

DEPARTMENT OF VETERANS AFFAIRS
ADVISORY COMMITTEE ON DISABILITY COMPENSATION

May 26-28, 2020

MINUTES

Members Present:

Thomas J. Pamperin, Acting Chairman
Al Bruner
Bradley Hazell
Joyce Johnson
Evelyn Lewis
James Lorraine
Michael Maciosek
Jonathan Roberts
Robert Sprague
Robert Wunderlich

Members Not Present:

Jean Reaves

Staff Present:

Janice Stewart, Management Analyst, Designated Federal Officer (DFO) for Advisory Committee on Disability Compensation (ACDC), Veterans Benefits Administration (VBA)
Claire Starke, Alternate DFO, ACDC; Program Analyst, VBA
Tonita Cannon, Program Analyst, Budget Office, Compensation Service, VBA*
Rodney Grimm, Compensation Service, VBA***
Janel Keyes, Chief, Regulations Staff (211D), Compensation Service, VBA*
Julie Honan, Staff Attorney, Veterans Programs, Office of General Counsel (OGC)***
Karla Leal, Chief, Integrated Disability Evaluation System (IDES)/Pre-Discharge and Retired Pay, Compensation Service, VBA**
Jeffrey Moragne, Director, Advisory Committee Management Office*
Dorothy Williams, Assistant Director for Programs and Policy, VBA***
Barbara Wilson, Interim Chief Operations, Office of Transition and Economic Development (OTED), VBA^

Also Present:

COL Jennifer M. Ahrens, Director, Reserve Component (RC) Medical Operations, Office of

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the Deputy Assistant Secretary of Defense**

LTC James Fuhrman, Guard & Reserve Liaison, Defense Health Agency, Department of Defense (DoD)**

*May 26 only

**May 27 only

***May 28 only

^May 27 and 28 only

The Advisory Committee on Disability Compensation (ACDC) met in public session on May 26-28, 2020, by Teleconference.

Tuesday, May 26, 2020

Opening Remarks/Travel Admin

Acting Chairman Pamperin called the Committee to order at 8:57 a.m. He reminded members that ACDC's next biennial report was due to the Secretary in October. He recognized Al Bruner, the newest member of the Committee. He asked members to introduce themselves.

Ms. Cannon discussed administrative travel matters with the Committee.

Committee Discussion on Biennial Report

Acting Chairman Pamperin noted that members had mentioned several topics they felt needed emphasis, including the VA Schedule for Rating Disabilities (VASRD); individual unemployability (IU); VA's approach to outreach; National Guard and Reserve issues; the effects of the Coronavirus Aid, Relief, and Economic Security (CARES) Act; the removal of the Disability Benefits Questionnaire (DBQ) from the web; the removal of a provision for service organization review of a rating decision prior to its implementation; burn pits; and processing of Blue Water Navy claims.

Federal Advisory Committee Act (FACA) 101 Training

Mr. Moragne briefed the Committee on FACA, when it applied, the requirements of a Federal Advisory Committee (FAC), what constituted a FAC meeting, the limited circumstances under which the Committee could meet privately, dos and don'ts for individual Committee members speaking on FAC matters, and best practices.

Acting Chairman Pamperin asked if there was any indication in VA when the Committee would be able to conduct field visits again. It had planned to meet in Milwaukee in June, but had been forced to cancel that meeting in the wake of the COVID-19 pandemic. Mr. Moragne said it would most likely be after the start of the new fiscal year in October.

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Dr. Roberts asked whether ACDC members could speak with officials at VA facilities about Committee-related topics. Mr. Moragne advised anyone interested in doing that to work with the DFO and Chairman. Dr. Lewis asked whether VA would cover members' travel in such circumstances. Mr. Moragne assured her that official travel for the purposes of the Committee was covered.

The Committee recessed from 9:55 a.m. to 10:05 a.m.

VASRD Update/Earnings Loss Studies Discussion

Ms. Keyes gave the VASRD update. Seven of the 14 VASRD body systems were up to date, and a continuous project management and maintenance process was in place to manage the remaining seven body systems. Four Proposed Rules were in the concurrence process: Respiratory, Mental, Digestive, and Neurological, as were three Final Rules: Musculoskeletal, Genitourinary, and Cardiology. The evaluation criteria for Diabetes were slated for VASRD Iteration 2.

Acting Chairman Pamperin asked what happened once Respiratory and Mental cleared Office of Management and Budget (OMB) review. Ms. Keyes said they would go to the Federal Register, where they would be published as Proposed Rules and open for public comment. Once published, it would take roughly a year for the Final Rule to be drafted and go through the entire concurrence process.

The Acting Chairman noted that at one time Compensation Service had deemed Musculoskeletal so large that it would require three or four software cycles to get the whole thing in. Ms. Keyes pointed out that the Office of Information Technology had improved its processes, so Musculoskeletal was now on target, with no perceived implementation issues.

Acting Chairman Pamperin asked when Final Rules would become effective. Ms. Keyes said all the remaining rules were significant ones, and would require a 60-day wait period from the date of publication instead of just 30 days. A significant rule was one subject to review by other agencies as well as VA.

Of the remaining body systems, Musculoskeletal had the earliest effective date, September 13, 2020. Neurological was expected to be the last one to finish, with a target effective date of November 28, 2022.

Acting Chairman Pamperin asked if Compensation Service had done an assessment on the impact of the Musculoskeletal Final Rule on workload and whether it would require the review of cases. Ms. Keyes said for claims pending when the new criteria became effective, the ratings specialist would look at both the old criteria and the new. For claims entered afterwards, only the new criteria were pertinent. Any ratings already in place were protected. Acting Chairman Pamperin asked if that also applied to the appeal period. Ms. Keyes said it did.

Dr. Lewis noted there were about 200,000 Veterans on the registry for what many were calling Iraq-Afghanistan war lung injury, for which there was no real criteria as yet. She

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asked how the timeline for Final Rule for Respiratory and related body systems impacted those on the registry. Ms. Keyes said they would continue to be service-connected analogous to the current codes or the codes most closely related to their disabilities. There was a suggestion box for future iterations, and one suggestion was to look more closely at burn pit injuries for respiratory conditions. Dr. Lewis asked whether the components addressing burn pits were available to the Committee. Ms. Keyes said she could not share anything in the rule until it was published.

Acting Chairman Pamperin asked when Iteration 2 would begin. Ms. Keyes said Compensation Service was looking at coordinating references and forming work groups in 2021.

Dr. Sprague asked about the difference between rules OMB deemed significant and those it deemed insignificant. Ms. Keyes said a rule was deemed significant if it had a costing projection of \$100 million or more for any one of the next five years, or if OMB considered its material to be novice.

Mr. Hazell asked at which step of the concurrence the DBQs were drafted. Ms. Keyes said Compensation Service liked to start within the Proposed Rule process after OGC concurred, because the majority of edits occurred during OGC review. Mr. Hazell noted that one of the justifications for the removal of DBQs was to avoid having to send DBQs through the OMB process. Ms. Keyes pointed out that it was only the public-facing DBQs that were discontinued; the ones within the system that the contract and Veterans Health Administration (VHA) examiners used were still there and being updated. Acting Chairman Pamperin asked what impact the discontinuation of public-facing DBQs had had on Veterans' ability to submit evidence. Ms. Keyes said it was minimal because Veterans could still submit anything they wanted to.

Compensation Service's updated organization chart for the VASRD Program Management Office (PMO) was approved in April. The chart separated the VASRD staff (210) from the rest of the Policy and Procedures staff (211). Since January 2019, VBA had hired 11 fulltime equivalents, filling 18 out of 26 positions. The VASRD PMO was expected to be fully stood up by September.

Acting Chairman Pamperin asked how many medical officers there would be once the office was stood up. Ms. Keyes said there would be five.

The Acting Chairman asked what an implementation data analyst was. Ms. Keyes said it was the person analyzing data requests to make costing projections. Acting Chairman Pamperin asked if the announcement for the position would include specific skills. Ms. Keyes assured him that the position description would require experience with data management. Acting Chairman Pamperin asked Dr. Maciosek if that sounded sufficient. Dr. Maciosek said it was not clear to him how everything got put together in terms of analyzing the frequencies. Ms. Keyes said PMO was working closely with the Office of Financial Management. Dr. Maciosek asked if PMO was looking for someone with a statistical background for the Implementation Data Analyst position. Ms. Keyes said it may go in that direction depending on what projects emerged, but it was hard to tell at this point.

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The second Earnings Loss Study (ELS) contract was in progress. Data agreements had been created and were currently pending final signature with the Social Security Administration (SSA) and the Census Bureau. A third ELS contract was being developed.

Acting Chairman Pamperin asked if the second ELS focused on a finite number of diagnostic codes. Ms. Keyes said she believed so, but she could not remember the number offhand. The Acting Chairman asked if the third ELS was meant as an augmentation of the second, or an initial effort to deploy an ongoing earnings loss effort. Ms. Keyes said it was kind of an outgrowth, but there was an opening to expand the number of diagnostic codes.

Mr. Bruner asked if there was a way of getting the study research plan.

Acting Chairman Pamperin asked if VA envisioned this becoming an ongoing standard business practice, or a one-off every five years. Ms. Keyes said VA expected it to be ongoing at this point, but that could change depending on how things developed.

The Acting Chairman commended Compensation Service for its progress in the last year and a half. Ms. Keyes said it felt a lot more confident than it used to. Dr. Maciosek agreed that there had been considerable improvement over the past year.

Dr. Maciosek said he presumed medical literature and expertise were focused more on disability than on health-related quality of life, and asked Ms. Keyes if she could clarify. Ms. Keyes said Compensation Service's primary focus was always on earnings loss because of its governing statute, but other components could be taken into consideration. She added that it sought to make the criteria as objective as possible. Dr. Maciosek noted that there probably needed to be some correspondence between what was available in the medical exams and what was used for evidence in the literature.

Mr. Bruner praised Compensation Service for briefing stakeholders at DoD. He asked whether Compensation Service sought concurrence from other agencies because of a directive or law, or if it was simply an internal policy. Ms. Keyes said once the Under Secretary for Benefits signed off on a rule, the Office of Regulation and Policy Management shepherded it through the rest of the concurrence process.

Acting Chairman Pamperin asked if PMO had established a protocol alerting it when things were not on schedule. Ms. Keyes said PMO would have two project managers, and the main duty of one of them was to keep track of the status of projects.

The Committee recessed from 11:00 a.m. to 11:09 a.m.

Committee Discussion on Biennial Report

Acting Chairman Pamperin suggested the Committee devote some time the following day to the removal of public-facing DBQs. He reminded members that the Committee's last biennial report had noted a prior Secretary's desire to establish a committee to focus on Veterans' abilities rather than their disabilities, and how to make benefits work better for Veterans. He proposed that the Committee discuss this issue on Thursday.

Adjournment

The Committee recessed for the day at 11:14 a.m.

Wednesday, May 27, 2020Opening Remarks

Acting Chairman Pamperin reconvened the meeting at 8:58 a.m. He asked members to reintroduce themselves for the benefit of listeners who had not been present the day before.

Opportunity for Public Comments

The Acting Chairman read an email the Committee had received from Ann G. Knowles, Director of Veterans Services in Sampson County, North Carolina. Ms. Knowles requested a copy of the itinerary for VBA Compensation Service Implementations Staff (211B), and expressed her opposition to VA's recent decision to remove DBQs from its public-facing website. She said some of the Veterans she worked with had had their claims reduced, and consequently many were afraid to ask for an increase. She added that the contract exams only lasted 10-15 minutes and were almost never performed by a doctor in the field of the Veteran's disability, and that 85 percent of the time the Veteran received a negative decision.

Acting Chairman Pamperin read the VA response email from Machel Harrell, an analyst in Compensation Service. Ms. Harrell cited three reasons why VA decided to discontinue making DBQs available for public use: (1) the VASRD update had left many of the DBQs outdated, and updating them required a formal process that could take more than a year; (2) VA had increased its capacity to conduct compensation and pension (C&P) exams; and (3) VA was safeguarding against fraud. She added that discontinuing public-use DBQs had no impact on the rating process or a Veteran's ability to support medical evidence in support of his/her claim.

Mr. Hazell felt VA's justifications for removal were rather thin. The time required to update the VASRD negated any lag time for updating the DBQs, and VA had never provided satisfactory evidence that fraud was a significant problem. Acting Chairman Pamperin agreed that VA did not provide much detail to support its position. Mr. Lorraine thought the Committee should respond to Ms. Knowles' email and that VA should provide DBQs on its public website, citing the need for transparency in the current environment.

Mr. Wunderlich cited an Office of Inspector General (OIG) report that only 81 claims from April 2017 to September 2018 were deemed potentially fraudulent, and of those, only three were referred to OIG. Furthermore, he argued that VA's response did not really address Ms. Knowles' concerns. Mr. Hazell noted that the OIG report also mentioned the improper use of telehealth by private providers, but added that neither U.S. Code (U.S.C.) nor regulation prohibited that. He added that it was odd that VA was discouraging telehealth by private providers while expanding the ability of VHA and contract examiners to perform telehealth exams. Acting Chairman Pamperin agreed.

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Dr. Sprague noted that his local Veterans Integrated Service Network had shut down all C&P exams during the COVID-19 pandemic except those that could be conducted by telehealth. Acting Chairman Pamperin acknowledged VA's right to make these kinds of policy decisions, but said that there was an obvious disconnect between this decision and what was actually going on, and suggested that the Committee include this topic in its biennial report. Mr. Hazell offered to spearhead the write-up. Acting Chairman Pamperin pointed out that the topic seemed to have hit a sensitive note with several members, and encouraged Mr. Hazell to coordinate with them. Mr. Hazell said he was willing to do so.

National Guard & Reserve/Pre-Discharge

Ms. Leal presented the pre-discharge briefing. VA and DoD had formed the Separation Health Assessment (SHA) and Separation History and Physical Examination (SHPE) Work Group to ensure all separating Servicemembers received a separation exam. The initiative sought to add process improvements to the examination process for Servicemembers who applied for benefits delivery at discharge (BDD). One of the primary goals was to eliminate the duplication of SHAs and SHPEs conducted by DoD and VBA and create a "One SHA" form which both agencies could use to meet their purpose. Sub-Work Groups had been established to address specialty topics such as Mental Health, Audio, Environmental/Occupational Hazards, and Women's Health.

Acting Chairman Pamperin asked if Ms. Leal was saying the SHA and SHPE had no value for people applying more than a year after separation. Ms. Leal said any Veteran applying more than a year after discharge did not fall under the category of the BDD program, and did not receive the SHA. Depending on when they submitted their claims, there were different requirements in regard to what examination they should receive. Acting Chairman Pamperin asked who received the SHPE. Ms. Leal said the SHPE was provided by DoD. Acting Chairman Pamperin asked if demobilizing Guard and Reserve personnel received a SHPE. Ms. Leal said her understanding was that they did.

The Military to Civilian Readiness Pathway (M2C Ready) was an overarching transition framework that established the transition period as beginning 365 days pre-separation and extending to 365 days post-separation. The goal was to align all the various components of transition before and after leaving the military and provide members with an understanding of, and easy access to, all the benefits and resources to which they were entitled. The Office of Transition and Economic Development (OTED) was leading this initiative, and was reporting through the Benefits Executive Committee to the Joint Executive Committee (JEC).

Mr. Bruner asked how it was decided who received a SHA and who got a SHPE, who made the decision, and when it was executed. Ms. Leal said anyone who filed a claim under the BDD program would have a SHA scheduled once the claim was submitted. VA's goal was to administer the SHA at least 30 days before separation. For IDES participants referred by DoD, VA was responsible for completing the SHA. DoD was responsible for administering the SHPE to those who did not file a BDD claim and were not referred through IDES.

Acting Chairman Pamperin asked if there was still a time limit for entering BDD. Ms. Leal said a BDD claim must be filed 90-180 days prior to release from active duty. The Acting

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Chairman asked if someone who had planned to stay on active duty and had a change of heart after 90 days would receive a SHPE or fall into a different process. Ms. Leal said a claim could still be filed under the BDD program, but the Servicemember would now receive a General Medicine DBQ (Gen Med), which was the equivalent of a SHA. The Acting Chairman questioned the point of having a Gen Med and a SHA if they were the same. Ms. Leal said there were some questions in the SHA that were not necessarily in the Gen Med.

Dr. Sprague asked if Ms. Leal had any information on SHAs being sent to contractors. Ms. Leal said some exams were being forwarded to contractors. Acting Chairman Pamperin asked if this was a volume issue, and if there was any special training for examiners completing SHAs for active duty people. Ms. Leal said it was a volume issue, and the Mandatory Disability Examination Program Office was responsible for ensuring that all clinicians conducting any DBQ had the proper credentials and training. The Acting Chairman asked what percentage of SHAs went to contractors. Ms. Leal said she could get that information.

Ms. Wilson presented on behalf of OTED. She noted that Recommendation 4-2 in the Committee's 2018 Biennial Report had called for the institution of VA Transition Assistance Program (TAP) briefings for all retiring and separating Guard and Reserve members. Ms. Wilson said VA recognized the needs of Guard and Reserve members were often different from those of their active duty counterparts, but requiring all retiring and separating members of these components to attend the VA TAP course was not feasible. VA and its interagency partners delivered TAP in accordance with Title 10 U.S.C., which mandated that only those Reserve component (RC) members who had served on continuous Title 10 active duty orders of 180 days or longer were required to participate in TAP.

VA coordinated with its partners to ensure that any RC member wanting to attend a TAP briefing could do so. It had also continued to enhance the VA Benefits and Services course to better serve RC members. OTED had developed a Guard and Reserve TAP Participant Guide, and ensured that the briefing now included more information about how service in the RC could establish eligibility for certain benefits. Between February 2019 and April 2020, the updated content reached more than 13,000 RC members who attended a VA Benefits and Services course in person, and more than 31,000 who had accessed briefings via the Joint Knowledge Online learning management system. During that time, 212 events occurred at Guard and Reserve installations. VA's deployment of more than 300 benefits advisors worldwide allowed it to support the transition needs of RC members.

Acting Chairman Pamperin noted that the numbers Ms. Wilson had cited in her presentation did not appear on the Word document she had provided the Committee. Ms. Stewart asked Ms. Wilson to email her and Ms. Starke the figures so they could provide them to the Committee. Ms. Wilson said she would be happy to.

COL Ahrens and LTC Fuhrman presented on behalf of DoD. The scope of SHA and SHPE included all active duty Servicemembers and RC Servicemembers with 180 days of continuous active duty service other than training and/or 30 days of continuous active duty in support of a contingency operation.

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Mr. Lorraine mentioned being on a conference call with Secretary Robert Wilkie, where a Veteran service organization (VSO) representative had asked whether the VA would provide long-term services for National Guard and Reserve personnel who were mobilized during the COVID pandemic, and the Secretary had said they were going to be treated as if it were combat. Mr. Lorraine asked whether those Servicemembers would need to get an SHPE or SHA. COL Ahrens said those people were still not required by law to get a SHA or SHPE, but that did not mean they could not submit a claim. LTC Fuhrman agreed.

Dr. Roberts asked if the U.S. Public Health Service Commissioned Corps was covered by either SHA or SHPE. LTC Fuhrman said DoD did not work with the Public Health Service directly, and he was not aware if they were covered. Dr. Roberts insisted that Public Health Service officers were military personnel in all senses of the word, and thus should be covered. Mr. Bruner asked Ms. Leal if she knew whether the Public Health Service was covered. Ms. Leal said a Public Health Service officer who filed a claim for BDD would receive a SHA. Dr. Roberts maintained that it should be clear whether such personnel were covered. Mr. Bruner agreed.

Acting Chairman Pamperin pointed out that VA disability was offset by the receipt of military pay. COL Ahrens thanked him for the clarification.

Many RCs had to deal with the challenges of not being geographically co-located near a military training facility (MTF) and/or having multiple frequent, short deployments. Furthermore, Air Force Reserve and Air National Guard personnel did not redeploy home through a central demobilization location, so for them, a SHPE was difficult to complete.

Bureau of Medicine and Surgery Note 6120 allowed the completion of the SHPE virtually using Department of Defense (DD) Form 2807-1 without DD Form 2808 during COVID. Physical exams, audiograms, and final dental exams would be deferred to either VA or MTF once routine care resumed. The majority of the National Guard was on non-contingency 502(f) orders, so in most cases a SHPE was not required. Approximately 300 National Guard personnel were on Title 10 orders and would require a SHPE.

There was an overall increasing trend in Guard and Reserve personnel receiving SHAs and SHPEs since 2014, although there was a slight decrease in 2019 due to Air Force Reserve and Air National Guard difficulties.

Mr. Bruner asked about the full scope of the SHA/SHPE program. Ms. Leal said that from VA's perspective, IDES covered Army, Navy, Marine, and Air Force personnel, who would receive a SHA. VA had also initiated a pilot with the National Oceanic and Atmospheric Administration Commissioned Corps and Coast Guard to see how those Servicemembers could be implemented into the IDES program. All branches of service were entitled to file BDD claims and receive a SHA. Mr. Bruner asked for a raw estimate of the potential SHAs and SHPEs that could be expected in a given year. Ms. Leal said there could be more than 100,000 SHAs per fiscal year. She offered to obtain the exact figures for fiscal year (FY) 2019 for the Committee.

Acting Chairman Pamperin asked if his assessment was correct that 90 percent of separating Servicemembers were covered. LTC Fuhrman said it was. Ms. Stewart said she

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could put in a data request to see how many SHAs were completed in FY2019. Acting Chairman Pamperin felt the Committee would have a more comprehensive picture of coverage if it had the total number of both SHAs and SHPEs.

The Air Force Reserve Command performed a case study on DoD health assessments and examinations for an RC member in a 12-month period. The RC member was required to execute a SHPE three times during that period; a comparative active duty Servicemember did not execute any SHPEs. The Post-Deployment Health Assessment (PDHA) and SHPE were required at nearly the same time but had not been synchronized or optimized.

Both the PDHA and SHPE were initiated through the Servicemember's self-reported medical and health-related information, and offered face-to-face provider interaction, with referrals as indicated by the provider. Unlike the SHPE, the PDHA was specifically focused on the period of deployment and mobilization. The PDHA was termed an assessment whereas the SHPE was designed to meet JEC intent and statute. An important question was whether the PDHA could become an RC SHPE qualifying event.

The Acting Chairman said he thought that the issue was to be able to document things when people delayed filing claims for whatever reason, and that it would be interesting to look at the number of activated RC individuals who got either a SHA or a SHPE. LTC Fuhrman promised to go back and ask the data analysts if they could break down that information.

Committee Discussion on Biennial Report

Acting Chairman Pamperin promised to circulate a list of potential topics for the biennial report to the Committee by the following Monday. He asked members to reflect on that list, offer any additional ideas, and indicate which topics they would be interested in writing or reviewing.

Adjournment

The Committee recessed for the day at 11:08 a.m.

Thursday, May 28, 2020

Opening Remarks

Acting Chairman Pamperin reconvened the meeting at 8:58 a.m. Ms. Wilson clarified a statement she made the day before about the number of times OTED provided support to RC units when they requested a briefing. She had said that it provided such support 100 percent of the time, but it would be more accurate to say it *made every effort* to provide those briefings 100 percent of the time. There were some instances, particularly weekend events, when it was necessary for OTED to work through contractors.

Individual Unemployability

Ms. Honan explained that IU was a longstanding concept that traced back to the 1920s, but it remained a regulatory creation. Intervening statutes had addressed narrow issues relating

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to total disability due to individual unemployability (TDIU), but had not changed its nature as a benefit authorized by VA through regulation. Alteration of TDIU through legislation would ensure consistency with the intent of Congress, but OGC did not view the law as currently foreclosing VA's ability to make adjustments to TDIU, or even to eliminate it.

Mr. Grimm added that TDIU initial awards were on the rise, with 30,877 in FY2018 and 33,324 in FY2019. 60-69 represented the largest age range for TDIU in FY2018, with 7,954 recipients. For FY2019, the largest age range was 70-79, with 8,160 recipients. For both FY2018 and FY2019, there were more recipients in the 30-39 age range than the 40-49. Since FY2018, Veterans 65 and over accounted for 39 percent of all TDIU initial awards, while those 70 and over accounted for 27 percent. The most common primary disabilities in FY2018 and FY2019 tended to be psychiatric or musculoskeletal.

On VA Form 21-8940, Veteran's Application for Increased Compensation Based on Unemployability, the Veteran was required to provide employment history for the past five years, and to certify the accuracy of statements. VA Form 21-4192, Request for Employment Information in Connection with Claim for Disability Benefits, was sent to the employer that the Veteran worked for during the last year of employment. Effective October 1, 2016, VA only reviewed running IU awards when the Veteran's income exceeded the poverty threshold. VA's Pension and Fiduciary Service was responsible for monitoring IU. Changes in the employment of Veterans for whom IU was awarded were monitored through a yearly SSA wage data match.

The Committee recessed from 9:46 a.m. to 10:00 a.m.

Vocational Rehabilitation & Education (VR&E)/Post-IU

Dr. Williams presented information from VR&E about gaining, restoring, and maintaining employability before the award of IU. She promised to send the document she was presenting to Ms. Stewart after the meeting. Participants in the VR&E program who were granted IU were eligible for the same services as other claimants receiving services through VR&E. All VR&E applicants underwent a comprehensive evaluation to determine their entitlement and whether or not a vocational goal was feasible, regardless of whether or not they had been awarded IU benefits. If a vocational goal was found to be feasible, then the Veteran could participate in a program aimed at finding suitable employment. If one was not feasible, the evaluation would continue to determine if the Veteran needed independent living services. In the event a claimant was granted IU while receiving VR&E services, their VR&E program would continue as planned. If an IU participant's case with VR&E was closed, the VR&E counselor would draft a letter explaining the participant's situation to the Veteran service center, who would then decide what to do.

Acting Chairman Pamperin asked how many VR&E counselors there were. Dr. Williams said there were currently over 1,000 counselors within VR&E. The Acting Chairman asked if VR&E had the capacity to do an assessment for everyone who applied for IU. Dr. Williams said VR&E did not have that capacity. Acting Chairman Pamperin asked Dr. Williams if she could characterize who was most likely to succeed in VR&E. Dr. Williams said it was difficult to say, because success was not based on disability rating or type of disability. A successful Veteran would be one who stuck with the program.

Dr. Sprague asked about the training VR&E counselors received. Dr. Williams said counselors were required to have a master's degree in vocational rehabilitation or a related field. Those without a master's in voc rehab needed to have taken 30 hours in their particular field and an internship in the field of vocational rehabilitation, or have worked with the voc rehab population for over a year.

Mr. Bruner asked if someone with cognition issue or post-traumatic stress disorder (PTSD) required more effort and follow-up. Dr. Williams said VR&E had not looked at how many Veterans were rehabilitated based on their particular service connection, but that more than 60 percent of Veterans coming through the VR&E program had a disability of PTSD.

Dr. Roberts asked about job placement percentages among Veterans with PTSD. Dr. Williams said she would need to follow up with the Committee. Dr. Roberts asked if VR&E had done outreach to Veterans who were homeless. Dr. Williams said she had met with the directors of the homeless and suicide prevention programs, as well as the VHA mental health policy and procedures director, in an effort to expand the vocational rehabilitation panel at every VA Regional Office (RO) so that they would be better able to provide services to individuals who might be homeless or at risk of being homeless. Dr. Roberts asked about VR&E's success rate in reaching that population. Dr. Williams said she did not have exact numbers, but that VR&E had stepped up its efforts. Dr. Roberts requested Dr. Williams look up the percentage of outreach to the homeless and at-risk population, and VR&E's success rate in terms of getting these Veterans gainfully employed. Ms. Stewart instructed Dr. Williams to email that information to her or Ms. Starke, and they would distribute it to the Committee.

Mr. Wunderlich noted that he had spent 30 days with the homeless in Tampa the previous year, and that it was hard to determine who was a Veteran and who was not. Dr. Williams agreed that it was difficult, and added that VR&E was doing its best to make sure that Veterans with service-connected disabilities were aware of the programs available, and was trying to create a system of best practices.

Acting Chairman Pamperin asked about the voc rehab panels at each RO. Dr. Williams said the panels consisted of physicians, social workers, and mental health professionals who made recommendations as to those Veterans that could have a serious employment handicap, or for whom it was difficult to determine the best path. The Acting Chairman asked if the panel reviewed every Veteran going through the system, or if it only convened when the situation warranted. Dr. Williams said it was only for those Veterans with a serious employment handicap, and it was being expanded to homeless Veterans and Veterans at risk of homelessness.

Dr. Lewis asked if VR&E partnered with VSOs or foundations that worked specifically with Veterans around these issues. Dr. Williams said at the regional level, counselors were in constant contact with VSOs, which in some cases were co-located with ROs.

Acting Chairman Pamperin noted that Dr. Williams had mentioned a longitudinal study. He asked if it had revealed anything that would help the Committee. Dr. Williams said she could

not share the latest information, but promised to send the last set of results approved by Congress.

Dr. Roberts asked if suicide was a major risk factor among VR&E enrollees. Dr. Williams said she did not think so, because any suicidal ideations were brought to the attention of the voc rehab counselor. Each RO had its own suicide prevention POC, and VBA had just hired a suicide prevention specialist. Dr. Roberts said about 20 Veterans were lost each day to suicide, and that he was interested to know whether those individuals were enrolled in VR&E programs. Dr. Williams said she did not know if she could get that information, but assured him that if a Veteran exhibited suicidal ideations, VR&E immediately called the suicide hotline.

Mr. Bruner asked about the longitudinal study. Dr. Williams said it was a 20-year study begun in 2012 that was mandated by Congress. The most recent iteration was still in the concurrence process, and had not yet been approved by Congress for release. The set she was providing had been approved the previous year. Mr. Bruner asked if the study was updated every year. Dr. Williams said it was.

Acting Chairman Pamperin noted that in November 2017, then-Secretary David Shulkin had mentioned an interest in forming a committee to make benefits focus on Veterans' abilities rather than their disabilities, and how to make benefits work better for Veterans. He asked Dr. Williams if she saw that as the same as or different from voc rehab. Dr. Williams said it could be directly related to VR&E, noting a legislative proposal to remove the word "handicap" in order to put a more positive spin on individuals with service-connected disabilities.

The Acting Chairman asked Mr. Grimm to briefly explain what a grant of TDIU meant to a Veteran and his/her family in terms of benefits other than the monthly stipend. Mr. Grimm said those Veterans got a disability rating of 100 percent, and received benefits for each dependent. If a disability was shown to be total and permanent, the Veteran's dependents would be entitled to Chapter 35 educational benefits. Acting Chairman Pamperin asked if the family would be entitled to health insurance. Mr. Grimm said he believed so, but he was not 100 percent sure. He offered to research that information and report back to the Committee. The Acting Chairman recalled that Chapter 35 benefits were available to spouses and children under the age of 26, and provided monthly payments for 36 or 48 months while they pursued postsecondary education. Mr. Grimm said that sounded correct. Ms. Stewart added that VR&E administered the Chapter 35 benefit as well, and those dependents could receive vocational training.

Committee Discussion on Biennial Report

Ms. Stewart informed members that the Committee was tentatively scheduled to meet July 14-15. She encouraged members of the public to monitor the Federal Register for the posting of a Notice of Meeting no less than 15 days prior to the actual meeting date. The Acting Chairman asked if that would be a virtual meeting as well. Ms. Stewart confirmed that it would.

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The Acting Chairman reminded members that he planned to send them an email in the near future on potential topics for the biennial report. He asked each of them to respond by the end of the following week as to which topics should be included. He suggested there be no more than five recommendation areas. He asked members to specify which parts of the report they would like to help write.


Mr. Hazell asked if the next meeting would include a Committee discussion of the recommendations. Acting Chairman Pamperin said he hoped to have the topics nailed down by the next meeting, and get the writing done in July and August, so that in September, when the Committee would hopefully meet in person, it could post the report on screen so it could make final edits and submit it to VA at the end of September.

Adjournment

Acting Chairman Pamperin adjourned the meeting at 10:51 a.m.

Toby Walter
Neal R. Gross & Company
Preparer of the Minutes

Janice Stewart, Committee DFO


Thomas J. Pamperin
Acting Committee Chairman