31/2020	
Release of reassessment functionality for testing	8/31/2020	
SecVA Certification and Go-Live	9/28/2020	

Project Status Legend:



Completed



On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

Regulation Status

1

Status

- CSP, OGC, VHA Regulations and OEI are meeting every day to refine the responses to the public comments and the final regulatory textIdentifying and preparing sections for OMB informal review throughout June

2

Key Accomplishments

- CSP, OGC, VHA Regulations and OEI completed initial responses to the public comments on 5/28Initial draft of final regulation developed and sent to CSP, OGC, and OEI on 6/3; daily meetings scheduled the week of 6/8 to review and discuss; engaging VBA to discuss commentsSummary of public comments submitted to OMB for review

3

Issues and Risks

- If OMB does not expedite review of the proposed final rule, then the new regulation will not be in place in time for the expansion that will occur when the required IT certification is completed

4

Upcoming Key Milestones

Milestone	Est. Finish	Status
Submit final rule to OMB for review	6/26/2020	
OMB clears the final rule	7/24/2020	
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Project Status Legend:



Completed



On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

Program Enhancement

Directive, Notice and Standard Operating Procedures (SOP)

1

Status

- Drafting VHA Notice and associated SOPs which will publish by 10/1 to align with the effective date of final rule. 3 Concurrent workgroups are underway: Writers, Reviewers, 2nd level Reviewers. As of 6/8, 16 SOPs are in progress. Target to have SOPs written by 6/30. The Appeals SOP is concurrently undergoing OGC review. VHA's Policy Office to review 3 most involved SOPs (Legacy, Discharge/Revocation, Application Processing) starting week of 6/8.

2

Key Accomplishments

- The process of how appeals will be adjudicated was approved by the VISN Chief Medical Officers on 5/18.

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Issues and Risks

- If Policy and SOPs are incomplete, then the enterprise will lack uniformed guidance directing VISN and VAMC program operations. If Program Office staff workload continues to be reassigned to prioritize SOP development, then field-based programing and implementation will be severely delayed impacting key expansion activities. If Field Guides are not disseminated to VISNs and VAMCs in advance of expansion and implementation, then program operations and decision making will vary across the enterprise. Stakeholders (VSO, Members of Congress) requesting inclusion in policy development. If full inclusion, then the program office will be setting precedent of including external entities in the development policy.

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At Risk (Plan in Place)



Issues (Additional Support Needed)

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1

Status

- In process of hiring the final 85 FTE to complete Phase 1 Hiring Initiative Finalizing staffing model on the Phase 2 hiring initiative; getting field input and will make adjustments as appropriate

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Issues (Additional Support Needed)

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Status

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On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

Implementation Readiness

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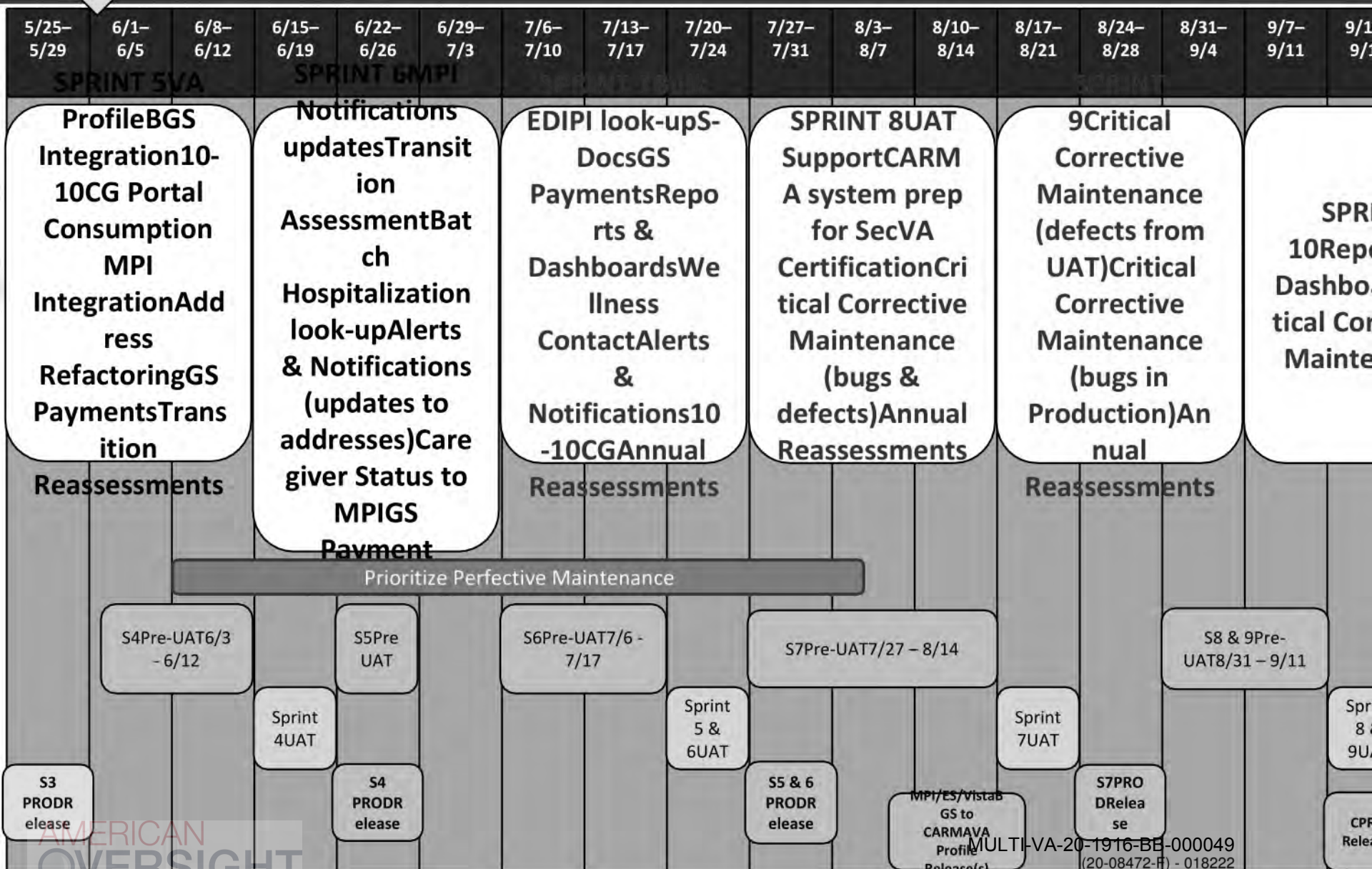


Issues (Additional Support Needed)

PMR Wrap Up

CARMA Product

Today



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(20-08472-F) - 018222





Caregivers

Program Management Review (PMR) Veterans Health Administration

Date: 06/12/2020

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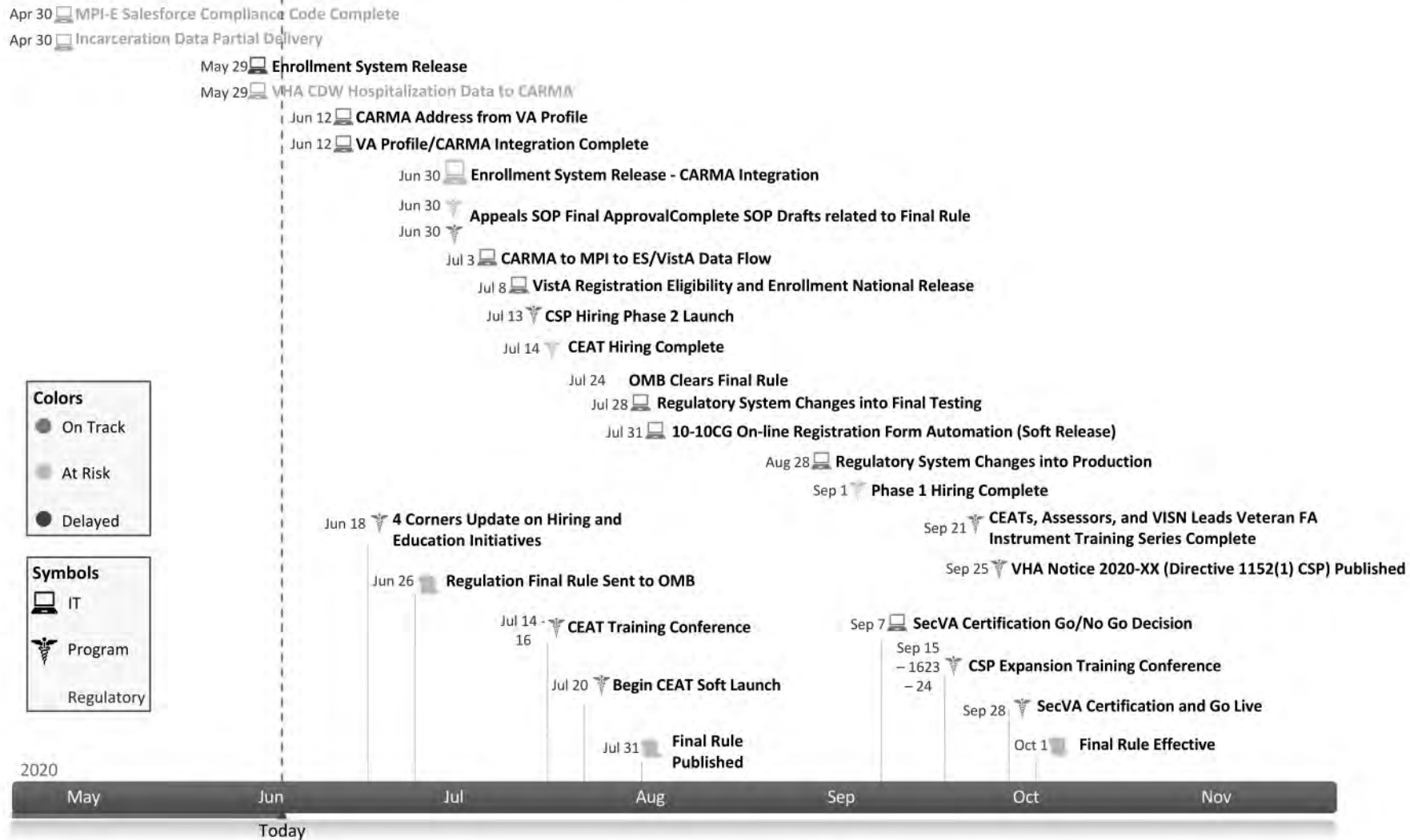
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Expansion Integrated Timeline



Risks and Issues

Description

POC

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(B6)

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On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

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Status

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At Risk (Plan in Place)



Issues (Additional Support Needed)

Training

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Status

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Upcoming Key Milestones

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Project Status Legend:



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At Risk (Plan in Place)



Issues (Additional Support Needed)

Implementation Readiness

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Status

- Establishing support mechanisms to assist field staff with adopting new business processes, to monitor consistency of clinical decision making, and to complete reassessments of Legacy Participants
- Developing Table Top Exercises to test new business processes, identify weaknesses and create solutions prior to fully fielding the new program

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Upcoming Key Milestones

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Project Status Legend:



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On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

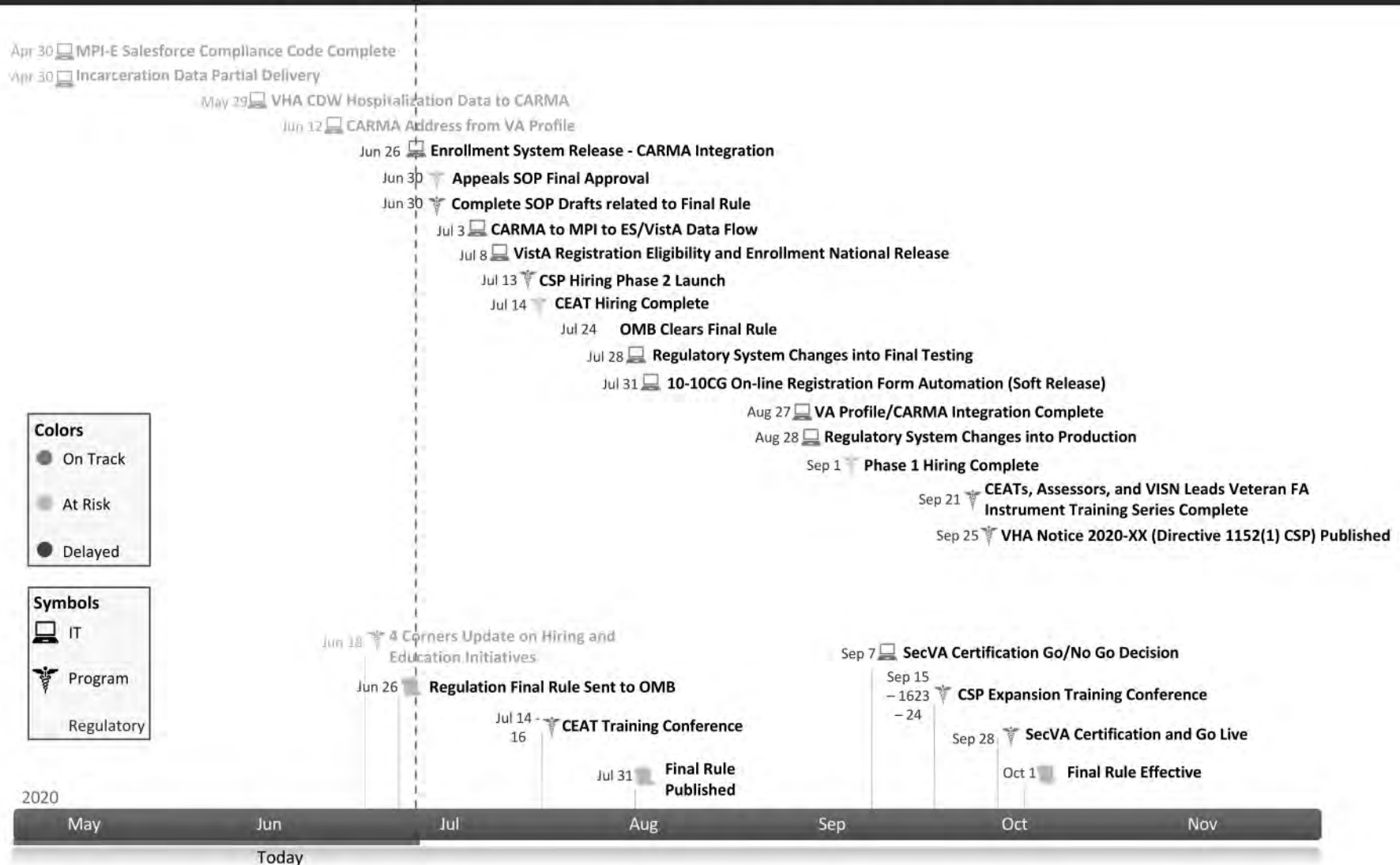
PMR Wrap Up



Caregivers Senior Leadership Integrated Project Team (IPT)

Date: 07/1/2020

Expansion Integrated Timeline



Risks and Issues

Description

POC

Controls/Mitigation

Very Aggressive Implementation Schedule: If unanticipated events occur which significantly impact the critical development path they may jeopardize reaching the target SECVA certification date

(B6)

By early August, Identify any potential for schedule slippage that might require adjustments to planned deliverables. Identify, define and execute training for any necessary manual workarounds

Office of Management and Budget (OMB) Expedited Review: If OMB does not agree to expedite the review of the proposed Caregiver Support Program (CSP) final rule, then the new regulation will not be in place in time for the program expansion

(B6)

- Request OMB waive Congressional Review Act

Legacy Participants: If unable to secure a large enough team to complete the ~20,000 reassessments of Legacy Participants within the first year, the timeliness of processing new applications for Vietnam and Korean War era Veterans will be jeopardized

(B6)

- Initial conversation with travelling Nurse Corp 6/26; Consider use of light duty nurses to fill gaps Reassess current field-based staff roles and realign as needed/appropriate – in process Investigate contracting staffing services – in process

Risks and Issues

Description

POC

Controls/Mitigation

Personnel: If unable to hire a qualified and seasoned permanent Program Director, the ability to establish necessary esprit de corps among the workforce weakens and impacts the ability to successfully expand the program

(B6)

- Detail announcement closed on 6/5 – 1 applicant Due to limited applicants, detail re-announced. Closes 7/8 – open to Social Workers, Nurses and Psychologists across VHADirector announcement drafted for Social Worker/Psychologist/NurseRelocation expenses requested awaiting final approvalAnnouncement to post: Mid July 2020

Program Office Requirements: If the Program Office is not adequately staffed to meet workload needs, VACO will be unable to effectively ensure consistent program operations and timely services to Veterans and Caregivers

(B6)

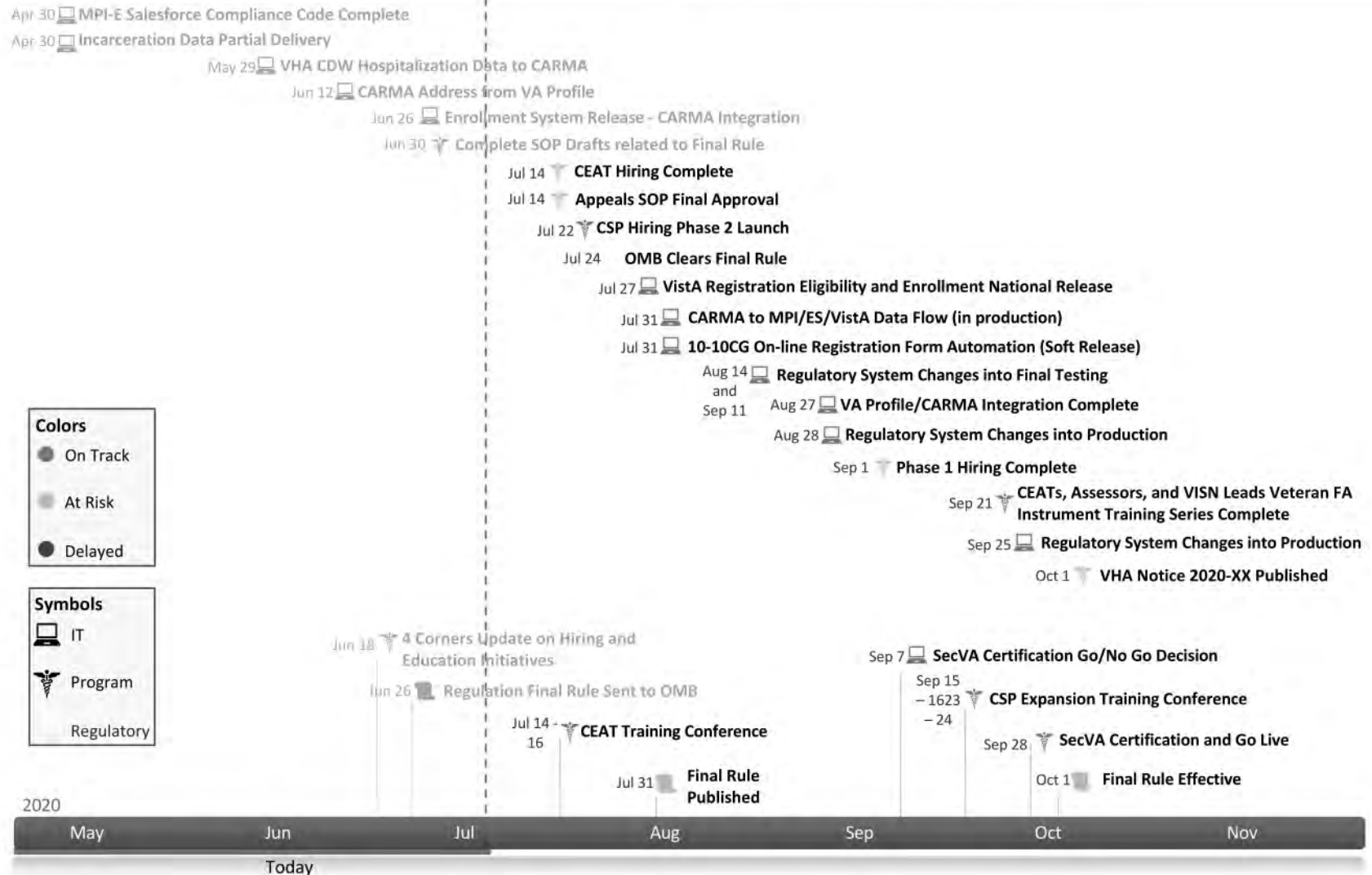
- Long Term: VHA Modernization calls for increased full-time equivalent (FTE) for Program Office; Proposed Org chart developed and discussed with leadership; Funding Conversion needed (0160 to 0152); Submitting task orders on 2 IDIQs for support and 1 contract under developmentShort Term: 2 details extensions approved 6/16. 2 additional details secured for CARMA with start dates 7/5 and 7/12. 1 MD Detailed as Acting Medical Sr. Advisor 3 days a week.Additional FTE needed: Supervisory, administrative, analytics, training and operational



Caregivers Senior Leadership Integrated Project Team (IPT)

Date: 07/8/2020

Expansion Integrated Timeline



Regulations Risks and Issues

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OMB Edits: If the OMB does not send their initial edits soon, VA will not be able to resubmit the regulation to OMB in time for a July 31 publication date	(B6)	
OGC Edits: If OGC does return their final edits this week, the Program Office and 10B4 will not have sufficient time to adequately address any concerns raised..	(B6)	Frequent meetings with CSP, 10B4, and OGC to address remaining issues
Eligibility Criteria: If Program Office does not develop eligibility criteria for the Level 1 and Level 2 stipends that satisfy OGC's definition of legally sufficient and a logical outgrowth of the proposed rule, submission of the regulation to OMB may be delayed	(B6)	Frequent meetings with CSP, 10B4, and OGC to address remaining issues
Federal Register Back Up: If the Federal Register does not clear their a significant backlog and it may delay the target July 31 publication date	(B6)	00REG sends special handling letter to Federal Register.

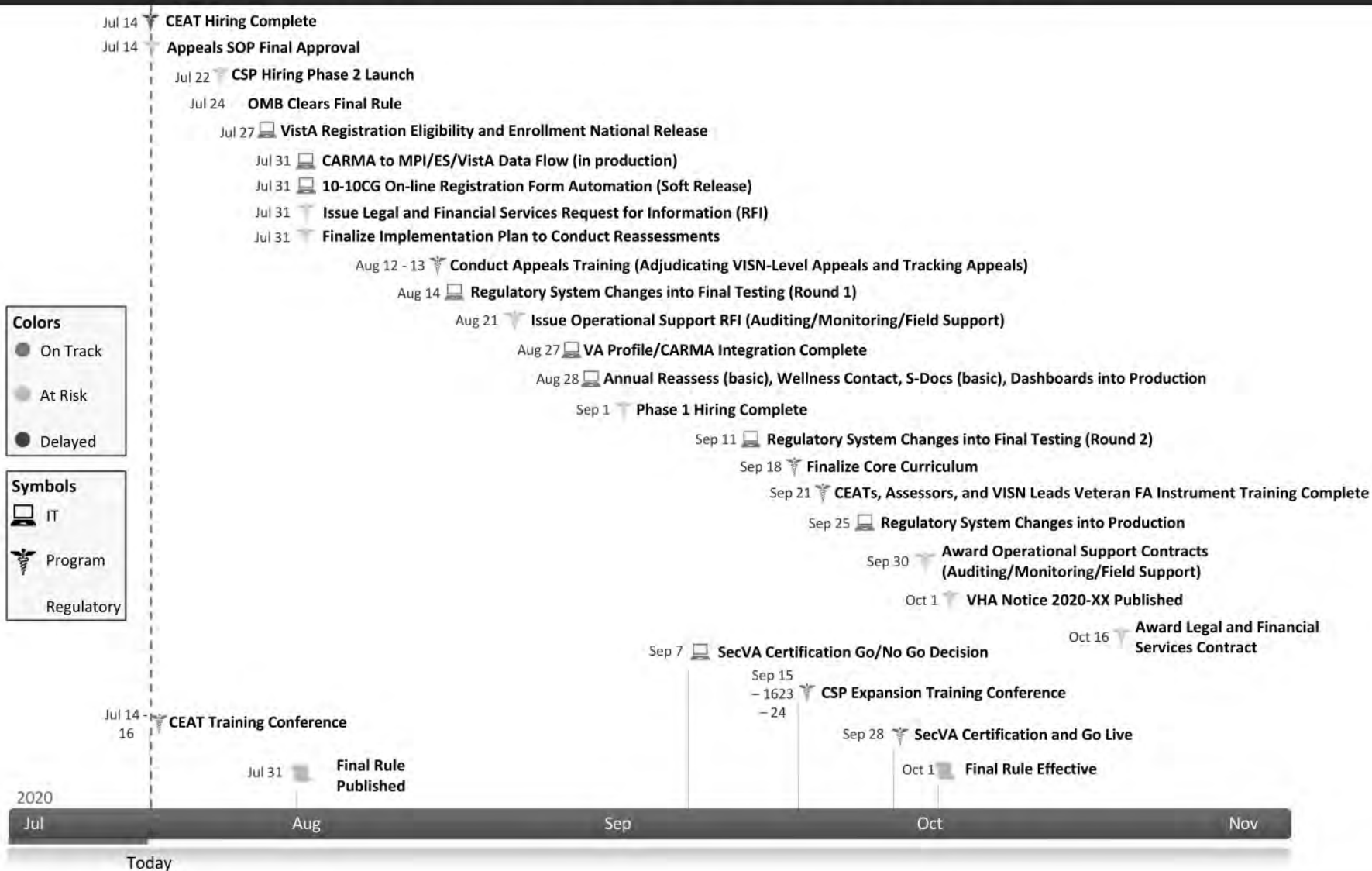


Caregivers Senior Leadership Integrated Project Team (IPT)

Date: 07/15/2020



Expansion Integrated Timeline



Risks and Issues

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Field Personnel: If all CEAT Members are not hired and onboarded by 7/14 then remaining CEAT members hired after the July 14-16 training conference will need to be guided through all missed training	(B6)	Caregiver Support Program (CSP) Steering Committee will be presented with the hiring challenges on July 17, 2020 for input and guidance Training will be recorded for new hires to review
Very Aggressive Implementation Schedule: If unanticipated events occur which significantly impact the critical development path they may jeopardize reaching the target SECVA certification date	(B6)	By early August, identify any potential for schedule slippage that might require adjustments to planned deliverables. Identify, define and execute training for any necessary manual workarounds
Legacy Participants: If unable to secure a large enough team to complete the ~20,000 reassessments of Legacy Participants within the first year, the timeliness of processing new applications for Vietnam and Korean War era Veterans will be jeopardized	(B6)	Presenting strategic plan to the CSP Steering Committee on July 17, 2020 focused on training existing medical center staff to complete eligibility assessments and use the Traveling Nurse Corps to supplement local staff as needed using a three pronged approach: VISN Wide Plan; Engage Nursing/Social Workers to deploy additional assessors; Traveling Nurse Corps to fill gaps

Risks and Issues

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Program Leadership: If unable to hire a qualified and seasoned Program Director, the ability to establish necessary esprit de corps among the workforce weakens and impacts the ability to successfully expand the program	(B6)	• Twenty applicants (6 Social Workers and 14 Nurses) applied for the Acting Program Director position which closed on July 8, 2020. Final selection targeted for July 23, 2020. Working with Human Resources (HR) to post the new permanent Program Director
Program Office Requirements: If the Program Office is not adequately staffed to meet workload needs, VACO will be unable to effectively ensure consistent program operations and timely services to Veterans and Caregivers	(B6)	• FTE needed Supervisory, administrative, analytics, training and operational. Caregivers organizational chart approved verbally. Working through HR processes to have the new org chart signed. Submitting an unfunded request for FY 2021 to support funding of new positions. Goal is to hire leadership positions by October 30, 2020 and remainder by the end of 1st quarter FY 2021.
Regulation: If OMB/OIRA doesn't approve an emergency review of the revised collection of information associated with the Caregivers regulation, under the Paperwork Reduction Act (PRA), then the publication of the final rule may be delayed.	(B6)	• Submitted a request for emergency review on 7/13

Risks and Issues

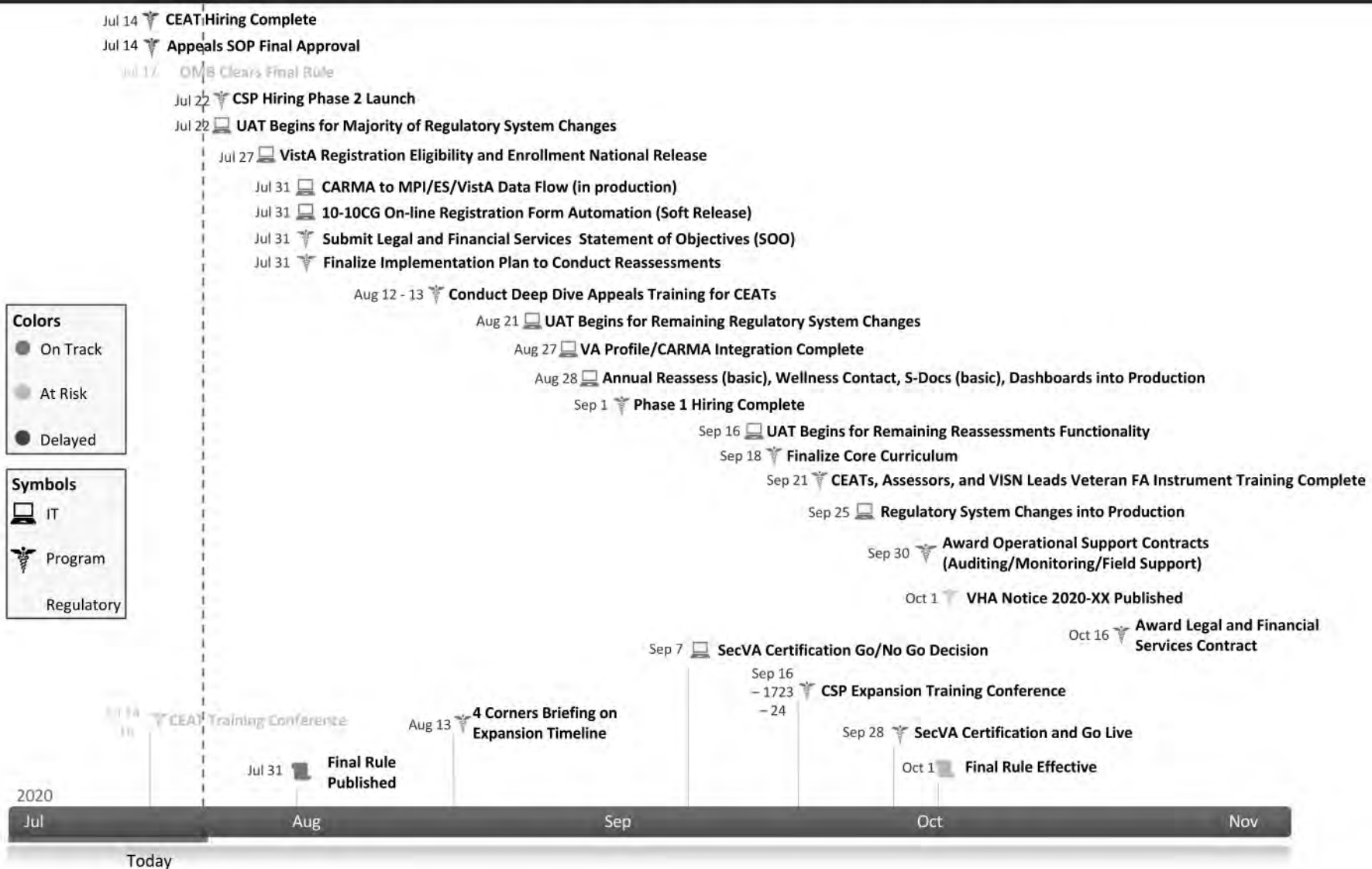
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Regulation: If OIRA adopts the position advocated by the Independence Fund during Friday's EO 12866 call that VA should engage in a supplemental rulemaking to include the detailed eligibility, appeals and reassessment processes, the effective date of the Caregivers regulation will be delayed by at least 6 months	(B6)	Submitted VA's position on why these areas were included in policy and not regulation to OIRA on 7/13. Will include language in the regulation preamble about Caregivers website which will contain policy guidance on these areas



Caregivers Senior Leadership Integrated Project Team (IPT)

Date: 07/22/2020

Expansion Integrated Timeline



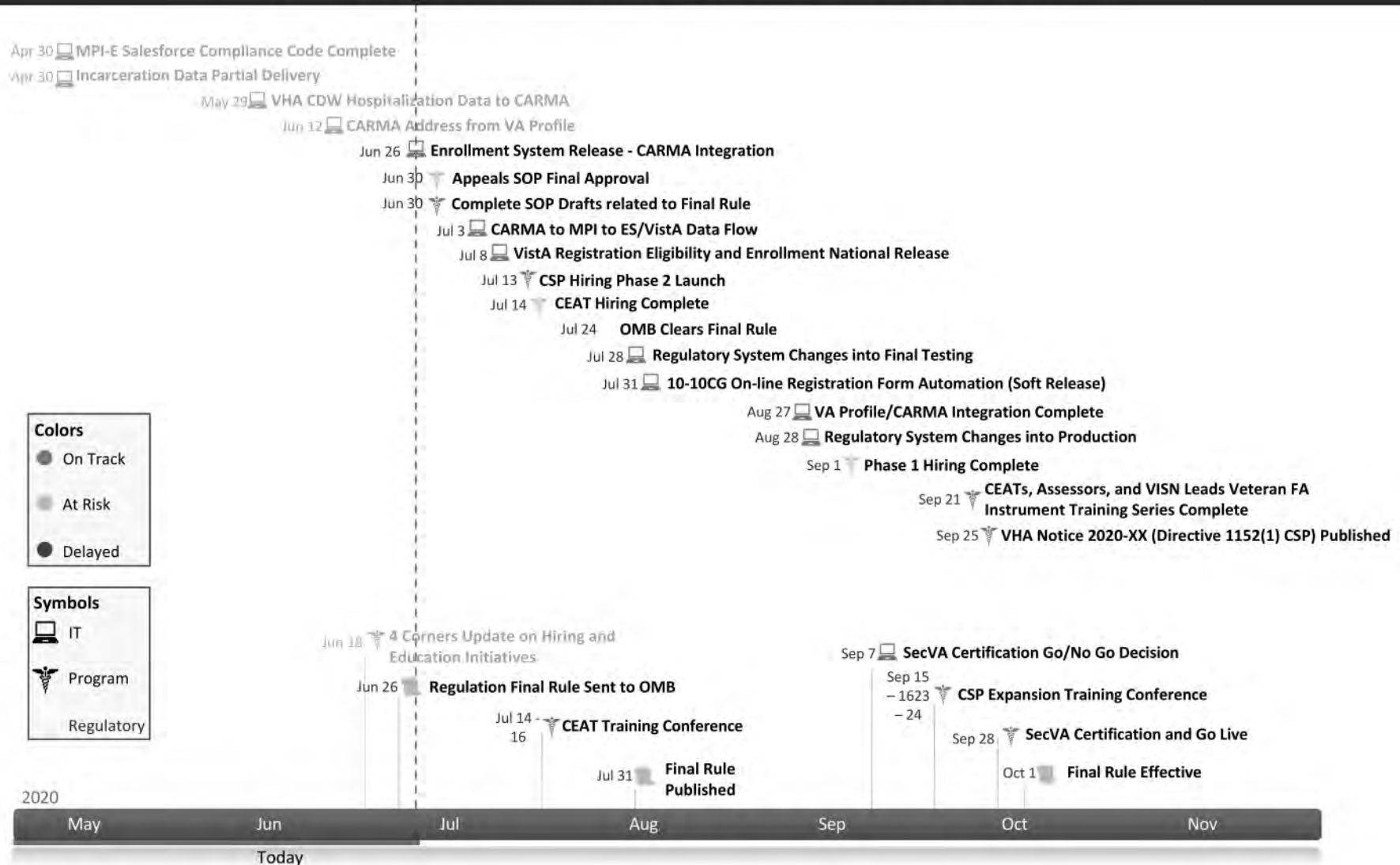
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Legacy Applications: If the 1,349 applications that are currently in process at the medical centers are not closed out prior to the expansion date, medical center staff may erroneously apply post expansion criteria to the legacy applicants and erroneously use post expansion templates to document assessment findings.	(B6)	Providing guidance to Network Directors and VISN Leads on need to expedite processing legacy applications
Program Leadership: If unable to hire a qualified and seasoned Program Director, the ability to establish necessary esprit de corps among the workforce weakens and impacts the ability to successfully expand the program	(B6)	New Acting Program Director named on 7/20. Working with Human Resources (HR) to post the new permanent Program Director. CSP Steering Committee to discuss with VHA senior leadership whether the permanent Program Director will be rated as an SES-equivalent position.
Pre-Expansion Applications: If the public dialogue initiated by publication of the final rule heightens concerns about VA narrowing eligibility access, medical centers may see a significant influx of applications in August and September	(B6)	Congressional Meeting scheduled for August 27 to inform of 'On Live' data to be presented. Communications prior to August 27 to control for influx of applications if possible

Risks and Issues

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Program Office Requirements: If the Program Office is not adequately staffed to meet workload needs, VACO will be unable to effectively ensure consistent program operations and timely services to Veterans and Caregivers	(B6)	FTE needed Supervisory, administrative, analytics, training and operational. Caregivers organizational chart approved verbally but working through HR processes to have the new org chart signed. Submitting an unfunded request for FY 2021 to support funding of new positions. Goal is to hire leadership positions by 10/30 and remainder by the end of 1st quarter FY 2021
Legacy Participants: If unable to secure a large enough team to complete the ~20,000 reassessments of Legacy Participants within the first year, the timeliness of processing new applications for Vietnam and Korean War era Veterans will be jeopardized	(B6)	Presenting strategic plan to the Caregiver Support Program (CSP) Steering Committee on 7/24 focused on training existing medical center staff to complete eligibility assessments and use of the Traveling Nurse Corps to supplement local staff as needed using a three pronged approach: VISN Wide Plan; Engage Nursing/Social Workers to deploy additional assessors; Traveling Nurse Corps to fill gaps; 7/23 –Socialize to NDs and VISN LeadsField has submitted staffing requirements and these positions will be included in Phase 2 hiring

Expansion Integrated Timeline



Risks and Issues

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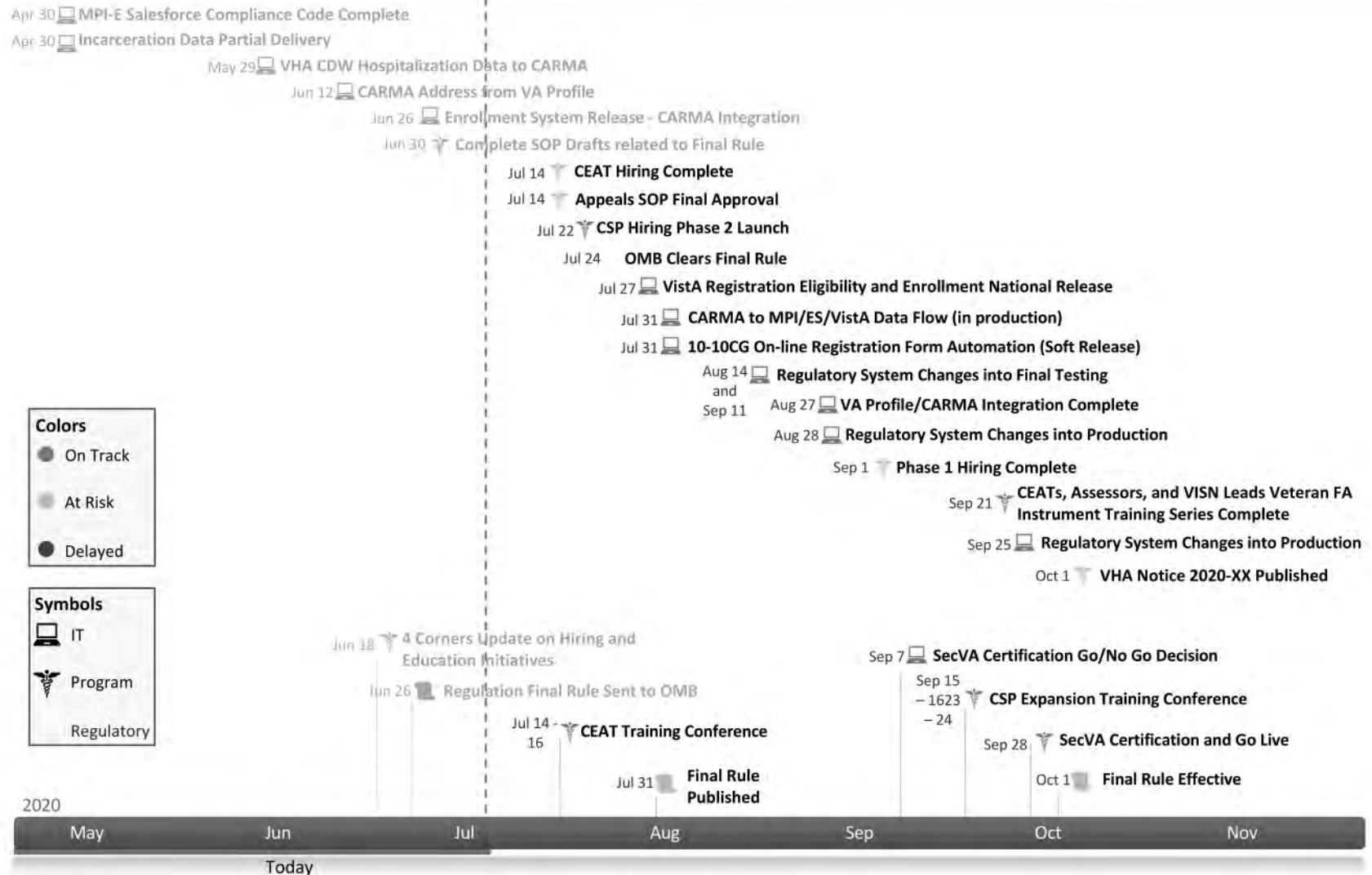
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Caregivers Senior Leadership Integrated Project Team (IPT)

Date: 07/8/2020

Expansion Integrated Timeline



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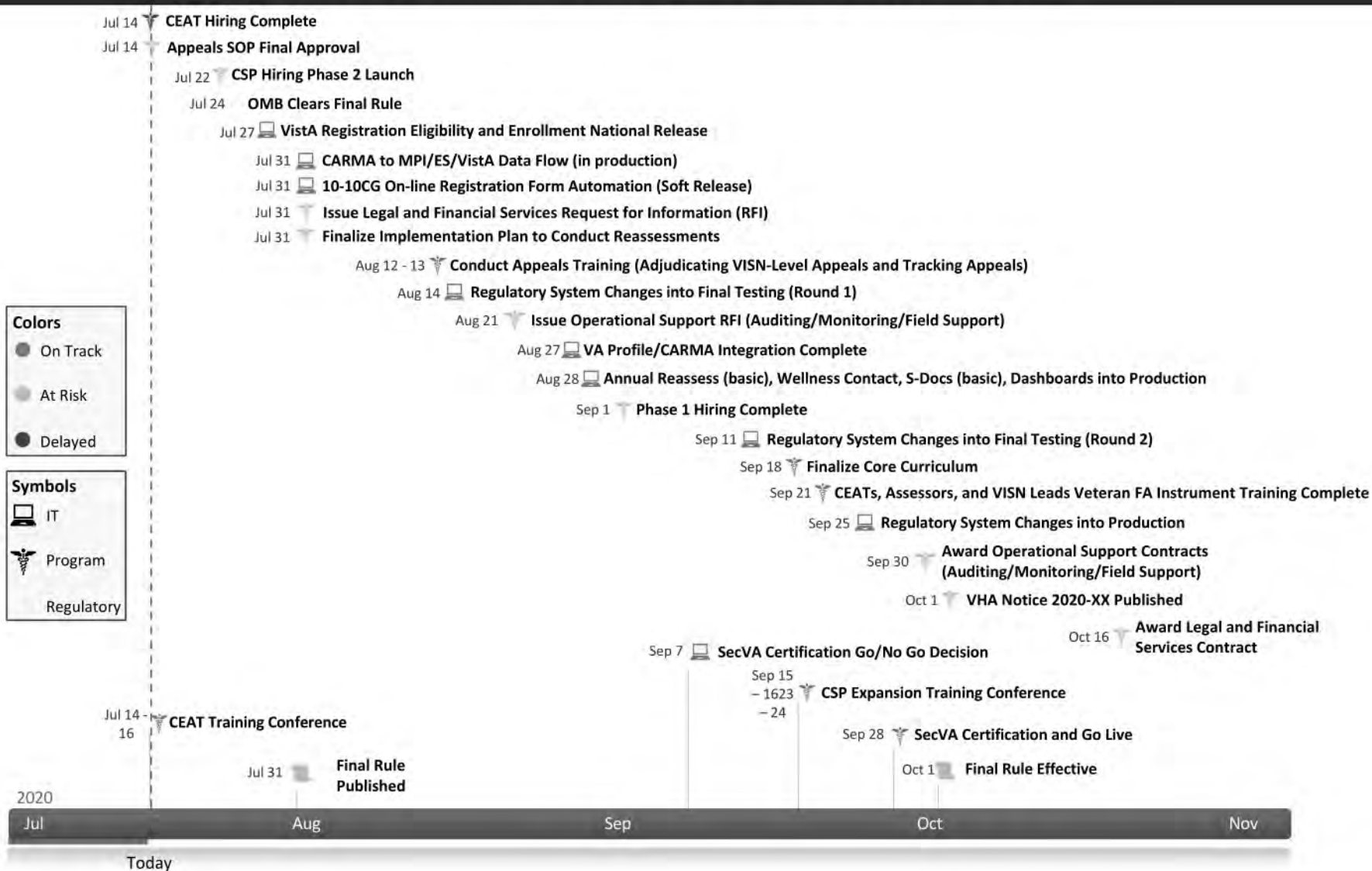
Date: 07/15/2020



MULTI-VA-20-1916-BB-000089
20-8472-1

VA  **U.S. Department
of Veterans Affairs**

Expansion Integrated Timeline



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(B5)

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Backup Slides

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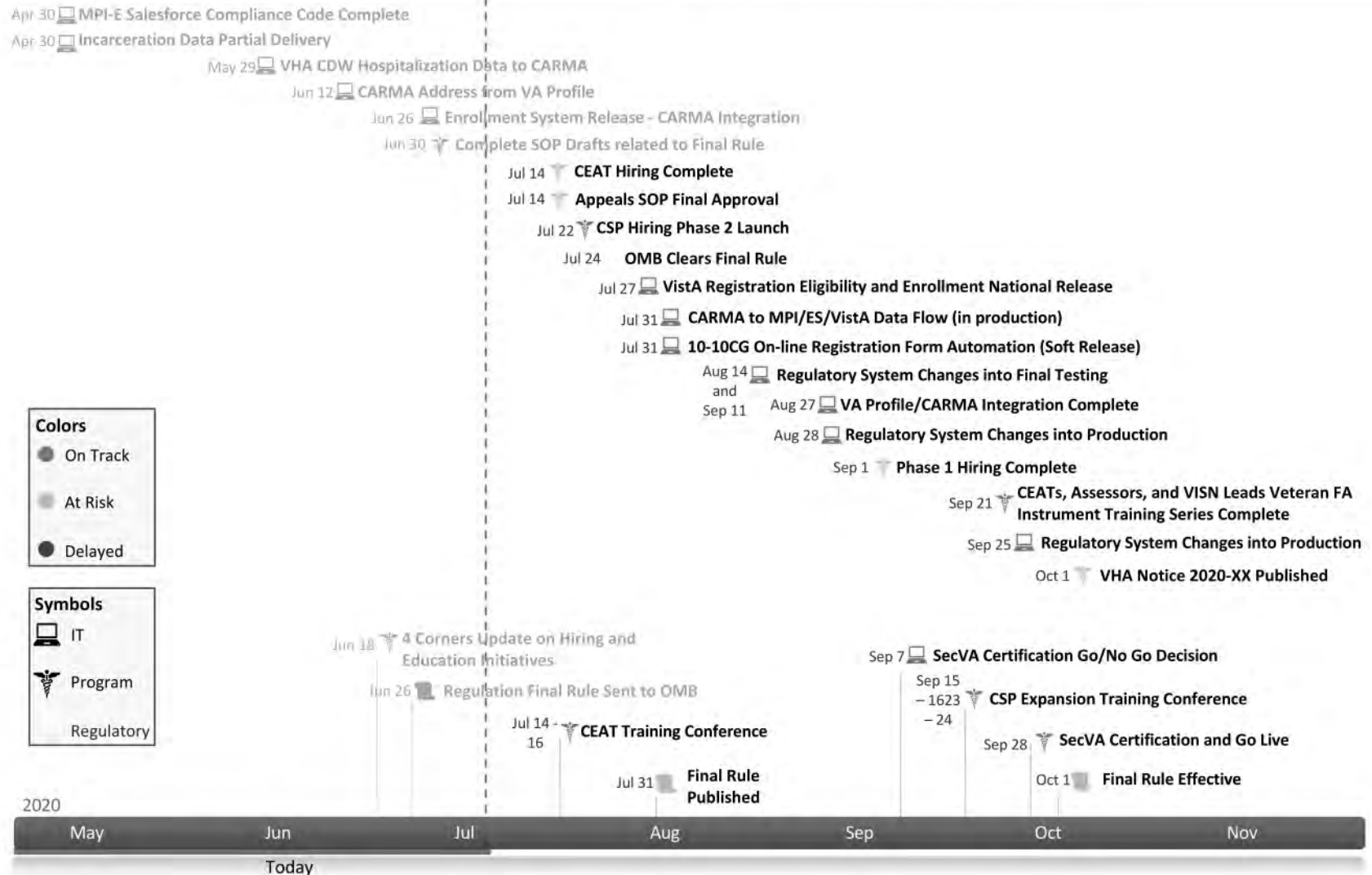
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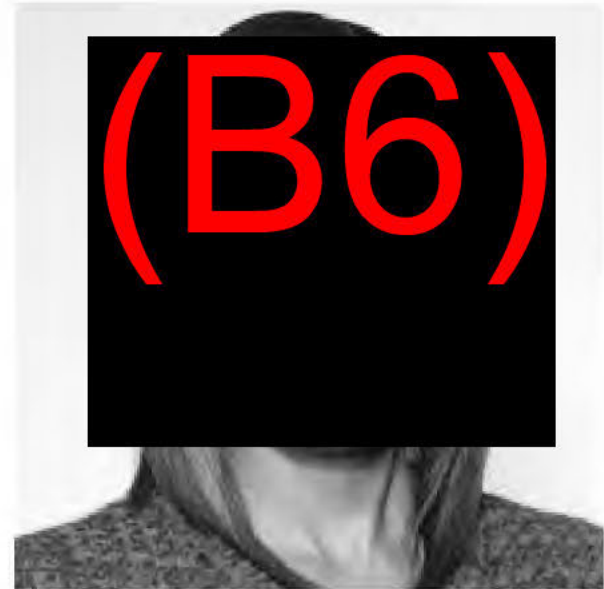
Recruiting Diversity For VHA's Workforce

(B6)

CMSR, FASPR Director, Workforce
Recruitment & Retention Service Workforce
Management & Consulting Office

Recruiting Diversity

“Our long-term goals are to champion health equity, expand access to care, and promote greater diversity within the medical workforce – actions we know improve health outcomes”



(B6)

MD, MAPresidentAmerican Medical Assoc

Recruiting Diversity

WRRS will utilize its full portfolio of programs, resources, and services to recruit & retain VHA's skilled and diverse patient care workforce.

Scholarships

HP Trainee Recruitment

Education/Loan Repayment

Pipeline Development

Direct Recruitment

Recruitment Marketing

Predictive Analytics

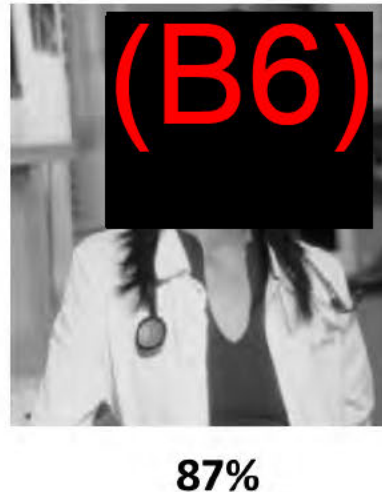
Recruiting Diversity

- From 2015-2020, US Medical School enrollment among racially diverse groups has increased by approx. 600 annually (from 86.5k to 92.7k)
Black/African American = 26.6%
Hispanic, Latino, or Spanish Origin = 26.1%
American Indian/Alaska Native = 24.3%
Asian = 12.3%
Male = 0.36%
Female = 15.5%

Source: Association of American Medical Colleges (AAMC)

Recruiting Diversity

Biennial Survey of Schools of Nursing / 2017-2018 Survey Highlights - Enrollments



African American = 11.8%
Hispanic/Latina = 9.8%
Asian/Pacific Islander = 4.5%
American Indian = 0.6%
Other/Unknown = 2.6%



Source: National League for Nursing (NLN)

Recruiting Diversity

How We Do It!

Connect



Cultivate



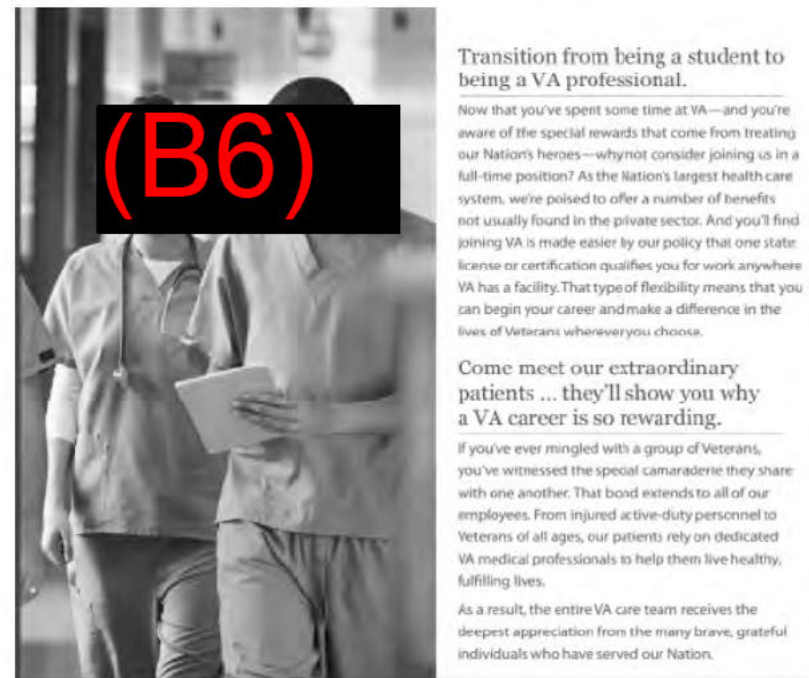
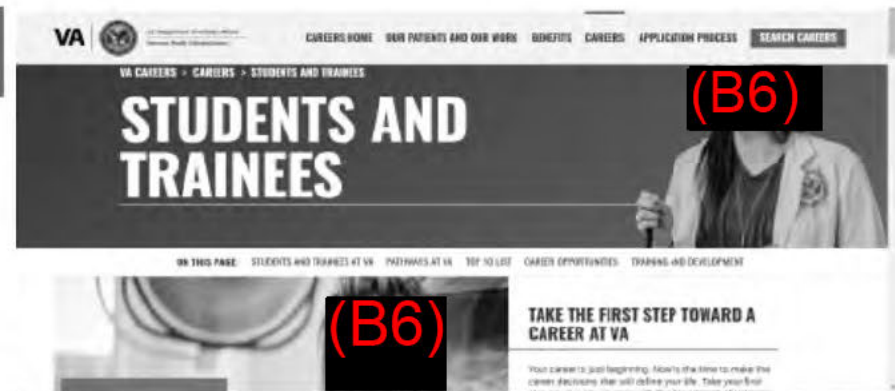
Recruit



- The Private Practice Provider MarketHealth Professions Trainees (Residents/Fellows) Schools/Training Programs (Medical, Nursing, Pharmacy, OT, PT, etc.) Professional Associations, Organizations & Societies, High School STEM and Health Science Programs

Student Recruitment Highlights

VA Careers created a page on the VA Careers Website, devoted to Students and Trainees which helps potential applicants learn about the mission and benefits of being a VA employee and find careers that fit their unique needs. The site contains a plethora of student/trainee-focused recruitment marketing material: Pathways At VA – a set of three programs aimed to recruit talented students and graduates – The Internship Program, the Recent Graduates Program, the Presidential Management Fellows (PMF) Program. Brochures and Flyers: National Nursing Education Initiative Historically Black Colleges and Universities (HBCU) Reduc



Student Recruitment Highlights

VAntage Point Blogs

- Accelerate your education and training with a VA career
<https://www.blogs.va.gov/VAntage/66684/accelerate-education-training-va-career/How VA supports ongoing education with debt relief>
<https://www.blogs.va.gov/VAntage/51385/va-supports-ongoing-education-debt-relief/>

Accelerate your education and training with a VA career

Choose VA careers to advance your education and training with tuition reimbursement, scholarships, residency programs and more.



How VA supports ongoing education with debt relief



Updated Scholarship Brochures and Flyers

- Health Professionals Scholarship Program (HPSP) Education Debt Reduction Program (EDRP) Employee Incentive Scholarship Program (EISP) National Nursing Education Initiative (NNEI) VA Learning Opportunities Residency (VALOR) National Diversity Internship Program (NDIP)



Student Recruitment Highlights

Forging Affiliations with the Medical Education Community

- Resulted in training opportunities for thousands of health professionals each year. About 120,000 health professions trainees in allied health, medicine, nursing and more have learned valuable skills while caring for Veterans at VA facilities across the country. Recent VA Careers Sponsored Booths at Professional Medical Association Events: American College of Gastroenterology American College of Emergency Physicians Association of American Medical Colleges

Explore a VA career in medicine at AAMC 2019 in Phoenix

VA, medical colleges build careers based on giving back to Veterans



Increasing Partnership Outreach to Universities, Medical and Nursing Training Programs

For more than 60 years, VA has partnered with affiliated colleges and universities across the country to train new health care professionals and enhance Veteran health care. Recent affiliations include: Georgetown University Medical Center Alumni | Georgetown Alumni Howard University Medical Alumni Association Medical Alumni Association at Miller School of Medicine, Miami Medical Alumni Association, University at Buffalo Medical Alumni Association of the University of Maryland Medical Alumni Association University of Pittsburgh Medical Alumni Association, Vanderbilt University School of Medicine Stanford Medicine Alumni Association Tufts Medical Alumni Association UVA Medical Alumni Association

Student Recruitment Highlights

National Diversity Internship Program (NDIP) Overview

- Provides a paid internship for undergraduate and graduate students from diverse socioeconomic and cultures backgrounds to assist the VA in accomplishing its mission while gaining valuable work experience. Internship sessions are offered in the summer (10 weeks), spring and fall (15 weeks). Interns are recruited through approved vendor that conduct targeted outreach to diverse student populations. Students must apply through the approved vendor for the NDIP and are then placed in participating VHA offices and facilities. From FY 2012 to FY 2019 VHA funded a total of 247 NDIP participants (totaling \$3,262,278).

NDIP Challenges

- NDIP participants are not VA employees or Pathways Interns they are contractors. Unlike Pathways Internship Program, NDIP participants are not always eligible for conversion to a full-time VHA position. Since NDIP participants do not go through the normal HR hiring process, difficult to track conversion of NDIP participants to full time VHA positions. Original FY 2020 goal: Target recruitment of difficult to recruit Title 5 specialties using the NDIP program (i.e. Human Resources) but cancelled FY 20 internship sessions (due to COVID 19 pandemic).



What We are Doing

Continuing Outreach to Health Professions Organizations, Societies, Associations & Training Programs

- Association of Minority Health Professions School, Inc. (AMHPS) Association of Native American Medical Students (ANAMS) National Medical Association (NMA) Asian Pacific American Medical Student Association (APAMSA) Association of American Medical Colleges (AAMC) Association of Colleges and Universities (ACU) Hispanic-Serving Institutions (HSIs) Student National Medical Association (SNMA) Student Veterans Federation for Medical Education (WFME)

Pursue a Future As a Nurse at VA

HELP HEAL
OUR
NATION'S
HEROES



Discover the VA Learning Opportunities Residency (VALOR)

Students pursuing bachelor's degrees in nursing who are interested in full-time VA careers during their academic years are invited to apply for the VA Learning Opportunities Residency (VALOR) program. VALOR offers up to \$10,000 in VA salary dollars to eligible students in a total of 10 weeks of a 12-week Level 1, Step 1 pay.



Tools to Meet Students Where They Are

Host Virtual Career Fairs (VCFs) for medical and nursing students

- Schedule partner collaborations with keynote speakers during event where recruiters can host a podcast or Stream live to Facebook or LinkedIn page. Identify high-profile events and create Snapchat geofilters for them

Engage new audiences through social live events

- Engage next-gen audiences and key career partners (e.g., Office of Academic Affiliations' partners, Student Vets, others) by cohosting live social media events such as Facebook live and Twitter town halls

Expand academic partnerships

- Feature short articles in student e-newspapers at prominent medical schools. Host meet and greets for VA residents where they meet a "success" story — a doctor and the patient they treated — showing how VA is a leader in the healthcare industry.

Publish student focused content on VA Careers VA-hosted or -moderated social media channels

- VA Careers Facebook, <https://www.facebook.com/vacareers> VA Careers Glassdoor page, https://www.glassdoor.com/Overview/Working-at-US-Department-of-Veterans-Affairs-EI_IE41429.11,44.htm VA Careers Instagram, <https://www.instagram.com/vacareers> VA Careers LinkedIn, <https://www.linkedin.com/groups/4659391/VA-Careers> VA Careers Twitter, @VA_Careers



glassdoor



Questions



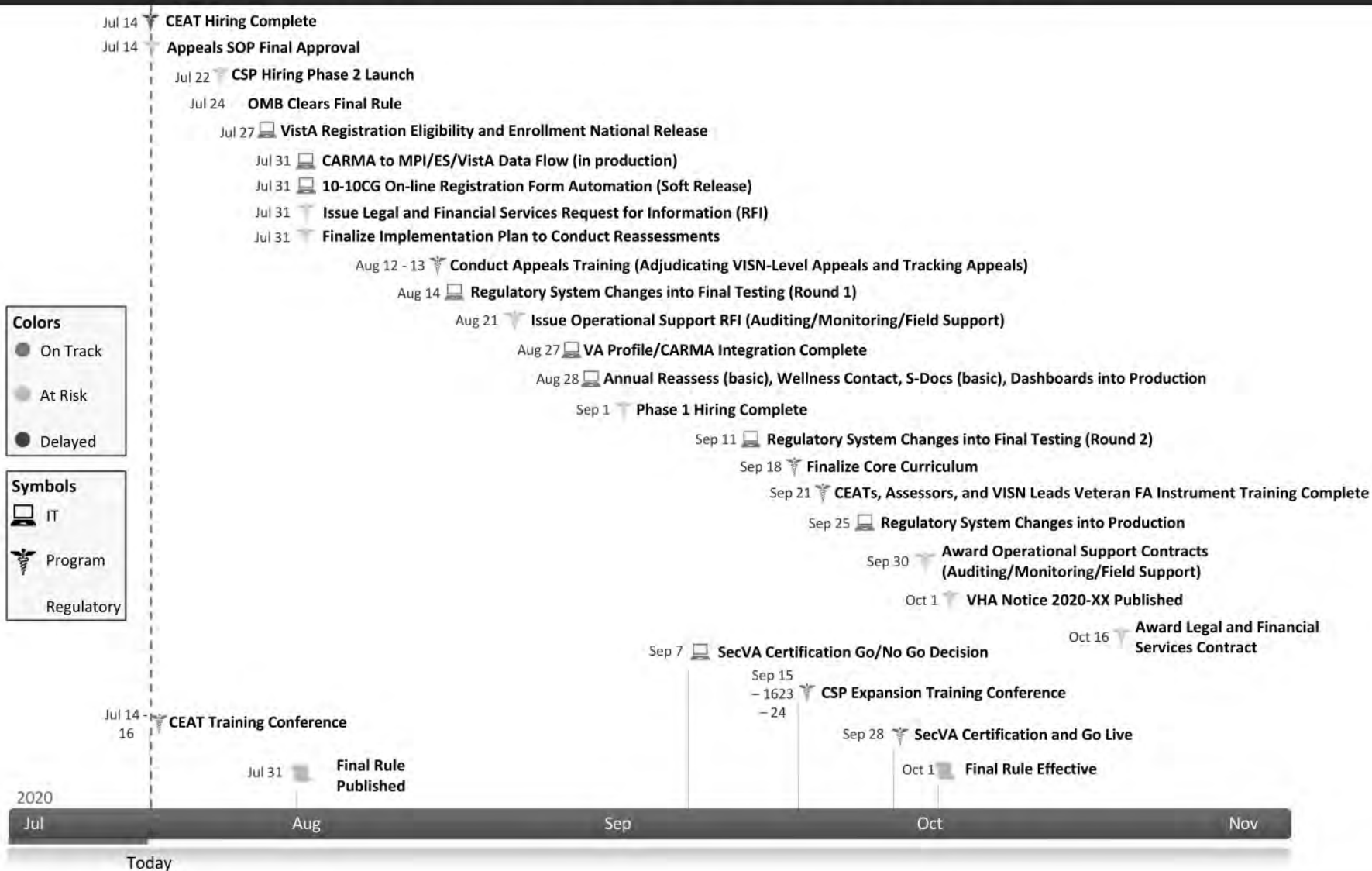
(B6) CMSR, FASPR Director Workforce Recruitment & Retention Service (WRRS) Workforce Management & Consulting Office (WMC) Office: (817) 680 1494 (B6) @va.gov LinkedIn: <https://linkedin.com/in/russp>



Caregivers Senior Leadership Integrated Project Team (IPT)

Date: 07/15/2020

Expansion Integrated Timeline



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90-day Status Request— Veterans Health Administration, Critical Deficiencies at the Washington DC VA Medical Center Report

No.17-02644-130, Issued March 7, 2018

Rec number

25

Recommendation language

The Veterans Integrated Service Network 5 Director ensures that the Washington DC VA Medical Center updates and maintains the Equipment Inventory List as required by VA policy and makes certain that the Washington DC VA Medical Center Director and Chief Logistics Officer are held accountable for the timely and accurate reporting of the Washington DC VA Medical Center Equipment Inventory List.

Corrective Action Plan

The VISN has a four-point oversight structure for holding the facility accountable to update and maintain the Equipment Inventory List:

The VISN Chief Logistics Officer will audit the facility Equipment Inventory List quarterly. The audit is conducted through a scheduled Quality Control Review, which includes random spot checks for accuracy, and required quarterly Equipment Inventory List reports. The VISN Chief Logistics Officer provided a 13-month planning worksheet for tracking the facility's Equipment Inventory List. The facility is required to complete this worksheet and submit for VISN review each month. The VISN Chief Logistics Officer trained facility staff and will provide training bi-weekly to ensure they can perform their responsibilities for managing equipment inventories. The VISN is developing an electronic tracking mechanism to facilitate tracking of the facility's month and quarterly reporting. VHA will evaluate implementation of VISN oversight through the integrated oversight plan described in recommendation 40. VHA will consider this recommendation complete when the facility Equipment Inventory List has been updated and maintained for a full year and the VISN provides evidence of effective and timely monthly and quarterly oversight.

Status Update 6/01/18

2nd Quarter EIL submission attached. Facility currently rebuilding EILs to ensure accountability (VISN CLO verified through monthly visits). Continuing to develop electronic tracking and providing 13-month planner. Training has been provided by VISN CLO and detailed VHACO personnel.

Recommendation Status

In Progress

Recommendation Target Completion Date

3/31/2019

Revised Target Completion Date

Status Update 9/04/18

Third Quarter Equipment Inventory Listing (EIL) submission attached. The facility is still in the EIL rebuilding process to ensure accountability (VISN Chief Logistics Officer (CLO)) has verified through on-site visits). Will execute electronic tracking and 13-month planner after all EILs have been rebuilt. Additional training has been provided by VISN CLO and detailed VHACO personnel.

Recommendation Status

In Progress

Recommendation Target Completion Date

3/31/2019

Revised Target Completion Date

Status Update 12/3/18

Please see the Fourth Quarter Equipment Inventory Listing (EIL) submission attached. The facility is currently performing a wall to wall inventory and expects completion by January 2019.

Recommendation Status

In Progress

Recommendation Target Completion Date

3/31/2019

Revised Target Completion Date

Status Update 3/1/19

The 1st Quarter Equipment Inventory Listing (EIL) submission attached. The Facility submitted a negative response due to wall-to-wall inventory. DC VAMC is making progress on the rebuilding and reporting of EIL and has re-

baselined their annual inventory schedule starting with FY19 Q2. This has been validated through a recent site visit by the VISN Chief of Supply Chain. Request extension to validate accuracy and timeliness of FY19 Q2 and Q3 report submissions.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	3/31/2019	7/31/2019

Status Update 6/1/19

The 2nd Quarter Equipment Item Listings (EILs) submission are attached. DC VAMC continues to make progress in rebuilding EILs and performing accurate inventories. Request extension until 10/31/2019 to validate accuracy and timeliness of FY19 Q3 and Q4 report submissions.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	7/31/2019	10/31/2019

Status Update 9/1/19

The 3rd Quarter Equipment Item Listing (EIL) submission is attached. Expecting 4th quarter report submission in order to validate accuracy and timeliness of Q4 report submission. Extension of target date until April 30, 2020 is requested due to discrepancies in facility reported updates on EIL data identified during the September 2019 Logistics Quality Control Review (QCR) at the DC VAMC.

This extension will provide an additional two quarters of monitoring.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	10/31/2019	4/30/2020

Status Update 12/12/19

DC VAMC is currently executing a Wall-to-Wall inventory of all equipment. This process is expected to be completed by December 16, 2019. The 1st Quarter of FY20, is too soon after the inventory to reflect sustained Equipment Item Listing timeliness and accuracy.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	10/31/2019	4/30/2020

Status Update 3/11/20

The 2nd Quarter Equipment Item Listing submission will be executed by April 10th. A verification of timeliness and accuracy will be performed by the VISN after submission.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	10/31/2019	4/30/2020

Status Update 7/17/20

Washington DC VAMC has provided their Equipment Item Listing Report timely and accurately in previous submissions. VISN 5 Chief Supply Chain Officer will continue to monitor and provide oversight of submissions.

Recommendation Status

Closure Requested

Rec number

31

Recommendation language

The Washington DC VA Medical Center Director verifies that accurate and complete financial documentation to support medical supply and equipment purchases is readily available in accordance with GAO Standards for Internal Control in the Federal Gov.

Corrective Action Plan

Concur

The DC VAMC Resource Council will oversee compliance with financial controls and documentation on an annual basis. DC VAMC Chief Logistics Officer and Chief Fiscal Officer, along with VISN subject matter experts in fiscal and

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logistics will conduct oversight to ensure financial training and controls are in place. DC VAMC staff has been trained in proper procedures for management of purchase orders, including reconciliations. DC VAMC will review training with staff involved in supply and equipment purchases in financial documentation requirements by April 1,

Status Update 6/01/18

Financial training has been initiated and will be completed by August 30, 2018. Development of a Quarterly briefing to the station Resource Council: DC VAMC, in collaboration with the VISN program leads are in the development phase of an audit plan for the purchase categories, listed above, in order to audit and report on compliance. This audit plan is expected to be completed by September 30, 2018. Full implementation of this recommendation is pending. DC VAMC resets the target completion date to September 30, 2018.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	4/1/2018	9/30/2018

Status Update 9/04/18

Financial training has been completed as of August 30, 2018. Development of a quarterly briefing to the station Resource Council: DC VAMC, in collaboration with the VISN program leads are in the development phase of an audit plan for the purchase categories, listed above, in order to audit and report on compliance.

Once the audit plan is completed, it will take us an additional 6 months to execute it. Full implementation of this recommendation is pending.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	4/1/2018	3/31/2019

Status Update 12/3/18

The fiscal service has implemented the oversight process to monitor closely all purchase card processes to ensure proper use of appropriations and timeliness of reconciliations and approvals. A Standard Operating Procedure has been developed for Prosthetics purchase card procurements. Training on the correct use of Financial appropriations has been provided by the Fiscal service to Service Chiefs, Business Managers, Fund Control Point Officials and Approving officials (AOs). A schedule has been implemented to follow up on reconciliations and approvals of purchase card requests. A procedure has been implemented to review the list of AO's to assure accuracy of card holders and approvers. A complete list of Alternate Approving Officials for all Purchase card holders has been established to avoid late or backlog of outstanding requests/payments.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	4/1/2018	3/31/2019

Status Update 3/1/19

The DC VAMC has been working towards accurate and complete financial documentation to support medical supply and equipment purchases are readily available in accordance with GAO Standards for Internal Control in the Federal Government. Training has been provided to Service Chiefs, Business Managers, Fund Control Point Officials and Approving officials. The list of cardholders and approvers have been revised for accuracy as well as alternate approving officials. During February 19 and 20 the Chief Logistics Officer from VISN5 came to perform an audit. Per the audit, there still work to complete to be fully compliant within GAO Standards and Internal controls. Logistics department must refine the process to assure fully compliance. We are requesting an extension until September 30, 2019 to assure full compliance.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	3/31/2019	9/30/2019

Status Update 6/1/19

The DC VAMC has been working towards accurate and complete financial documentation to support medical supply and equipment purchases are readily available in accordance with GAO Standards for Internal Control in the Federal Government.

Internal processes have been reviewed and DC VAMC is in the process of implementing a revised process and quality control initiatives that ensure that financial documentation within the procurement and receipt process are readily available.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	3/31/2019	9/30/2019

Status Update 9/1/19

The DC VAMC has been working towards accurate and complete financial documentation to support medical supply and equipment purchases are readily available in accordance with GAO Standards for Internal Control in the Federal Government.

Internal processes were reviewed, and it was found out that processes outlined by VA Central Office were not followed consistently throughout the department. Since then, the department has worked with their employees to ensure that financial documentation within the procurement and receipt process is readily available. Currently, paper copies are kept per month of all items received through the warehouse. When supplies, instruments or equipment arrive at DC VAMC, they are received electronically by the warehouse staff and then signed off by the end user.

Extension is requested until March 31, 2020 to implement and sustain appropriate financial documentation controls for Personal Property Management.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	9/30/2019	3/31/2020

Status Update 12/12/19

The DC VAMC has been working towards accurate and complete financial documentation to support medical supply and equipment purchases that are readily available in accordance with GAO Standards for Internal Control in the Federal Government.

Internal processes were reviewed, and it was found that the processes outlined by VA Central Office were not consistently followed throughout the department. The department has since worked with their employees to ensure that financial documentation within the procurement and receipt process is readily available. Currently, paper copies are kept monthly of all items received through the warehouse. When supplies, instruments or equipment arrive at DC VAMC, they are received or entered electronically by the warehouse staff and then signed off by the end user.

DCVAMC is in the process of performing internal audits to assure complete and accurate documentation readily available per GAO standards.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	9/30/2019	3/31/2020

Status Update 3/11/20

The DC VAMC has been working towards finalizing a Standard Operating Procedure on storing and retaining financial documentation to support all medical supply and equipment purchases. On hand supporting documentation will be retained on-site quarterly and readily available. All supporting documentation on closed purchase orders will be maintained electronically, following GAO Standards for Internal Control in the Federal Government.

DC VAMC will add an additional level of review, Approving Official will randomly select transactions for review, this oversight level will help reduce the risks of affecting the achievement of compliance with financial documentation requirements. Target completion date has been extended to ensure compliance with recommendation action.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	3/31/2020	6/30/2020

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Status Update 7/17/20

The DC VAMC has processes in place to ensure the retention and storage of accurate and complete financial documentation to support all medical supply and equipment purchases. All supporting documentation on closed purchase orders are maintained electronically, following GAO Standards for Internal Control within the Federal Government. The documented standard operating procedures to support the practices are in the final phases of development and should be completed by the end of July 2020. Delays in the completion of these documents occurred as the Medical Center responded to the Global COVID-19 Pandemic.

The auditing process have been implemented on the retention and storage of accurate and complete financial documentation and this process will continue. The DC VAMC and the VISN 5 Chief Logistics Officer will coordinate these regular, randomized audits to help reduce the risks of affecting the achievement of compliance with financial documentation retention and storage requirements.

Recommendation Status

Closure Requested

Rec number

33

Recommendation language

The Deputy Under Secretary for Health for Operations and Management will ensure that the VHA Procurement and Logistics Office conducts regular audits of the logistics services within VHA medical centers to assess compliance with VA and VHA policies pertaining to procurement and logistics, and ensure that timely and effective remediation occurs in response to all non-compliant conditions identified as a result of those audits.

Corrective Action Plan

Concur

VHA's Procurement and Logistics Office will continue to coordinate and conduct regularly scheduled logistics audits and unannounced audits at selected VHA Medical Centers, as needed. VHA P&LO will conduct regular oversight of audit findings and recommendations generated from any Logistics reviews/audits performed at VHA Medical Centers. Evidence that logistics audits have been regularly conducted and effective remediation in response to recommendations has occurred will be followed through the integrated oversight process outlined in recommendation 40.

VHA will have completed a full year of monitoring by March 2018, and will continue audits and following up through the end of fiscal year 2018.

Status Update 6/01/18

VHA's Procurement and Logistics Office (P&LO) continues to conduct oversight of audit findings and recommendations from Logistics reviews performed at VHA Medical Centers. Eighty-two Quality Control Reviews have been completed for Fiscal Year 2018. The Deputy Under Secretary for Health for Operations and Management has issued a Memorandum dated 5/1/2018 asking for verification and closure of any Fiscal Year 2017 and prior open recommendations from logistics audits. P&LO continues to monitor these actions as well.

Recommendation Status

In Progress

Recommendation Target Completion Date

9/30/2018

Revised Target Completion Date

Status Update 9/04/18

VHA's Procurement and Logistics Office (P&LO) continues to conduct oversight of audit findings and recommendations from Logistics reviews performed at VHA Medical Centers. Current projections are that all facilities will receive their required quality control review on time. The Deputy Under Secretary for Health for Operations and Management has issued a Memorandum dated May 1, 2018, asking for verification and closure of any Fiscal Year 2017 and prior open recommendations from logistics audits.

P&LO continues to monitor these actions and they are progressing well. For these reasons, we request closure of this recommendation at the end of this Fiscal Year.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
Completed	9/30/2018	

Status Update 12/3/18

VHA's Procurement and Logistics Office (P&LO) continues to conduct oversight of audit findings and recommendations from Logistics reviews performed at VHA Medical Centers. ALL required facilities have completed their quality control review on time. P&LO continues to monitor these actions and all VISNs have performed the review at their respective facilities. FY 2018 Quality Control Reviews Planner attached which includes actual dates reviews were performed.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	9/30/2018	3/31/2019

Status Update 3/1/19

Please see the attached list of Quality Control Reviews (QCR) by VISN. The last column, entitled "QCR 100% of Action Completed" indicates open/closed items. Any open items for FY18 have been moved to the FY19 QCR action plans. The Facility Chief Supply Chain Officer is the point of contact for their action plan and the VISN Chief Logistics Officer is responsible for following up on completion of the actions. The audits have been completed and the noncompliant conditions have been documented. We request closure of this recommendation based on the evidence attached.

Recommendation Status

Closure Requested

Status Update 6/1/19

Procurement and Logistics Office (P&LO) continues to coordinate and communicate with Chief Logistics Officers to close out the FY18 Quality Control Review action plans and show them as completed as soon as possible. In addition to separate engagement with VISNs, P&LO will review the open action items at the weekly Chief Supply Chain Officers meeting and provide a status to VHA leadership to work towards closure.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	3/31/2019	9/30/2019

Status Update 9/1/19

The Procurement and Logistics Office (P&LO) continues to coordinate and communicate with the Chief Logistics Officers to close out the FY18 Quality Control Review action plans and show them as completed as soon as possible. In addition to separate engagement with the VISNs, P&LO will review the open action items at the weekly Chief Supply Chain Officer meeting and provide status to the 10N to drive closure. P&LO coordinates bi-weekly data review and complies Executive Summary (EXSUM) to senior leadership on completion of open action items from FY18 QCR action plans. As of the most recent EXSUM dated 9/9/19 only 6.8% of 3003 original action items remain open. P&LO will continue to track items noted above to completion. With continued system changes and ongoing audits, this recommendation is tied to the completion of recommendations cited within the overall report and will be kept open until October 2019 or until all reportable actions will be complete.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	9/30/2019	10/31/2019

Status Update 12/12/19

VHA's Procurement and Logistics Office (P&LO) will continue to coordinate and conduct regularly scheduled logistics audits and unannounced audits at selected VHA Medical Centers, as needed. VHA P&LO will conduct regular oversight of audit findings and recommendations generated from any Logistics reviews/audits performed at VHA Medical Centers. To date, all required FY18 facility Quality Control Reviews (QCR) audits were conducted and completed generating action plans from each facility that have been monitored by both VISN and VHA P&LO.

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All action items that could be completed within FY18 have been completed with some items requiring additional time to complete. Those items were moved into FY19 plans for continuation and completion. Those items will continue to be monitored through to completion and were reviewed during the FY19 QCR. The VISN and P&LO will continue to monitor those action plans to ensure all remaining items are completed. In addition, VHA P&LO will schedule and conduct an independent QCR of the DC VAMC during Q2 of FY20 to assess implementation of all changes made in response to previous finding of non-compliance during QCR audits.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	10/31/2019	3/31/2020

Status Update 3/11/20

There were originally 3003 items of noncompliance found during Quality Control Reviews conducted during FY 2018. Of that number 626 were "resolved" by moving them forward to FY 2019. Of those 626, the breakdown provided below is where we currently stand today. Recommendation #33 should remain open until we can account for closure of the 253 items in bullet 3 below, therefore extending the target completion date to 10/1/2020. Additionally, determine disposition of the 28 items that were moved to FY20. We have gone through all 626 items and checked their FY 2019 status as of 2/4/2020.

- 1) 319 (51 percent) were closed in FY 2019
- 2) 28 (4 percent) have been moved to FY 2020
- 3) 253 (40 percent) had "no report of closure" meaning it was a no in the FY19 review, but no report of an "actual completion date" or "moved to FY 2020", some have extensions
- 4) 13 (2 percent) were unknown due to how the metrics/data question changed from FY 2018 to FY 2019
- 5) 13 (2 percent) were not on the FY 2019 checklist

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	3/31/2020	10/1/2020

Status Update 7/17/20

The Procurement and Logistics Office (P&LO) is now assigned to the Office of the Assistant Under Secretary for Health, Support Services, as part of the VHACO Redesign. VHA is not conducting facility audits due to COVID-19 as of 5/7/20. There were originally 3,003 items of noncompliance found during Quality Control Reviews conducted during FY18. Of that number, 626 were "resolved" by moving them forward to FY19. Of those 626, the breakdown provided below is where we currently stand today. Recommendation #33 should remain open until we can account for closure of the 240 items in bullet 3 (below). Additionally, the determined disposition of the 28 items were moved to FY20. We have gone through all 626 items and checked their FY19 status as 6/25/20.

1. 322 (51 percent) were closed in FY19
2. 40 (6 percent) have been moved to FY20
3. 240 (38 percent) had "no report of closure" meaning it was a no in the FY19 review, but no report of an "actual completion date" or "moved to FY20", some have extensions
4. 11 (2 percent) were unknown due to how the metrics/data question changed from FY18 to FY19
5. 13 (2 percent) were not on the FY19 checklist

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	10/1/2020	1/1/2021

Rec number

39

Recommendation language

The Veterans Integrated Service Network 5 Director oversees implementation of recommendations directed to the Washington DC VA Medical Center Director.

Corrective Action Plan

Concur

In alignment with recommendation 40, the VISN will collaborate with VHA's Management Review Service, and relevant national and facility program officials, to develop a vertically integrated oversight process for ensuring all of the recommendations contained within this report are successfully implemented to the satisfaction of the Under Secretary for Health. The oversight process will adhere to OIG's required status updates every 90 days. It will require appropriate monitoring, auditing, and reporting at all three levels of the organization: facility operations, VISN oversight, national program office oversight, and independent assurance. Successful implementation means sufficient evidence demonstrates durable, sustained resolution of the intent of the recommendation. The oversight process will be written and presented to VHA leadership by March 30, 2018. Completion of this recommendation will occur when OIG has closed all of the recommendations and the Under Secretary for Health is satisfied with the status of facility performance, VISN oversight, and national program office oversight.

Status Update 6/01/18

VISN 5 maintains ongoing oversight of all recommendations directed to the Washington D.C. VAMC Medical Center Director. Oversight is conducted using a multi-pronged approach. Specifically, a VISN Oversight Committee was convened as the VISN's formal oversight body responsible for ensuring compliance with all of the OIG recommendations. The committee is chaired by the VISN Acting Network Director; its members include VISN senior leaders and appropriate program managers. The committee holds meetings, most often every Friday, to discuss the status of facility and VISN recommendations (minutes are kept for each meeting and are attached). As well, regular VISN leadership calls are held, most often weekly, with VAMC leadership to discuss the status of facility recommendations. Additionally, VISN senior leaders and/or program managers conduct onsite verification of the status of the recommendations on a regular basis. This multi-pronged oversight approach will remain in place until all OIG recommendations are brought to closure as determined by the OIG.

Recommendation Status

In Progress

Recommendation Target Completion Date

Dependent on closure of the
Recommendations

Revised Target Completion Date

Status Update 9/04/18

The Veterans Integrated Service Network (VISN) 5 oversight of all recommendations directed to the DC VA Medical Center (VAMC) Director continues. The VISN's multi-pronged approach to oversight remains in place. Regularly scheduled calls, most often weekly, of the VISN Oversight Committee continue; regularly scheduled VISN/DC VAMC leadership calls, most often weekly, continue; and onsite verification by VISN leaders and program managers continues. Further, representatives from the office of the Deputy Under Secretary for Operations and Management (DUSHOM) now participate in the VISN Oversight Committee and VISN/DC leadership calls. Additionally, bi-weekly calls have been established with the Deputy Under Secretary for Health for Operations and Management office representatives and the VISN Senior Management Team to discuss issues or concerns identified in the Oversight Committee and/or VISN/D.C. leadership calls. This oversight approach will remain in place until all OIG recommendations are brought to closure as determined by the OIG.

Recommendation Status

In Progress

Recommendation Target Completion Date

10/31/2019

Revised Target Completion Date

Status Update 12/3/18

The VISN's multi-pronged approach to oversight continues. Regularly scheduled calls, most often weekly, of the VISN Oversight Committee continue; regularly scheduled VISN/D.C. VAMC leadership calls, most often weekly, continue; and onsite verification by VISN leaders and program managers continues. This oversight approach will remain in place until all OIG recommendations are brought to closure as determined by the OIG.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	10/31/2019	

Status Update 3/1/19

The VISN's multi-pronged approach to oversight continues. Regularly scheduled calls, most often weekly, of the VISN Oversight Committee continue along with onsite verification by VISN leaders and program managers. This oversight approach will remain in place until all OIG recommendations are brought to closure as determined by the OIG.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	10/31/2019	

Status Update 6/1/19

The VISN's multi-pronged approach to oversight continues. Regularly scheduled calls, which during third quarter decreased to twice monthly, of the VISN Oversight Committee continue along with virtual and periodic onsite verification by VISN leaders and program managers. This oversight approach will remain in place until all OIG recommendations are brought to closure as determined by the OIG.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	10/31/2019	

Status Update 9/1/19

The VISN continues to have regularly scheduled calls. They are scheduled twice each month, and have been held a minimum of monthly. Program managers conduct virtual and periodic onsite verification. This oversight approach will remain in place until all OIG recommendations are brought to closure as determined by the OIG.

An extension is requested until April 30, 2020 due to revisions in target completion dates for Logistics related recommendations (including 1, 7 and 25).

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	10/31/2019	4/30/2020

Status Update 12/12/19

The VISN continues to schedule regular Oversight calls with DC VAMC twice each month. The calls have been held a minimum of monthly. As more recommendations have been accepted as closed, some recommendations have been retired from the DC/VISN Oversight Committee into normal channels of VISN governance.

The Oversight Committee, and approach will remain in place until all OIG recommendations are brought to closure as determined by the OIG.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	10/31/2019	4/30/2020

Status Update 3/11/20

The VISN continues to schedule regular Oversight calls with DC VAMC twice each month. The calls have been held a minimum of monthly. Some recommendations have been retired from the DC/VISN Oversight Committee into normal channels of VISN governance. The Oversight Committee, and approach will remain in place until all OIG recommendations are brought to closure as determined by the OIG.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	10/31/2019	6/30/2020

Status Update 7/17/20

The Oversight Committee remains in place until all OIG critical issues report recommendations are brought to a closure as determined by the OIG. Although calls still are scheduled monthly, during March, April and May 2020, facility and VISN efforts were focused on addressing critical priorities related to the COVID 19 pandemic. Network leadership (with DC VAMC concurrence) deferred the Oversight calls. The Oversight Committee resumed calls in June 2020.

<u>Recommendation Status</u>
Closure Requested

Rec number

40

Recommendation language

The Under Secretary for Health verifies the successful implementation of all recommendations contained within this report.

Corrective Action Plan

Concur

VHA's Management Review Service will collaborate with relevant national, VISN, and facility program officials, to develop a vertically and horizontally integrated oversight process for ensuring all of the recommendations contained within this report are successfully implemented and sustained to the satisfaction of the Under Secretary for Health. The oversight process will adhere to OIG's required status updates every 90 days. It will require appropriate monitoring, auditing (both announced and unannounced) and reporting at all three levels of the organization: facility operations, VISN oversight, national program office oversight, and independent assurance. Successful implementation means sufficient evidence demonstrates durable, sustained resolution of the intent of the recommendation. The oversight process will be written and presented to VHA leadership by March 30, 2018. Completion of this recommendation will occur when OIG has closed all of the recommendations and the Under Secretary for Health is satisfied with the status of facility performance, VISN oversight, and national program office oversight.

Status Update 6/01/18

One of the key learnings of this report is the challenge experienced by all levels of the VHA organization. The organizational plan requires responses at all levels in order to create the appropriate oversight mechanisms for meaningful transformation. The Executive in Charge for VHA (EIC) chartered an Integrated Project Team (IPT) to evaluate and propose revisions to the current governance structure for VHA. That IPT is co-led by a VISN Director and central VHA Program Office leader and includes leaderships from across the organization. Their work began June 5, 2018 and they are to forward their draft recommendations to the EIC July 2018

The Office of the EIC reviewed supporting documentation from select recommendations from a 2-month post-publication update to the oversight actions from April 2018.

Subsequently, the EIC visited DC VAMC, met with Senior Leadership, and reviewed the status of actions on the OIG recommendations. This process will be repeated regularly to ensure sustainable progress is being achieved. VHA's Management Review Service (MRS) collaborated with relevant national, VISN, and facility program officials to develop a vertically and horizontally integrated oversight process. The primary tool for capturing oversight actions and status updates is a SharePoint database.

It contains oversight actions, action plans, status updates, and supporting documentation for all 40 recommendations. MRS finalized the SharePoint tool and presented it to the EIC on March 28, 2018.

MRS obtained the 3-month status update, which was then briefed to the EIC prior to submission to OIG. MRS will continue to obtain regular updates from DC VAMC, VISN 5, and relevant program offices and will ensure the EIC or her designated staffs have sufficiently reviewed those actions for appropriate progress.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
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In Progress	Dependent on closure of the	
	Recommendations	

Status Update 9/04/18

Since the June 2018 status update, VHA has brought in a new Executive in Charge (EIC), a new Chief of Staff, and an Acting Principal Deputy Under Secretary for Health. The EIC has established a different approach to oversight of the recommendations contained in this report. The previously described Integrated Project Team has been discontinued.

Additionally, the permanent Chief of Staff was the Acting DC VA Medical Center (VAMC) Director and is well versed in the concerns raised by OIG in this report as well as the actions DC VAMC is taking to resolve those concerns. His institutional knowledge and first-hand experience ensures continuity at the senior leadership level.

VHA's Management Review Service (MRS) continues to capture oversight actions and status updates from relevant national, VISN, and facility program officials in the established SharePoint database. MRS obtained the 6-month status update, which was then briefed to the EIC prior to submission to OIG.

MRS continues to obtain regular updates from DC VAMC, Veterans Integrated Service Network (VISN) 5, and relevant program offices and will ensure the EIC or his designated staffs have sufficiently reviewed those actions for appropriate progress.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	10/31/2019	

Status Update 12/3/18

The DC VAMC are working diligently to resolve the issues and concerns within this report. Since the September 2018 status update, OIG has closed seven recommendations.

VHA's GAO/OIG Accountability Liaison (GOAL) Team, formerly known as Management Review Service continues to capture oversight actions and status updates from relevant national, Veterans Integrated Service Network (VISN), and facility program officials in the established SharePoint database. GOAL obtained the 90-day status update, which was then briefed to the Executive In Charge (EIC) prior to submission to OIG. GOAL continues to obtain regular updates from DC VAMC, Veterans Integrated Service Network 5, and relevant program offices and will ensure the EIC or his designated staffs have sufficiently reviewed those actions for appropriate progress.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	10/31/2019	

Status Update 3/1/19

The DC VAMC are working diligently to resolve the issues and concerns within this report. Since the December 2018 status update, OIG has closed seven recommendations.

VHA's GAO/OIG Accountability Liaison (GOAL) Team continues to capture oversight actions and status updates from relevant national, Veterans Integrated Service Network (VISN), and facility program officials in the established SharePoint database. GOAL obtained the 90-day status update, which was then briefed to the Executive In Charge (EIC) prior to submission to OIG. GOAL continues to obtain regular updates from DC VAMC, Veterans Integrated Service Network 5, and relevant program offices and will ensure the EIC or his designated staffs have sufficiently reviewed those actions for appropriate progress.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	10/31/2019	

Status Update 6/1/19

The DC VAMC are working diligently to resolve the issues and concerns within this report. Since the March 2019 status update, OIG has closed 12 recommendations.

VHA's GAO/OIG Accountability Liaison (GOAL) Team continues to capture oversight actions and status updates from relevant national, Veterans Integrated Service Network (VISN), and facility program officials in the established SharePoint database. GOAL obtained the 90-day status update, which was then briefed to the Chief of Staff (COS) for the Under Secretary of VHA on behalf of the Executive In Charge (EIC) prior to submission to OIG.

GOAL continues to obtain regular updates from DC VAMC, Veterans Integrated Service Network 5, and relevant program offices and will ensure the EIC or his designated staffs have sufficiently reviewed those actions for appropriate progress.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	10/31/2019	

Status Update 9/1/19

The DC VAMC continues to work diligently to resolve the issues and concerns within this report. Since the June 2019 status update, OIG has closed three recommendations and nine remain open at this time.

VHA's GAO/OIG Accountability Liaison (GOAL) Team continues to capture oversight actions and status updates from relevant national, Veterans Integrated Service Network (VISN), and facility program officials in the established SharePoint database. GOAL obtained the 90-day status update, which was then briefed to the Chief of Staff (COS) for the Under Secretary of VHA on behalf of the Executive In Charge (EIC) prior to submission to OIG.

GOAL continues to obtain regular updates from DC VAMC, Veterans Integrated Service Network 5, and relevant program offices and will ensure the EIC or his designated staffs have sufficiently reviewed those actions for the appropriate progress and requests for closure. Target completion date extended until April 30, 2020 is requested to allow closure of all recommendations whom target completion dates have recently been revised.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	10/31/2019	4/30/2020

Status Update 12/12/19

The DC VAMC continues to work diligently to resolve the issues and concerns within this report. Since the September 2019 status update, OIG has closed two recommendations and seven remain open at this time.

VHA's GAO/OIG Accountability Liaison (GOAL) Team continues to capture oversight actions and status updates from relevant national, Veterans Integrated Service Network (VISN), and facility program officials in the established SharePoint database. GOAL obtained the 90-day status update, which was then briefed to the Chief of Staff (COS) for the Under Secretary of VHA on behalf of the Executive In Charge (EIC) prior to submission to OIG.

GOAL continues to obtain regular updates from DC VAMC, Veterans Integrated Service Network 5, and relevant program offices and will ensure the EIC or his designated staffs have sufficiently reviewed those actions for the appropriate progress and requests for closure.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	10/31/2019	4/30/2020

Status Update 3/11/20

The DC VAMC continues to work diligently to resolve the issues and concerns within this report. Since the December 2019 status update, OIG has closed two recommendations and five remain open at this time.

VHA's GAO/OIG Accountability Liaison (GOAL) Team continues to capture oversight actions and status updates from relevant national, Veterans Integrated Service Network (VISN), and facility program officials in the established SharePoint database. GOAL obtained the 90-day status update, which was then briefed to the Chief of Staff (COS) for the Under Secretary of VHA on behalf of the Executive In Charge (EIC) prior to submission to OIG.

GOAL continues to obtain regular updates from DC VAMC, VISN 5, and relevant program offices and will ensure the EIC or his designated staffs have sufficiently reviewed those actions for the appropriate progress and requests for closure. The following revised Target Completion Date (TCD) has changed due to TCD extension for recommendation # 33.

<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	4/30/2020	10/1/2020

Status Update 7/17/20

The DC VAMC and the Procurement and Logistics Office (P&LO) continue to work diligently to resolve the issues and concerns within this report. Since the March 2020 status update, VHA has five open recommendations and currently are requesting closure on three of them.

VHA's GAO/OIG Accountability Liaison (GOAL) Team continues to capture oversight actions and status updates from relevant national, Veterans Integrated Service Network (VISN), and facility program officials in the established

SharePoint database. GOAL obtained the 90-day status update, which was then briefed to the Chief of Staff (COS) for the Under Secretary of VHA on behalf of the Executive In Charge (EIC) prior to submission to OIG.

GOAL continues to obtain regular updates from DC VAMC, VISN 5, and relevant program offices and will ensure the EIC or his designated staffs have sufficiently reviewed those actions for the appropriate progress and requests for closure. The following revised Target Completion Date (TCD) has changed due to TCD extension for recommendation # 33.

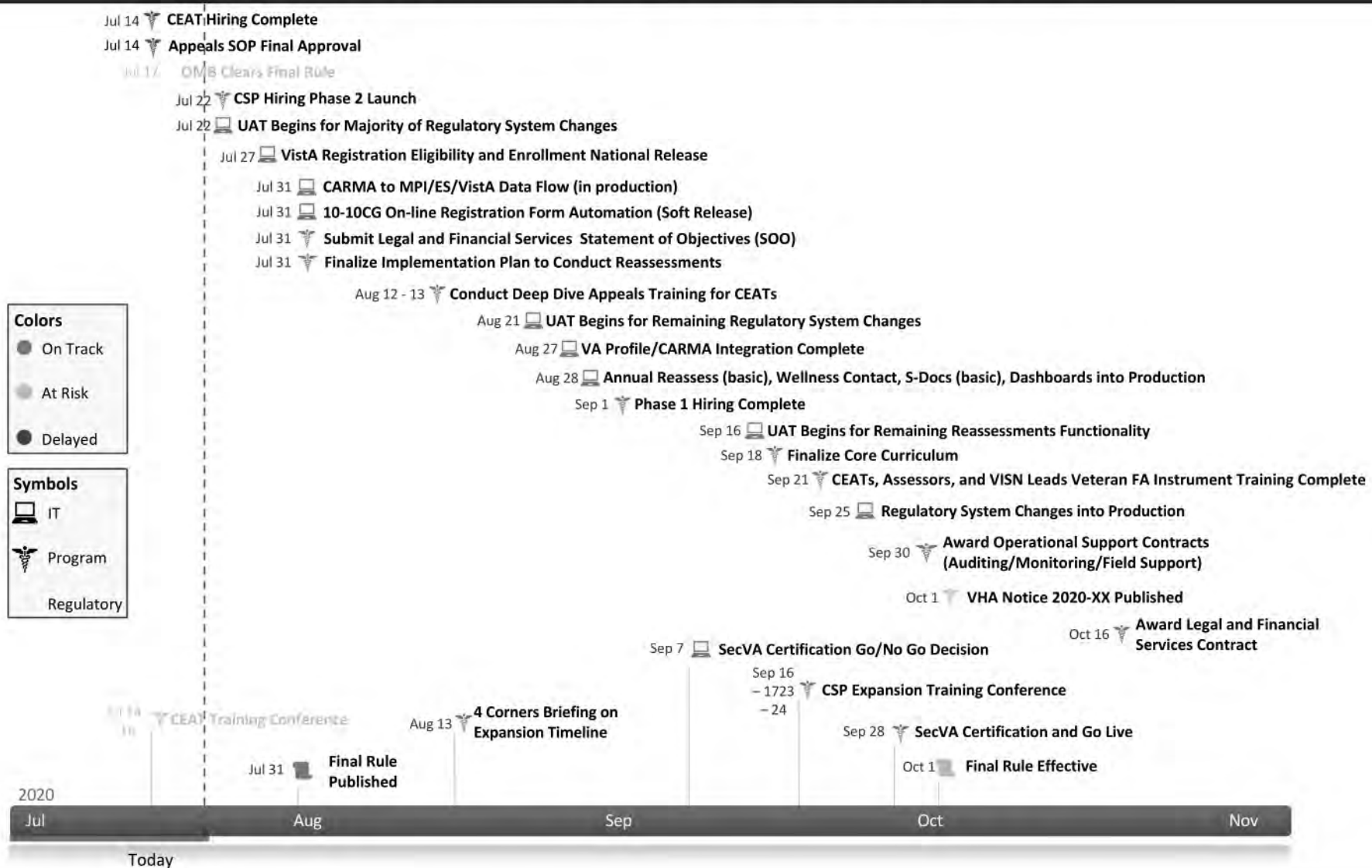
<u>Recommendation Status</u>	<u>Recommendation Target Completion Date</u>	<u>Revised Target Completion Date</u>
In Progress	10/1/2020	1/1/2021



Caregivers Senior Leadership Integrated Project Team (IPT)

Date: 07/22/2020

Expansion Integrated Timeline



Risks and Issues

Description	POC	Controls/Mitigation
Very Aggressive Implementation Schedule: If unanticipated events occur which significantly impact the critical development path they may jeopardize reaching the target SECVA certification date	(B6)	By early August, identify any potential for schedule slippage that might require adjustments to planned deliverables. Identify, define and execute training for any necessary manual workarounds
Legacy Applications: If the 1,349 applications that are currently in process at the medical centers are not closed out prior to the expansion date, medical center staff may erroneously apply post expansion criteria to the legacy applicants and erroneously use post expansion templates to document assessment findings.	(B6)	Providing guidance to Network Directors and VISN Leads on need to expedite processing legacy applications
Program Leadership: If unable to hire a qualified and seasoned Program Director, the ability to establish necessary esprit de corps among the workforce weakens and impacts the ability to successfully expand the program	(B6)	New Acting Program Director named on 7/20. Working with Human Resources (HR) to post the new permanent Program Director. CSP Steering Committee to discuss with VHA senior leadership whether the permanent Program Director will be rated as an SES-equivalent position.
Pre-Expansion Applications: If the public dialogue initiated by publication of the final rule heightens concerns about VA narrowing eligibility access, medical centers may see a significant influx of applications in August and September	(B6)	Congressional Meeting scheduled for August 27 to inform of 'On Live' data to be provided. Communications prior to August 27 to control for influx of applications if possible

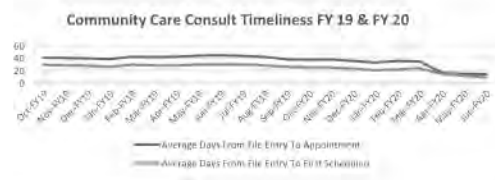
Risks and Issues

Description	POC	Controls/Mitigation
Program Office Requirements: If the Program Office is not adequately staffed to meet workload needs, VACO will be unable to effectively ensure consistent program operations and timely services to Veterans and Caregivers	(B6)	• FTE needed Supervisory, administrative, analytics, training and operational. Caregivers organizational chart approved verbally but working through HR processes to have the new org chart signed. Submitting an unfunded request for FY 2021 to support funding of new positions. Goal is to hire leadership positions by 10/30 and remainder by the end of 1st quarter FY 2021
Legacy Participants: If unable to secure a large enough team to complete the ~20,000 reassessments of Legacy Participants within the first year, the timeliness of processing new applications for Vietnam and Korean War era Veterans will be jeopardized	(B6)	• Presenting strategic plan to the Caregiver Support Program (CSP) Steering Committee on 7/24 focused on training existing medical center staff to complete eligibility assessments and use of the Traveling Nurse Corps to supplement local staff as needed using a three pronged approach: VISN Wide Plan; Engage Nursing/Social Workers to deploy additional assessors; Traveling Nurse Corps to fill gaps; 7/23 –Socialize to NDs and VISN LeadsField has submitted staffing requirements and these positions will be included in Phase 2 hiring

Community Care Consult Timeliness FY 19 & FY 20																					
	Oct-FY19	Nov-FY19	Dec-FY19	Jan-FY19	Feb-FY19	Mar-FY19	Apr-FY19	May-FY19	Jun-FY19	Jul-FY19	Aug-FY19	Sep-FY19	Oct-FY20	Nov-FY20	Dec-FY20	Jan-FY20	Feb-FY20	Mar-FY20	Apr-FY20	May-FY20	Jun-FY20
Consults	382,222	329,400	307,182	364,255	331,444	359,123	396,869	412,290	444,444	496,453	522,680	501,218	554,177	475,803	475,921	559,379	513,366	464,735	291,022	347,033	452,296
Average Days From File Entry To Appointment	40.2	39.8	39.1	38.2	41.7	41.3	41.9	43.5	44.1	43.1	41.5	37.7	36.7	37.4	35.1	32.7	35.2	34.3	16.6	14.7	14.3
Average Days From File Entry To First Scheduled	29	28.1	27.6	28	29.1	28.1	28	29.3	30	29.2	28.1	26	24.9	24.6	23	20.4	21.8	23.8	14.9	11.8	9.3

Data Source:
VSSC Consult;
Cube:

Data Parameters:
Consult Classification: Community Care, Non VA Care



	FY19 Average	FY20 Oct-Jan Average
Average Days From File Entry To Appointment	41	35.5
Average Days From File Entry To First Scheduled	28.2	23.2

	Oct-FY19	Nov-FY19	Dec-FY19	Jan-FY19	Feb-FY19	Mar-FY19	Apr-FY19	May-FY19	Jun-FY19	Jul-FY19	Aug-FY19	Sep-FY19	Oct-FY20	Nov-FY20	Dec-FY20	Jan-FY20	Feb-FY20	Mar-FY20	Apr-FY20	May-FY20	Jun-FY20
Consults	382,222	329,400	307,182	364,255	331,444	359,123	396,869	412,290	444,444	496,453	522,680	501,218	554,177	475,803	475,921	559,379	513,366	464,735	291,022	347,033	452,296
Average Days	40.2	39.8	39.1	38.2	41.7	41.3	41.9	43.5	44.1	43.1	41.5	37.7	36.7	37.4	35.1	32.7	35.2	34.3	16.6	14.7	14.3
Average Days	26.9	26	25.4	24.2	27.4	26.5	26.3	27.3	27.6	26.9	25.9	23.8	22.8	22.4	20.8	18.6	20.2	22.4	14.1	10.9	8.3

Community Care Network Regions

CCN Region 4

VISN 16

Houston, TX (580)

VISN 17

Amarillo, TX (504)
El Paso, TX (756)
Texas Valley Coastal, TX (740)
Central Texas (674)
North Texas (549)
South Texas (671)
West Texas (519)

VISN 19

Cheyenne, WY (442)
Grand Junction, CO (575)
Salt Lake City, UT (660)
Sheridan, WY (666)
Eastern Colorado, CO (554)
Montana (436)

VISN 20

Boise, ID (531)
Portland, OR (648)
Roseburg, OR (653)
Spokane, WA (668)
Puget Sound, WA (663)
Walla Walla, WA (687)
White City, OR (692)

VISN 21

Fresno, CA (570)
Honolulu, HI (459)
Reno, NV (654)
San Francisco, CA (662)
Northern California (612)
Palo Alto, CA (640)
Southern Nevada (593)

VISN 22

Loma Linda, CA (605)
Long Beach, CA (600)
New Mexico (501)
Northern Arizona (649)
Phoenix, AZ (644)
San Diego, CA (664)
Southern Arizona (678)
Greater LA, CA (691)

CCN Region 2

VISN 9

Lexington, KY (596)
Louisville, KY (603)

VISN 10

Chillicothe, OH (538)
Cincinnati, OH (539)
Cleveland, OH (541)
Columbus, OH (757)
Dayton, OH (552)
Detroit, MI (553)
Indianapolis, IN (583)
Saginaw, MI (655)
Battle Creek, MI (515)
Ann Arbor, MI (506)
Northern Indiana (610)

VISN 12

Hines, IL (578)
Iron Mountain, MI (585)
Madison, WI (607)
Milwaukee, WI (695)
North Chicago, IL (556)
Tomah, WI (676)
Chicago, IL (537)
Illiana, IL (550)

VISN 15

Columbia, MO (589)
Eastern Kansas (589)
Kansas City, MO (589)
Wichita, KS (589)
Marion, IL (657)
Poplar Bluff, MO (657)
St. Louis, MO (657)

VISN 23

Fargo, ND (437)
Des Moines, IA (636)
Iowa City, IA (636)
Minneapolis, MN (618)
Omaha, NE (636)
Sioux Falls, SD (438)
St. Cloud, MN (656)
Black Hills, SD (568)



CCN Region 3

VISN 7

Augusta, GA (509)
Birmingham, AL (521)
Charleston, SC (534)
Columbia, SC (544)
Atlanta, GA (508)
Dublin, GA (557)
Tuscaloosa, AL (679)
Central Alabama (619)

VISN 8

Bay Pines, FL (516)
Miami, FL (546)
N. Florida / S. Georgia (573)
Orlando, FL (675)
San Juan, PR (672)
Tampa, FL (673)
West Palm Beach, FL (548)

VISN 9

Memphis, TN (614)
Mountain Home, TN (621)
Tennessee Valley, TN (626)

VISN 16

Alexandria, LA (502)
Fayetteville, AR (564)
Jackson, MS (586)
New Orleans, LA (629)
Shreveport, LA (667)
Central Arkansas, AR (598)
Biloxi, MS (520)

VISN 19

Muskogee, OK (623)
Oklahoma City, OK (635)

CCN Region 1

VISN 1

Bedford, MA (518)
Manchester, NH (608)
Central Western, MA (631)
Providence, RI (650)
Togus, ME (402)
Boston, MA (523)
Connecticut, CT (689)
White River Junction, VT (405)

VISN 2

Bronx, NY (526)
Albany, NY (528)
Bath, NY (528)
Canadaigua, NY (528)
Syracuse, NY (528)
New York, NY (630)
Northport, NY (632)
Hudson Valley, NY (620)
East Orange, NJ (561)

VISN 4

Altoona, PA (503)
Butler, PA (529)
Coatesville, PA (542)
Erie, PA (562)
Lebanon, PA (595)
Philadelphia, PA (642)
Pittsburgh, PA (646)
Wilkes-Barre, PA (693)
Wilmington, DE (460)

VISN 5

Beckley, WV (517)
Clarksburg, WV (540)
Huntington, WV (581)
Martinsburg, WV (613)
Baltimore, MD (512)
Washington, DC (688)

VISN 6

Asheville, NC (637)
Durham, NC (558)
Fayetteville, NC (565)
Hampton, VA (590)
Richmond, VA (652)
Salem, VA (658)
Sandy Spring, PA (639)
Pittsburgh, PA (646)

CCN Region 6

VISN 21

Northern Mariana Islands (Saipan) (6307)
American Samoa (459)
Guam (459)

CCN Region 5

VISN 20

Alaska (463)

Community Care Network (CCN) Network Adequacy and Referral Analysis

July 2020

Internal Validations of Network Adequacy

Office of Community Care teams meet with VAMC staff regularly prior to deployment with a frequency that increases to twice a week touchpoints within 30 days of CCN deployment. OCC also meets with Optum and TriWest executive leadership to address high level network access and related issues each week and there are more frequent discussions occurring almost daily with Optum & TriWest Regional program managers to address VAMC specific needs and access issues. These meetings include VA evaluations of network adequacy that consider both quantitative and qualitative measures of the network.

The initial qualitative measurements that determine access to CCN providers prior to a site deploys evaluates the number of providers that are active in the network for all services (primary care, specialty care, dental and home health) and also determines the drive-time to those providers from areas where Veterans reside using county and zip code level data. VA also reviews historic referral patterns by volume for each type of care for each VA facility and its service area to ensure that the number of providers available can support the community care demand for each VA facility.

After a site deploys the two contractual measurements for network adequacy are appointment timeliness and drive-time accessibility, which are monitored monthly. These are calculated after appointments occur to confirm contractual performance standards are met and that initial evaluations of network access conducted prior to deployment of CCN are maintained.

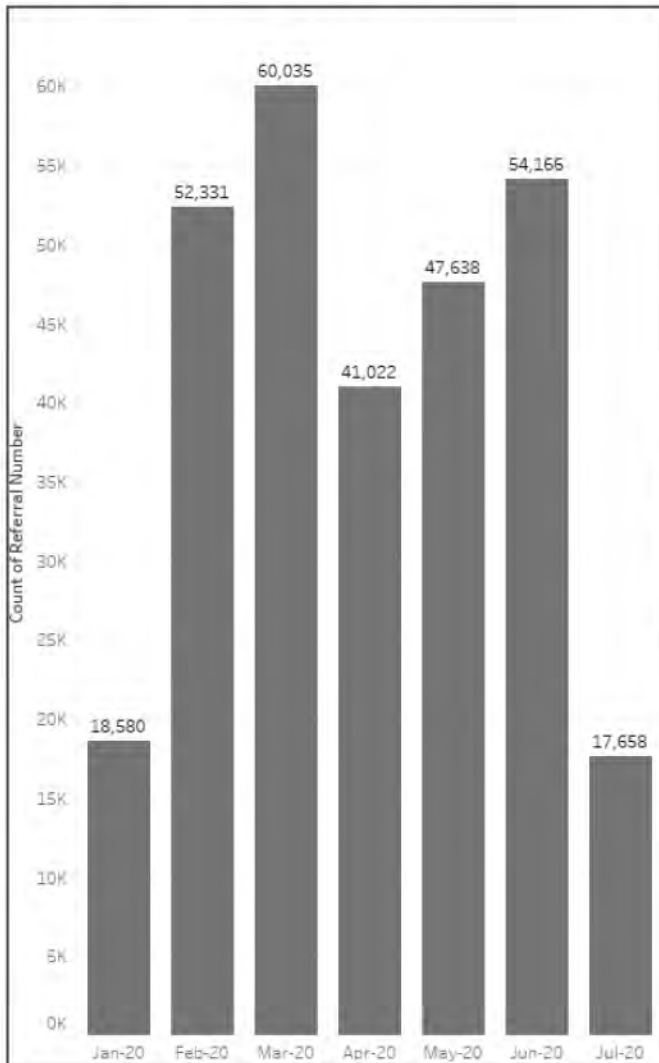
The qualitative measures used to evaluate network adequacy prior to a site deploys CCN and during their post-deployment phase are:

1. VAMC feedback on the available providers in CCN
2. The number of 25 preferred providers as identified by the VAMC that are contracted with CCN.
3. The number of top 10 PC3 providers contracted who received the highest volumes of referrals under PC3 in the prior fiscal year.
4. Active CCN providers for complex services with a low-volume of referrals. This assessment reviews complex specialties like interventional radiology, neurosurgery, oncology, surgical oncology, maternity and neuro-stroke.

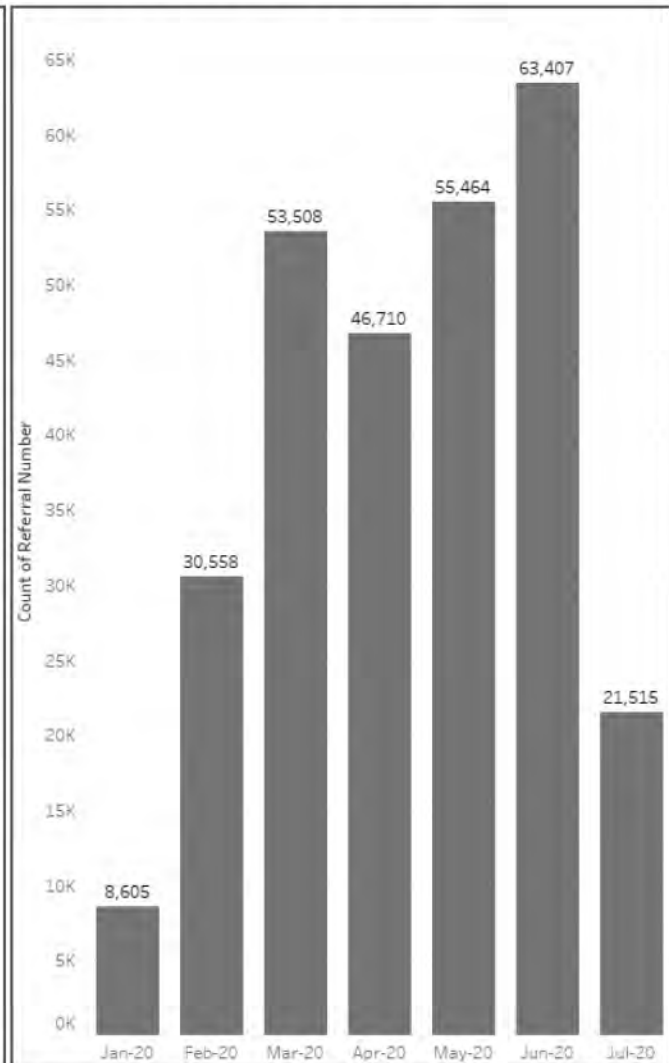
These areas are focused on identifying providers with established relationships with VAMCs as well as those who currently treat Veterans and would need to be retained for continuity of care needs.

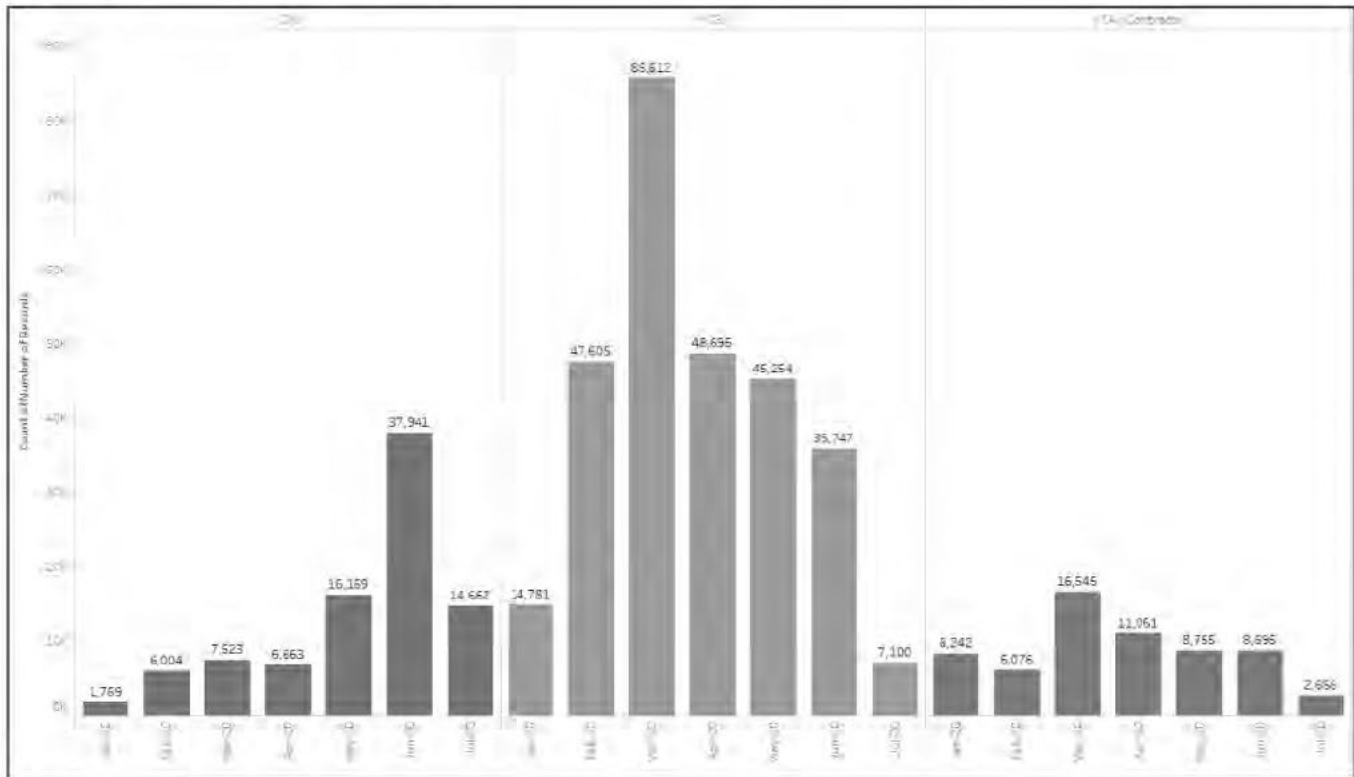
CCN Regions 1-3 Referral Trends

Region 1 (CCN Jan. 1 – July 10, 2020)



Region 2 (CCN Jan. 1 – July 10, 2020)



Region 3 (CCN Jan. 1 – July 10, 2020)**Analysis**

(B5)

Referral Monitoring Plan**Overview**

- OCC is monitoring referral patterns on a weekly basis, specifically focused on the Region 3 and Region 4 sites that recently went live with CCN. This monitoring plan includes analysis into the referral volume trends across CCN, PC3 and VCAs and a deep dive into the top categories of care.
- OCC is also analyzing the providers referred to through PC3 and VCAs to better understand the root cause of referral patterns and ensure that key providers are on track to be added to the network.
- When reviewing the data, OCC is keeping in mind several considerations that impact referrals:
 - Scheduling support from TriWest for sites with a PC3 extension in Region 4

- New OCC guidance and processes (example: Centralized Authorized Emergency Care Notification Process)
- COVID-19 impacts to provider availability and referral categories of care

Follow-up Actions

- The weekly referral analysis is shared with BIMs and site staff to identify potential network gaps and relayed back to the TPA (Optum and TriWest).
- The data may also inform the need for refresher trainings to assist with sites' use of CCN systems and tools (HSRM, PPMS).
- As needed, messaging and communications may be updated to enhance support to the field and ensure site staff are identifying in-network providers.

**Questions regarding Community Care Network (CCN) contracts for Prep with
Senator Moran
July 20, 2020**

1) **Incorporating Access Standard into CCN Contracts:** MISSION Act required the VA to establishing access standards to determine eligibility for community care which resulted in the VA developing 30 min/60-minute drive-time access standards. However, the VA entered the CCN Contract prior to finalizing the access standards, so the current contract terms only require Optum to ensure veterans are within 180-minute drive-time to a community provider. This defies logic to not have a reduced drive time in the community that is less than the drive time to a VA.

Response: The CCN contracts performance items for this area were created before the MISSION Act. Yes, 180-minute drive time is the longest under CCN contract for Optum for general care (aka specialty care) but note other drive times:

Primary Care Drive Times:

- Urban: 30 minutes
- Rural: 45 minutes
- Highly Rural: 60 minutes

General Care Drive Times:

- Urban: 45 minutes
- Rural: 100 minutes
- Highly Rural: 180 minutes

Getting Veterans the care they need, when and where they need it, is central to what we do. We are committed to building the trust of Veterans and will continue to improve access to timely, high-quality care within VA facilities, while providing Veterans with more choices to receive community care where and when they need it. As it is throughout the U.S., there are gaps in care where community providers are not available. Community providers may choose or not choose to participate in our VA contracted networks. VA will continue to work with both Optum Public Sector Solutions, Inc. (Optum) to find access in every market where Veterans are present. However, there may be times where Veterans need to travel further than they prefer. Veterans may choose to use VA health care, receive health care in the community, or neither if they prefer to use their own insurance. For this reason, VA cannot predict what size of a contracted network it needs to build to meet all primary and specialty care needs of the Veteran population. If VA built a network blindly, there is a large risk of waste as many of the providers would not be needed. The CCN contractual network adequacy was based on prior utilization patterns, Veteran population, and industry standard metrics for network sizing. VA also knows that it would take time for Optum to fully build out its

network. VA planned appropriately for phased rollout and will work with Optum to adjust the network based on Veteran utilization rates.

2) **Continuity of Care:** The VA claims veterans are allowed to continue treatment with their TriWest providers until the completion of the episode of care and that TriWest would remain in place for a short period to ensure continuity of care within the region. Unfortunately, it seems the VA isn't ensuring continuity of care on the ground like it promised. It is incumbent upon the VA to ensure TriWest community care providers that are still providing care to patients are seamlessly imported into Optum's network. MISSION Act guarantees veterans the right to choose care, so why are veterans forced to use Medicare benefits to continue treatment with the provider of their choice. (there was an ask when we briefed the region on Optum roll out to receive documentation regarding how many providers in Kansas/region2 were in Optum's network vs TriWest's network and how many were in both – I think it would be great for Dr. Stone to have this in hand – from Meghan)

Response: VA has worked with Optum to identify providers that were in the PC3 network that should be recruited into CCN for continuity of care needs. Optum meets weekly with VA to identify situations where patients are receiving complex/critical treatment like oncology or post-surgical follow up with a PC3 provider who is not currently in CCN. Optum reaches out to the providers and facilities to contract them in order to provide continuity of care for the Veteran under a new CCN referral. Not all providers have been willing to join CCN that were also in PC3, but targeted efforts have been and will continue to reduce the impact on continuity of care and avoid situations where Veterans utilize Medicare coverage to continue being seen by a provider where the VA initially referred them.

These numbers below do not display which providers were in PC3 and also joined CCN, which would speak to the continuity of care more explicitly. However, it does show that the volume of providers is greater.

CCN – 9,682 unique Providers practicing at 22,448 care sites in Kansas

PC3 – 8,651 unique Providers practicing at 19,683 care sites in Kansas

3. **Cumbersome Referral Process:** KS VA's are experiencing an uptick in community care consults/referrals but the time to schedule has doubled due to a bloated scheduling process with multiple systems. The VA was struggling across the enterprise with scheduling community care appointments. We are told that on average, the VA takes 27 days to schedule a specialty care appointment in the community post MISSION implementation. This does not include the patient wait time from the date the VA schedules the appointment to the appointment completion, which means it could take several months for a veteran to receive care. It is unclear how the Referral Coordination Teams (RCTs) will reduce scheduling times versus another layer in the process.

Response: Please see data below and attached for national level data community care consult timeliness.

	FY19 Average	FY 20 Oct-Jan Average
Average Days From File Entry To Appointment	41	35.5
Average Days From File Entry To First Scheduled	28.2	23.2



“How will VA RCTs reduce scheduling times versus another layer in the process.”

Response: In the current environment without RCTs and specialty care review teams, consults that are created with the intention for them to be seen inside the VA are reviewed and the Veterans are offered care inside the VA. If those Veterans are community care eligible and elect to go to the community, those consults are automatically forwarded to the facility community care office. The community care office then has to recontact the Veteran to obtain their scheduling preferences including their preference as to the provider since our policy requires us to have Veteran direct input into scheduling options. The typical rate limiting step in getting Veterans scheduled inside the VA and in the community is how quickly we are able to get in contact with the Veteran to obtain their preferences. In this scenario you can clearly see that the initial in-house team makes multiple attempts to contact the Veteran and then once this is performed and the Veteran elects community care, the community care team then has to contact the Veteran. These contact efforts can take days and sometimes weeks before phone calls and letters are responded to.

In the RCT model, VA is expecting medical centers to identify the best contact information immediately following a face-to-face or virtual visit, informing the Veteran that a consult for the Veteran to see a specialist has been requested by their provider during that visit. They are informed that the RCT will be contacting them via that method at their preferred times. This effort should decrease the time the in-house team requires to contact and communicate with the veteran. Additionally, once the Veteran

has been contacted and the requested care as well as the Veterans community care eligibility reviewed, the RCT is able to offer the Veteran VA care. However, if they are eligible and elect community care, the RCT will immediately obtain the Veterans community care preferences for providers if they have one, dates and times of their appointments and document that in a standardized way so their community care colleagues will be able to schedule the Veteran into the community immediately upon receipt of that forwarded consult. This eliminates the need for the facility community care office to contact the Veteran again while meeting the Veterans scheduling preferences and needs.

For consults that are initiated by VA providers to be immediately sent to and processed by the facility community care office staff, the check-out clerks are requested to obtain the same Veteran's preference information and make that information available for the community care colleagues upon receipt of the consult. Again, this is to decrease the time it takes to schedule, by eliminating the need for the facility community care staff to get in contact with the Veteran and allows them to immediately schedule the Veteran with a preferred provider at the Veteran's preferred date and time.

4) **Network Adequacy Concerns:** Optum has been incredibly slow with credentialing providers for community care, including providers that previously participated in Choice. Some providers have lingered in the process for more than six months. Optum's model for building the CCN does not include importing all previous community care providers under choice. Instead, Optum asks VAMC's for a list of top 25 providers, which leaves out the majority of VA community care provider. The process seems arbitrary and without a sense of direction based on care that is needed in the community to support veterans and the VA. The VA must push Optum on importing more community care providers to ensure proper network adequacy across the CCN. It is incredibly inefficient for providers to have to reach out to Optum for inclusion, when the VAMCs have lists of trusted providers Optum could for outreach.

Response: Office of Community Care teams meet with VAMC staff regularly prior to deployment with a frequency that increases to twice a week touchpoints within 30 days of CCN deployment. OCC also meets with Optum executive leadership to address high level network access and related issues each week and there are more frequent discussions occurring almost daily with Optum Regional program managers to address VAMC specific needs and access issues. These meetings include VA evaluations of network adequacy consider both quantitative and qualitative measures of the network.

The initial qualitative measurements that determine access to CCN providers prior to a site deploys evaluates the number of providers that are active in the network for all services (primary care, specialty care, dental and home health) and also determines the drive-time to those providers from areas where Veterans reside using county and zip code level data. VA also reviews historic referral patterns by volume for each type of care for each VA facility and it's service area to ensure that the number of providers available can support the community care demand for each VA facility.

After a site deploys the two contractual measurements for network adequacy are appointment timeliness and drive-time accessibility, which are monitored monthly. These are calculated after appointments occur to confirm contractual performance standards are met and that initial evaluations of network access conducted prior to deployment of CCN are maintained.

The qualitative measures used to evaluate network adequacy prior to a site deploys CCN and during their post-deployment phase are:

1. VAMC feedback on the available providers in CCN
2. The number of 25 preferred providers as identified by the VAMC that are contracted with CCN.
3. The number of top 10 PC3 providers contracted who received the highest volumes of referrals under PC3 in the prior fiscal year.
4. Active CCN providers for complex services with a low-volume of referrals. This assessment reviews complex specialties like interventional radiology, neurosurgery, oncology, surgical oncology, maternity and neuro-stroke.

These areas are focused on identifying providers with established relationships with VAMCs as well as those who currently treat Veterans and would need to be retained for continuity of care needs.

What have we done since the beginning of COVID?

- The Office of Veterans Access to Care (OVAC), in partnership with VSSC, created a COVID data report to allow tracking categories of follow-up for both COVID and non-COVID appointment cancellations and unscheduled consults. This report is essential for subsequent patient follow-up.
- During the pandemic, the COVID 19 report has been periodically updated, based upon input from the field. The updates allowed for improved capture of follow-up activity (e.g. with the updates it now captures rescheduled appointments.)
- Ongoing training for field staff as to how to best use the COVID 19 report in their day to day work has been maintained throughout the pandemic.
- OVAC queried medical centers and gathered from them strong practices they have initiated to review and resolve their appointment cancellations and consults not scheduled. Those strong practices will be shared with the field as a part of our moving forward plan to review and reschedule cancelled appointments and open referrals for care.

How many patient appointments and consults need follow-up?

Cancelled Appointments

- There are 3.58 million cancelled appointments which need to be reviewed. Of these:
 - Some have a review underway, but this is not yet trackable.
 - Some have had attempts to contact, but an appointment has yet to be scheduled.

Unresolved Consults

- There are 1,164,454 that need to be reviewed and/or rescheduled.
 - Some of these may have been seen without the appointment linked to the consult (an administrative function required to formally close the consult).
 - Some have clinically appropriate appointment dates in the future when the Veteran care is needed and have not needed review until a future time.

What will we do to move forward to resolve these cancelled appointments and unresolved consults?

- To ensure data validation, OVAC will provide medical centers with defined processes for reviewing Veteran appointment cancellation data and consult activity.
- VHA is developing a well-defined plan for how medical centers will review appointment cancellations and unresolved consults (By July 31, 2020). Part of this plan will include emphasis to schedule care into virtual modalities into the future, instead of holding to schedule a face to face appointment. As a part of this, VHA continues to expand specialties. Major focus is to those services with large volumes of unresolved consults.
- VHA is developing processes for each medical center's group practice managers and providers to optimally address patient care needs and utilize strong practices for reviewing appointment cancellations and unresolved consults.
- VHA will share current scheduling, consult, and COVID policies/resources as well as provide updates to Congress, OIG, VA central office, network directors and medical centers. (Begin by August 2020)
- VHA will identify facilities with the highest cancellation rates and provide support to them for backlog reduction. (Begin by August 5, 2020)
- Entirety of backlog is 3.58 cancelled appointments and 1,164,454 unresolved consults. It is expected that all of these will have been reviewed and plans for follow-up made when needed by October 31, 2020.

ERC Community Care Data

Only States: HHS, USDA, Contractor(s) weekly files

Data Released: 3/17/2021

Data Description: This data reflects referrals created with create dates of 1/1/2020 to 6/12/2020 (Pre-COVID) and 3/13/2020 to 3/13/2020 (Post-COVID). The public health emergency (PHE) declaration was made on March 11th.

Disclosures: The data is derived from the following source:

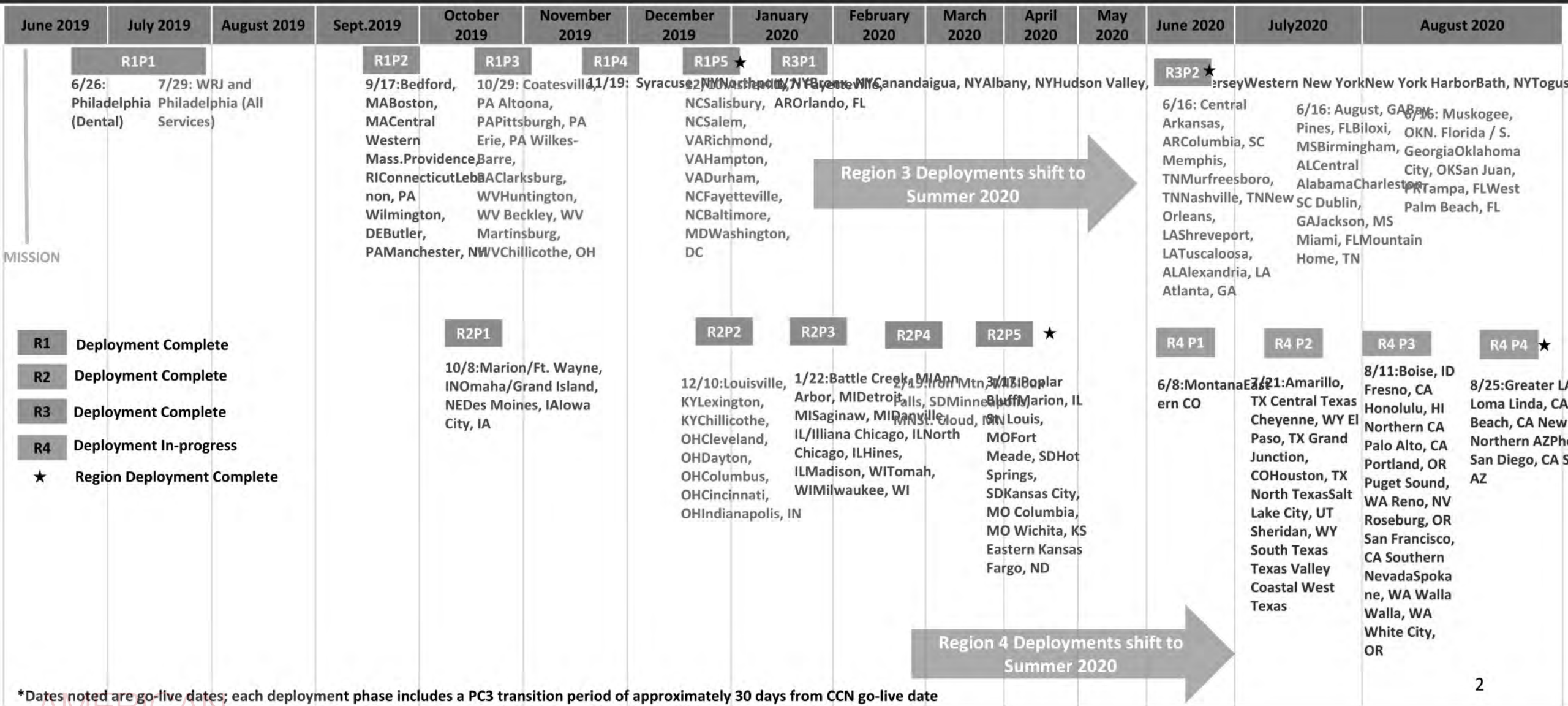
Referral Total	Pre-COVID (Jan 1, 2020 - Mar 12, 2020)	Post-COVID (PHE) (Mar 13, 2020 - Jun 12, 2020)	Change in Referrals Created For Calendar Day Post COVID, Compared to Pre-COVID (%)	Change in Referrals Created For Calendar Day Post COVID, Compared to Pre-COVID (%)	CY20 Total
Alabama	26,375	29,820	-118	-126	56,195
Alaska	27,511	2,517	113	-113	30,028
Arizona	19,158	25,188	-108	-108	44,346
Arkansas	21,251	21,354	-319	-406	42,605
California	62,631	74,506	-249	-298	137,138
Colorado	28,810	31,348	-121	-113	60,158
Connecticut	1,780	3,439	-15	-283	5,219
Delaware	3,771	1,850	20	-89	5,621
District of Columbia	6,185	1,905	47	-419	8,090
Florida	85,578	87,803	-457	-386	173,381
Georgia	34,480	45,122	-101	-113	79,602
Hawaii	12,543	22,105	-81	-546	34,648
Idaho	6,171	7,694	24	-104	13,865
Illinois	14,753	25,337	-58	-113	40,090
Indiana	13,510	13,415	62	-423	26,925
Iowa	11,880	11,881	-76	-113	23,761
Kansas	1,116	10,125	49	-113	11,241
Kentucky	10,387	10,444	-66	-113	20,831
Louisiana	28,937	30,817	-110	-113	59,754
Maine	12,441	12,388	-88	-113	24,829
Maryland	1,600	6,614	24	-113	8,214
Massachusetts	9,897	10,101	-40	-113	20,000
Michigan	40,359	34,437	-261	-113	74,796
Minnesota	27,382	28,997	-155	-113	56,379
Mississippi	26,151	35,329	-79	-113	61,480
Missouri	50,176	35,762	-209	-113	85,938
Montana	18,042	25,015	-42	-113	43,057
Nebraska	10,586	11,614	-10	-113	22,200
Nevada	17,458	17,874	-97	-113	35,332
New Hampshire	6,638	8,100	-23	-113	14,738
New Jersey	1,140	1,613	-77	-113	2,753
New Mexico	16,171	11,617	-114	-113	27,788
New York	17,177	18,185	-106	-113	35,362
North Carolina	78,516	60,959	-183	-113	139,475
North Dakota	11,617	14,471	-49	-113	26,088
Ohio	34,618	36,425	-177	-113	71,043
Oklahoma	21,188	21,913	-64	-113	43,101
Oregon	38,761	41,389	-153	-113	80,150
Pennsylvania	31,888	39,872	-157	-113	71,760
Puerto Rico	4,117	7,813	-86	-113	11,930
Rhode Island	2,854	2,838	13	-113	5,692
South Carolina	19,978	25,021	-68	-113	44,999
South Dakota	15,762	17,791	-71	-113	33,553
Tennessee	42,705	52,000	-109	-113	94,705
Texas	114,177	118,754	-510	-113	232,931
Utah	14,125	14,386	-18	-113	28,511
Vermont	4,101	5,114	-13	-113	9,215
Virginia	22,108	25,128	-140	-113	47,236
Washington	40,075	49,381	-210	-113	89,456
West Virginia	18,892	11,107	-104	-113	30,000
Wisconsin	26,740	22,478	-183	-113	49,218
Wyoming	10,746	11,121	-12	-113	21,867
Unassigned	1,667	1,666	-11	-113	3,333
Total	1,276,526	1,382,839	-1020	-113	2,659,365
Referrals Created Per Calendar Day	17,740	11,524			

Referral Total	Pre-COVID (Jan 1, 2020 - Mar 12, 2020)	Post-COVID (PHE) (Mar 13, 2020 - Jun 12, 2020)	CY20 Total
Alabama	18,718	20,208	38,926
Alaska	8,113	11,011	19,124
Arizona	21,078	30,773	51,851
Arkansas	15,286	15,317	30,603
California	46,612	50,114	96,726
Colorado	19,922	20,706	40,628
Connecticut	2,918	3,401	6,319
Delaware	2,742	2,719	5,461
District of Columbia	4,817	4,676	9,493
Florida	61,762	58,609	120,371
Georgia	26,575	31,457	58,032
Hawaii	10,946	11,412	22,358
Idaho	4,968	5,114	10,082
Illinois	14,114	14,114	28,228
Indiana	11,418	10,715	22,133
Iowa	9,366	9,111	18,477
Kansas	2,620	7,206	9,826
Kentucky	7,612	7,546	15,158
Louisiana	18,414	19,343	37,757
Maine	8,112	7,973	16,085
Maryland	4,147	4,725	8,872
Massachusetts	7,092	7,145	14,237
Michigan	26,864	22,663	49,527
Minnesota	18,014	17,041	35,055
Mississippi	18,479	21,040	39,519
Missouri	35,052	24,215	59,267
Montana	18,814	18,610	37,424
Nebraska	7,687	7,280	14,967
Nevada	12,707	12,288	24,995
New Hampshire	4,441	5,030	9,471
New Jersey	1,074	1,114	2,188
New Mexico	10,580	8,643	19,223
New York	11,414	12,304	23,718
North Carolina	46,271	61,110	107,381
North Dakota	8,348	8,366	16,714
Ohio	34,528	24,915	59,443
Oklahoma	14,944	17,818	32,762
Oregon	24,516	27,210	51,726
Pennsylvania	21,440	23,396	44,836
Puerto Rico	4,617	4,105	8,722
Rhode Island	2,110	2,581	4,691
South Carolina	15,717	17,817	33,534
South Dakota	16,810	16,614	33,424
Tennessee	30,489	24,740	55,229
Texas	79,890	77,310	157,200
Utah	4,618	10,610	15,228
Vermont	2,982	3,105	6,087
Virginia	16,513	14,560	31,073
Washington	36,105	30,711	66,816
West Virginia	11,240	11,119	22,359
Wisconsin	14,316	15,079	29,395
Wyoming	6,210	8,401	14,611
Unassigned	1,666	1,111	2,777
Total	882,886	881,118	1,764,004

Original CCN Region 1-4 Deployment Timeline

June 2019	July 2019	August 2019	Sept.2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	July2020	August 2020
	R1P1		R1P2	R1P3	R1P4	R1P5 ★	R3P1		R3P2	R3P3	R3P4	R3P5 ★		
	6/26: Philadelphia (Dental)	7/29: WRJ and Philadelphia (All Services)	9/17: Bedford, MA Boston, MA Central Western Mass. Providence, RI Connecticut Lebanon, PA Wilmington, DE Butler, PA Manchester, NH	10/29: Coatesville, PA Altoona, PA Pittsburgh, PA Erie, PA Wilkes-Barre, PA Clarksburg, WV Huntington, WV Beckley, WV Martinsburg, OH Chillicothe, OH	11/19: Syracuse, NY Northampton, NY Fayetteville, NC Salisbury, AR Orlando, FL Salem, VA Richmond, VA Hampton, VA Durham, NC Fayetteville, NC Baltimore, MD Washington, DC	12/2: Nashville, TN Asheville, NC Canandaigua, NY Albany, NY Buffalo, NY	1/8: Orlando, FL		2/15: Dublin, GA Macon, GA Home, TN Valley, TN	3/12: Tuscaloosa, AL Jackson, MS New Orleans, LA Oklahoma City, LA Shreveport, LA Memphis, TN		4/12: New York, NY Western New York New York Harbor Bath, NYTogus		
				R2P1		R2P2	R2P3	R2P4	R2P5 ★	R4 P1		R4 P2	R4 P3	R4 P4 ★
				10/8: Marion/Ft. Wayne, IN Omaha/Grand Island, NE Des Moines, IA Iowa City, IA		12/10: Louisville, KY Lexington, KY Chillicothe, OH Cleveland, OH Dayton, OH Columbus, OH Cincinnati, OH Indianapolis, IN	1/22: Battle Creek, MI Arbor, MI Detroit, MI Saginaw, MI Danville, IL/Illiana Chicago, IL Hines, WI Madison, WI Milwaukee, WI Indianapolis, IN	2/11: Iron Mtn, MI Sioux Falls, SD Minneapolis, MN North MN	3/17: Poplar, MO Fort Meade, SD Hot Springs, SD Kansas City, MO Columbia, MO Wichita, KS Eastern Kansas	4/7: Fort Harrison, MT Eastern Colorado		6/2: Amarillo, TX El Paso, TX Texas Valley Coastal Central Texas North Texas South Texas West Texas Houston, TX Cheyenne, WY Sheridan, WY Salt Lake City, UT Grand Junction, CO	7/23: Portland, OR Roseburg, OR White City, OR Boise, ID Fresno, CA San Francisco, CA Palo Alto, CA Nevada	7/24: Honolulu, HI Spokane, WA Walla Walla, WA Phoenix, AZ San Antonio, TX
	R1 Region 1													
	R2 Region 2													
	R3 Region 3													
	R4 Region 4													
	★ Region Deployment Complete													
*Dates noted are go-live dates; each deployment phase includes a PC3 transition period of approximately 30 days from CCN go-live date														

COVID Impacted CCN Region 1-4 Deployment Timeline



*Dates noted are go-live dates; each deployment phase includes a PC3 transition period of approximately 30 days from CCN go-live date

CCN Deployment Shift for Regions 3 and 4

- Due to the impact of COVID-19 in Spring 2020, VA shifted Region 3 and Region 4 deployment from Spring 2020 to Summer 2020 to allow VISNs, VA Medical Centers, and VA field staff to prioritize the VA response to COVID-19. To support Region 3 sites and ease the transition to CCN, VA launched a gradual transition from May 18 through June 16 for the 25 remaining sites in Region 3. This allowed all remaining Region 3 sites to refer care to CCN providers starting May 18, but their 30-day PC3 cutover period did not begin until June 16. The gradual transition allowed sites to familiarize themselves with the new network and escalate issues prior to the official go-live date in June. To support Region 4 sites in responding to COVID-19, VA shifted Region 4 deployment from Spring 2020 to Summer 2020. Due to COVID-19 resurgence among some sites in Region 4, VA is deploying CCN R4 with the addition of a PC3 extension to ensure adequate health care coverage options for Veterans. Through the transitional deployment, OCC and TriWest will continue to provide a sequence of training opportunities for sites to familiarize them with CCN.

Community Care Consult Timeliness FY 19 & FY 20																					
	Oct-FY19	Nov-FY19	Dec-FY19	Jan-FY19	Feb-FY19	Mar-FY19	Apr-FY19	May-FY19	Jun-FY19	Jul-FY19	Aug-FY19	Sep-FY19	Oct-FY20	Nov-FY20	Dec-FY20	Jan-FY20	Feb-FY20	Mar-FY20	Apr-FY20	May-FY20	Jun-FY20
Consults	382,222	329,400	307,182	364,255	331,444	359,123	396,869	412,290	444,444	496,453	522,680	501,218	554,177	475,803	475,921	559,379	513,366	464,735	291,022	347,033	452,296
Average Days From File Entry To Appointment	40.2	39.8	39.1	38.2	41.7	41.3	41.9	43.5	44.1	43.1	41.5	37.7	36.7	37.4	35.1	32.7	35.2	34.3	16.6	14.7	14.3
Average Days From File Entry To First Scheduled	29	28.1	27.6	28	29.1	28.1	28	29.3	30	29.2	28.1	26	24.9	24.6	23	20.4	21.8	23.8	14.9	11.8	9.3

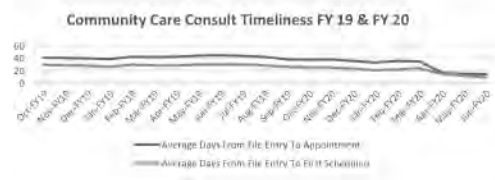
Data Source:

VSSC Consults

Cube:

Data Parameters:

Consult Classification: Community Care, Non VA Care



	FY19 Average	FY20 Oct-Jan Average
Average Days From File Entry To Appointment	41	35.5
Average Days From File Entry To First Scheduled	28.2	23.2

	Oct-FY19	Nov-FY19	Dec-FY19	Jan-FY19	Feb-FY19	Mar-FY19	Apr-FY19	May-FY19	Jun-FY19	Jul-FY19	Aug-FY19	Sep-FY19	Oct-FY20	Nov-FY20	Dec-FY20	Jan-FY20	Feb-FY20	Mar-FY20	Apr-FY20	May-FY20	Jun-FY20
Consults	382,222	329,400	307,182	364,255	331,444	359,123	396,869	412,290	444,444	496,453	522,680	501,218	554,177	475,803	475,921	559,379	513,366	464,735	291,022	347,033	452,296
Average Days	40.2	39.8	39.1	38.2	41.7	41.3	41.9	43.5	44.1	43.1	41.5	37.7	36.7	37.4	35.1	32.7	35.2	34.3	16.6	14.7	14.3
Average Days	26.9	26	25.4	24.2	27.4	26.5	26.3	27.3	27.6	26.9	25.9	23.8	22.8	22.4	20.8	18.6	20.2	22.4	14.1	10.9	8.3

Community Care Network Regions

CCN Region 4

VISN 16

Houston, TX (580)

VISN 17

Amarillo, TX (504)
El Paso, TX (756)
Texas Valley Coastal, TX (740)
Central Texas (674)
North Texas (549)
South Texas (671)
West Texas (519)

VISN 19

Cheyenne, WY (442)
Grand Junction, CO (575)
Salt Lake City, UT (660)
Sheridan, WY (666)
Eastern Colorado, CO (554)
Montana (436)

VISN 20

Boise, ID (531)
Portland, OR (648)
Roseburg, OR (653)
Spokane, WA (668)
Puget Sound, WA (663)
Walla Walla, WA (687)
White City, OR (692)

VISN 21

Fresno, CA (570)
Honolulu, HI (459)
Reno, NV (654)
San Francisco, CA (662)
Northern California (612)
Palo Alto, CA (640)
Southern Nevada (593)

VISN 22

Loma Linda, CA (605)
Long Beach, CA (600)
New Mexico (501)
Northern Arizona (649)
Phoenix, AZ (644)
San Diego, CA (664)
Southern Arizona (678)
Greater LA, CA (691)

CCN Region 2

VISN 9

Lexington, KY (596)
Louisville, KY (603)

VISN 10

Chillicothe, OH (538)
Cincinnati, OH (539)
Cleveland, OH (541)
Columbus, OH (757)
Dayton, OH (552)
Detroit, MI (553)
Indianapolis, IN (583)
Saginaw, MI (655)
Battle Creek, MI (515)
Ann Arbor, MI (506)
Northern Indiana (610)

VISN 12

Hines, IL (578)
Iron Mountain, MI (585)
Madison, WI (607)
Milwaukee, WI (695)
North Chicago, IL (556)
Tomah, WI (676)
Chicago, IL (537)
Illiana, IL (550)

VISN 15

Columbia, MO (589)
Eastern Kansas (589)
Kansas City, MO (589)
Wichita, KS (589)
Marion, IL (657)
Poplar Bluff, MO (657)
St. Louis, MO (657)

VISN 23

Fargo, ND (437)
Des Moines, IA (636)
Iowa City, IA (636)
Minneapolis, MN (618)
Omaha, NE (636)
Sioux Falls, SD (438)
St. Cloud, MN (656)
Black Hills, SD (568)



CCN Region 3

VISN 7

Augusta, GA (509)
Birmingham, AL (521)
Charleston, SC (534)
Columbia, SC (544)
Atlanta, GA (508)
Dublin, GA (557)
Tuscaloosa, AL (679)
Central Alabama (619)

VISN 8

Bay Pines, FL (516)
Miami, FL (546)
N. Florida / S. Georgia (573)
Orlando, FL (675)
San Juan, PR (672)
Tampa, FL (673)
West Palm Beach, FL (548)

VISN 9

Memphis, TN (614)
Mountain Home, TN (621)
Tennessee Valley, TN (626)

VISN 16

Alexandria, LA (502)
Fayetteville, AR (564)
Jackson, MS (586)
New Orleans, LA (629)
Shreveport, LA (667)
Central Arkansas, AR (598)
Biloxi, MS (520)

VISN 19

Muskogee, OK (623)
Oklahoma City, OK (635)

CCN Region 1

VISN 1

Bedford, MA (518)
Manchester, NH (608)
Central Western, MA (631)
Providence, RI (650)
Togus, ME (402)
Boston, MA (523)
Connecticut, CT (689)
White River Junction, VT (405)

VISN 2

Bronx, NY (526)
Albany, NY (528)
Bath, NY (528)
Canadaigua, NY (528)
Syracuse, NY (528)
New York, NY (630)
Northport, NY (632)
Hudson Valley, NY (620)
East Orange, NJ (561)

VISN 4

Altoona, PA (503)
Butler, PA (529)
Coatesville, PA (542)
Erie, PA (562)
Lebanon, PA (595)
Philadelphia, PA (642)
Pittsburgh, PA (646)
Wilkes-Barre, PA (693)
Wilmington, DE (460)

VISN 5

Beckley, WV (517)
Clarksburg, WV (540)
Huntington, WV (581)
Martinsburg, WV (613)
Baltimore, MD (512)
Washington, DC (688)

VISN 6

Asheville, NC (637)
Durham, NC (558)
Fayetteville, NC (565)
Hampton, VA (590)
Richmond, VA (652)
Salem, VA (658)
Sandy Spring, PA (628)
Pittsburgh, PA (646)

CCN Region 6

VISN 21

Northern Mariana Islands (Saipan) (6307)
American Samoa (459)
Guam (459)

CCN Region 5

VISN 20

Alaska (463)

Community Care Network (CCN) Network Adequacy and Referral Analysis

July 2020

Internal Validations of Network Adequacy

Office of Community Care teams meet with VAMC staff regularly prior to deployment with a frequency that increases to twice a week touchpoints within 30 days of CCN deployment. OCC also meets with Optum and TriWest executive leadership to address high level network access and related issues each week and there are more frequent discussions occurring almost daily with Optum & TriWest Regional program managers to address VAMC specific needs and access issues. These meetings include VA evaluations of network adequacy that consider both quantitative and qualitative measures of the network.

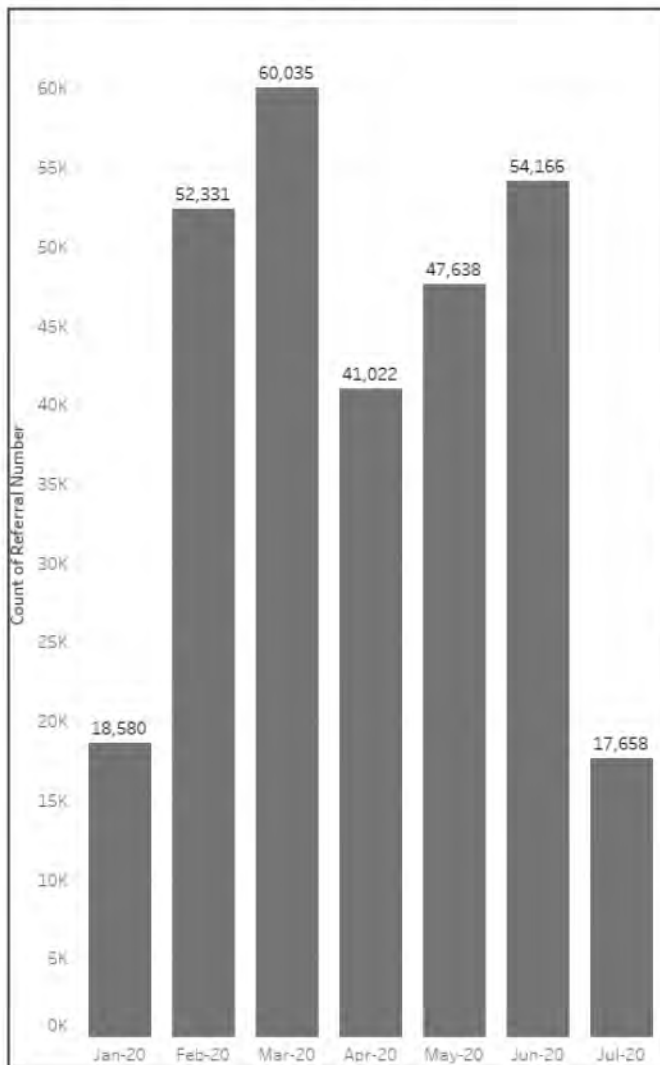
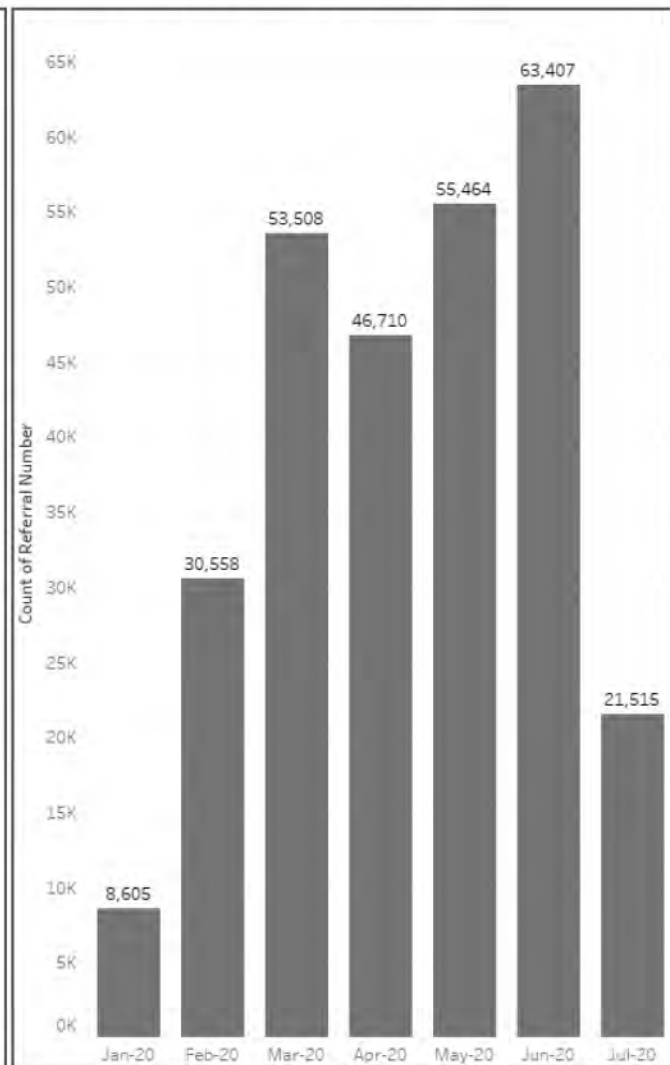
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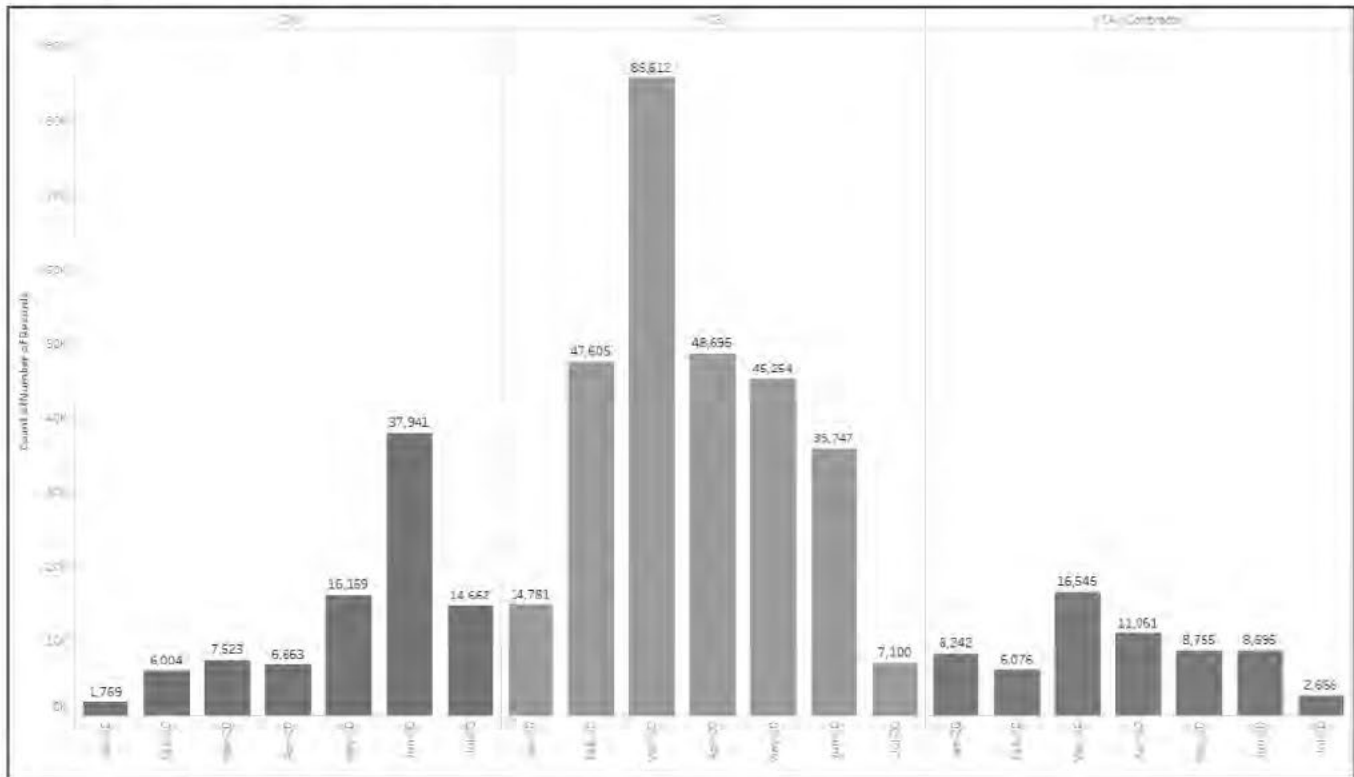
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2. The number of 25 preferred providers as identified by the VAMC that are contracted with CCN.
3. The number of top 10 PC3 providers contracted who received the highest volumes of referrals under PC3 in the prior fiscal year.
4. Active CCN providers for complex services with a low-volume of referrals. This assessment reviews complex specialties like interventional radiology, neurosurgery, oncology, surgical oncology, maternity and neuro-stroke.

These areas are focused on identifying providers with established relationships with VAMCs as well as those who currently treat Veterans and would need to be retained for continuity of care needs.

CCN Regions 1-3 Referral Trends**Region 1 (CCN Jan. 1 – July 10, 2020)****Region 2 (CCN Jan. 1 – July 10, 2020)**

Region 3 (CCN Jan. 1 – July 10, 2020)**Analysis**

(B5)

Referral Monitoring Plan**Overview**

- OCC is monitoring referral patterns on a weekly basis, specifically focused on the Region 3 and Region 4 sites that recently went live with CCN. This monitoring plan includes analysis into the referral volume trends across CCN, PC3 and VCAs and a deep dive into the top categories of care.
- OCC is also analyzing the providers referred to through PC3 and VCAs to better understand the root cause of referral patterns and ensure that key providers are on track to be added to the network.
- When reviewing the data, OCC is keeping in mind several considerations that impact referrals:
 - Scheduling support from TriWest for sites with a PC3 extension in Region 4

- New OCC guidance and processes (example: Centralized Authorized Emergency Care Notification Process)
- COVID-19 impacts to provider availability and referral categories of care

Follow-up Actions

- The weekly referral analysis is shared with BIMs and site staff to identify potential network gaps and relayed back to the TPA (Optum and TriWest).
- The data may also inform the need for refresher trainings to assist with sites' use of CCN systems and tools (HSRM, PPMS).
- As needed, messaging and communications may be updated to enhance support to the field and ensure site staff are identifying in-network providers.

**Questions regarding Community Care Network (CCN) contracts for Prep with
Senator Moran
July 20, 2020**

1) **Incorporating Access Standard into CCN Contracts:** MISSION Act required the VA to establishing access standards to determine eligibility for community care which resulted in the VA developing 30 min/60-minute drive-time access standards. However, the VA entered the CCN Contract prior to finalizing the access standards, so the current contract terms only require Optum to ensure veterans are within 180-minute drive-time to a community provider. This defies logic to not have a reduced drive time in the community that is less than the drive time to a VA.

Response: The CCN contracts performance items for this area were created before the MISSION Act. Yes, 180-minute drive time is the longest under CCN contract for Optum for general care (aka specialty care) but note other drive times:

Primary Care Drive Times:

- Urban: 30 minutes
- Rural: 45 minutes
- Highly Rural: 60 minutes

General Care Drive Times:

- Urban: 45 minutes
- Rural: 100 minutes
- Highly Rural: 180 minutes

Getting Veterans the care they need, when and where they need it, is central to what we do. We are committed to building the trust of Veterans and will continue to improve access to timely, high-quality care within VA facilities, while providing Veterans with more choices to receive community care where and when they need it. As it is throughout the U.S., there are gaps in care where community providers are not available. Community providers may choose or not choose to participate in our VA contracted networks. VA will continue to work with both Optum Public Sector Solutions, Inc. (Optum) to find access in every market where Veterans are present. However, there may be times where Veterans need to travel further than they prefer. Veterans may choose to use VA health care, receive health care in the community, or neither if they prefer to use their own insurance. For this reason, VA cannot predict what size of a contracted network it needs to build to meet all primary and specialty care needs of the Veteran population. If VA built a network blindly, there is a large risk of waste as many of the providers would not be needed. The CCN contractual network adequacy was based on prior utilization patterns, Veteran population, and industry standard metrics for network sizing. VA also knows that it would take time for Optum to fully build out its

network. VA planned appropriately for phased rollout and will work with Optum to adjust the network based on Veteran utilization rates.

2) **Continuity of Care:** The VA claims veterans are allowed to continue treatment with their TriWest providers until the completion of the episode of care and that TriWest would remain in place for a short period to ensure continuity of care within the region. Unfortunately, it seems the VA isn't ensuring continuity of care on the ground like it promised. It is incumbent upon the VA to ensure TriWest community care providers that are still providing care to patients are seamlessly imported into Optum's network. MISSION Act guarantees veterans the right to choose care, so why are veterans forced to use Medicare benefits to continue treatment with the provider of their choice. (there was an ask when we briefed the region on Optum roll out to receive documentation regarding how many providers in Kansas/region2 were in Optum's network vs TriWest's network and how many were in both – I think it would be great for Dr. Stone to have this in hand – from Meghan)

Response: VA has worked with Optum to identify providers that were in the PC3 network that should be recruited into CCN for continuity of care needs. Optum meets weekly with VA to identify situations where patients are receiving complex/critical treatment like oncology or post-surgical follow up with a PC3 provider who is not currently in CCN. Optum reaches out to the providers and facilities to contract them in order to provide continuity of care for the Veteran under a new CCN referral. Not all providers have been willing to join CCN that were also in PC3, but targeted efforts have been and will continue to reduce the impact on continuity of care and avoid situations where Veterans utilize Medicare coverage to continue being seen by a provider where the VA initially referred them.

These numbers below do not display which providers were in PC3 and also joined CCN, which would speak to the continuity of care more explicitly. However, it does show that the volume of providers is greater.

CCN – 9,682 unique Providers practicing at 22,448 care sites in Kansas

PC3 – 8,651 unique Providers practicing at 19,683 care sites in Kansas

3. **Cumbersome Referral Process:** KS VA's are experiencing an uptick in community care consults/referrals but the time to schedule has doubled due to a bloated scheduling process with multiple systems. The VA was struggling across the enterprise with scheduling community care appointments. We are told that on average, the VA takes 27 days to schedule a specialty care appointment in the community post MISSION implementation. This does not include the patient wait time from the date the VA schedules the appointment to the appointment completion, which means it could take several months for a veteran to receive care. It is unclear how the Referral Coordination Teams (RCTs) will reduce scheduling times versus another layer in the process.

Response: Please see data below and attached for national level data community care consult timeliness.

	FY19 Average	FY 20 Oct-Jan Average
Average Days From File Entry To Appointment	41	35.5
Average Days From File Entry To First Scheduled	28.2	23.2



“How will VA RCTs reduce scheduling times versus another layer in the process.”

Response: In the current environment without RCTs and specialty care review teams, consults that are created with the intention for them to be seen inside the VA are reviewed and the Veterans are offered care inside the VA. If those Veterans are community care eligible and elect to go to the community, those consults are automatically forwarded to the facility community care office. The community care office then has to recontact the Veteran to obtain their scheduling preferences including their preference as to the provider since our policy requires us to have Veteran direct input into scheduling options. The typical rate limiting step in getting Veterans scheduled inside the VA and in the community is how quickly we are able to get in contact with the Veteran to obtain their preferences. In this scenario you can clearly see that the initial in-house team makes multiple attempts to contact the Veteran and then once this is performed and the Veteran elects community care, the community care team then has to contact the Veteran. These contact efforts can take days and sometimes weeks before phone calls and letters are responded to.

In the RCT model, VA is expecting medical centers to identify the best contact information immediately following a face-to-face or virtual visit, informing the Veteran that a consult for the Veteran to see a specialist has been requested by their provider during that visit. They are informed that the RCT will be contacting them via that method at their preferred times. This effort should decrease the time the in-house team requires to contact and communicate with the veteran. Additionally, once the Veteran

has been contacted and the requested care as well as the Veterans community care eligibility reviewed, the RCT is able to offer the Veteran VA care. However, if they are eligible and elect community care, the RCT will immediately obtain the Veterans community care preferences for providers if they have one, dates and times of their appointments and document that in a standardized way so their community care colleagues will be able to schedule the Veteran into the community immediately upon receipt of that forwarded consult. This eliminates the need for the facility community care office to contact the Veteran again while meeting the Veterans scheduling preferences and needs.

For consults that are initiated by VA providers to be immediately sent to and processed by the facility community care office staff, the check-out clerks are requested to obtain the same Veteran's preference information and make that information available for the community care colleagues upon receipt of the consult. Again, this is to decrease the time it takes to schedule, by eliminating the need for the facility community care staff to get in contact with the Veteran and allows them to immediately schedule the Veteran with a preferred provider at the Veteran's preferred date and time.

4) **Network Adequacy Concerns:** Optum has been incredibly slow with credentialing providers for community care, including providers that previously participated in Choice. Some providers have lingered in the process for more than six months. Optum's model for building the CCN does not include importing all previous community care providers under choice. Instead, Optum asks VAMC's for a list of top 25 providers, which leaves out the majority of VA community care provider. The process seems arbitrary and without a sense of direction based on care that is needed in the community to support veterans and the VA. The VA must push Optum on importing more community care providers to ensure proper network adequacy across the CCN. It is incredibly inefficient for providers to have to reach out to Optum for inclusion, when the VAMCs have lists of trusted providers Optum could for outreach.

Response: Office of Community Care teams meet with VAMC staff regularly prior to deployment with a frequency that increases to twice a week touchpoints within 30 days of CCN deployment. OCC also meets with Optum executive leadership to address high level network access and related issues each week and there are more frequent discussions occurring almost daily with Optum Regional program managers to address VAMC specific needs and access issues. These meetings include VA evaluations of network adequacy consider both quantitative and qualitative measures of the network.

The initial qualitative measurements that determine access to CCN providers prior to a site deploys evaluates the number of providers that are active in the network for all services (primary care, specialty care, dental and home health) and also determines the drive-time to those providers from areas where Veterans reside using county and zip code level data. VA also reviews historic referral patterns by volume for each type of care for each VA facility and it's service area to ensure that the number of providers available can support the community care demand for each VA facility.

After a site deploys the two contractual measurements for network adequacy are appointment timeliness and drive-time accessibility, which are monitored monthly. These are calculated after appointments occur to confirm contractual performance standards are met and that initial evaluations of network access conducted prior to deployment of CCN are maintained.

The qualitative measures used to evaluate network adequacy prior to a site deploys CCN and during their post-deployment phase are:

1. VAMC feedback on the available providers in CCN
2. The number of 25 preferred providers as identified by the VAMC that are contracted with CCN.
3. The number of top 10 PC3 providers contracted who received the highest volumes of referrals under PC3 in the prior fiscal year.
4. Active CCN providers for complex services with a low-volume of referrals. This assessment reviews complex specialties like interventional radiology, neurosurgery, oncology, surgical oncology, maternity and neuro-stroke.

These areas are focused on identifying providers with established relationships with VAMCs as well as those who currently treat Veterans and would need to be retained for continuity of care needs.

What have we done since the beginning of COVID?

- The Office of Veterans Access to Care (OVAC), in partnership with VSSC, created a COVID data report to allow tracking categories of follow-up for both COVID and non-COVID appointment cancellations and unscheduled consults. This report is essential for subsequent patient follow-up.
- During the pandemic, the COVID 19 report has been periodically updated, based upon input from the field. The updates allowed for improved capture of follow-up activity (e.g. with the updates it now captures rescheduled appointments.)
- Ongoing training for field staff as to how to best use the COVID 19 report in their day to day work has been maintained throughout the pandemic.
- OVAC queried medical centers and gathered from them strong practices they have initiated to review and resolve their appointment cancellations and consults not scheduled. Those strong practices will be shared with the field as a part of our moving forward plan to review and reschedule cancelled appointments and open referrals for care.

How many patient appointments and consults need follow-up?

Cancelled Appointments

- There are 3.58 million cancelled appointments which need to be reviewed. Of these:
 - Some have a review underway, but this is not yet trackable.
 - Some have had attempts to contact, but an appointment has yet to be scheduled.

Unresolved Consults

- There are 1,164,454 that need to be reviewed and/or rescheduled.
 - Some of these may have been seen without the appointment linked to the consult (an administrative function required to formally close the consult).
 - Some have clinically appropriate appointment dates in the future when the Veteran care is needed and have not needed review until a future time.

What will we do to move forward to resolve these cancelled appointments and unresolved consults?

- To ensure data validation, OVAC will provide medical centers with defined processes for reviewing Veteran appointment cancellation data and consult activity.
- VHA is developing a well-defined plan for how medical centers will review appointment cancellations and unresolved consults (By July 31, 2020). Part of this plan will include emphasis to schedule care into virtual modalities into the future, instead of holding to schedule a face to face appointment. As a part of this, VHA continues to expand specialties. Major focus is to those services with large volumes of unresolved consults.
- VHA is developing processes for each medical center's group practice managers and providers to optimally address patient care needs and utilize strong practices for reviewing appointment cancellations and unresolved consults.
- VHA will share current scheduling, consult, and COVID policies/resources as well as provide updates to Congress, OIG, VA central office, network directors and medical centers. (Begin by August 2020)
- VHA will identify facilities with the highest cancellation rates and provide support to them for backlog reduction. (Begin by August 5, 2020)
- Entirety of backlog is 3.58 cancelled appointments and 1,164,454 unresolved consults. It is expected that all of these will have been reviewed and plans for follow-up made when needed by October 31, 2020.

ERC Community Care Data

Only States: HHS, USDA, Contractor(s) weekly files

Data Released: 3/17/2020

Data Description: This report reflects referrals created with create dates of 1/1/2020 to 03/12/2020 (Pre-COVID) and 3/13/2020 to 3/17/2020 (Post-COVID). The public health emergency (PHE) declaration was made on March 11th.

Disclosures: The data is derived from the following source:

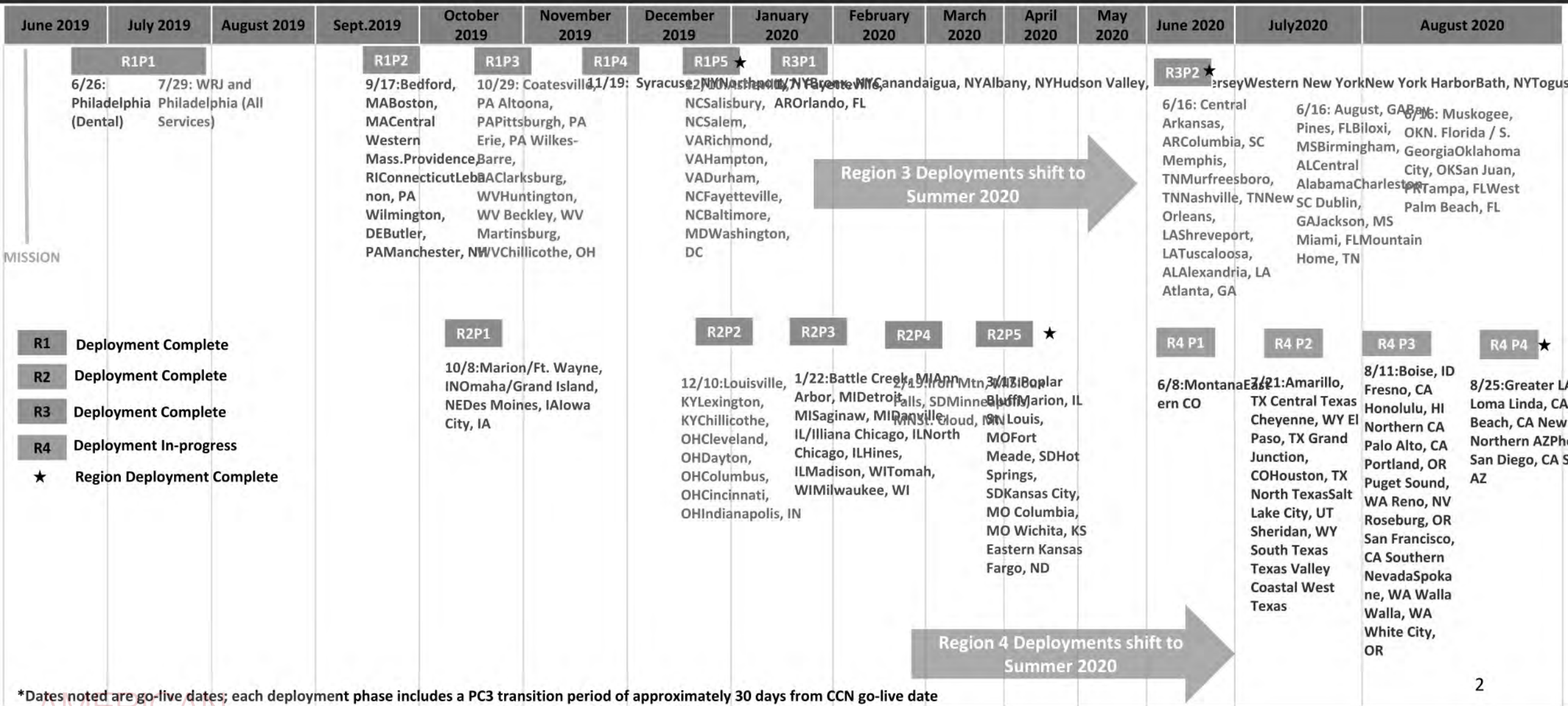
Referral Total	Pre-COVID (Jan 1, 2020 - Mar 12, 2020)	Post-COVID (PHE) (Mar 13, 2020 - Mar 17, 2020)	Change in Referrals Created For Calendar Day Post COVID, Compared to Pre-COVID (%)	Change in Referrals Created For Calendar Day Post COVID, Compared to Pre-COVID (%)	CY20 Total
Alabama	26,375	29,820	-118	-126	56,195
Alaska	2,711	2,817	-113	-113	5,528
Arizona	19,158	25,188	-108	-108	44,346
Arkansas	21,251	21,354	-109	-109	42,605
California	62,631	74,506	-109	-109	137,137
Colorado	28,810	31,348	-111	-111	60,158
Connecticut	1,760	1,859	-115	-115	3,619
Delaware	1,771	1,850	-110	-110	3,621
District of Columbia	4,185	4,365	-117	-117	8,550
Florida	85,578	87,805	-117	-117	173,383
Georgia	34,480	40,122	-105	-105	74,602
Hawaii	13,543	12,105	-114	-114	25,648
Idaho	6,171	7,694	-124	-124	13,865
Illinois	14,763	15,337	-114	-114	29,100
Indiana	13,510	15,415	-114	-114	28,925
Iowa	11,440	11,881	-116	-116	23,321
Kansas	1,116	1,125	-119	-119	2,241
Kentucky	10,367	10,444	-116	-116	20,811
Louisiana	28,937	30,817	-110	-110	59,754
Maine	12,441	12,388	-116	-116	24,829
Maryland	1,600	1,614	-116	-116	3,214
Massachusetts	9,897	10,301	-110	-110	20,198
Michigan	40,359	44,417	-114	-114	84,776
Minnesota	27,362	29,907	-115	-115	57,269
Mississippi	26,151	31,329	-119	-119	57,480
Missouri	50,176	55,762	-110	-110	105,938
Montana	18,042	19,015	-117	-117	37,057
Nebraska	10,546	11,544	-116	-116	22,090
Nevada	17,458	17,874	-117	-117	35,332
New Hampshire	6,638	6,330	-123	-123	12,968
New Jersey	1,140	1,163	-122	-122	2,303
New Mexico	16,171	16,817	-114	-114	32,988
New York	17,177	18,185	-110	-110	35,362
North Carolina	78,156	86,959	-113	-113	165,115
North Dakota	11,617	11,471	-119	-119	23,088
Ohio	34,418	36,425	-117	-117	70,843
Oklahoma	21,188	21,913	-114	-114	43,101
Oregon	38,761	41,389	-113	-113	80,150
Pennsylvania	31,888	36,872	-117	-117	68,760
Puerto Rico	4,117	7,813	-116	-116	11,930
Rhode Island	2,854	2,938	-121	-121	5,792
South Carolina	19,974	21,021	-114	-114	40,995
South Dakota	15,762	17,791	-114	-114	33,553
Tennessee	42,705	47,050	-110	-110	89,755
Texas	114,177	118,754	-114	-114	232,931
Utah	14,125	14,386	-119	-119	28,511
Vermont	4,101	4,114	-121	-121	8,215
Virginia	22,138	23,134	-114	-114	45,272
Washington	40,075	41,381	-119	-119	81,456
West Virginia	18,492	19,107	-114	-114	37,599
Wisconsin	26,740	27,478	-114	-114	54,218
Wyoming	10,746	11,121	-117	-117	21,867
Unassigned	1,467	1,426	-119	-119	2,893
Total	1,276,526	1,382,839	-110	-110	2,659,365
Referrals Created Per Calendar Day	17,740	11,524			

Referral Total	Pre-COVID (Jan 1, 2020 - Mar 12, 2020)	Post-COVID (PHE) (Mar 13, 2020 - Mar 17, 2020)	CY20 Total
Alabama	18,718	20,208	38,926
Alaska	1,811	1,911	3,722
Arizona	21,078	25,118	46,196
Arkansas	15,286	15,317	30,603
California	46,612	50,114	96,726
Colorado	19,922	20,706	40,628
Connecticut	2,918	3,001	5,919
Delaware	2,742	2,779	5,521
District of Columbia	4,817	4,676	9,493
Florida	61,762	58,609	120,371
Georgia	26,575	31,457	58,032
Hawaii	10,946	11,412	22,358
Idaho	4,968	5,111	10,079
Illinois	14,114	14,114	28,228
Indiana	11,418	10,715	22,133
Iowa	9,346	9,111	18,457
Kansas	2,620	2,296	4,916
Kentucky	7,612	7,546	15,158
Louisiana	19,414	19,343	38,757
Maine	8,112	7,973	16,085
Maryland	1,412	1,425	2,837
Massachusetts	7,092	7,145	14,237
Michigan	26,864	22,663	49,527
Minnesota	18,014	17,041	35,055
Mississippi	18,479	21,040	39,519
Missouri	35,052	34,215	69,267
Montana	18,814	18,610	37,424
Nebraska	7,687	7,280	14,967
Nevada	12,707	12,288	24,995
New Hampshire	4,441	4,030	8,471
New Jersey	1,074	1,114	2,188
New Mexico	10,580	8,845	19,425
New York	11,414	12,304	23,718
North Carolina	66,271	61,310	127,581
North Dakota	8,348	8,364	16,712
Ohio	34,528	24,915	59,443
Oklahoma	14,944	17,818	32,762
Oregon	24,516	27,210	51,726
Pennsylvania	21,440	13,396	34,836
Puerto Rico	4,611	4,105	8,716
Rhode Island	2,110	2,181	4,291
South Carolina	15,717	17,817	33,534
South Dakota	16,810	10,614	27,424
Tennessee	30,489	34,240	64,729
Texas	79,890	77,310	157,200
Utah	4,610	10,610	15,220
Vermont	2,082	1,105	3,187
Virginia	16,511	14,560	31,071
Washington	36,105	35,215	71,320
West Virginia	11,440	11,119	22,559
Wisconsin	14,316	15,279	29,595
Wyoming	6,210	8,401	14,611
Unassigned	1,468	1,111	2,579
Total	882,886	881,118	1,764,004

Original CCN Region 1-4 Deployment Timeline

June 2019	July 2019	August 2019	Sept.2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	July2020	August 2020
	R1P1		R1P2	R1P3	R1P4	R1P5 ★	R3P1		R3P2	R3P3	R3P4	R3P5 ★		
	6/26: Philadelphia (Dental)	7/29: WRJ and Philadelphia (All Services)	9/17: Bedford, MA Boston, MA Central Western Mass. Providence, RI Connecticut Lebanon, PA Wilmington, DE Butler, PA Manchester, NH	10/29: Coatesville, PA Altoona, PA Pittsburgh, PA Erie, PA Wilkes-Barre, PA Clarksburg, WV Huntington, WV Beckley, WV Martinsburg, OH Chillicothe, OH	11/19: Syracuse, NY Northampton, NY Fayetteville, NC Salisbury, AR Orlando, FL Salem, VA Richmond, VA Hampton, VA Durham, NC Fayetteville, NC Baltimore, MD Washington, DC	12/2: Nashville, TN Asheville, NC Canandaigua, NY Albany, NY Buffalo, NY	1/8: Denver, CO		2/15: Dublin, GA Macon, GA Tuscaloosa, AL Jackson, MS New Orleans, LA Shreveport, LA Memphis, TN	3/12: Birmingham, AL	4/19: New York, NY	5/26: New York Harbor	6/2: New York Harbor	7/13: Bath, NYTogus
				R2P1		R2P2	R2P3	R2P4	R2P5 ★	R4 P1		R4 P2	R4 P3	R4 P4 ★
				10/8: Marion/Ft. Wayne, IN Omaha/Grand Island, NE Des Moines, IA Iowa City, IA		12/10: Louisville, KY Lexington, KY Chillicothe, OH Cleveland, OH Dayton, OH Columbus, OH Cincinnati, OH Indianapolis, IN	1/22: Battle Creek, MI Arbor, MI Detroit, MI Saginaw, MI Danville, IL/Illiana Chicago, IL Hines, IL Madison, WI Milwaukee, WI Indianapolis, IN	2/11: Iron Mtn, MN Sioux Falls, SD Bluffton, SC Minneapolis, MN Fort Meade, SD Hot Springs, SD Kansas City, MO Columbia, MO Wichita, KS Eastern Kansas	3/17: Poplar, MO Harrison, MO Eastern Colorado	4/7: Fort	6/2: Amarillo, TX El Paso, TX Texas Valley Coastal Central Texas North Texas South Texas West Texas Houston, TX Cheyenne, WY Sheridan, WY Salt Lake City, UT Grand Junction, CO	6/23: Portland, OR Roseburg, OR White City, OR Boise, ID Fresno, CA San Francisco, CA Palo Alto, CA Nevada	7/14: Honolulu, HI Spokane, WA Walla Walla, WA Phoenix, AZ San Diego, CA Southern California	8/4: Honolulu, HI
MISSION	R1 Region 1	R2 Region 2	R3 Region 3	R4 Region 4	★ Region Deployment Complete									
*Dates noted are go-live dates; each deployment phase includes a PC3 transition period of approximately 30 days from CCN go-live date														

COVID Impacted CCN Region 1-4 Deployment Timeline



*Dates noted are go-live dates; each deployment phase includes a PC3 transition period of approximately 30 days from CCN go-live date

CCN Deployment Shift for Regions 3 and 4

- Due to the impact of COVID-19 in Spring 2020, VA shifted Region 3 and Region 4 deployment from Spring 2020 to Summer 2020 to allow VISNs, VA Medical Centers, and VA field staff to prioritize the VA response to COVID-19. To support Region 3 sites and ease the transition to CCN, VA launched a gradual transition from May 18 through June 16 for the 25 remaining sites in Region 3. This allowed all remaining Region 3 sites to refer care to CCN providers starting May 18, but their 30-day PC3 cutover period did not begin until June 16. The gradual transition allowed sites to familiarize themselves with the new network and escalate issues prior to the official go-live date in June. To support Region 4 sites in responding to COVID-19, VA shifted Region 4 deployment from Spring 2020 to Summer 2020. Due to COVID-19 resurgence among some sites in Region 4, VA is deploying CCN R4 with the addition of a PC3 extension to ensure adequate health care coverage options for Veterans. Through the transitional deployment, OCC and TriWest will continue to provide a sequence of training opportunities for sites to familiarize them with CCN.

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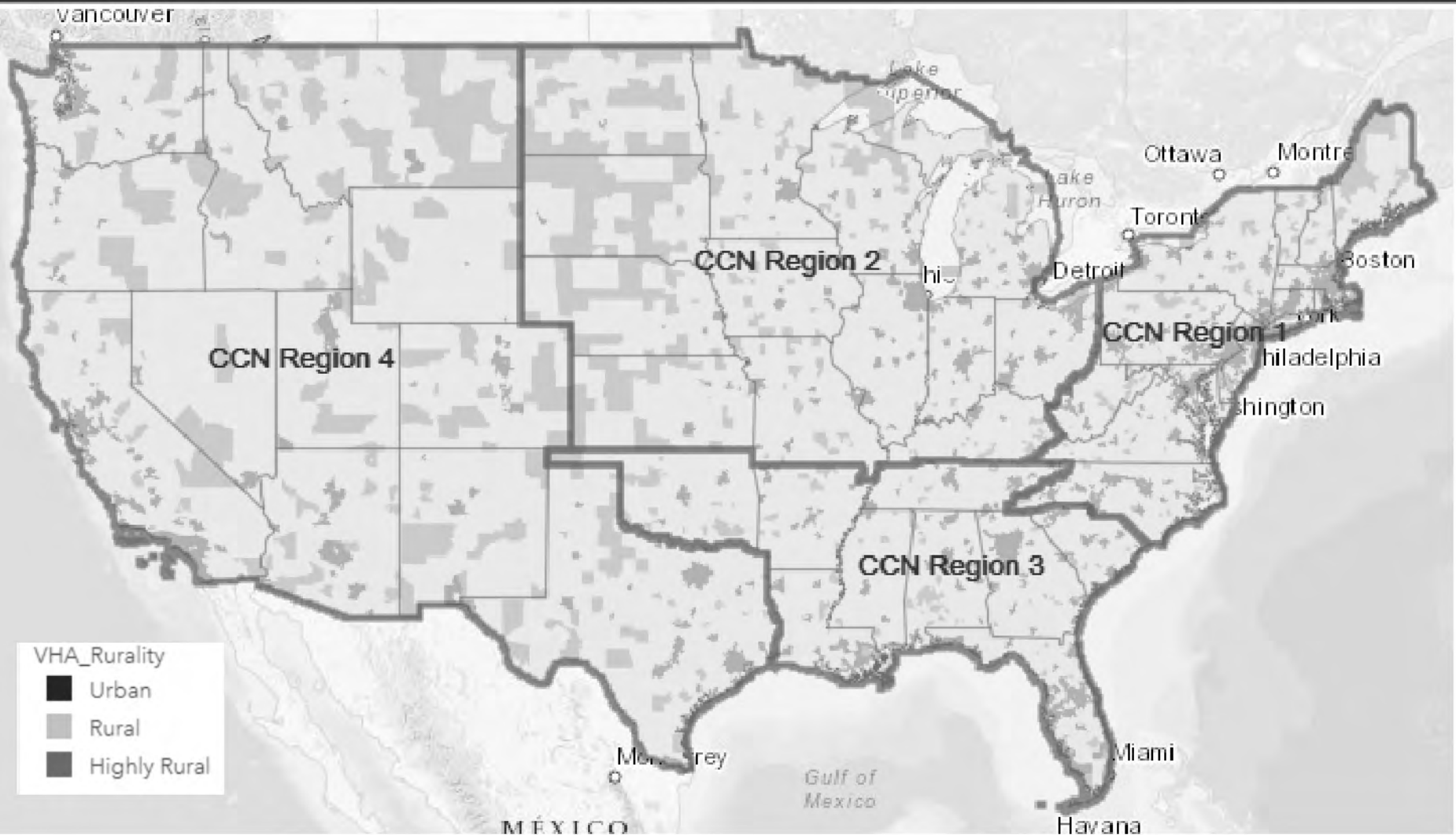
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CCN REGIONS AND RURALITY



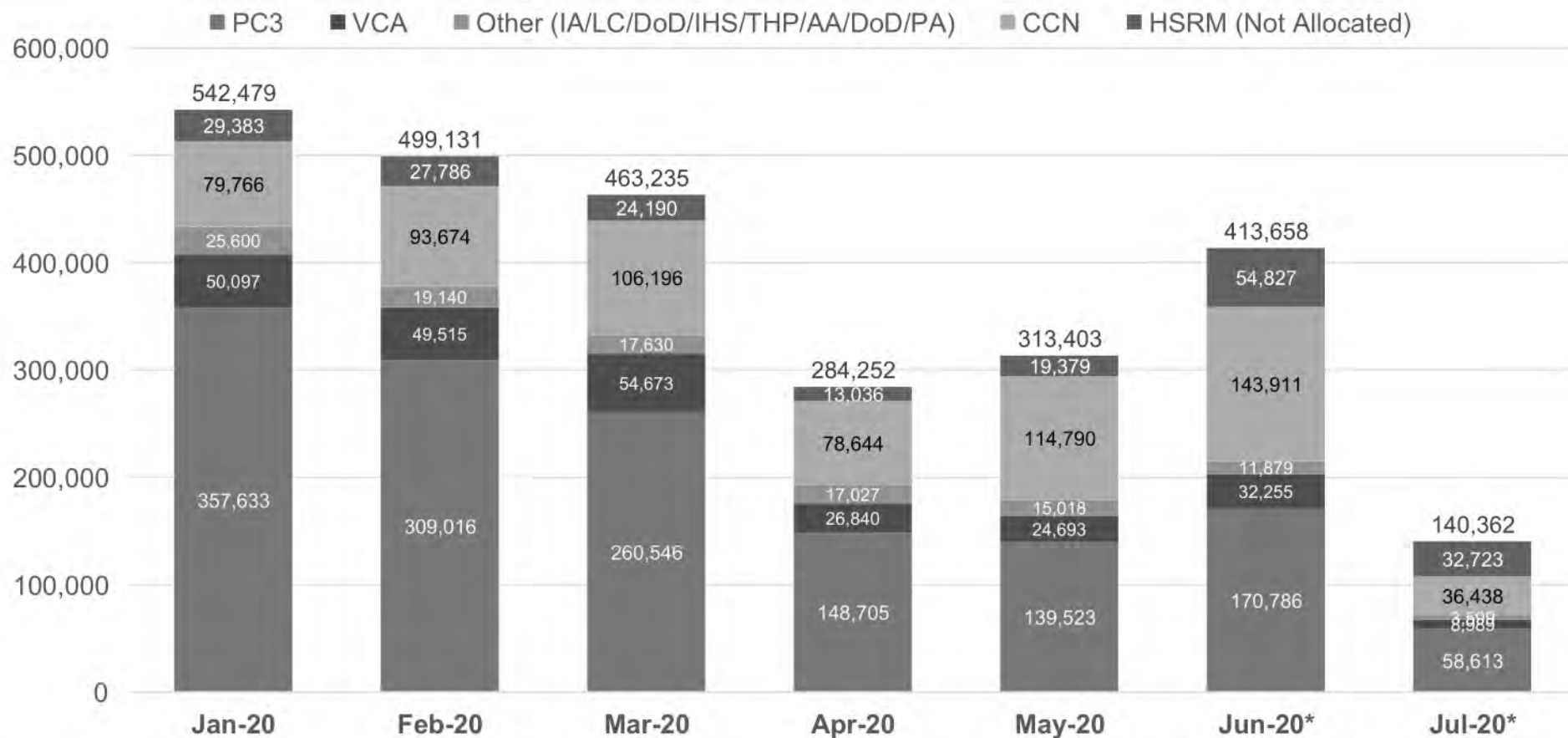
Rural Veteran Population(% of total region population):Region 1: 644,937 (26%)Region 2: 853,323 (37%)Region 3: 754,609 (27%)Region 4: 796,092 (21%)
Highly Rural Veteran Population(% of total region population):Region 1: 74,209 (3.0%)Region 2: 138,681 (6.0%)Region 3: 49,765 (1.8%)Region 4: 82,158 (2.2%)

CCN REGIONS AND RURALITY



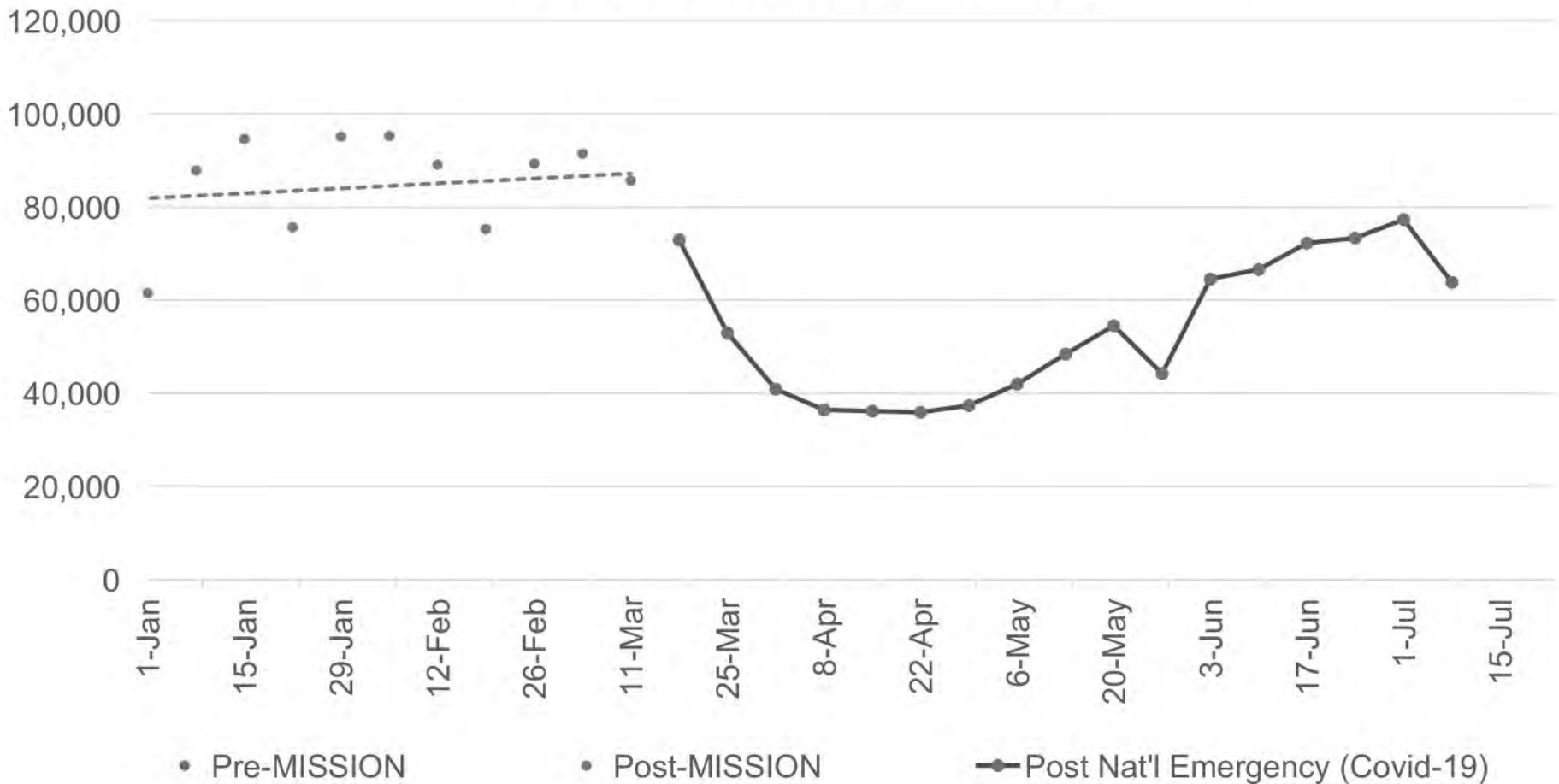
HOC ALL AUTHS

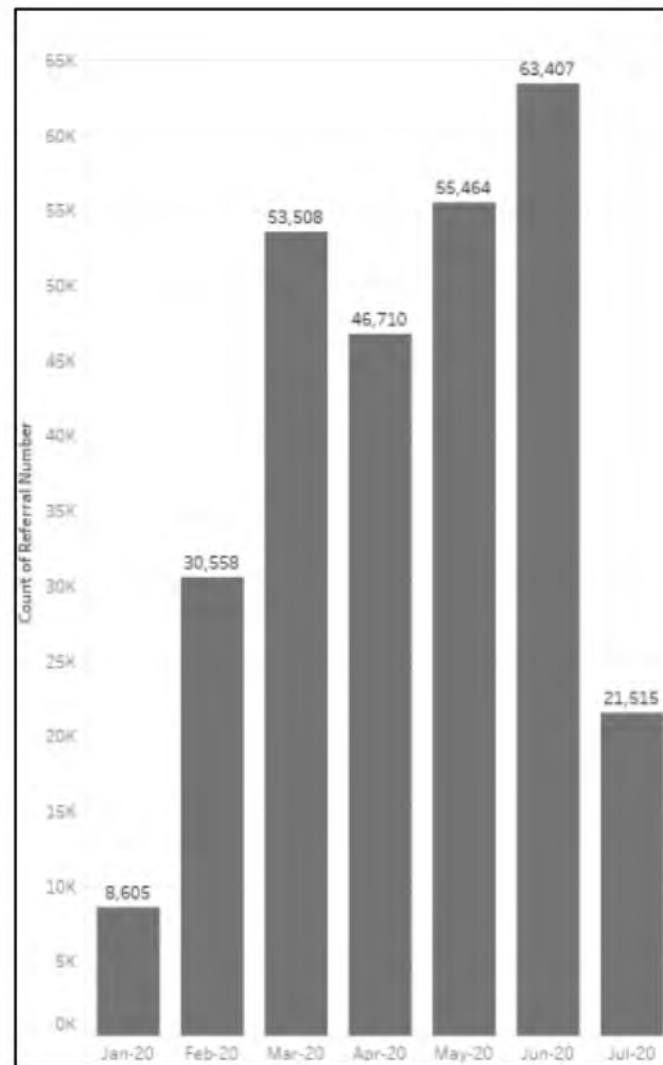
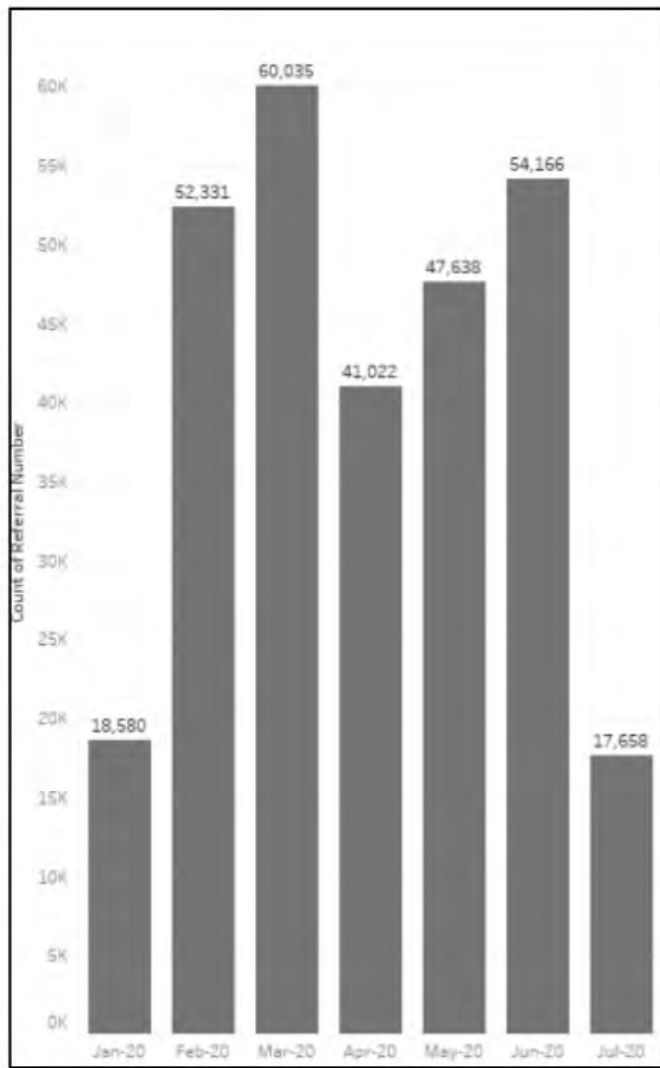
**Community Care Authorizations CY20 (Jan 1, 2020 – Jul 10, 2020 (Monthly))
(Excludes Urgent Care and Unauthorized Emergency Care)**



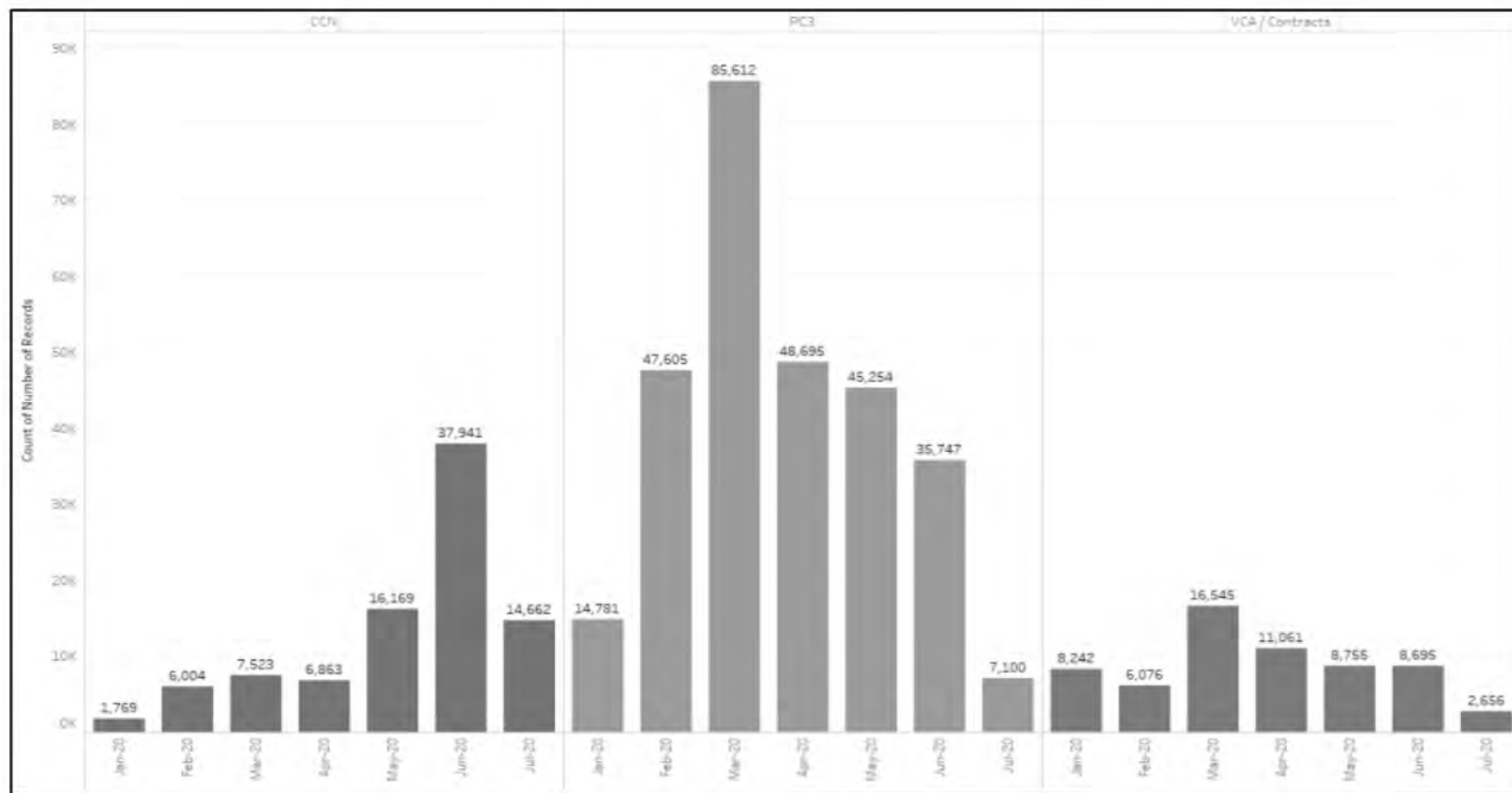
HOC SPECIALTY CARE SERVICES

Outpatient Specialty Referrals Weekly Trends:
CY20 (Jan 2020 – Jul 8, 2020)

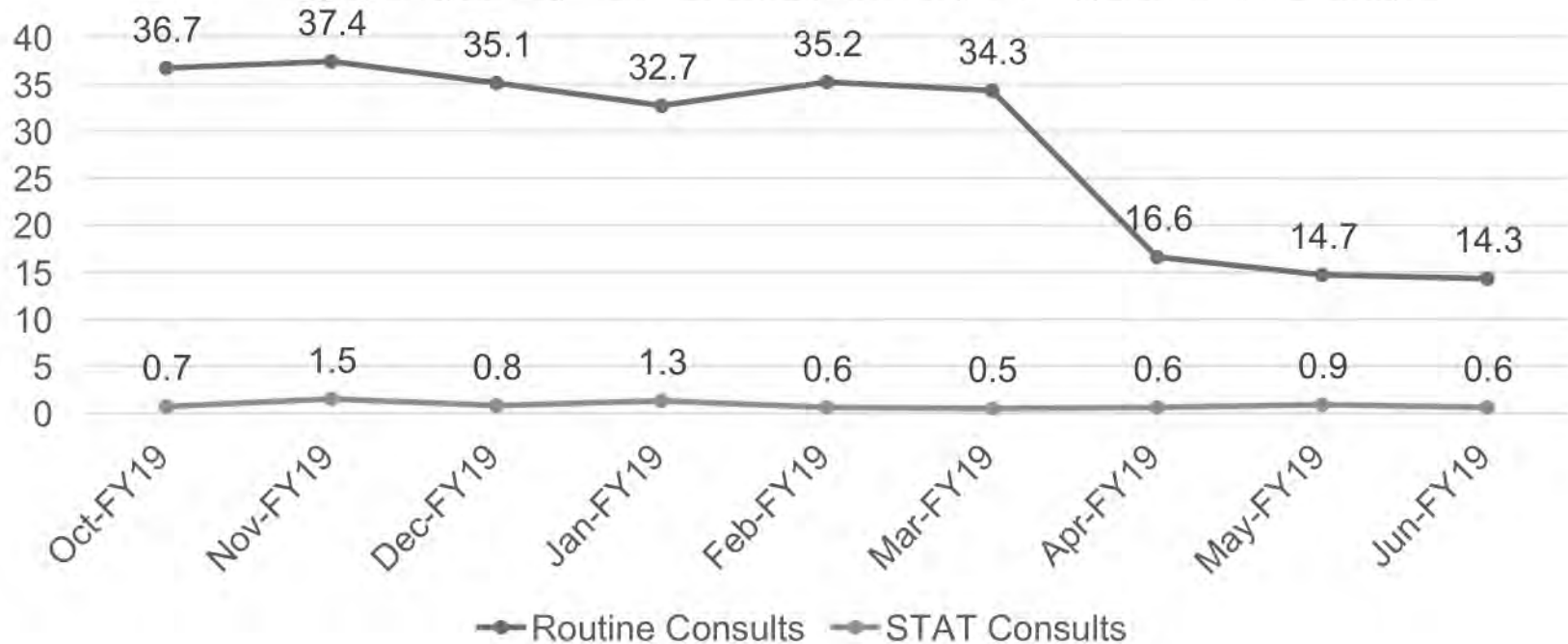




AMERICAN
Oversight



Community Care Consult Timeliness (National) (Average Days From Consult Entry to Appointment Date)



**Note: Regarding Apr to Jun 2020: The consult timeliness metric are based on the subset of consults that were scheduled. Downward trend in routine consults are likely due to a lower number of consults having a scheduled appointment reflected.*

Specialty	Projected Weekly Demand	Demand vs. Capacity (CCN Providers)	Contractual Access % (CCN Providers)	Mission Act Access % (CCN Providers)
Optometry	297	258%	100%	99%
Physical Therapy/Occupational Therapy	166	1272%	100%	98%
Radiology	133	2728%	100%	99%
Behavioral Health Psychotherapy	128	1867%	100%	97%
Primary Care	128	870%	100%	99%
Chiropractic	120	723%	100%	98%
Orthopedic Surgery	120	1283%	100%	98%
Gastroenterology	112	313%	100%	98%
Acupuncture	100	440%	100%	97%
Dermatology	92	887%	100%	97%
Pain Management	92	170%	100%	91%
Ophthalmology	87	872%	100%	98%
Behavioral Health Prescribing	81	704%	100%	94%
Dental	76	2474%	98%	98%
Neurology	70	609%	100%	97%
Urology	69	491%	99%	97%
Cardiology	65	1548%	100%	100%
Podiatry	63	438%	100%	97%
Nephrology	61	748%	99%	97%
Sleep Medicine	57	137%	100%	98%
Mammography	55	547%	100%	99%
Obstetrics and Gynecology	53	2679%	100%	98%
Hematology and Oncology	51	627%	96%	97%
Otolaryngology	50	1346%	100%	98%
Neurological Surgery	49	400%	100%	95%
Pulmonary Diseases	49	633%	100%	97%
Thoracic and Cardiovascular Surgery	48	204%	100%	97%
Physical Medicine and Rehabilitation	46	491%	100%	91%
Audiology	45	240%	94%	95%
Radiation Oncology	45	151%	100%	90%
Speech Therapy	45	338%	99%	98%
Allergy and Immunology	44	373%	100%	97%
Endocrinology	44	188%	99%	95%
General Surgery	44	1455%	100%	99%
Rheumatology	44	300%	100%	95%
Infectious Diseases	43	358%	94%	92%
Plastic Surgery	42	157%	100%	98%
Nutrition/Dietetics	41	88%	96%	95%

Overall Contractual Access: 98% Network analysis completed to detect adequacy gaps in order to identify providers that fill CCN contracting needs prior to the start of healthcare delivery. More aggressive provider management has begun for “Gap Filler” providers: SCL Health – Grand Junction assigned to TriWest Executive Champion. Remaining “Gap Filler” providers assigned to dedicated outreach “Tiger Team.” 167 New Build providers identified, 134 contracts have been sent and 33 in progress. 36 Certified providers in targeting and contracting. 1 Certified provider in credentialing. Tivity is being used to address Acupuncture gaps.

We are employing a more robust targeted approach that includes additional efforts to fill gaps beyond the VAMC level. This includes: VA Top 25 and VA VCA: 64 BHI: 2,044

Note: Data updated as of June 10, 2020; updated weekly

Specialty	Projected Weekly Demand	Demand vs. Capacity (CCN Providers)	Contractual Access % (CCN Providers)	Mission Act. Access % (CCN Providers)
Radiology	203	88%	91%	78%
Audiology	173	88%	96%	88%
Optometry	166	94%	99%	94%
Cardiology	123	81%	99%	82%
Ophthalmology	103	151%	99%	79%
Orthopedic Surgery	101	258%	99%	83%
Chiropractic	96	677%	99%	89%
Physical Therapy/Occupational Therapy	96	1244%	99%	87%
Dental	95	2903%	97%	96%
Podiatry	84	144%	96%	90%
Gastroenterology	83	166%	74%	50%
Behavioral Health Psychotherapy	80	2415%	100%	93%
Otolaryngology	73	135%	96%	78%
Neurology	72	308%	96%	78%
Dermatology	71	157%	50%	73%
Pain Management	71	25%	96%	51%
Acupuncture	69	87%	96%	78%
Pulmonary Diseases	69	112%	99%	89%
Behavioral Health Prescribing	65	243%	96%	73%
Hematology and Oncology	63	127%	99%	85%
Neurological Surgery	63	89%	99%	68%
Mammography	62	644%	99%	80%
Nephrology	62	97%	96%	70%
Thoracic and Cardiovascular Surgery	62	108%	98%	88%
Urology	61	248%	96%	77%
Primary Care	58	3811%	99%	89%
General Surgery	58	515%	99%	93%
Rheumatology	57	80%	12%	28%
Endocrinology	55	49%	96%	67%
Obstetrics and Gynecology	55	451%	99%	83%
Allergy and Immunology	54	79%	92%	87%
Plastic Surgery	54	57%	94%	87%
Infectious Diseases	52	77%	99%	77%
Nutrition/Dietetics	52	296%	99%	88%
Physical Medicine and Rehabilitation	52	100%	13%	40%
Radiation Oncology	52	40%	82%	58%
Sleep Medicine	52	58%	99%	60%
Speech Therapy	52	331%	96%	94%

Note: Data updated as of June 10, 2020; updated weekly

Overall Contractual Access: 96% Network analysis completed to detect adequacy gaps in order to identify providers that fill CCN contracting needs prior to the start of healthcare delivery. More aggressive provider management has begun for “Gap Filler” providers: 4 providers (Billings Clinic, Benefis Hospital, RCHP Billings Missoula, & Western Montana Clinic) assigned to TriWest Executive Champions Remaining “Gap Filler” providers assigned to dedicated outreach “Tiger Team” 29 New Build providers identified 109 Certified providers in targeting and contracting 6 Certified providers in credentialing and dataTivity is being used to address Acupuncture gaps.

We are employing a more robust targeted approach that includes additional efforts to fill gaps beyond the VAMC level. This includes: VA Top 25 and VA VCA: 62BHI: 882

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Caregivers

Program Management Review (PMR) Veterans Health Administration

Date: 07/29/2020

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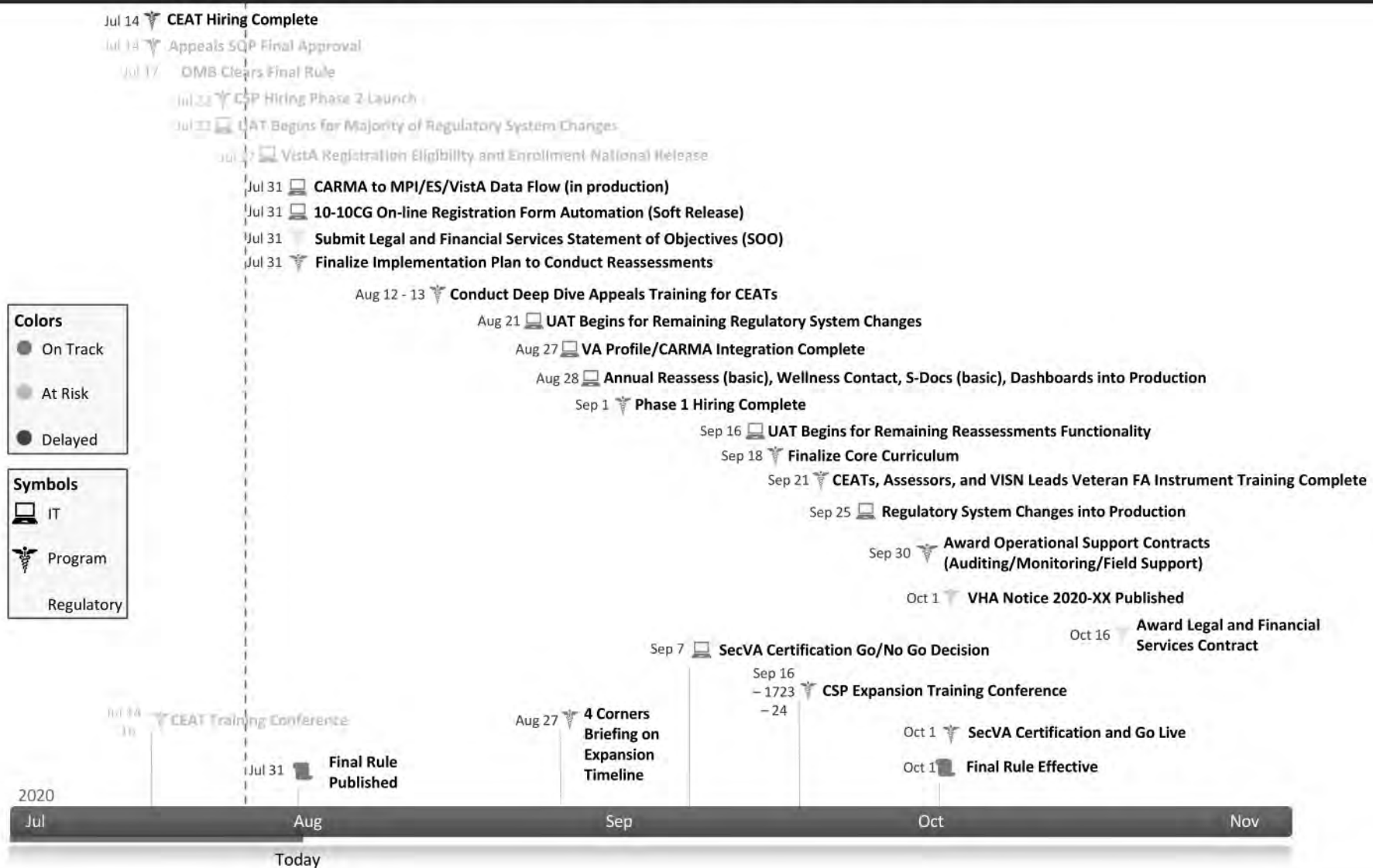
**Program Management Review (PMR) Accomplishments since last
PMR Follow-Up on Action Items since last PMR Expansion Integrated
Timeline Risks and Issues IT Development Regulation Program
Enhancement Directive, Notice, and SOPs Hiring Training Implementation
Readiness**

Program Management Review (PMR)

Accomplishments Since Last PMR

#	Item	Organizational POC	Completion Date
1	Selected new interim Program Director; EOB 7/29/20	(B6)	7/17/2020
2	Final Rule in Federal Register queue to publish 7/31/20	(B6)	7/21/2020
3	Held two VHA Caregivers Steering Committee Meetings	(B6)	7/24/2020
4	Finalized Phase 2 hiring requirements	(B6)	7/27/2020
5	Released bulk of regulatory change functionality for pre-UAT. Completed end-to-end integration testing for Master Person Index (MPI), Enrollment System (ES) and Vista	(B6)	7/27/2020
6	OIT and VHA Requirements Development team (RDM) completed all remaining SecVA Acceptance Criteria required for CARMA certification	(B6)	7/27/2020
7	Finalized Appeals Directive and SOP	(B6)	7/28/2020
8	Caregivers program office organizational chart signed	(B6)	7/31/2020

Expansion Integrated Timeline



Risks and Issues

Description	POC	Controls/Mitigation
Very Aggressive Implementation Schedule: Unanticipated events may significantly impact the critical development path and jeopardize the SECVA certification date.	(B6)	By early August, identify any potential for schedule slippage that might require adjustments to planned deliverables. Identify, define and execute training for any necessary manual workarounds.
Legacy Applications: Completion of the 1,349 legacy applications at the medical centers prior to the expansion date. Medical center staff may incorrectly apply post expansion criteria to the legacy applicants and erroneously use post expansion templates to document assessment findings.	(B6)	Continue to provide guidance to Network Directors and VISN Leads on need to expedite processing legacy applications. On a weekly basis monitor application volume and medical center processing times.
Program Leadership: Hire a qualified and seasoned Program Director, to establish esprit de corps among the workforce to successfully lead and expand the program.	(B6)	7/17/20: New Acting Program Director (PD) selected. Working with Human Resources to post the permanent Program Director position. The permanent PD will be rated as an SES-equivalent position.

Risks and Issues

Description	POC	Controls/Mitigation
Pre-Expansion Applications: Publication of the final rule may heighten concerns about VA narrowing eligibility access and significantly increase applications to the medical centers in August and September.	(B6)	8/27/20: Congressional Meeting scheduled to inform of 'Go live' date. Before 8/27/20, consider "limited" communications to control for influx of applications, if possible.
Program Office Requirements: Inadequate Program Office staff does not meet workload needs to effectively ensure consistent program operations and timely services to Veterans and Caregivers.	(B6)	FTEs needed - supervisory, administrative, analytics, training, and operational. Caregivers organizational chart to be signed 7/31. Submitted an unfunded request for FY21 to support funding of new positions. 10/30/20: Hire leadership positions and remainder of staff by the end of 1st quarter FY21.
Legacy Participants: Staffing constraints to complete the ~20,000 reassessments of Legacy Participants within the first year may jeopardize timeliness of processing new applications for Vietnam and Korean War era Veterans.	(B6)	7/23/20: Socialized strategic plan to NDs and VISN Leads focused on training existing medical center staff to complete eligibility assessments and use of the Traveling Nurse Corps to supplement local staff as needed. 7/24/20: Presented plan to the CSP Steering Committee.

IT Development

1

Status

- Schedule currently on track, though very tight

2

Key Accomplishments

- Concluded Sprint 7 – 7/24 Started user acceptance testing (UAT) for majority of regulatory system changes – 7/27 OIT and VHA Requirements Development and Management (RDM) Team completed all SecVA Acceptance Criteria required for CARMA certification – 7/27

3

Issues and Risks

- Very Aggressive Implementation Schedule: Unanticipated events may significantly impact the critical development path and jeopardize the SECVA certification date.

4

Upcoming Key Milestones

Milestone	Est. Finish	Status
CARMA to MPI/ES/VistA Data Flow (in production)	7/31/2020	■
10-10CG On-line Registration Form Automation (Soft Release)	7/31/2020	■
Begin UAT for remaining regulatory systems changes	8/21/2020	■
Complete integration of VA Profile/CARMA	8/27/2020	■

Project Status Legend:



Completed



On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

Regulation Status

1

Status

- Final Rule is currently with the Federal Register awaiting publication

2

Key Accomplishments

- Office of Management and Budget (OMB) cleared the final rule – 7/17
Final rule submitted to the Federal Register for publication – 7/20

3

Issues and Risks

4

Upcoming Key Milestones

Milestone	Est. Finish	Status
Final Rule Published	7/31/2020	■
Final Rule Effective	10/1/2020	■

Project Status Legend:



Completed



On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

Program Enhancement

Directive, Notice and Standard Operating Procedures (SOP)

1

Status

- CSP is working with VHA Office of Regulatory and Administrative Affairs (10B4) to finalize the schedule of the remaining steps necessary to complete the Notice and Directive. Completing the final 7 SOPs no later than 7/31

2

Key Accomplishments

- Draft of VHA Notice 2020-XX sent to VHA 10B4 to finalize program office comments and edits – 7/27

3

Issues and Risks

- If Policy and SOPs are incomplete, then the enterprise will lack uniformed guidance directing VISN and VAMC program operations. Stakeholders (VSO, Members of Congress) requesting inclusion in policy development. If granted full inclusion, then the program office will be setting precedent of including external entities in policy development

4

Upcoming Key Milestones

Milestone	Est. Finish	Status
Complete passback for VHA Notice 2020-XX and confirm DUSH and ADUSH concurrence in VIEWS	7/31/2020	
Brief VSOs and Hill staff on Appeals/Eligibility/Reassessments process	Late August 2020	
Begin SharePoint review for CSP Directive 1152 update	10/31/2020	

Project Status Legend:



Completed



On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

Hiring

1

Status

- Submitting an unfunded request for FY21 to support funding of new VACO positions
Prioritizing hiring leadership positions and remainder of staff by the end of 1st quarter FY21

2

Key Accomplishments

- Selected new interim Program Director – 7/17
Received approval for permanent Program Director position to be rated an SES-equivalent – 7/23
Phase 2 staffing requirements submitted to VHA senior leadership for approval – 7/27
Obtained sign off on organizational chart – 7/31

3

Issues and Risks

- VISNs/VAMCs must focus on hiring Phase 2 staff alongside COVID-19 hiring
Inadequate Program Office staff does not meet workload needs to effectively ensure consistent program operations and timely services to Veterans and Caregivers
Do CEATs licensed providers need privileging in order to make eligibility decisions under discussion

4

Upcoming Key Milestones

Milestone	Est. Finish	Status
100% of CEAT staff are onboard*	7/14/2020	
Confirm new Caregivers code activated in HRSmart System	8/7/2020	
Complete Phase 1 Hiring	9/1/2020	
Launch phase 2 hiring in field	7/31/2020	

*As of 7/22/20, 75% CEAT staff were hired

Project Status Legend:



Completed



On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

Training

1

Status

- Establishing comprehensive training plan for August and September which will lead up to virtual September Expansion Training Conference
- Conducting Tabletop exercises
- Developing hands on training exercises
- Planning September Expansion Conference

2

Key Accomplishments

- Conducted after-action discussion for July CEAT Training Conference and using lessons learned to help in the planning of the September Expansion Training
- Conducted Tabletop exercises on wellness contacts, stipend payments, reassessments noting lessons learned
- Utilizing Community of Practice weekly calls to discuss CEAT implementation

3

Issues and Risks

- If field not adequately trained, standardization across VISNs at risk

4

Upcoming Key Milestones

Milestone	Est. Finish	Status
Conduct Appeals Training (Adjudicating VISN-level Appeals and Tracking Appeals)	8/12/2020 - 8/13/2020	
Deploy Veteran Functional Assessment Instrument training series	9/1/2020	
Conduct CSP Expansion Training Conference	9/16/2020 - 9/24/2020	

Project Status Legend:



Completed



On Track



At Risk (Plan in Place)



Issues (Additional Support Needed)

Implementation Readiness

1

Status

- Establishing support mechanisms to assist field staff with adopting new business processes, to monitor consistency of clinical decision making, and completion of legacy participants reassessments. Field guides under development by CSP Program Office, will be ready for deployment by September 2020

2

Key Accomplishments

- Provided legacy application data and guidance to VISN Leads – 7/23 Presented legacy reassessments plan to VHA Steering Committee – 7/24 Submitted IDIQ to cover comms/performance metrics/training

3

Issues and Risks

- If unable to secure a large enough team to complete the ~20,000 reassessments of legacy participants within the first year, then the timeliness of processing new applications for Vietnam and Korean War era Veterans will be jeopardized. CSP leadership has worked with VISNs to craft a strategy that makes use of current field resources with the Traveling Nurse Corps being used to help fill in any gaps in staff coverage

4

Upcoming Key Milestones

Milestone	Est. Finish	Status
Submit Legal and Financial Services Statement of Objectives (SOO)	7/31/2020	■
Finalize plan for conducting legacy reassessments	8/7/2020	■
Award contract support for Legal and Financial Services benefit	10/16/2020	■

Project Status Legend:



Completed



On Track



At Risk (Plan in Place)



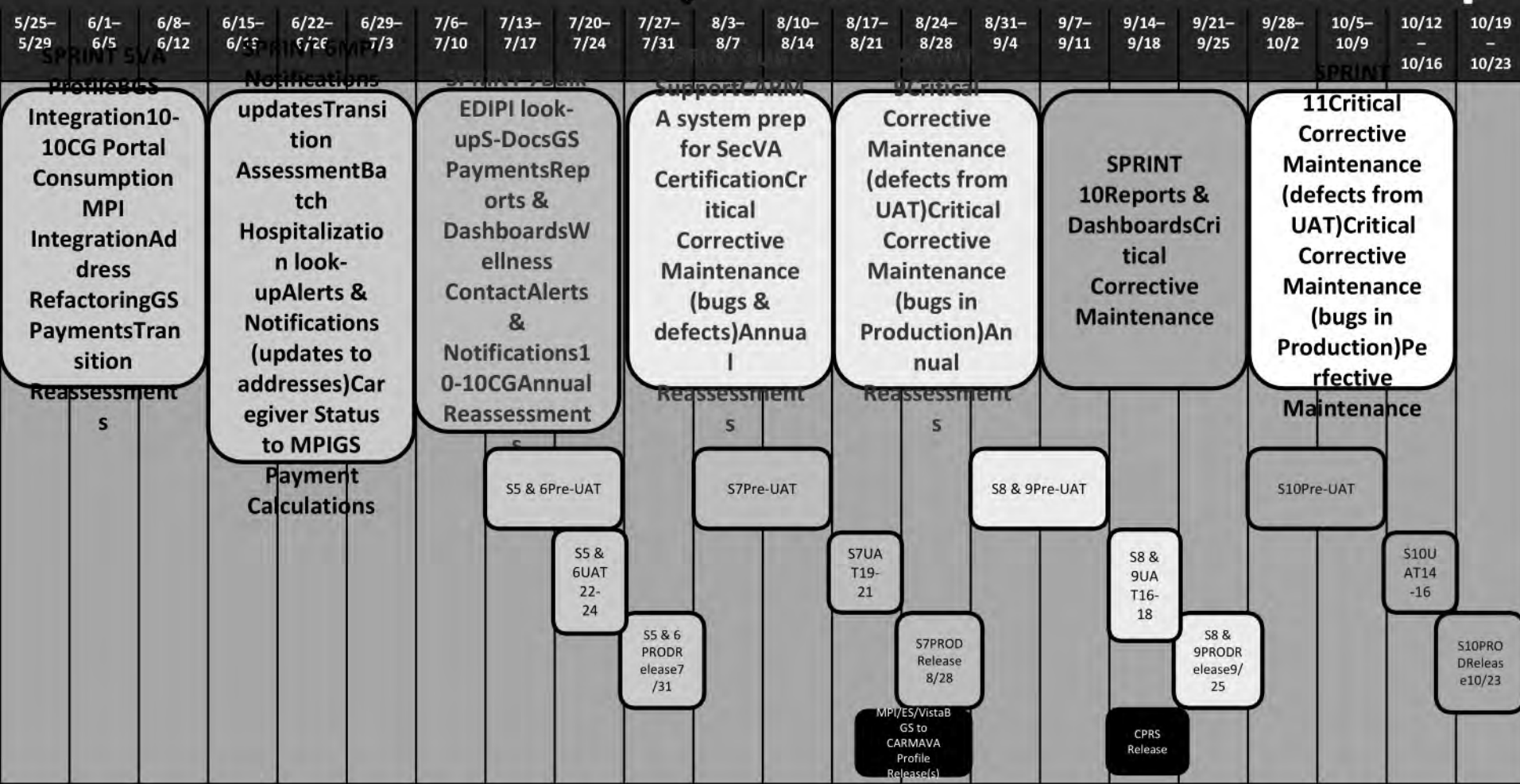
Issues (Additional Support Needed)

PMR Wrap Up

Backup Slides



CARMA Product Roadmap



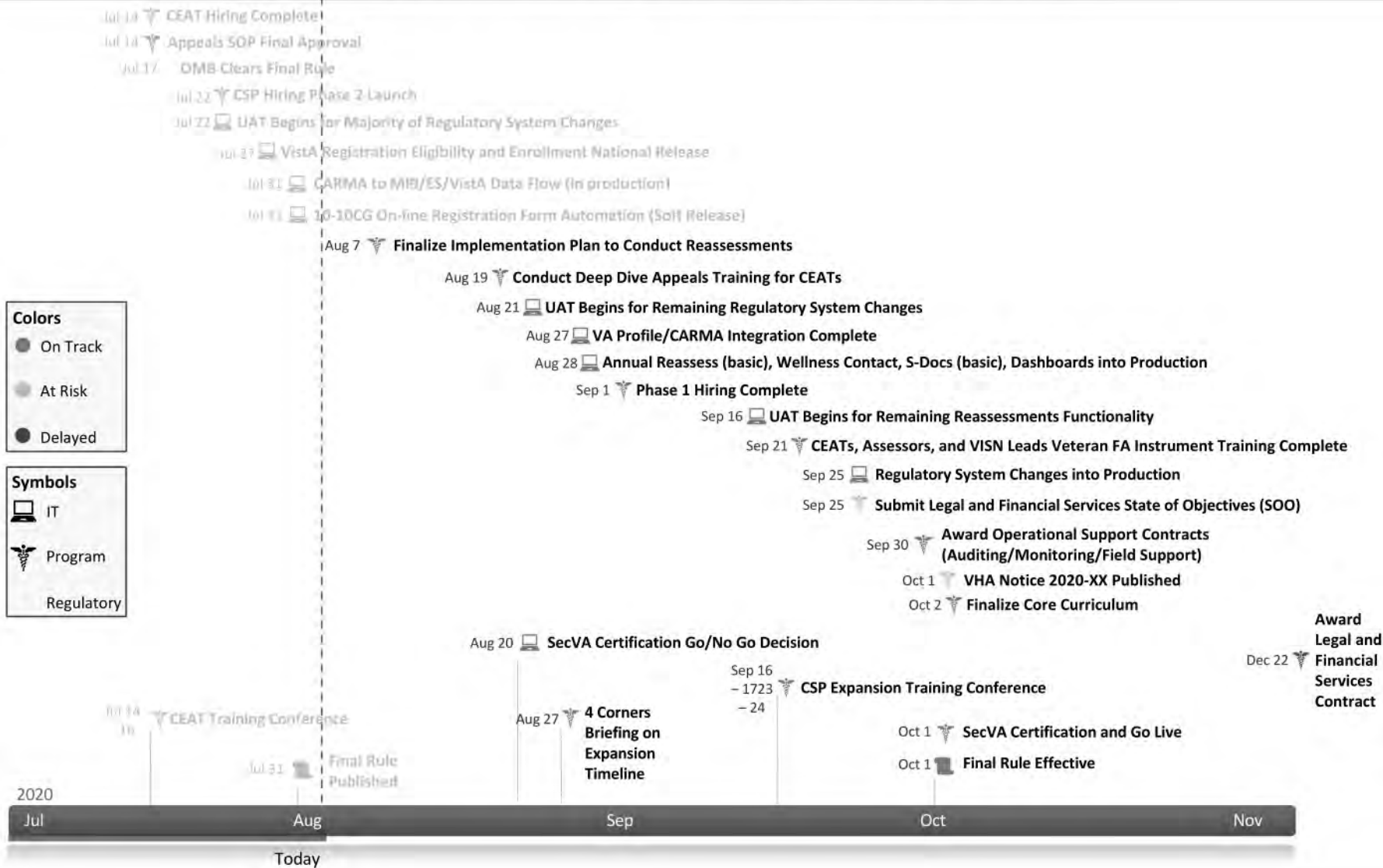


Caregivers Senior Leadership Integrated Project Team (IPT)

Date: 08/5/2020



Expansion Integrated Timeline



Risks and Issues

Description	POC	Controls/Mitigation
Very Aggressive Implementation Schedule: Unanticipated events may significantly impact the critical development path and jeopardize the SECVA certification date.	(B6)	By early August, identify any potential for schedule slippage that might require adjustments to planned deliverables. Identify, define and execute training for any necessary manual workarounds.
Program Office Requirements: Inadequate Program Office staff does not meet workload needs to effectively ensure consistent program operations and timely services to Veterans and Caregivers.	(B6)	FTEs needed - supervisory, administrative, analytics, training, and operational. 10/30/20: Hire leadership positions and remainder of staff by the end of 1st quarter FY21.
Pre-Expansion Applications: Publication of the final rule may heighten concerns about VA narrowing eligibility access and significantly increase applications to the medical centers in August and September.	(B6)	Start monitoring volume of new applications received each week Before 8/27/20, consider “limited” communications to control for influx of applications, if possible.

Risks and Issues

Description	POC	Controls/Mitigation
Legacy Participants: Staffing constraints to complete the ~20,000 reassessments of Legacy Participants within the first year may jeopardize timeliness of processing new applications for Vietnam and Korean War era Veterans.	(B6)	Request plan from VISN Leads on how they plan to address this matter by 8/14/20. 7/23/20: Socialized strategic plan to NDs and VISN Leads focused on training existing medical center staff to complete eligibility assessments and use of the Traveling Nurse Corps to supplement local staff as needed.
Legacy Applications: Completion of the 1,367 legacy applications at the medical centers prior to the expansion date. Medical center staff may incorrectly apply post expansion criteria to the legacy applicants and erroneously use post expansion templates to document assessment findings.	(B6)	Request plan from VISN Leads on how they plan to address this matter by 8/14/20. Continue to provide guidance to Network Directors and VISN Leads on need to expedite processing legacy applications. On a weekly basis monitor application volume and medical center processing times.
Facility Assessors: Hiring clinical staff to perform Veteran assessments prior to the expansion date. The Assessor role is new and required for the revised business process associated with the program expansion. The field was authorized 7/31/20 to begin hiring the 200+ Assessors required to execute new applications and assess legacy participants.	(B6)	Request plan from VISN Leads on how they plan to address this matter by 8/14/20. Develop contingency plans that include working with facility leadership on utilization of existing Social Work and Nursing staff and use of Traveling Nurse Corp.